## **BluePrint PPO 80/60**

## \$2,500/\$5,000 DEDUCTIBLE - \$1,000 OPX - \$20 COPAY



## NPPC3323, NPPC3324, NPPC3326

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**PPO Network** 

This provides only highlights of the benefit plans(s). After enrollment, members will receive a Certificate that more fully describes the terms of coverage.

Program Basics	PPO (In-Network)	Non-PPO (Out-of-Network)
ifetime Benefit Maximum Per individual	Unlin	nited
ndividual Deductible		
Program deductible does <b>not</b> apply to services that have a copayment.	\$2,500	\$5,000
Family Deductible  The family deductible maximum is equal to three individual deductibles.	\$7,500	\$15,000
Individual Out-of-Pocket Expense (OPX) Limit  The amount of money that any individual will have to pay toward covered health care expenses during any one calendar year. The following items will not be applied to the out-of-pocket expense limit:  Deductibles Copayments Reductions in benefits due to non-compliance with utilization management program requirements Charges that exceed the eligible charge or the Schedule of Maximum Allowances (SMA) Services that are asterisked below (*)	\$1,000	\$2,000
amily Out-of-Pocket Expense (OPX) Limit	40.000	1 44 000
Dura controllera Duran Count (Defett our d'Mett Countre)	\$3,000	\$6,000
Prescription Drug Card (Retail and Mail Service) Please refer to the Three Tier Formulary Prescription Drug Card Benefit Highlight Sheet for the covered benefits.		
Physician Services		
Physician Office Visits  One copayment per day when you receive services from a Family Practice, Internal Medicine, OB/GYN, or Pediatrician. Surgeries, therapies and certain diagnostic procedures performed in a physician's office may be subject to the deductible and/or coinsurance, including mental health and substance abuse services.	\$20 copay, then 100%	60% after deductible
One copayment per day when you receive services from a specialist. Surgeries, therapies and certain diagnostic procedures performed in a physician's office may be subject to the deductible and/or coinsurance.	\$40 copay, then 100%	60% after deductible
Preventive Care  Routine annual physicals, well-baby exam, annual vision and hearing exams, immunizations, and other preventive health services as determined by the USPSTF.	100%	60% after deductible
Maternity Services  Copayment applies to first prenatal visit (per pregnancy). All other maternity physician covered services are paid the same as Medical / Surgical Services.	\$20 copay, then 100%	60% after deductible
fledical / Surgical Services  Coverage for surgical procedures, inpatient visits therapies, allergy injections or treatments, and certain diagnostic procedures as well as other physician services.	80% after deductible	60% after deductible
Hospital Services		
Hospital Admission Deductible Per admission, per individual	\$0	\$300
npatient Hospital Services  Coverage includes services received in a hospital, skilled nursing facility, coordinated home care and hospice, including mental health and substance abuse services. Room allowances based on the hospital's most common semi-private room rates.	80% after deductible	60% after deductible
Coverage for services includes, but is not limited to outpatient or ambulatory surgical procedures, x-ray, lab tests, chemotherapy, radiation therapy, renal dialysis, and mammograms performed in a hospital or ambulatory surgical center, including mental health and substance abuse services. Routine mammograms performed in an in-network outpatient hospital setting are payable at 100%, no deductible will apply.	80% after deductible	60% after deductible
Dutpatient Emergency Care (Accident or Illness)  The copayment applies to both in- and out-of-network emergency room visits. The copayment is waived if the	\$150 c	copay,

member is admitted to the hospital.

then 100%

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#### BENEFIT HIGHLIGHTS

#### **PPO Network**

#### Additional Services

PPO (In-Network) Non-PPO (Out-of-Network)

Muscle Manipulation Services\*

Coverage for spinal and muscle manipulation services provided by a physician or chiropractor. Related office visits are paid the same as other Physician Office Visits.

80% after deductible

60% after deductible

• \$ 1,000 maximum per calendar year

Therapy Services – Speech, Occupational and Physical

Coverage for services provided by a physician or therapist.

80% after deductible 60% after deductible

Temporomandibular Joint (TMJ) Dysfunction and Related Disorders

80% after deductible

60% after deductible

Other Covered Services

Private duty nursing (Please refer to Certificate for detaisl.)

Ambulance services

Naprapathic services\* - \$1,000 maximum per calendar year

Medical supplies

80% after deductible

Blood and blood components

See paragraph below regarding Schedule of Maximum Allowances (SMA).

Does not apply to any out-of-pocket limits

Durable Medical Equipment (DME) is a covered benefit. Please refer to Certificate for details.

Optometrists, Orthotic, Prosthetic, Pedorthists, Registered Surgical Assistants, Registered Nurse First Assistants and Registered Surgical Technologists are covered providers. Please refer to Certificate for details.

