Nearly one in every three Americans has a Blue Cross and Blue Shield product.

**Experience**
Preventive care is essential to maintaining a healthier life, and no one understands this better than Blue Cross and Blue Shield of Illinois (BCBSIL). For more than 75 years, BCBSIL has provided quality health care benefits and services to its members and communities. BCBSIL provides members with programs and support to create customized wellness action plans, make smarter health care choices and help manage their health care.

**Your Journey to Wellness**
Wellness is defined as the state of being healthy in body and mind, especially as the result of deliberate effort. The choices you make each day can affect your health now and in the future. Deciding on the best approach for a healthier lifestyle can be challenging, but it may be easier than you think.

BCBSIL offers access to convenient online tools and resources to help you plan and manage your health care. BCBSIL health care plans include flexible options with the right combination of benefits, choice of providers and access to a wide variety of educational resources. Whether you are trying to improve your health or reach the next level of wellness, BCBSIL is here to help.

Take time to explore what Blue Cross and Blue Shield of Illinois has to offer. The coverage options, tools and resources can help you on your journey to wellness.

**In This Guide**
The following pages include a description of the medical plan and other features and services available to you. In some cases, your employer may be offering you more than one medical plan to choose from. Think carefully about how you and your family will use these benefits. Before you make a decision, consider the services that are covered, provider network, potential out-of-pocket costs and other options.

Blue Cross and Blue Shield of Illinois is a leader in health care benefits.

If you have questions, your employer can provide additional information or direct you to other resources for assistance.
The BlueAdvantage HMO Plan

The BlueAdvantage HMO plan from Blue Cross and Blue Shield of Illinois provides valuable benefits, member services and flexibility, along with the security of predictable copayments so there are no financial surprises. Unlike other plans, BCBSIL's HMO does not require you to pay a deductible.

When you join BlueAdvantage HMO, you choose a contracting medical group within your network and then a family practitioner, internist or pediatrician from your chosen medical group to serve as your primary care physician (PCP). Your PCP provides or coordinates your health care, helps you make informed decisions and, when necessary, makes referrals to specialists who are usually within your medical group network. Each specialist referral is authorized for a specific number of visits or timeframe (up to one year).

In addition to their PCP, female members also have the option of choosing a Woman's Principal Health Care Provider (WPHCP) to provide or coordinate their health care services. The WPHCP and PCP must be affiliated with or employed by your Participating Medical Group. Physicians in the same medical group do have a referral arrangement. You do not need a PCP referral to see your WPHCP.

HMOs offer valuable benefits with the security of predictable copayments.

The BlueAdvantage HMO Network
BlueAdvantage HMO offers access to a broad network of contracting health care providers in Illinois. In fact, your regular doctor may already be part of the network. If your doctor is not in the network and you are undergoing a course of evaluation and/or medical treatment or are in the second or third trimester of pregnancy when you join the plan, you may request transition of care benefits. Benefits for transitional services may be authorized for up to 90 days. After this period, all care must be transferred to a new PCP/medical group in the HMO network. Contact Member Services for more information.

BlueAdvantage HMO has been awarded a Commendable Accreditation from the National Committee for Quality Assurance (NCQA). This accreditation level is awarded to plans that demonstrate levels of service and clinical quality that meet or exceed NCQA's rigorous requirements for consumer protection and quality improvement. The NCQA results are publicly reported in five categories:

- Access and Service
- Qualified Providers
- Staying Healthy
- Getting Better
- Living with Illness

If you have a question, visit bcbsil.com or call Member Services at 800-892-2803.
Medical Care
The range of benefits includes coverage for:
- Physician office visits
- Outpatient surgery and diagnostic tests
- Breast cancer screening
- Cervical cancer screening
- Prostate cancer screening
- Colon cancer screening
- Inpatient hospital services
- Maternity care
- Outpatient hospital services
- Mental health and substance abuse – inpatient and outpatient treatment (Note: Physicians Care Network (PCN), Inc. members’ mental health care is directly coordinated with the network behavioral health provider.)
- Rehabilitative therapy (such as physical, speech and occupational therapy)
- Inpatient and outpatient treatments

To find a medical group and PCP in the network, go to bcbsil.com and use the Provider Finder® or refer to a printed directory. You can request a directory by calling Member Services at the toll-free number on the back of your BCBSIL ID card. Each covered family member can choose a different medical group or PCP from the network. It’s also easy to change your PCP or medical group for any reason. To select a different PCP within your existing medical group, just call the medical group. To change your medical group, call Member Services or use the Blue Access for Members online service at bcbsil.com. See Your Health Care Benefit Program booklet or call Member Services for more information.

Preventive Care
Another HMO benefit is coverage for preventive care and wellness services for children and adults, such as routine physicals, screenings, tests and immunizations, including childhood immunizations. Also, BCBSIL sends reminders to members to schedule flu shots, mammograms and Pap tests, and to have early childhood immunizations completed.

Vision Care
You and your covered dependents are eligible to receive an eye examination and contact lens evaluation, fitting and follow-up once every 12 months, for the cost of your PCP or wellness copayment. Your vision care benefits are available through Davis Vision™, a leading national provider of routine vision care programs.

BlueCard® Urgent Care™
This program covers HMO members traveling outside of Illinois who need medical attention for a condition that is not an emergency.

To find a contracting provider in the area in which you are traveling, call the BlueCard program toll-free at 800-810-BLUE (800-810-2583) or search the Blue Cross and Blue Shield Association’s Web site at bcbs.com. You can then call the provider directly to make an appointment. You pay the applicable copayment at the time of service and don’t need to submit claim forms.

If you have a question, visit bcbsil.com or call Member Services at 800-892-2803.
**Guest Membership**

This program covers members who are living out of the participating service area for at least 90 consecutive days. You can become a Guest Member with full benefits through a Blue Cross and Blue Shield HMO in another state. Guest Membership is a particularly valuable benefit for covered students who are living out of state while attending school or for members on extended travel out of state.

To find out if guest membership is available at your destination or to sign up with a host Blue Cross and Blue Shield HMO in another state, you must call Member Services before leaving home or before receiving any out-of-state services. If not, there will be no coverage for services received out of state. After applying, if you plan to continue with guest membership, you must renew it after a defined period of time.

**Out-of-Area Coverage**

BlueAdvantage HMO gives you access to health care benefits when traveling or temporarily living out of state.

**Emergency Care**

If you, as a prudent layperson with an average knowledge of health and medicine, need to go to the emergency room of any hospital, your care will be covered. When a medical emergency occurs, we recommend you first try to call your PCP. Someone from your medical group is available 24 hours a day, seven days a week. Your PCP or another doctor in your medical group may be able to treat you in the office. If you are unable to call your PCP, go directly to the nearest hospital emergency room and notify your PCP as soon as possible.

If you are admitted, someone must contact your PCP immediately upon admission. Your emergency room copayment will be waived, but you will have to pay your inpatient hospital copayment, if applicable. Emergency care benefits are limited to the initial emergency treatment. To receive additional benefits, your PCP must provide or coordinate follow-up care.

**Reconstructive Surgery**

Federal and State of Illinois legislation require that group health plans and health insurers provide coverage for reconstructive surgery following a mastectomy. These laws state that health plans that cover mastectomies must also provide coverage in a manner determined in consultation with the attending physician and patient for reconstruction of the breast on which the mastectomy has been performed, surgery and reconstruction of the other breast to produce a symmetrical appearance, and prostheses and treatment for physical complications for all stages of mastectomy care, including lymphedemas.

BlueAdvantage HMO covers these procedures and annual mammograms when ordered by a member's primary care physician or Woman's Principal Health Care Provider, subject to the terms of the member's applicable health care benefit coverage. Visit bcbsil.com or call Member Services for more information.

**Utilization Management**

BlueAdvantage HMO supports the belief that the best people to determine what medical care you need are you and your doctor. BCBSIL does not get involved in deciding your course of treatment. This sets it apart from most other HMOs. Your doctor is encouraged to listen to your concerns and discuss all treatment options with you to help you make informed decisions. Your network medical group may review certain referrals or procedures for appropriateness of care. Your HMO doesn't get involved unless you request an appeal from BCBSIL because you disagree with decisions made by your PCP or medical group.

**Substance Abuse Treatment**

Substance abuse treatment is provided at contracting facilities and a PCP referral is not needed. Call the number on the back of your ID card to locate a participating substance abuse provider.

If you have a question, visit bcbsil.com or call Member Services at 800-892-2803.
Prescription Drugs

Save money by choosing generic drugs instead of brand drugs.

Prescription Drug Card Program

Your HMO benefits also include prescription drug coverage. The outpatient prescription drug program is based on a tiered formulary structure. The formulary is a list of all generic drugs and a large selection of brand drugs. It is regularly reviewed and revised and is subject to change throughout the year. While coverage may vary depending on your health care benefit plan, you usually pay less for covered formulary drugs than for non-formulary drugs. The BCBSIL formulary structure provides coverage for nearly all drugs, even those that are not on the formulary. Check the formulary at www.bcbsil.com.
Find what you need at Blue Access for Members℠ (BAM)

1. **My Coverage:** Review benefit details for you and the family members covered under your plan.

2. **Claims Center:** View and organize details such as payments, dates of service, provider names, claims status and more.

3. **My Health:** Make more informed health care decisions by reading about health and wellness topics and researching specific conditions.

4. **Doctors & Hospitals:** Use Provider Finder® to locate a network doctor, hospital or other health care provider, and get driving directions.

5. **Forms & Documents:** Use the form finder to get claim and other forms quickly and easily.

6. **Message Center:** Learn about updates to your benefit plan, and receive notification of pending and finalized claims via secure messaging.

7. **Quick Links:** Go directly to some of the most popular pages for information, such as medical coverage, replacement ID cards, manage preferences and more.

8. **Settings:** Set up notifications and alerts to receive updates via text messaging and email, review your member information, and change your secure password at anytime.

9. **Help:** Look up definitions of health insurance terms, get answers to frequently asked questions and find Health Care School articles and videos.

