

HSA Gold:

BCBS IL PPO Plan

Blue Care Connection

The Plan offers Core Care Management Programs (Utilization Management, CCEI® Care Coordination and Early Intervention, Disease Management and Case Management), Care onTarget® which is an online condition management program and the Well onTarget® member portal (health assessment, health and wellness content, self-directed courses, fitness device integration, Blue Points). To learn more about these programs, please call the Blue Care Connection at **1-866-308-4778**.

Special Beginnings® maternity program

This free program provides educational materials and ongoing support during your pregnancy. When you join, you receive education about your pregnancy, access to our helpful website, a book and access to a nurse whenever you have questions. To take advantage of this program, visit or call **1-800-421-7781**.

MDLIVE:

Starting in 2017, our virtual visits solution, powered by MDLIVE, will enable you to have a live consultation with an independently contracted MDLIVE board-certified doctor by mobile app, online video or phone 24 hours a day, seven days a week. Now, instead of going to the doctor's office, you can talk with a doctor while at home, work or many other places. To access MDLIVE call **888-676-4204** or go to MDLIVE.com/bcbsil.

Blue Access for MembersSM

You may visit the BlueCross Blue Shield of IL website to obtain information about value-added discount programs, network providers and valuable health information. You can enroll in Blue Access for MembersSM and obtain access to your own claims, authorizations, eligibility and out-of-pocket maximum/deductible amounts. You can also order ID cards. Blue Access for MembersSM is secured in order to ensure the confidentiality of your personal data. You must set up your profile and select a password. Please visit www.bcbsil.com and select Blue Access for MembersSM.

Find Out if Your Doctor Is in the Network

You can go to any in-network provider without a referral from your primary care physician (PCP). To find a doctor in the BlueCross Blue Shield of IL network, visit www.bcbsil.com. Or, call Member Services at **1-888-896-7682** Monday through Friday, 7:00 a.m. to 8:00 p.m.

Your Health Savings Account (HSA) will be automatically opened for you at UMB Bank. You can monitor the status of your account on the Your Spending Account™ page on the *Your Benefits Resources* website at www.ybr.com/grainger. In 2017, Grainger will contribute \$500, \$750 or \$1,000 (prorated based on when you join Grainger, depending on your coverage level, to an HSA for you, and you can make additional tax-free contributions up to \$3,400 if you have You only coverage or \$6,750 if you have family coverage. **Note: These annual federal limits include Grainger's contributions.** Your contributions can be used toward qualified health care expenses. If you are at least age 55, you can make additional "catch-up" contributions up to \$1,000 in 2017. **Important Note:** You will need to actively choose your annual HSA contribution goal. HSA elections and contribution changes will be effective the first of the month following your enrollment or change.

HSA Gold: BCBS IL PPO PLAN		
Benefit Level	In-Network	Out-of-Network
Annual Deductible¹		
Individual	\$1,500	\$1,500
Family ³	\$3,000	\$3,000
Out-of-Pocket Maximum²		
Individual	\$3,000	\$3,000
Family ³	\$6,000	\$6,000
Lifetime Plan Maximum	Unlimited	Unlimited
Physician Services		
Office Visits	80% after deductible	60% after deductible
Preventive Care	100%; no deductible	Not covered
Diagnostic and Laboratory	80% after deductible	60% after deductible
Hospital Services		
Physician Visits	80% after deductible	60% after deductible
Room and Board	80% after deductible	60% after deductible
Maternity	80% after deductible	60% after deductible
Diagnostic Services and Laboratory	80% after deductible	60% after deductible
Emergency Services	80% after deductible	60% after deductible
Other Services		
Hospice Care	80% after deductible	60% after deductible
Home Health Care	80% after deductible	60% after deductible
Outpatient Surgery	80% after deductible	60% after deductible

¹ Includes health, prescription drug and behavioral health expenses.

² Includes health, prescription drug and behavioral health expenses. Once you reach your out-of-pocket maximum, the plan pays 100% of eligible expenses.

³ The family deductible and out-of-pocket maximum can be met by one or more family members.

Important Resources

- BCBSIL Member Services **1-888-896-7682**
- Blue Care Connection **1-866-308-4778**
- MDLIVE **1-888-676-4204**
- Nurseline **1-888-421-7781**
- Express Scripts **1-800-316-3099**
- OptumHealth Behavioral Solutions (UBH) **1-800-851-9054**

Prescription Drug and Behavioral Health Benefits

When you enroll in the Health Plan, you automatically receive coverage under the Prescription Drug and Behavioral Health Programs. You do not need to enroll for these benefits separately.

Prescription Drug Program

The Prescription Drug Program—administered by Express Scripts—includes a network of national retail pharmacies, as well as a home delivery program. Visit www.express-scripts.com for more information. Here is an overview of your prescription drug benefits:

Type of Service	Retail Pharmacy Network		Home Delivery
	In-Network	Out-of-Network ¹	Copayment/Coinsurance (per prescription)
	Copayment/Coinsurance (per prescription)		
You Pay	You Pay	You Pay	
Generic	Preventive: 100%; no deductible Non-preventive: \$5 copay after deductible is met	70% of cost or \$5 minimum copay after deductible is met	Preventive: 100%; no deductible Non-preventive: \$10 copay after deductible is met
Brand Formulary	25% of cost or \$20 minimum copay after deductible is met	70% of cost or \$20 minimum copay after deductible is met	20% of cost or \$40 minimum copay after deductible is met
Brand Nonformulary	25% of cost or \$45 minimum copay after deductible is met	70% of cost or \$45 minimum copay after deductible is met	20% of cost or \$90 minimum copay after deductible is met
Deductible			
Combined with health plan deductible ²			
Annual Out-of-Pocket Maximum			
Combined with health plan out-of-pocket maximum ³			

¹When you use an out-of-network pharmacy to fill a brand formulary or brand nonformulary prescription, you will pay for the prescription in full and file a claim to be reimbursed for 30% of the cost.

²The BCBS IL HSA Gold health plan deductible includes health, prescription drug and behavioral health costs.

³The BCBS IL HSA Gold health plan out-of-pocket maximum includes health, prescription drug and behavioral health costs.

Behavioral Health Program

The Behavioral Health Program—administered by OptumHealth Behavioral Solutions (formerly UBH)—includes a network of behavioral health professionals who provide behavioral health/substance abuse services. Visit www.liveandworkwell.com then enter “grainger” for more information. Here is an overview of your behavioral health benefits:

	In-Network		Out-of-Network	
	You Pay	Plan Pays	You Pay	Plan Pays
Inpatient	20% after deductible is met	80% after deductible is met	40% after deductible is met	60% after deductible is met
Outpatient				
Deductible	Combined with health plan deductible ⁴		Combined with health plan deductible ⁴	
Annual Out-of-Pocket Maximum	Combined with health plan out-of-pocket maximum ⁵		Combined with health plan out-of-pocket maximum ⁵	
Lifetime Plan Maximum	Unlimited			

⁴The BCBS IL HSA Gold health plan deductible includes health, prescription drug and behavioral health costs.

⁵The BCBS IL HSA Gold health plan out-of-pocket maximum includes health, prescription drug and behavioral health costs.

The information in this summary highlights particular provisions of each health plan. A more complete description can be found in the legal plan documents governing each plan. If there is any inconsistency between this material and the respective plan document, the plan document will govern.