#### Discounts on Eye Exams, Prescription Lenses and Eyewear

Members can present their ID cards to receive discounts on eye exams, prescription lenses and eyewear. To locate participating vision providers, log into Blue Access® for Members (BAM) at www.bcbsil.com/member and click on the **BlueExtras Discount Program** link.

#### Blue Care Connection (BCC)

When members receive covered inpatient hospital services, outpatient mental health and substance abuse services (MHSA), coordinated home care, skilled nursing facility or private duty nursing from a participating provider, the member will be responsible for contacting either the BCC or MHSA preauthorization line, as applicable. You must call one day prior to any hospital admission and/or outpatient MH/SA service or within 2 business days after an emergency medical or maternity admission. Please refer to your benefit booklet for information regarding benefit reductions based on failure to contact the applicable preauthorization line. **Note: Outpatient MHSA preauthorization is effective for services on or after January 1**, **2011 or upon your group plan renewal date in 2011 and thereafter.** 

#### Schedule of Maximum Allowances (SMA)

The Schedule of Maximum Allowances (SMA) is not the same as a Usual and Customary fee (U&C). Blue Cross and Blue Shield of Illinois' SMA is the maximum allowable charge for professional services, including but not limited to those listed under Medical/Surgical and Other Covered Services above. The SMA is the amount that professional PPO providers have agreed to accept as payment in full. When members use PPO providers, they avoid any balance billing other than applicable deductible, coinsurance and/or copayment. "Please refer to your certificate booklet for the definition of Eligible Charge and Maximum Allowance regarding Providers who do not participate in the PPO Network."

To Locate a Participating Provider: Visit our Web site at www.bcbsil.com/providers and use our Provider Finder® tool.

In addition, benefits for covered individuals who live outside Illinois will meet all extraterritorial requirements of those states, if any, according to the group's funding arrangements.

# **Online Tools**

# Prescription Drug Information ... Whenever You Want It

# Your prescription drug coverage through Blue Cross and Blue Shield of Illinois (BCBSIL) offers many options, resources and advantages:

- **Cost savings:** Using generic drugs, when right for you, can help you save money. Visit *bcbsil.com* to find out if a brand drug has a generic equivalent available and see a list of generic alternatives.
- **Convenience:** A broad pharmacy network\* allows you to choose a contracting retail pharmacy close to you.
- Time savings: Through mail service, you can have maintenance medications delivered directly to you.
- Safety programs: BCBSIL has programs that help identify potential safety concerns.

# To get started, just follow these steps:

- 1 Go to bcbsil.com.
- Log in to Blue Access® for Members.
- Click on Learn more about your pharmacy benefits in the Quick Links box on the right to go to your Rx Drugs home page.
- 4 Click on Prime Therapeutics\* in the Prescription Drug
  Benefits & Services box on the left. This will take you to *MyPrime.com*, the member site of BCBSIL's pharmacy benefit manager. From there, you can...



A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

# MyPrime.com

At *MyPrime.com* you will find a variety of tools that encourage you to become more informed about your medication, let you estimate your prescription drug costs and can help you in talking to your doctor about your prescription medication options.

Use MyPrime.com to:

- See the complete formulary, a summary of formulary changes and find out if a drug is on the formulary. Using formulary drugs usually costs you less out-of-pocket.
- Calculate your estimated cost for up to a 34- or 90-day supply of a covered medication.
- See a list of generic alternatives for a medication and learn more about generic drugs.
  Using generic drugs can save you money.
- 1 Find Drugs & Pricing
  Learn more about a medication, including generic alternatives, and how much you will pay out-of-pocket.
  You also can find information about potential side effects or possible interactions with food or other drugs.
- Claim History View your detailed prescription claim history and out-of-pocket costs. See claims as far back as the previous calendar year.
- 3 Find a Pharmacy
  Use the pharmacy locator tool to find contracting pharmacies nearby.
  You can search by ZIP code, pharmacy name or find 24-hour pharmacies.
- 4 Go to MyPrimeMail.com
  Use PrimeMail\*, a convenient mail service
  program, to have your covered prescriptions
  delivered directly to you.

You can print an order form, and check the status of an order or refill.

More Resources: Scroll through these features for additional tips on using *MyPrime.com*, information about generic drugs and more. You will also find links to government and consumer websites.



Click on Learn more about your pharmacy benefits Delick on Prime Therapeutics

Go to *bcbsil.com* Dog in to Blue Access for Members

<sup>\*</sup> Prime Therapeutics LLC is a pharmacy benefit management company. PrimeMail is a mail order pharmacy owned and operated by Prime Therapeutics. Blue Cross and Blue Shield of Illinois contracts with Prime Therapeutics to provide pharmacy benefit management and mail order pharmacy services. In addition, contracting pharmacies are contracted through Prime Therapeutics. The relationship between Blue Cross and Blue Shield of Illinois and contracting pharmacies is that of independent contractors. Blue Cross and Blue Shield of Illinois, as well as several other independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.