10. **Contact Us:** Submit a question and a Customer Service Advocate will respond by phone or through the message center.
Log in to Blue Access for Members℠ (BAM)

Your Online Resource

Would you like to know when your medical claims are paid and the payment amounts? Do you need to confirm who in your family is included under your coverage? BAM, the secure member portal from Blue Cross and Blue Shield of Illinois (BCBSIL), can help. Get immediate online access to health and wellness information, and:

- Check the status of a claim and your claims history
- Confirm the family members who are covered under your plan
- View and print an Explanation of Benefits (EOB) statement for a claim
- Select an option to stop receiving EOBs by mail
- Set your preferences to receive notifications for claims status and wellness updates through emails or text alerts.
- Locate a doctor or hospital in the network
- Request a new or replacement member ID card or print a temporary member ID card
- Join My Blue Community®, a social network for BAM members

It’s easy to get started

2. Click the Already a Member? tab. Then click the Register Now button in the BAM section.
3. Use the information on your BCBSIL ID card to complete the registration process.
Frequently Asked Questions

Q: What questions should I ask when selecting a doctor?
A: In addition to preliminary questions you’d ask a new doctor—such as “Are you accepting new patients?”—the following questions will help you evaluate whether a doctor is right for you:

- What is the doctor’s experience in treating patients with the same health problems I have?
- Where is the doctor’s office? Is there ample parking or is it close to public transportation?
- What are the regular office hours? Does the office have drop-in hours for urgent problems?
- How long should I expect to wait to see the doctor when I’m in the waiting room?
- Are routine lab tests and X-rays performed in the office, or will I have to go elsewhere?
- Which hospitals does the doctor use?
- If this is a group practice, will I always see my chosen doctor?
- How long does it usually take to get an appointment?
- How do I get in touch with the doctor after office hours?
- Can I get advice about routine medical problems over the phone or by e-mail?
- Does the office send reminders for routine preventive tests, like cholesterol checks?

Q: Whom do I call with questions about my benefits?
A: Call customer service at the toll-free number on the back of your member ID card.

Q: How do I find a contracting network doctor or hospital?
A: Go to www.bcbsil.com and use the Provider Finder® or call customer service at the toll-free number on the back of your member ID card.

Q: What should I bring to my first appointment?
A: Your first appointment is an opportunity to share information about your health with your new doctor, so bring as much medical information as possible, including:

- **Medical records and insurance card** – If you are undergoing treatment when you change doctors, your medical records are especially important to your new doctor. Your BCBSIL member ID card provides information about copayments, billing and customer service phone numbers.
- **Medications** – Give your new doctor information on prescription and over-the-counter medications, including any herbal medications you take. Be sure to include the name of the medication, the dosage, how often you take it and why.
- **Special needs** – Make a list of medical equipment and devices you use, including wheelchairs, oxygen, glucose monitors and glucose strips. Be prepared to explain how you use them, not only to make sure you have the equipment you need, but also to avoid any disruption in your care.

Q: Are my medical records kept confidential?
A: Yes. Blue Cross and Blue Shield of Illinois is committed to keeping specific member information confidential. Anyone who may need to review your records is required to keep your information confidential. BCBSIL may need to review your medical record or claims data (for example, as part of an appeal that you request). If so, precautions are taken to keep your information confidential. In many cases, your identity will not be associated with this information.
Be Smart. Be Well.

You can increase your odds of living better and living longer by making smart health and safety choices.

Be Smart. Be Well. is a unique Web site dedicated to helping you be safe and healthy. Be Smart. Be Well. features engaging video documentaries of the personal lessons learned by real people. The goal of Be Smart. Be Well. is simple: to give you the information and resources you need to make an immediate and positive impact on your everyday life.

Highlights of the site include:

• Simple steps you can take to live healthier
• Links to useful resources
• Information provided by medical professionals
• Timely newsfeeds from national media

Numerous health and safety topics including mental health, childhood obesity, drug safety and caregiving are presented on the site. New topics are continually added.

Be Smart. Be Well. is sponsored by Health Care Service Corporation, the largest customer-owned health insurer in the United States, with more than 12 million members in its Blue Cross and Blue Shield Plans in Illinois, New Mexico, Oklahoma and Texas.

Be sure to join the daily discussion on Twitter at twitter.com/bsbw and visit us on YouTube at www.youtube.com/besmartbewell.


where awareness and prevention meet
be smart. be well.
Health Insurance Fraud
What You Should Know

Fraud Affects Everyone
Fraud may cost the health care industry (public and private payers) more than $200 billion each year. As a member of Blue Cross and Blue Shield of Illinois (BCBSIL), this fraud may cause you to face rising premiums, increased copayments and deductibles, and the elimination of certain benefits.

Don’t Be a Victim
In addition to losing money through fraud, members may also experience physical and mental harm as a result of health care fraud schemes in which a provider performs unnecessary or dangerous procedures.

Identifying Fraud
Commonly identified schemes involving providers include:

• Misrepresenting Services – Intentionally billing procedures under different names or codes to obtain coverage for services that aren’t included in a member’s plan.

• Upcoding – Deliberately charging for more complex or more expensive services than those actually provided.

• Non-rendered and/or “Free” Services – Some providers intentionally bill for tests or services never provided. This can also mean that the provider offered “free” services to bill the insurance company for services not performed or needed.

• Kickbacks, Bribes or Rebates – Referring patients to a provider or facility where the referring provider has a financial interest.

Commonly identified member schemes include:

• Identity Swapping – Allowing an uninsured individual to use your insurance card.

• Identity Theft – Using false identification to gain employment and the health insurance benefits that come with it.

• Non-eligible Members – Adding someone to a policy who is not eligible or failing to remove someone when that person becomes ineligible.

• Prescription Medicine Abuse and Diversion – Controlled substances can be obtained through deception or dishonesty for personal use or sale “on the street.” Prescription medications can be obtained through doctor shopping, visiting several emergency rooms or stealing doctors’ prescription pads.

Fraud increases costs and decreases benefits.
Fighting Fraud

BCBSIL offers these tips:

- Know your own benefits and scope of coverage.
- Review all Explanation of Benefits (EOB) forms. Make sure the exams, procedures and tests billed were the ones you actually had with the provider who treated you.
- Understand your responsibility to pay deductibles and copayments, and what you can and cannot be balance-billed for once your claim has been processed.
- Guard your health insurance card and personal insurance information. Notify BCBSIL immediately if your card or insurance information is lost or stolen.
- Sign and date only one claim form per office visit.
- Never lend your member ID card to another person.
- Don’t give out insurance or personal information if services are offered as “free.” Be sure you understand what is “free” and what you or your employer will be charged for.
- Ask your doctors exactly what tests or procedures they want you to have and why. Ask why the tests or procedures are necessary before you have them.
- Be sure any referrals you receive from your network provider are to other network doctors or facilities. If you’re not sure, ask.
- Monitor your prescription utilization via the BCBSIL website or your Pharmacy Benefit Manager (PBM). Make sure the medications billed to your insurance are accurate.
Preventing Health Care Fraud
BCBSIL created the Special Investigations Department (SID) to fight fraud and help lower health care costs. The staff includes individuals with medical, insurance and law enforcement backgrounds as well as data analysts experienced in detecting fraudulent billing schemes. The SID aggressively investigates allegations of fraud and refers appropriate cases for criminal prosecution.

Fraud Isn’t Fair. Help Us Fight It.
Reducing health care fraud is a collaborative effort between BCBSIL, its providers and its members. Additional information and a fraud awareness training program are available through the SID website at bcbsil.com/sid.

We also encourage you to report any suspected incidence of fraud by calling our Health Care Fraud Hotline, completing a form online or sending us a note in the mail. Suspicions of fraud can be reported to the SID anonymously.

Three Ways To Report Fraud To BCBSIL
The SID is here to help you. You can contact the SID in any of the following ways:

1. 800-543-0867
   The toll-free Fraud Hotline operates 24 hours a day, seven days a week. You can remain anonymous or provide information if you want to be contacted by a member of the SID.

2. bcbsil.com/sid/reporting
   This website address links to an online fraud reporting form that can be completed and sent to the SID electronically.

3. U.S. Mail
   You can write the SID at:
   Blue Cross and Blue Shield of Illinois
   Special Investigations Department
   300 E Randolph Street
   Chicago, Illinois 60601
An Explanation of Benefits (EOB) Statement is a notification form provided to members when a health care benefits claim is processed by Blue Cross and Blue Shield of Illinois (BCBSIL). The EOB displays the expenses submitted by the provider and shows how the claim was processed.

The EOB has four major sections:

• **Claim Information** includes the member and patient name, the member's group and ID numbers, and the claim number.

• **Summary** highlights the financial information – the amount billed, total benefits approved and the amount you may owe the provider.

• **Service Information** identifies the health care facility or physician, dates of service and charges.

• **Coverage Information** shows what was paid to whom, what discounts and deductions apply, and what part of the total expense was not covered.

The EOB may include additional information.

• **Information About Amounts Not Covered** will show what benefit limitations or exclusions apply.

• **Information About Out-Of-Pocket Expenses** will show an amount when a claim applies toward your deductible or counts toward your out-of-pocket expenses.

• **Information About Appeals** explains your rights regarding review of claim denials.

• **Fraud Hotline** is a toll-free number you can call if you think you are being charged for services you did not receive or if you suspect any fraudulent activity.

Your EOBs are Always Available Online!

Sign up for Blue Access® for Members (BAM) at www.bcbsil.com for quick, convenient and confidential access to your claim information and history. To support our commitment to eco-friendly business practices, you can choose to opt out of receiving EOBs by mail. This saves resources and offers you additional confidentiality. Just go to BAM, click on User Profile and change your User Preferences.
BlueCross BlueShield of Illinois
300 East Randolph
Chicago, Illinois 60601-5099

Explanation of Benefits (EOB). This is not a bill.

HEALTH CARE SERVICE CORP
06-02-08

Customer Service: 1-800-XXX-XXXX

ANTHONY DOE
100 BLUEBIRD LANE
CHICAGO, IL 60601-7332

Check here for BCBSIL messages.

Summary

Total Billed: $45.00
Total Benefits Approved: $16.20
Amount You May Owe Provider: $1.80

Claim Information

Member Name: Anthony Doe
Group No.: 12345
Identification No.: ABC1234567
Claim No.: 202000000000X
Patient Name: Anthony Doe

The following shows how this claim was processed.

Service Information

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<th>Service Description</th>
<th>Service Date</th>
<th>Amount Billed</th>
<th>Amount Not Covered</th>
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Totals

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Coverage Information

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</thead>
<tbody>
<tr>
<td>Totals</td>
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<td>$27.00</td>
<td>$18.00</td>
</tr>
<tr>
<td>PARTICIPATING PROVIDER OPTION (PPO REDUCTION)</td>
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<td>$27.00</td>
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</tr>
<tr>
<td>Deductions</td>
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<td>$16.20</td>
</tr>
<tr>
<td>Amount You May Owe Provider</td>
<td></td>
<td></td>
<td>$1.80</td>
</tr>
</tbody>
</table>

Total covered benefits approved for this claim: $16.20 to IMAGING RADIOLOGISTS LLC on 06-02-08.

A Division of Health Care Service Corporation, A Mutual Legal Reserve Company, An Independent Licensee of the Blue Cross and Blue Shield Association.
Sample EOB

1. Account name (member’s company or organization)
2. Date claim was finalized
3. Toll-free number to call for additional information
4. Member’s name and mailing address
5. BCBSIL messages
6. Member’s name
7. Employer or group identification number*
8. Member number that appears on the ID card*
9. Claim number*
10. Person who received the services*
11. Summary box, including the total amount billed by the provider for the services, the benefits approved and paid by BCBSIL, and the remainder you may owe.
   (See also 14, 20 and 21).
12. Provider name (top line) and description of service (below)
13. Beginning and end service dates
14. Amount billed by the provider for each service
15. Portion of the billed amount not covered by the plan
   (a footnote explains the reason)
16. Amount covered by the plan*
17. Total charges included on this claim
18. Plan reductions subtracted from billed amount,
   such as PPO allowances
19. Deductible and copayment or coinsurance amounts
20. Payment approved before benefits are coordinated with
   other insurers, such as Medicare
21. Amount the member may be responsible for paying
22. Total benefit approved for provider

* Please provide this information when contacting us about a claim.

Not all EOBs are the same. The format and content of your EOB depends on your benefit plan and the services provided. Deductible and copayment amounts vary.
Blue Access Mobile℠

Blue Access Mobile brings convenient, secure access to your mobile phone.

From your mobile phone Web browser, you can:

- Register or log in to your secure member site – Blue Access for Members℠ – to view coverage details, access or request identification (ID) cards, check claims status, manage your user profile, use the Message Center and view health and wellness information.
- Download the Find Doctor app to find an in-network doctor, hospital or urgent care facility.
- Sign up for text or email notifications, tips and reminders.
- Access Health Care Reform and Health Care 101 to view general health insurance information and terminology.
- Shop for insurance and get a quote before applying.
- Locate Blue Cross and Blue Shield of Illinois (BCBSIL) contact information.

It is easy to experience Blue Access Mobile. Simply go to bcbsil.com from your mobile phone Web browser.

There is no registration required to access the mobile site. However, BCBSIL members must enter their user name and password to log in to Blue Access for Members.

bcbsil.com/mobile
Prescription Drug and Wellness Information
What is a formulary?
The Blue Cross and Blue Shield of Illinois formulary, which your prescription drug benefit plan is based on, is a regularly updated list of preferred drugs selected based on the recommendations of a committee comprised of individuals from throughout the country who hold a medical or pharmacy degree. U.S. Food and Drug Administration (FDA)-approved drugs are chosen based on efficacy, safety, uniqueness and cost-effectiveness. The formulary includes all generic drugs and a select group of brand drugs.

What are the advantages of using the formulary?
Your copayment/coinsurance amount for covered formulary drugs is usually lower than for non-formulary drugs. You have benefits for most covered medications that are not on the formulary, but you may pay more out-of-pocket. The formulary is a reference for your doctor when prescribing medications. However, it is solely up to you and your physician to determine the medication that is best for you.

What are the advantages of using generic drugs?
Generics are recognized as safe and effective medications. Generics cost less because manufacturers do not have to recover an investment in research and development. Therefore, you usually pay less for a generic drug than for a brand medication. A generic can usually be substituted for a brand drug if it contains the same active ingredients, the same strength and dosage form and produces the same results. Only your doctor can make prescribing decisions for you. Talk to your doctor or pharmacist to find out if a generic drug is available and right for you.

How do I know if a drug is on the formulary and what my cost will be?
On the following pages are some commonly prescribed generic and formulary brand medications. If a drug you are looking for is not on the list, search the formulary at bcbsil.com or call the Pharmacy Program number on the back of your ID card.

Your particular prescription drug benefit plan and whether or not the drug is on the formulary will determine the amount you pay. To find out what you will pay, visit our website at bcbsil.com or call the Pharmacy Program number on the back of your ID card.

What are drug dispensing limits?
Based on FDA-approved dosage regimens and manufacturer’s product packaging, certain medications have dispensing limits. This means that only a specific quantity of medication is covered per prescription or in a given time period. For example, coverage for the osteoporosis drug Actonel® (risedronate) is limited to 30 tablets per 30 days because the FDA-approved labeling states that the recommended dose is one 5 mg oral tablet taken daily.

What if I have questions?
Call the Pharmacy Program number on the back of your ID card, 24 hours a day, 7 days a week, or visit bcbsil.com. Drug safety information is also available at besmartbewell.com/drugsafety.
October 2013
Commonly Prescribed Formulary Medications

This list is a sample of commonly prescribed generic and formulary brand drugs. Refer to the Blue Cross and Blue Shield of Illinois Prescription Drug Formulary at bcbsil.com for a more comprehensive and up-to-date list. The online formulary is updated after new generic drugs become available and also on a regular basis. The formulary may contain medications not covered under your prescription drug benefit plan. In addition, prescription versions of over-the-counter (OTC) medications may not be covered based on your prescription drug benefit plan. If you have questions about your prescription drug benefit, call the Pharmacy Program number on the back of your ID card.

<table>
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<th>ACE Inhibitors/Combinations</th>
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<tbody>
<tr>
<td>candesartan</td>
</tr>
<tr>
<td>losartan/losartan HCT</td>
</tr>
<tr>
<td>valsartan HCT</td>
</tr>
<tr>
<td>BENICAR/BENICAR HCT</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Beta-Blockers</th>
</tr>
</thead>
<tbody>
<tr>
<td>acebutolol</td>
</tr>
<tr>
<td>atenolol</td>
</tr>
<tr>
<td>bisoprolol/bisoprolol HCT</td>
</tr>
<tr>
<td>carvedilol</td>
</tr>
<tr>
<td>labetalol</td>
</tr>
<tr>
<td>metoprolol/metoprolol ER</td>
</tr>
<tr>
<td>propranolol</td>
</tr>
<tr>
<td>INNOPRAN XL</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Calcium Channel Blockers</th>
</tr>
</thead>
<tbody>
<tr>
<td>amlodipine</td>
</tr>
<tr>
<td>diltiazem/XR/SR</td>
</tr>
<tr>
<td>nifedipine ER</td>
</tr>
<tr>
<td>verapamil/ER</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Cholesterol Lowering Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>atorvastatin</td>
</tr>
<tr>
<td>cholestryramine</td>
</tr>
<tr>
<td>colestipol pkt</td>
</tr>
<tr>
<td>fenofibrate</td>
</tr>
<tr>
<td>gemfibrozil</td>
</tr>
<tr>
<td>lovastatin</td>
</tr>
<tr>
<td>pravastatin</td>
</tr>
<tr>
<td>simvastatin</td>
</tr>
<tr>
<td>CRESTOR</td>
</tr>
<tr>
<td>NIASPAN</td>
</tr>
<tr>
<td>TRILIPIX</td>
</tr>
<tr>
<td>WELCHOL</td>
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</table>

<table>
<thead>
<tr>
<th>DEPRESSION</th>
<th>SSRIs</th>
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</thead>
<tbody>
<tr>
<td>escitalopram</td>
<td></td>
</tr>
<tr>
<td>fluoxetine</td>
<td></td>
</tr>
<tr>
<td>paroxetine</td>
<td></td>
</tr>
<tr>
<td>sertraline</td>
<td></td>
</tr>
<tr>
<td>Proton Pump Inhibitors</td>
<td></td>
</tr>
<tr>
<td>lansoprazole/ODT</td>
<td></td>
</tr>
<tr>
<td>omeprazole/omeprazole-</td>
<td></td>
</tr>
<tr>
<td>sodium bicarbonate</td>
<td></td>
</tr>
<tr>
<td>pantoprazole</td>
<td></td>
</tr>
<tr>
<td>NEXIUM</td>
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<table>
<thead>
<tr>
<th>ANTI-INFECTIVE AGENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antibacterials</td>
</tr>
<tr>
<td>amoxicillin</td>
</tr>
<tr>
<td>amoxicillin/clavulanate</td>
</tr>
<tr>
<td>ampicillin</td>
</tr>
<tr>
<td>azithromycin tabs/susp</td>
</tr>
<tr>
<td>cefaclor</td>
</tr>
<tr>
<td>cefadroxil</td>
</tr>
<tr>
<td>cefdinir</td>
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<tr>
<td>cefprozil</td>
</tr>
<tr>
<td>cefuroxime</td>
</tr>
<tr>
<td>cephalixin</td>
</tr>
<tr>
<td>ciprofloxacin</td>
</tr>
<tr>
<td>doxycycline</td>
</tr>
<tr>
<td>EES/sulfisoxazole</td>
</tr>
<tr>
<td>erythromycin</td>
</tr>
<tr>
<td>levofloxacin</td>
</tr>
<tr>
<td>penicillin VK</td>
</tr>
<tr>
<td>tetracycline</td>
</tr>
<tr>
<td>tmp-smz DS</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Antiinfectives/Onychomycosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>terbinafine</td>
</tr>
<tr>
<td>voriconazole</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Antivirals/Herpes</th>
</tr>
</thead>
<tbody>
<tr>
<td>acyclovir</td>
</tr>
<tr>
<td>valacyclovir</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>LOW MOLECULAR WEIGHT HEPARIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>enoxaparin</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>MIGRAINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Triptans</td>
</tr>
<tr>
<td>naratriptan</td>
</tr>
<tr>
<td>rizatriptan</td>
</tr>
<tr>
<td>sumatriptan</td>
</tr>
<tr>
<td>zolmitriptan</td>
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<thead>
<tr>
<th>OPTHALMIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antibacterials</td>
</tr>
<tr>
<td>ofloxacin ophth soln</td>
</tr>
<tr>
<td>polymyxin B/trimethoprim</td>
</tr>
<tr>
<td>tobramycin</td>
</tr>
<tr>
<td>VIGAMOX</td>
</tr>
</tbody>
</table>
Commonly Prescribed Formulary Medications