Experience. Wellness. Everywhere.®

# BlueEdge™ Incentives Program

## Reward your employees for making smart choices about their health

Encouraging your employees to adopt or maintain healthy behaviors is often effective and meaningful. Whether your goal is focusing on chronic conditions or reinforcing healthy choices, incentives can be key to controlling your company's long-term medical expenditures.

You and your employees can count on a solution from Blue Cross and Blue Shield of Illinois, Blue Cross and Blue Shield of New Mexico, Blue Cross and Blue Shield of Oklahoma, and Blue Cross and Blue Shield of Texas (referred to herein collectively as "BCBS").



# Incentives tie rewards to goals

Companies offering no incentive for completion of a health risk assessment averaged a 24 percent participation rate, compared to 48 percent for those companies offering incentives.\*

\* Mercer's National Survey of Employer-Sponsored Health Plans, 2010.

#### A Single, Integrated Solution

An incentives program can be implemented for identified drivers of medical costs in your company. BCBS adds value by reducing your role in administering the program and offering integration across:

- Medical plans (PPO, HMO, BlueEdge consumer-directed health plans)
- Wellness activities (biometric screenings, preventive care, Health Risk Assessments)
- ▶ Blue Care Connection® suite of member programs

In addition, the BCBS program offers members an easy-to-use experience with integrated customer service by phone or self-service support online.

#### **How the Incentives Program Works**

BCBS makes it easy to launch an incentives program that fits your employee population. Whether your objectives are to create an awareness of health risks among your population or a more targeted approach focused on your higher risk employees, BCBS can recommend a strategy with the appropriate health activities and rewards to drive optimal employee participation.

#### **BlueEdge Incentives Program**

#### **Health Activities**

#### **Wellness Activities**

- Biometric Screenings
- Health Risk Assessment
- Immunizations
- Preventive Care

#### Blue Care Connection Lifestyle Management

- Smoking Cessation
- Weight Management

#### Blue Care Connection Condition Management

- Asthma
- Chronic Obstructive Pulmonary Disease (COPD)
- Congestive Heart Failure (CHF)
- Coronary Artery Disease (CAD)
- Diabetes
- Maternity

### **Get Started Today**

To discuss an incentives design that helps you control your company's health care benefit costs, contact your BCBS representative.

#### Rewards

#### **BCBS** Delivered

- Health Care Account (HCA) Contribution
- Medical Deductible Reduction
- Pharmacy Copay/Coinsurance Reduced or Waived

#### **Employer Delivered**

- Medical Premium Contribution
- Health Savings Account (HSA) Contribution
- Cash Payroll Contribution



Blue Cross and Blue Shield of Illinois, Blue Cross and Blue Shield of New Mexico, Blue Cross and Blue Shield of Oklahoma, and Blue Cross and Blue Shield of Texas,



# Blue Access® Online the fast, easy and convenient way to enroll!

Welcome to Blue Cross and Blue Shield of Illinois! To enroll online, simply sign onto Blue Access for Members at www.bcbsil.com using the temporary ID and password provided by Blue Cross and Blue Shield.

- Enrolling online is easier and faster than a paper application. Select your health plan and enter your personal and medical information, including:
  - Name, birth date and Social Security number
  - Medical information such as any diagnosis, treatment or medications that may be needed. Medical information is not shared with your employer.
- Enrolling online is **convenient**. You can enroll at work or at home, complete the enrollment all at once or save and finish it later – it's your choice!
- Enrolling online gives you peace of mind. You can review the enrollment information to make sure it's correct and complete and print a copy for your records. After you submit your completed enrollment, you'll receive an e-mail confirmation.
- Enrolling online helps you manage your health and your health care benefits. Starting on the first day of your coverage, through Blue Access for Members you can:
  - Print a temporary ID
  - Explore health and wellness information and resources
  - Check your coverage and dependent information
  - Review claims and more

**Enroll today!** 

# BlueExtras<sup>™</sup> Vision Discount Program

## **Discount vision program**

Blue Cross and Blue Shield of Illinois (BCBSIL) is pleased to offer members a discount vision program through Davis Vision, Inc., a leading national provider of routine vision care programs. Save on eyeglasses, contact lenses, eye exams and accessories.

# How do I locate a Davis Vision provider?

The Davis Vision network consists of major national and regional retail locations, such as EyeMasters and Visionworks, as well as independent ophthalmologists and optometrists.