Glaucoma
- brimonidine 0.15%, 0.2%
- dorzolamide soln
- latanoprost
- timolol maleate soln
- ALPHAGAN P 0.1%
- AZOPT
- LUMIGAN
- TRAVATAN Z

Other Eye Products
- azelastine soln
- diclofenac soln
- ketorolac soln 0.4%, 0.5%
- tobramycin/dexamethasone susp
- PATADAY
- TOBRADEX OINT
- ZYLET

PAIN/ARTHITIS
Anti-inflammatory Agents
- diclofenac
- etodolac
- ibuprofen
- indomethacin
- meloxicam
- nabumetone
- naproxen
- oxaprozin
- sulindac
- CELEBREX
- HUMIRA

RESPIRATORY
Allergy Drugs
All generically available antihistamine/decongestant combinations that require a prescription are on the formulary.
- azelastine
- fexofenadine
- fluticasone
- levocetirizine
- triamcinolone
- ASTEPRO
- NASONEX

Asthma Drugs
- montelukast
- zafirlukast
- ADVAIR DISKUS/ADVAIR HFA
- ASMANEX
- DULERA
- FLOVENT DISKUS/FLOVENT HFA

Cough and Cold
All generically available cough/cold medications that require a prescription are on the formulary.

Miscellaneous
- ATROVENT HFA
- COMBIVENT
- COMBIVENT RESPIMAT
- ipratropium/albuterol sulfate
- SPIRIVA HANDIHALER

SLEEP AIDS
- zaleplon
- zolpidem/ER

THYROID REPLACEMENT
- levothyroxine – includes Levoxyl*

UROLOGIC DISORDERS
Benign Prostatic Hypertrophy
- doxazosin
- tamsulosin
- terazosin

Urinary Incontinence
- oxybutynin/ext-release
- tolterodine
- DETROL LA
- VESICARE

Others
- finasteride
- AVODART

WOMEN’S HEALTH
Contraceptives
Monophasic
- EE/desogestrel (Apri*)
- EE/drospirenone (Gianvi*, Ocella*, Zarah*)
- EE/levonorgestrel (Aviane*, Levora*)
- EE/norethindrone (Necon*, Necon 1/35*, Nortrel*, Nortrel 1/35*)
- EE/norgestimate (Mononessa*, Sprintec*)
- EE/norgestrel (Low-Ogestrel*)

Biphasic
- EE/desogestrel (Kariva*)
- EE/norethindrone (Necon 10/11*)

Triphasic
- EE/desogestrel (Velivet*)
- EE/levonorgestrel (Trivora*)
- EE/norethindrone (Necon 7/7/7*, Nortrel 7/7/7*)
- EE/norgestimate (Tri-Sprintec*, Trinessa*)

Progestin Only
- norethindrone (Errin*, Jolivette*)

Others
- levonorgestrel 0.75 mg
- NUVARING
- ORTHO EVRA

Hormone Therapy
- estradiol
- estradiol/norethindrone acetate
- estropipate
- medoxyprogesterone
- norethindrone
- progesterone micronized
- ESTRADERM
- VIVELLE DOT

Miscellaneous
- alendronate
- ibandronate
- ACTONEL
- EVISTA
- ZEMPLAR

Formulary brand drugs are noted with names in UPPERCASE. Certain generic drug products are listed by their proprietary name, and are indicated with an asterisk (*). EE = ethinyl estradiol. Drug trademarks and servicemarks are the property of their respective third-party owners.
Save when you use Generic Drugs

Talk to Your Doctor and Pharmacist
Your doctor uses clinical knowledge and judgment to prescribe drugs that meet your needs. The next time your doctor writes you a prescription, consider asking if a generic is available and right for you. When purchasing a prescription, you can tell the pharmacist that you would like the generic equivalent, if available, unless your doctor indicates otherwise.

Frequently Asked Questions
Are generic drugs as safe as brand drugs? Generic drugs are reviewed and approved by the U.S. Food and Drug Administration (FDA), just as brand drugs are. According to the FDA, compared to a brand drug, a generic equivalent:

- is chemically the same
- works the same in the body
- meets the same standards set by the FDA
- is as safe and effective.

Why do generic drugs cost less? Generic drugs tend to cost less than the equivalent brand drug because the companies that make them do not have to recover the costs of research and development. On average, generic drugs cost 30 to 80 percent less than their brand counterparts.* Please keep in mind, however, that your out-of-pocket expense will be determined by your particular benefit plan.

Is there a generic drug available for my condition? Most likely. Sixty-three percent of all prescriptions dispensed in the United States are filled with generic drugs.**

A Good Choice
Your doctor will determine the appropriate medication for you. Consider asking if a generic equivalent is available for your prescription. Remember, you get a drug with the same active ingredients at the same dosage as the brand drug – usually at a lower cost.

Below are some of the most commonly prescribed brand drugs and their generic equivalents. Ask your physician to approve the generic equivalent whenever possible by writing the generic name on the prescription.

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Generic Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Altace</td>
<td>ramipril</td>
</tr>
<tr>
<td>Amaryl</td>
<td>glimepiride</td>
</tr>
<tr>
<td>Ambien</td>
<td>zolpidem</td>
</tr>
<tr>
<td>Ativan</td>
<td>lorazepam</td>
</tr>
<tr>
<td>Calan SR</td>
<td>verapamil SR</td>
</tr>
<tr>
<td>Cardizem</td>
<td>diltiazem ER</td>
</tr>
<tr>
<td>Celexa</td>
<td>citalopram</td>
</tr>
<tr>
<td>Coumadin</td>
<td>warfarin</td>
</tr>
<tr>
<td>Dilantin</td>
<td>glyburide</td>
</tr>
<tr>
<td>Effexor</td>
<td>phentoin</td>
</tr>
<tr>
<td>Floxase</td>
<td>venlafaxine</td>
</tr>
<tr>
<td>Flonase</td>
<td>fluoxetine</td>
</tr>
<tr>
<td>Fosamax</td>
<td>alendronate</td>
</tr>
<tr>
<td>Glucophage</td>
<td>fluticasone</td>
</tr>
<tr>
<td>Glucotrol</td>
<td>metformin</td>
</tr>
<tr>
<td>Hytrin</td>
<td>glibizide</td>
</tr>
<tr>
<td>Immitrex</td>
<td>terazosin</td>
</tr>
<tr>
<td>Lasix</td>
<td>sumatriptan</td>
</tr>
<tr>
<td>Lopid</td>
<td>furosemide</td>
</tr>
<tr>
<td></td>
<td>gemfibrozil</td>
</tr>
<tr>
<td>Brand Name</td>
<td>Generic Name</td>
</tr>
<tr>
<td>------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Mevacor</td>
<td>lovastatin</td>
</tr>
<tr>
<td>Micronase</td>
<td>gluvuride</td>
</tr>
<tr>
<td>Norvase</td>
<td>amiodipine</td>
</tr>
<tr>
<td>Paxil</td>
<td>paroxetine</td>
</tr>
<tr>
<td>Pepcid</td>
<td>famotidine</td>
</tr>
<tr>
<td>Pravachol</td>
<td>pravastatin</td>
</tr>
<tr>
<td>Prilosec</td>
<td>omeprazole</td>
</tr>
<tr>
<td>Prinivil</td>
<td>lisinopril</td>
</tr>
<tr>
<td>Procardia</td>
<td>nifedipine</td>
</tr>
<tr>
<td>Procardia XL</td>
<td>nifedipine XL</td>
</tr>
<tr>
<td>Proventil</td>
<td>albuterol</td>
</tr>
<tr>
<td>Prozac</td>
<td>fluoxetine</td>
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<tr>
<td>Retin-A</td>
<td>tretinoin</td>
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<tr>
<td>Risperdal</td>
<td>risperidone</td>
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<tr>
<td>Sonata</td>
<td>zaleplon</td>
</tr>
<tr>
<td>Synthroid</td>
<td>levethyroxine</td>
</tr>
<tr>
<td>Timoptic</td>
<td>timol</td>
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</table>

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Generic Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toprol XL</td>
<td>metoprolol ext-release</td>
</tr>
<tr>
<td>Tylenol with codeine</td>
<td>acetaminophen w/codeine</td>
</tr>
<tr>
<td>Ultram</td>
<td>tramadol</td>
</tr>
<tr>
<td>Vasotec</td>
<td>enalapril</td>
</tr>
<tr>
<td>Ventolin</td>
<td>albuterol</td>
</tr>
<tr>
<td>Wellbutrin</td>
<td>bupropion</td>
</tr>
<tr>
<td>Wellbutrin XL</td>
<td>ext-release</td>
</tr>
<tr>
<td>Xanax</td>
<td>alprazolam</td>
</tr>
<tr>
<td>Yasmin</td>
<td>drospirenone/ethinyl estradiol; branded generic called Ocella</td>
</tr>
<tr>
<td>Zantac</td>
<td>ranitidine</td>
</tr>
<tr>
<td>Zestril</td>
<td>lisinopril</td>
</tr>
<tr>
<td>Zocor</td>
<td>simvastatin</td>
</tr>
<tr>
<td>Zoloft</td>
<td>sertraline</td>
</tr>
<tr>
<td>Zovirax</td>
<td>acyclovir</td>
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</tbody>
</table>

As always, you should discuss with your physician questions or concerns about any drugs you are taking. Your doctor can determine whether a generic drug is appropriate for you.

*The National Association of Chain Drug Stores
**IMS Health

(06/09)
HMO 90-Day-Supply Prescription Drug Program

The 90-day-supply benefit program can save you both time and money. With this program, you have the option of obtaining a 90-day supply of maintenance medications through a network of contracting retail and mail service pharmacies. Your specific health care benefit plan and whether your medication is generic, formulary brand or non-formulary brand will determine the amount you pay. Using a generic or formulary brand medication will save you money.

Visit www.bcbsil.com for the most up-to-date listing of contracting 90-day-supply retail and mail service pharmacies.

How to Purchase a Maintenance Medication at a Retail Pharmacy

1. Ask your doctor for a new prescription for each medication you want to purchase through the program.

2. Bring your prescription to a 90-day-supply contracting retail pharmacy.

How to Purchase a Maintenance Medication Through a Mail Service Pharmacy

1. Ask your doctor for a new prescription for each medication you want to order through the program.

2. Ask for two prescriptions: one for up to a 34-day supply to fill immediately at a retail pharmacy, and a second for up to a 90-day supply, with three refills, to be filled through a mail service pharmacy.

3. Send the prescription(s), the applicable mail service order form and the full amount you owe to the address on the order form. You can write a check or use a credit or debit card (Visa, MasterCard, American Express or Discover). Please do not send cash.

If a change is made to an existing prescription and you need a refill immediately, you can provide your doctor with a physician fax form so that he/she can send your prescription directly to the mail service pharmacy for you. Please note that the mail service pharmacy will only accept the fax prescription directly from your doctor’s office. You can download the appropriate order form and physician fax form by visiting www.bcbsil.com.

If you have questions about the HMO 90-day supply program, call the pharmacy program at the number on the back of your ID card.
PrimeMail® Delivers

PrimeMail, the mail-service pharmacy trusted by your health plan, delivers your maintenance or long-term medications right where you want them. No driving to the pharmacy. No waiting for your prescriptions to be filled.

Savings
• 90-day supplies offer deeper discounts through bulk purchasing and no dispensing fees – that means lower out-of-pocket pharmacy costs for you

Convenience
• Prescriptions delivered to the address of your choice
• Medications ordered your way – online, over the phone or through the mail
• Up to a 90-day supply of medication for each order
• Plain-labeled packaging protects your privacy

Service
• Notification through email or over the phone – your choice – when your order is received and when your prescriptions are sent
• Member service agents available 24/7
• Licensed, U.S.-based pharmacists available seven days a week
• Refill reminder notifications
• Regular delivery at no additional cost

Learn how to get started today!
Getting started is easy
Order your prescriptions online or through the mail. Choose the option you like best!

Online
- Visit bcbsil.com and log into Blue Access for Members®
- Transition your prescriptions from a retail pharmacy to mail
  - Fill out the online form and PrimeMail will take care of the rest
  - Expect your medications in five to eight business days after PrimeMail receives approval from your prescriber

Through the mail
- Talk to your doctor
  - Ask for a prescription for a 90-day supply of each of your maintenance medications
  - Ask for a prescription for a 14-day supply to fill at a retail pharmacy for immediate use if needed
- Complete the PrimeMail order form
  - Find PrimeMail forms at bcbsil.com OR call PrimeMail at 877.357.7463
  - Mail your prescription, completed order form and payment to PrimeMail
  - Expect your medications in five to eight business days after PrimeMail receives your order

Questions?
To learn more, visit our easy-to-use website at bcbsil.com.

Refills are easy
Refill dates are shown on each prescription label, and PrimeMail will remind you when a refill is due. You have several options to order prescription refills. Choose the option that best suits you.

Online
Visit bcbsil.com to refill a prescription or renew an expired prescription

Over the phone
Call the automated PrimeMail refill system at 877.357.7463

Through the mail
Complete and mail in the prescription refill form sent with your order

PrimeMail is a mail-service pharmacy owned and operated by Prime Therapeutics. Blue Cross and Blue Shield of Illinois (BCBSIL) contracts with Prime Therapeutics to provide pharmacy benefit management and mail-service pharmacy services. In addition, contracting pharmacies are contracted through Prime Therapeutics. The relationship between BCBSIL and contracting pharmacies is that of independent contractors. BCBSIL, as well as several other independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

PrimeMail is a registered trademark of Prime Therapeutics LLC.
Blue365 is just one more advantage of being a Blue Cross and Blue Shield of Illinois (BCBSIL) member. With this program, you can save money on health care products and services that are most often not covered by your benefit plan. There are no claims to file and no referrals or pre-authorizations.

Blue365 has a range of new features and greater discounts from top national and local retailers on fitness gear, gym memberships, family activities, healthy eating options and much more. Once you register on the Blue365 website at blue365deals.com/BCBSIL, you will receive weekly “Featured Deals,” which will offer additional discounts from leading health companies and online retailers that are available for a short period of time.

**Davis Vision**
877-393-8844

Save on eyeglasses, as well as contact lenses, laser vision correction services, examinations and accessories. For a list of Davis Vision providers near you, go to bcbsil.com, click Find a Doctor then select Find a Vision Provider. The Davis Vision network consists of major national and regional retail locations as well as independent ophthalmologists and optometrists. You and your eligible dependents can receive discounts on laser vision correction services through the TLC/TruVision network.

**TruVision**
877-882-2020

**Jenny Craig**
877-JENNY70 (877-536-6970)

Jenny Craig can help you reach your weight-loss goals. You will get one-on-one support given by a trained weight-loss expert. Your consultant will give you a tailored program based on the essential components of successful weight management: food, body, mind. You can meet with your consultant in person at a local center. Or you can enjoy the ease of the Jenny Craig At Home program.
Life Time® Fitness
Life Time Fitness offers a total health fitness experience no matter your fitness level, interests, schedule or budget. For new members, Life Time Fitness offers a $0 enrollment fee when you sign up online.*

Procter & Gamble (P&G) Dental Products
877-333-0121
Get savings on dental packages containing the latest in Oral B® power toothbrushes and Crest® products. The dental packages from P&G can help you improve the health of your teeth and gums. Packages may contain items such as an electric toothbrush, mouth rinse, floss, and many more.

TruHearing®
800-687-4617
Save on digital hearing aids through TruHearing. Get a hearing test at no extra charge when performed to fit a hearing aid. Enjoy a 45-day, money-back guarantee and a three-year warranty. Also get a choice of hearing aid styles at a number of price levels and enough batteries to last a year when you buy a hearing aid.

For more great deals or to learn more about Blue365, visit blue365deals.com/BCBSIL.

* Proof of Blue Cross and Blue Shield of Illinois coverage is needed. The $0 enrollment fee offer is only for new members who enroll online at blue365deals.com/BCBSIL. A $35 administrative fee applies to all memberships. Monthly dues and taxes may also apply. Members’ prices, dues and fees may change at any time. Offer expires September 1, 2013. Other rules may apply. Always check with the Life Time Fitness club in your area for the most up-to-date offer. Offer not available in Minnesota.

The relationship between these vendors and Blue Cross and Blue Shield of Illinois (BCBSIL) is that of independent contractors.

Blue365 is a discount program only for BCBSIL members. This is NOT insurance. Some of the services offered through this program may be covered under your health plan. Please check your benefit booklet or call the customer service number on the back of your ID card for specific benefit facts. Use of Blue365 does not change your monthly payment, nor do costs of the services or products count toward any maximums and/or plan deductibles. Discounts are only given through vendors who take part in this program. BCBSIL does not guarantee or make any claims or recommendations about the program’s services or products. You may want to talk to your doctor before using these services and products. BCBSIL reserves the right to stop or change this program at any time without notice.
Two of the best things you can do for your health are to lose extra pounds and quit smoking. These are also tough goals to reach on your own – but Blue Cross and Blue Shield of Illinois (BCBSIL) can help.

Through Blue Care Connection®, BCBSIL offers two voluntary programs to help you reach your wellness goals – at no additional charge.

- **Tobacco Cessation Program:**
  Provides personal telephone coaching, self-directed online courses and tobacco cessation resources to help you become tobacco and nicotine free.

- **Weight Management Program:**
  Offers guidance and support to help you change your behavior and shed the extra pounds through personal telephone motivational coaching, self-directed online courses and weight management resources.

*Enroll Today!*

*Call Customer Service at the phone number listed on the back of your member ID card.*
Personal Telephone Wellness Coaching
A Wellness Coach will be assigned to help you meet your wellness goals. Your coach will take a look at your lifestyle and habits, and help you figure out what’s most important to you and what you need to be successful.

Self-Directed Courses
You can also choose to take online courses that let you work at your own pace to reach your health goals. Learn more about nutrition, fitness, weight management, tobacco cessation and stress. Track your progress as you make your way through each lesson.

BCBSIL members also have access to:

- **Blue365® Member Discount Program**
  Offers exclusive health and wellness deals to BCBSIL members including discounts from top national and local retailers on fitness gear, gym memberships, family activities, healthy eating options and much more.

- **Blue Access for MembersSM (BAM)**
  Secure member portal from BCBSIL gives you immediate online access to health and wellness information. The My Health tab features information on such topics as:
  - Smoking Cessation
  - Nutrition
  - Fitness
  - Obesity
Walgreens’ Take Care Clinics
– an alternative to urgent care

New discount program for Illinois HMO Members

Illinois HMO members will receive a discount on a variety of health care services at Walgreens’ Take Care Clinics. Simply show your Blue Cross and Blue Shield of Illinois (BCBSIL) HMO identification card at the time of service for the discount. Payment will be expected at time of service.

Convenient Care for You and Your Family
Take Care Clinics are staffed by nationally certified family nurse practitioners who diagnose and treat minor illnesses and injuries. A few examples of Take Care Clinics’ health care services include:

- Treating respiratory illnesses, skin conditions and minor injuries
- Giving physicals and health evaluations
- Providing immunizations

Accessible Services When and Where You Need Them
Take Care Clinics are open seven days a week and appointments are not needed. To find a Take Care Clinic near you, visit www.TakeCareHealth.com.

It is important to inform your PCP as soon as possible about any treatment or services you receive at a Take Care Clinic to help ensure your records are always up to date.