For a list of Davis Vision providers near you, go to bcbsil.com, click Provider Finder<sup>®</sup>, then click Find a Vision Provider. For more information about BlueExtras, log in to Blue Access for Members<sup>SM</sup> (BAM) at bcbsil.com. Click the My Coverage tab at the top, and then click the BlueExtras Discount Program link.

## How to maximize your benefits

- Your health plan may offer some level of vision benefits. If your plan offers vision benefits, you should continue to follow network guidelines for your routine eye exams.
- If your optometrist or ophthalmologist is a Davis Vision provider or if you use a Davis Vision provider for products and services, you can receive discounts on frames, lenses and contacts by presenting your BCBSIL ID card. Discounts are only available at Davis Vision providers.

#### Laser vision correction

Davis Vision offers you and your eligible dependents with the opportunity to receive discounts on laser vision correction services through the TLC/TruVision network. To schedule an appointment call TLC/TruVision directly at 866-484-2020 or contact Davis Vision at 877-393-8844 for more information.

## Mail order contact lenses

The Lens 1 2 3<sup>®</sup> Mail Order Contact Lens Replacement Program is fast, convenient and offers significant savings. For more information, call 800-LENS-123 (800-536-7123) or visit the Lens 1 2 3 website at lens123.com.

## Are there any exclusions?

The following items are *not* covered by this vision discount program:

- Medical treatment of eye disease or injury
- Vision therapy
- Special lens designs or coatings, other than those listed on the other side of this flier
- Services performed by a provider who is not in the Davis Vision network
- Replacement of lost eyewear
- Services not performed by licensed personnel



#### Eye exam and vision hardware discount fee schedule<sup>1</sup>

If your plan offers vision benefits, see your BCBSIL network provider for your initial eye exam<sup>2</sup>.

You can receive the following discounts on any additional exams and hardware when using a Davis Vision provider.

	You Pay:				
Examinations					
Comprehensive examination	15% off or \$5 off retail cost				
Contact lens examination	15% off or \$10 off retail cost				
Frames <sup>3</sup>					
Priced up to \$70 retail	\$40				
Priced over \$70 retail	\$40 plus 10%				
Priced over \$70 retail	off the amount over \$70				
Spectacle Lenses (Uncoated plastic) <sup>3</sup>					
Single vision	\$35				
Bifocal	\$55				
Trifocal	\$65				
Lenticular	\$110				
Contact Lenses					
Conventional <sup>2</sup>	20% off				
Disposable/Planned replacement <sup>2</sup>	10% off				
Spectacle Lens Options (Add to lens prices) <sup>3</sup>					
Standard progressive <sup>4</sup>	\$60 or \$75				
Premium progressive <sup>4</sup>	\$110 or \$125				
Glass lenses	\$18				
Polycarbonate lenses	\$30				
Blended invisible bifocals	\$20				
Intermediate vision lenses	\$30				
Photogrey Extra® lenses	\$35				
Scratch-resistant coating	\$15				
Anti-reflective coating	\$45				
Ultraviolet coating	\$15				
Solid tint	\$10				
Gradient tint	\$12				
Hi-index lenses	\$55				
Plastic photosensitive lenses	\$65				
Polarized lenses	\$75				



For more information, call Davis Vision at 877-393-8844 or visit davisvision.com, click Members and enter Control Code 4513 in the Open Enrollment section.

The relationships between Blue Cross and Blue Shield of Illinois and Davis Vision, Inc., and Davis Vision, Inc., on behalf of TLC/TruVision are that of independent contractors.

BlueExtras is a discount program available to BCBSIL members. Some of the services offered through BlueExtras may be covered under your health plan. Please refer to your benefit booklet or call the customer service number on the back of your ID card for specific benefit information under your health plan. Use of BlueExtras does not affect your premium, nor do costs of BlueExtras' services or products count toward any maximums and/or plan deductibles. Discounts are only available through participating vendors.

BCBSIL does not guarantee or make any claims or recommendations regarding the services or products offered under BlueExtras. You may want to consult with your physician prior to use of these services and products. Services and products are subject to availability by location. BCBSIL reserves the right to discontinue or change this discount program at any time without notice.

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<sup>1</sup> These discounted fees apply at most provider locations. However, fees may vary. For example, at Wal-Mart, members will receive comparable values on spectacle lens and contact lens purchases with Wal-Mart's standard retail cost. Members buying frames at Wal-Mart will receive a flat 10 percent discount on Wal-Mart's price, rather than the discounts shown. Confirm discounts with your selected provider.

<sup>2</sup> Discount will be applied to the provider's usual and customary price for services.

 $<sup>{\</sup>it 3 Special lens designs, materials, powers and frames may require additional cost.}\\$ 

<sup>4</sup> Pricing at some retail locations may vary.