As an HMO member, you should always try to see your PCP first (the doctor who knows you and your health history best) to receive services covered by HMO benefits and to ensure continuity of care. If you cannot get a timely office visit with your doctor, Take Care Clinics may offer an alternative to visiting an emergency room.
Well onTargetSM
a New Way to Experience Wellness

Well onTarget offers personalized tools and resources to help all members—no matter where you may be on the path to health and wellness.

Liveon Member Wellness Portal
The heart of Well onTarget is the Liveon portal. It uses the latest technology to offer you an enhanced online experience. This engaging portal links you to a suite of innovative programs and tools.

• onmytime Self-directed Courses
  Online courses let you work at your own pace to reach your health goals. Learn more on nutrition, fitness, weight management, tobacco cessation and stress. Track your progress as you make your way through each lesson. Reach your milestones and earn Life Points.

• Health and Wellness Content
  Health library teaches and empowers through evidence-based, user-friendly articles.

• Tools and Trackers
  Interactive tools help keep you on course while making wellness fun. Use food and workout diaries, health calculators and medical and lifestyle trackers.

onmywayTM Health Assessment (HA)
The HA features adaptable questions to learn more about you. After you take the HA, you will get a personal wellness report. The confidential record offers tips for living your healthiest life. Your answers will be used to tailor the Liveon portal with the programs that can help you reach your goals.

Life Points Program
Life Points will help motivate you to maintain a healthy lifestyle. Earn points by taking part in wellness activities. Points can be redeemed in the new online shopping mall. Real-time granting of points lets you instantly use your points. To earn a larger reward, you can add to your point total at checkout.

Fitness Program
Fitness can be easy, fun and affordable. The Fitness Program is a flexible membership program that gives you unlimited access to a nationwide network of fitness centers. With more than 8,000 participating gyms on hand, you can work out at any place or at any time. Choose a gym close to home and one near your office. Other program perks are:

• No long-term contract required. Membership is month to month. Monthly fees are $25 per month per member, with a one-time enrollment fee of $25.
• Automatic withdrawal of monthly fee.
• Online tools for locating gyms and tracking visits.
• Earn bonus Life Points for joining the Fitness Program. Rack up more points with weekly visits.

Sign up today! Call toll-free at 888-762-BLUE (2583), Monday through Friday, 8 a.m. – 9 p.m. in any continental U.S. time zone.

Well onTarget
Wellness is more than healthy eating and working out. It involves making healthy choices that enrich your mind, body and spirit. Well onTarget is designed to give you the support you need to make these choices. All while rewarding you for your hard work.

Service mark of Health Care Service Corporation, a Mutual Legal Reserve Company
Onlife Health is an independent company and provides wellness services for 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.
* onmyway is registered mark of Onlife Health.
Healthways, Inc. is an independent contractor which administers the Prime Network of fitness centers. The Prime Network is made up of independently-owned and managed fitness centers.
All trademarks and service marks are property of their respective owners.
It’s All About Diabetes

Living with diabetes can be a challenge. But maintaining close-to-normal levels of blood sugar has been shown to reduce the risk of diabetes-related problems. Therefore, monitoring your blood sugar levels with a blood glucose meter is important in managing diabetes.

Choosing a Blood Glucose Meter
When choosing a meter, it often comes down to the features you’re looking for. Here are a few things to consider when making your choice:

- How does the meter score for accuracy? Does it come with a control solution or test strip to check for accuracy?
- Does the meter fit in your backpack, supplies kit or purse?
- How skillful are you at handling those test strips? You might want to try a meter that uses cartridges instead of individual strips.
- How much blood does the meter require? Less is better.
- Do you want to download results to a computer, or email them to your doctor’s office?
- Interested in alternative site testing? There are meters that can test samples from various places on the body.

Checking Your Blood Glucose
Regular blood glucose checks and consistent record-keeping give you a good picture of where you are in your diabetes care.

Checks tell you how often your blood glucose levels are in your target range. Your target range is a personalized blood glucose range that you set with your doctor. Once you know how often and when to check, stick to the schedule and check at those times each day.

Keep a daily log recording your levels. Then take your log with you when you visit your doctor or other members of your diabetes care team. The information in the log will help them answer your questions.

For more information about diabetes, go to bcbsil.com, log in to Blue Access for MembersSM and click the “My Health” tab.
Glucose Meters Are Available to You

BCBSIL is offering you a choice of the blood glucose meters below at no additional charge for a limited time to help you manage your condition. This offer is available through December 31, 2013.

Test strips for the Roche and Bayer meters are on the Standard formulary. Please note that only test strips for the Bayer meters are on the Generics Plus formulary. Coverage and payment levels for test strips may vary depending on your plan.

Please review these options and ask your doctor which meter best fits your needs.

Roche, the Makers of ACCU-CHEK® Products

To order an ACCU-CHEK meter, you will need a prescription for a meter from your doctor. Call 888-355-4242 or go online at meters.accu-chek.com (use order code BCBSIL12) for your voucher that you can take to a major retail pharmacy to get your meter.

ACCU-CHEK Nano SmartView System†
• Advanced accuracy with ACCU-CHEK SmartView test strips
• Small, sleek design to fit in the palm of your hand
• Brilliant backlit display makes reading your numbers easy anytime, anywhere
• No coding
• Meter and strips manufactured in the U.S.A.¹

ACCU-CHEK Aviva Plus System†
• Advanced accuracy with ACCU-CHEK Aviva Plus test strips
• Easy to use right out of the box
• Includes ACCU-CHEK FastClix lancing device – proven least painful and overall easiest to use²
• Meter and strips manufactured in the U.S.A.¹

Bayer’s Blood Glucose Monitoring Systems

To order a Bayer meter to be shipped directly to you, call 877-229-3777 and identify yourself as a BCBSIL member. For more detailed descriptions, visit bayercontour.com.

CONTOUR® NEXT EZ blood glucose monitoring system
• The easy-to-use features you want with the proven accuracy you expect
• Ready to test, right out of the box
• Easy-to-read display
• No Coding™ technology makes testing easy by automatically setting the correct code each time a test strip is inserted into the meter
• Proven accuracy: next-generation CONTOUR NEXT test strips deliver results close to those obtained in a professional lab

CONTOUR NEXT blood glucose monitoring system
• Use AutoLog to see the effect of food choices on your blood sugar levels with pre-meal, post-meal and fasting markers
• Set audible reminders to help you remember to test after eating
• Personalize high/low target settings to identify trouble spots and get clear summaries and patterns
• View 7-, 14-, 30- and 90-day trends to get more tracking knowledge and an overview of averages
• Set your meter to English, Spanish or any of 12 other languages

¹ The ACCU-CHEK Nano SmartView and ACCU-CHEK Aviva Plus systems are compatible with all ACCU-CHEK data management tools, including the ACCU-CHEK 360° diabetes management system. You also may download data to your PC with the ACCU-CHEK Smart Pix Device Reader; no additional software required.
² Using U.S. and imported materials.
³ Ranked first most often versus leading competitors. Data on file.

Disclaimer: This information is not intended to be a substitute for professional medical advice. If you are under the care of a doctor and receive advice different from the information contained in this flier, follow the doctor’s advice. See your doctor if you are experiencing any diabetes symptoms or health problems.
Health Care Service Corporation, A Mutual Legal Reserve Company
Fort Dearborn Life Insurance Company, A Stock Life Insurance Company

Notice of Information Practices

This description of the Information Practices of Health Care Service Corporation (HCSC) a Mutual Legal Reserve Company and Fort Dearborn Life Insurance Company (FDL), a Stock Life Insurance Company, (collectively referred to herein as “we,” “our” or “us”), is provided to you in accordance with the requirements of the Illinois Insurance Information and Privacy Protection Law.

Collection of Information

In order to properly underwrite and administer your insurance coverage, we must collect a certain amount of necessary and helpful information. The amount and type of information may vary depending on the amount and type of coverage applied for, but in general we will be seeking information about your age, occupation, physical condition and health history.

You are our most important source of information, but we may also collect or verify information by contacting medical professionals and institutions which have provided care to you or members of your family proposed for coverage, employers and business associates, friends and neighbors, and other insurance companies you have applied to. We may collect information by exchanges of correspondence, by phone or by personal contact.

Circumstances of Disclosure

In some circumstances, we may make disclosures of personal or privileged information to third parties without your authorization. Following is a description of the types of persons who may receive such information without your authorization and some of the circumstances that might give rise to such disclosures.

• We might use an unaffiliated organization or person to perform a professional, business or insurance function for us. If, for example, we hired an independent organization to assist in the administration of a group insurance plan of which you are a participant, information relating to your insurance coverage would be disclosed to that organization in order for it to adequately perform its function. This would also be the case with respect to any organization or person, which performs a professional, business or insurance function for us.

• We may disclose information concerning your coverage to our agents and producers in order to provide you with adequate service, including the updating and improvement of your insurance program.

• We may disclose information to other insurance institutions, agents, insurance-support organizations or self-insurers, which is necessary (a) to prevent criminal activity, fraud, material misrepresentation or material non-disclosure in connection with insurance transactions, or (b) for either of us or such company to perform its function in connection with an insurance transaction involving you or a member of your family insured under your coverage. For example, if you are a participant in an HCSC or FDL group insurance plan, and if you, your spouse or dependents are insured under group plans, the companies involved may be required to share claims information pursuant to coordination of benefits provisions in their respective policies. The object, of course, is to make sure that you receive total benefits from all companies no greater than the cost of health care received.

• We may disclose information to the Illinois Insurance regulatory authority in connection with its regulation of our business.

• We may disclose information to a law enforcement or governmental authority to protect our interest in preventing or prosecuting the perpetration of fraud upon us, or if we reasonably believe that illegal activities have been conducted we will also disclose information when permitted or required by law to do so.

• Various industry and professional organizations conduct scientific and actuarial research studies to learn more about the risk experience of our insureds. Other organizations conduct studies relating to medical research. These studies are purely scientific in nature, never identify individuals in their reports, and always maintain information provided in a highly confidential manner. When asked to provide information to such organizations, we ordinarily will do so because the results of such studies are of benefit to our customers and the public at large. You will not be individually identified in any report that results from the research, and material that we give to the person or organization performing the research will be returned to us or destroyed when it is no longer needed.

• If you are covered under an HCSC and/or FDL group policy, we may disclose information as is reasonably necessary to the group for purposes of administration of the group policy and to permit the group to audit, review and evaluate the performance of HCSC and FDL under the group policy.

• We are sometimes approached by persons or organizations that are interested in the opportunity to market products or services to our customers. When this happens, we may provide some limited information. However, if we want to give information to persons not affiliated with us, we will give you an opportunity to indicate to us that you do want information to be disclosed for this purpose. We will give information to our affiliates so that our customers may be aware of the insurance products and services offered by our affiliates.

Please understand that the above is intended to describe some of the disclosures which might be made, not disclosures which are always or even often made, in any event, the information disclosed without your authorization will be only as much as reasonably necessary to accomplish the intended purpose.
Your Right to Access Personal Information

As an individual, you have certain rights in regards to access to recorded personal information, which is reasonably locatable and retrievable. In order to maintain the security of that information, access will be permitted only after proper identification has been submitted to us.

1. If you have any question about what information we may have on file about you, please write us at the address indicated at the end of this notice. We will need your complete name, address, date of birth and all policy numbers under which you are insured. Tell us what information you would like to receive. Within 30 days of our receipt of your written request, we will:
   a) Inform you of the nature and substance of the recorded personal information in writing, by telephone or by other communication;
   b) Permit you to see and copy, in person (by appointment only,) the recorded personal information which applies to you or provide you with copies of this information by mail;
   c) Any insurance-support organization that furnished the personal information that has been corrected, amended or deleted.

2. If you disagree with a refusal to correct, amend or delete recorded personal information, you may file a:
   a) Concise document setting forth what you think is the correct, relevant or fair information, and a
   b) Concise statement of the reasons why you disagree with the refusal to correct, amend or delete recorded personal information.

3. If you file either of the statements described above, we will:
   a) File the statement with the disputed personal information and provide a means by which anyone reviewing the disputed personal information will be made aware of the statement and have access to it;
   b) In any subsequent disclosure of the recorded personal information that is the subject of disagreement, clearly identify the information in dispute and provide the statements along with the recorded personal information being disclosed;
   c) Furnish the statement to any of the three categories of persons and organizations covered in the preceding point “2.”

4. Your rights to correct, amend or delete recorded personal information exist to the extent that the information is collected and maintained in connection with an insurance transaction. These rights do not extend to information about you that relates to and is collected in connection with or in reasonable anticipation of a claim or civil or criminal processing.

Please understand that the above is intended to describe some of the disclosures which might be made, not disclosures which are always or even often made. In any event, the information disclosed without your authorization will only be as much as reasonably necessary to accomplish the intended purpose.

Your Privacy Is Our Concern

Should you have any questions about our procedures or information maintained about you, please contact us at the following address:

Health Care Service Corporation, (A Mutual Legal Reserve Company)
300 East Randolph
Chicago, IL 60601
Attn: SSD – Privacy Act Information

This Important Notice is for coverages provided by Fort Dearborn Life Insurance Company

Fort Dearborn’s underwriting process (evaluation and classification of risks) is necessary to assure reasonable cost of insurance and to provide a mechanism by which policyholders and certificate holders pay their fair share of the cost. In considering your application, Fort Dearborn considers information from various sources, including your own statements, the results of your physical examination (if required), and any obtained from doctors or medical facilities where you have been treated.

Information regarding your insurability will be treated as confidential. Fort Dearborn, or its reinsurer(s), may, however, make a brief report thereon to the Medical Information Bureau, Inc. a nonprofit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another Bureau Member Company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such a company with the information it may have in its file.

Upon receipt of a request from you, the Bureau will arrange a disclosure of any information it may have in your file. If you question the accuracy of the information in the Bureau’s file, you may contact the Bureau and seek a correction in accordance with procedures set forth in the Federal Fair Credit Reporting Act. The address of the Bureau’s information office is Post Office Box 105, Essex Station, Boston, Massachusetts 02112, telephone number (617) 426-3660.

Fort Dearborn, or its reinsurer(s) may also release information in their file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

The purpose of the Bureau is to protect its member and their policyholders from the extra expense created by those who omit or conceal information relevant to their insurability. Information furnished by the Bureau may serve to alert the company to a need for further investigation but under Bureau rules cannot be used either wholly or partly as the basis for increasing the charge for or denying the issuance of insurance. Information in the Bureau gives no indication regarding the action taken on an application (i.e., whether accepted standard, accepted with increase premium or declined).
Important Notices

I. Initial Notice About Special Enrollment Rights and Pre-existing Condition Exclusion Rules in Your Group Health Plan

A federal law called Health Insurance Portability and Accountability Act (HIPAA) requires that we notify you about two very important provisions in the plan. The first is your right to enroll in the plan under its “special enrollment provision” without being considered a late applicant if you acquire a new dependent or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons. Second, this notice advises you of the plan’s pre-existing condition exclusion rules that may temporarily exclude coverage for certain pre-existing conditions that you or a member of your family may have. Section I of this notice may not apply to certain self-insured, non-federal governmental plans. Contact your employer or plan administrator for more information.

A. SPECIAL ENROLLMENT PROVISIONS

Loss of Other Coverage (Excluding Medicaid or a State Children’s Health Insurance Program) If you are declining enrollment for yourself or your eligible dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if you move out of an HMO service area, or the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment within 31 days after your or your dependents’ other coverage ends (or move out of the prior plan’s HMO service area, or after the employer stops contributing toward the other coverage).

Loss of Coverage For Medicaid or a State Children’s Health Insurance Program

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children’s health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents’ coverage ends under Medicaid or a state children’s health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for State Premium Assistance for Enrollees of Medicaid or a State Children’s Health Insurance Program

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children’s health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents’ determination of eligibility for such assistance.

You or your spouse or dependents may also have special enrollment rights in another group health plan at the time a claim is denied as a result of a lifetime limit on all benefits, if you request enrollment within 30 days after the claim has been denied.

To request special enrollment or obtain more information, call Customer Service at the phone number on the back of your Blue Cross and Blue Shield ID card.
B. PRE-EXISTING CONDITION EXCLUSION RULES

Pre-existing condition exclusion rules do not apply to group health plans with effective dates on or after January 1, 2014.

Most health plans impose pre-existing condition exclusions. This means that if you have a medical condition before coming to our plan you might have to wait a certain period of time before the plan will provide coverage for that condition. This exclusion applies only to conditions for which medical advice, diagnosis, care or treatment was recommended or received within the six-month period before your enrollment date. Generally, this six-month period ends the day before your coverage becomes effective. However, if you were in a waiting period for coverage, the six-month period ends on the day before the waiting period begins. “Waiting period” generally refers to a delay between the first day of employment and the first day of coverage under the plan. The pre-existing condition exclusion does not apply to pregnancy or to an individual under the age of 19.

This pre-existing condition exclusion may last up to 12 months (18 months if you are a late enrollee) from your first day of coverage, or, if you were in a waiting period, from the first day of your waiting period. However, you can reduce the length of this exclusion period by the number of days you had prior “creditable coverage.” Most prior health coverage is creditable coverage and can be used to reduce the pre-existing condition exclusion if you have not experienced a break in coverage of at least 63 days. To reduce the 12-month (or 18-month) exclusion period by your creditable coverage, you should give us a copy of any certificates of creditable coverage you have. If you do not have a certificate, but you do have prior health coverage, you have a right to request one from your prior plan or issuers. We will help you obtain one from your prior plan or issuer, if necessary. There are also other ways that you can show you have creditable coverage. Please contact us if you need help demonstrating creditable coverage.

For more information about the pre-existing condition exclusion and creditable coverage rules affecting your plan, call Customer Service at the phone number on the back of your Blue Cross and Blue Shield ID card.

II. Additional Notices

Other federal laws require we notify you of additional provisions of your plan.

NOTICES OF RIGHT TO DESIGNATE A PRIMARY CARE PROVIDER (FOR NON-GRANDFATHERED HEALTH PLANS ONLY)

For plans that require or allow for the designation of primary care providers by participants or beneficiaries:
If the plan generally requires or allows the designation of a primary care provider, you have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, call Customer Service at the phone number on the back of your Blue Cross and Blue Shield ID card.

For plans that require or allow for the designation of a primary care provider for a child:
For children, you may designate a pediatrician as the primary care provider.

For plans that provide coverage for obstetric or gynecological care and require the designation by a participant or beneficiary of a primary care provider:
You do not need prior authorization from the plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals.

For a list of participating health care professionals who specialize in pediatrics, obstetrics or gynecology, call Customer Service at the phone number on the back of your Blue Cross and Blue Shield ID card.
HIPAA NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

Our Responsibilities

We are required by applicable federal and state law to maintain and safeguard the privacy of your Protected Health Information (PHI). PHI is information in any format (electronic, paper, or verbal), about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition or the payment or provision of related health care services. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your PHI. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect September 23, 2013 and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all PHI that we maintain, including PHI we created or received before we made the changes. Before we make a material change in our privacy practices, we will change this notice and make the new notice available to you as required under the law.

For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

Use and Disclosure of Your Protected Health Information

We use and disclose PHI about you for treatment, payment, and health care operations. The following are examples of the types of uses and disclosures that we are permitted to make.

Treatment: We may use or disclose your PHI to a physician or other health care provider providing treatment to you. We may use or disclose your PHI to a health care provider so that we can make prior authorization decisions under your benefit plan.

Payment: We may use and disclose your PHI to make benefit payments for the health care services provided to you. We may disclose your PHI to another health plan, to a health care provider, or other entity subject to federal law for their payment purposes. Payment activities may include processing claims, determining eligibility or coverage for claims, issuing premium billings, reviewing services for medical necessity, and performing utilization review of claims.

Health Care Operations: We may use and disclose your PHI in connection with our health care operations. Health care operations include the business functions conducted by a health insurer. These activities may include providing customer services, responding to complaints and appeals from members, providing case management and care coordination under the benefit plans, conducting medical review of claims and other quality assessment and improvement activities, establishing premium rates and underwriting rules. In certain instances, we may also provide PHI to the employer who is the plan sponsor of a group health plan.

We may also in our health care operations disclose PHI to Business Associates1 with whom we have written agreements containing terms to protect

1 A “business associate” is a person or entity who performs or assists Blue Cross Blue Shield of Illinois with an activity or provides services to Blue Cross Blue Shield of Illinois involving the use or disclosure of PHI.
the privacy of your PHI. We may disclose your PHI to another entity that is subject to federal law and that has a relationship with you for its health care operations relating to quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, case management and care coordination, or detecting or preventing healthcare fraud and abuse.

Joint Operations: We may use and disclose your PHI connected with a group health plan maintained by your plan sponsor with one or more other group health plans maintained by the same plan sponsor, in order to carry out the payment and health care operations of such an organized health care arrangement.

On Your Authorization: You may give us written authorization to use your PHI or to disclose it to another person for the purpose you designate. If you give us an authorization, you may withdraw it in writing at any time. Your withdrawal will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us written authorization, we cannot use or disclose your PHI for any reason including marketing and sale of your PHI except those described in this notice or as permitted by law. We will make disclosures of any psychotherapy notes we may have only if you provide us with a specific written authorization or when disclosure is required by law.

Personal Representatives: We will disclose your PHI to your personal representative when the personal representative has been properly designated by you and the existence of your personal representative is documented to us in writing through a written authorization.

Disaster Relief: We may use or disclose your PHI to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

Health Related Services. We may use your PHI to contact you with information about health related benefits and services, such as refill reminders, or about treatment alternatives that may be of interest to you. We may disclose your PHI to a Business Associate to assist us in these activities. We may use or disclose your PHI to encourage you to purchase or use a product or service by face-to-face communication or to provide you with nominal promotional gifts.

Fundraising: We may contact you or disclose a limited amount of your PHI to a Business Associate or to an institutionally related foundation for the purpose of raising funds for our own benefit. If we do so, you will have the right to opt out of receiving such fundraising communications. Your decision will have no impact on the payment for services.

Public Benefit: We may use or disclose your PHI as authorized by law for the following purposes deemed to be in the public interest or benefit:

- as required by law;
- for public health activities, including disease and vital statistic reporting, child abuse reporting, certain Food and Drug Administration (FDA) oversight purposes with respect to an FDA regulated product or activity, and to employers regarding work-related illness or injury required under the Occupational Safety and Health Act (OSHA) or other similar laws;
- to report adult abuse, neglect, or domestic violence;
- to health oversight agencies;
- in response to court and administrative orders and other lawful processes;
- to law enforcement officials pursuant to subpoenas and other lawful processes, concerning crime victims, suspicious deaths, crimes on our premises, reporting crimes in emergencies, and for purposes of identifying or locating a suspect or other person;
- to avert a serious threat to health or safety;
- to the military and to federal officials for lawful intelligence, counterintelligence, and national security activities;
- to correctional institutions regarding inmates;
- as authorized by and to the extent necessary to comply with state worker’s compensation laws; and
- in connection with certain research activities.

We will make disclosures for the following public interest purposes, only if you provide us with a written authorization or when disclosure is required by law:

- to coroners, medical examiners, and funeral directors; and
- to an organ procurement organization.

Use and Disclosure of Certain Types of Medical Information. For certain types of PHI, state laws may provide greater protection for your privacy. For example, use and/or disclosure of PHI including, but not limited to HIV/AIDS, genetic information, mental health information, alcohol and substance abuse information may need to be specifically authorized by you or be required by law.
In such instances, we will follow the provisions of that state law. We are prohibited from using or disclosing your genetic information for underwriting purposes unless your policy is a long-term care policy.

Your Rights

You may contact us using the information at the end of this notice to obtain the forms described here, receive explanations on how to submit a request, or for additional information.

Access: You have the right, with limited exceptions, to look at or get copies of your PHI contained in a designated record set. A “designated record set” contains records we maintain such as enrollment, claims processing, and case management records. You also have the right to receive an electronic copy of your PHI if it is maintained in an electronic designated record set. We will use the format you request unless we cannot practically do so. You must make a request in writing to obtain access to your PHI and may obtain a request form from us. If we deny your request, we will provide you a written explanation and will tell you if the reasons for the denial can be reviewed and how to ask for such a review or if the denial cannot be reviewed.

Disclosure Accounting: You have the right to receive a list of instances for the 6-year period, but not before April 14, 2003 in which we or our Business Associates disclosed your PHI for purposes, other than treatment, payment, health care operations, or as authorized by you, and for certain other activities. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. We will provide you with more information on our fee structure at your request.

Restriction: You have the right to request that we place additional restrictions on the use or disclosure of your PHI. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). Any agreement we may make to a request for additional restrictions must be in writing signed by a person authorized to make such an agreement on our behalf. We will not be bound unless our agreement is in writing.

Confidential Communication: You have the right to request that we communicate with you about your PHI by alternative means or to alternative locations. You must make your request in writing. This right only applies if the information could endanger you if it is not communicated by the alternative means or to the alternative location you want. You do not have to explain the basis for your request, but you must state that the information could endanger you if the communication means or location is not changed. We must accommodate your request if it is reasonable, specifies the alternative means or location, and provides satisfactory explanation how payments will be handled under the alternative means or location you request.

Amendment. You have the right, with limited exceptions, to request that we amend your PHI. Your request must be in writing, and it must explain why the information should be amended. We may deny your request if we did not create the information you want amended and the originator remains available or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be attached to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

Breach Notification: You have the right to be notified when it has been determined that a breach of your unsecured PHI has occurred.

Right to Receive a Copy of the Notice: You may request a copy of this notice at any time by contacting the Privacy Office or by using our website, www.bcbsil.com. If you receive this notice on our web site or by electronic mail (e-mail), you are also entitled to request and receive a paper copy of the notice.
Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us using the information listed at the end of this notice.

If you are concerned that we may have violated your privacy rights, you may complain to us using the contact information listed at the end of this notice. You also may submit a written complaint to the U.S. Department of Health and Human Services; see information at its website: www.hhs.gov. If you request, we will provide you with the address to file your complaint with the U.S. Department of Health and Human Services.

We support your right to the privacy of your PHI. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact: Divisional Vice President, Privacy Office
Blue Cross and Blue Shield of Illinois
P.O. Box 804836
Chicago, IL 60680-4110

You may also contact us using the toll-free number located on the back of your member identification card or the Privacy Office toll-free number 1-877-361-7594
New Prescription Order Form

Physician/Prescriber’s Name & Phone Number
Total Number of Prescriptions:

PATIENT’S NEW PRESCRIPTIONS
Do not fill at this time
Contact by:
E-mail
Phone
Patient’s E-mail Address
Patient’s Permanent Address
City
State
Zip Code
Patient’s Date of Birth (mm/dd/yyyy)
Patient’s Gender:
Male
Female
Patient’s Phone Number

CARD HOLDER INFORMATION
Card Holder’s ID
Card Holder’s Date of Birth (mm/dd/yyyy)
Card Holder’s Last Name
Card Holder’s First Name
MI

Patient’s Last Name (if different than card holder’s last name)
Patient’s First Name
MI

Patient’s Gender:
Male
Female

Patient’s Date of Birth (mm/dd/yyyy)
Patient’s Phone Number

Patient’s E-mail Address
Contact by:
E-mail
Phone

DRUG ALLERGIES

None

Codeine
Sulfa

Aspirin
Erythromycin
Penicillin

Other

HEALTH CONDITIONS

Arthritis
Diabetes
Glaucoma
High cholesterol

Asthma
Depression
Heart condition
Hypertension

Other

PATIENT’S NEW PRESCRIPTIONS

Drug Name
Physician/Prescriber’s Name & Phone Number
Do not fill at this time

Total Number of Prescriptions:

Mail this form to:
PrimeMail®
PO Box 650041
Dallas, TX 75265-0041

For added service:
Visit www.bcbsil.com
or call 877.357.7463
TTY 711

Mail the original physician-signed prescriptions with this completed form. For multiple dependents please use multiple forms. If more than 3 prescriptions are needed, write the requested information from this table on a separate piece of paper and enclose with your order. Additional processing time may be required for prescriptions that require physician clarification. For prescriptions to be filled at a later date, call the customer service number above to activate.

CONTINUED ON BACK
Payment is due with each order and may be made by credit card, check or money order. Orders received without payment may delay processing. There is a $20 returned check charge.

PAYMENT INFORMATION

Credit card information
To authorize payment by credit card, provide the account number, expiration date and signature. We accept Discover, MasterCard, VISA and American Express. This card will be used for this and all future orders unless we are notified otherwise.

Credit Card Number Expiration Date

Use credit card on file, with the last 4 digits of:

Signature Date

Shipping time does not include processing time. Shipping prices are subject to change.

We are unable to ship second business day or next business day orders to PO boxes.

Alternate Shipping Address (if different than permanent address)

Shipping address must be a physical location.

PAYMENT INFORMATION

Payment is due with each order and may be made by credit card, check or money order. Orders received without payment may delay processing. There is a $20 returned check charge.

Check or money order
Please make check or money order payable to Prime Therapeutics and include your member ID on the memo line. Do not send cash.

Check Money Order

Credit card information
To authorize payment by credit card, provide the account number, expiration date and signature. We accept Discover, MasterCard, VISA and American Express. This card will be used for this and all future orders unless we are notified otherwise.

Credit Card Number Expiration Date

Use credit card on file, with the last 4 digits of:

Signature Date

Pharmacy law may permit pharmacists to substitute a less expensive FDA-approved generically equivalent medication for a brand-name medication unless you or your prescriber indicate otherwise. Some health plans require the patient to pay the difference between generic and brand name cost.

By returning this form to PrimeMail, you consent to the release and use of the patient’s health information to the patient's health plans and health care providers/agents for health benefits management. Prime Therapeutics' use or disclosure of individually identifiable health information, whether furnished by you or obtained from other sources such as medical providers, shall be in accordance with federal privacy regulations under HIPAA (Health Insurance Portability and Accountability Act of 1996).

PrimeMail may contact your physician for clarification and safety purposes, which may result in your physician prescribing a different, clinically appropriate product.

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