

# POS Platinum: 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 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/bcsil](http://MDLIVE.com/bcsil).

## Blue Access for Members<sup>SM</sup>

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 Members<sup>SM</sup>** 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 Members<sup>SM</sup>** 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.bcsil.com](http://www.bcsil.com) and select **BlueAccessforMembers<sup>SM</sup>**.

## 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.bcsil.com](http://www.bcsil.com). Or, call Member Services at 1-888-896-7682 Monday through Friday, 7:00 a.m. to 8:00 p.m.

Central time

### 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

POS Platinum: BCBS IL PPO Plan		
Benefit Level	In-Network	Out-of-Network
<b>Annual Deductible<sup>1</sup></b>		
Individual	\$300	\$600
Family Maximum	\$600	\$1,200
<b>Out-of-Pocket Maximum<sup>2</sup></b>		
Individual	\$2,250	\$6,000
Family	\$4,500	\$12,000
Lifetime Plan Maximum	Unlimited	Unlimited
<b>Physician Services</b>	<b>Plan Pays:</b>	<b>Plan Pays:</b>
Office Visits	100% after \$25 copayment (no deductible)	60% after deductible
Preventive Care	100% covered (no deductible)	100% of eligible expenses, up to \$500 a calendar year (no deductible)
Diagnostic and Laboratory	80% after deductible	60% after deductible
<b>Hospital Services</b>	<b>Plan Pays:</b>	<b>Plan Pays:</b>
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 Procedures	80% after deductible	60% after deductible
Emergency Services	100% after \$100 copayment (waived if admitted)	100% after \$100 copayment (waived if admitted)
<b>Other Services</b>	<b>Plan Pays:</b>	<b>Plan Pays:</b>
Hospice Care	80% after deductible	60% after deductible
Home Health Care	80% after deductible; maximum 100 visits per calendar year	60% after deductible; maximum 100 visits per calendar year
Outpatient Surgery	80% after deductible	60% after deductible

<sup>1</sup>You must satisfy your deductible for physician, hospital and other services before the plan pays benefits.

<sup>2</sup>Once you reach your out-of-pocket maximum, the plan pays 100% of eligible expenses.

## 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](http://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 <sup>1</sup>	Copayment/Coinsurance (per prescription)
	Copayment/Coinsurance (per prescription)		
You Pay	You Pay	You Pay	
Generic	\$5	70% of cost (\$5 minimum)	\$10
Brand Formulary	25% of cost (\$20 minimum)	70% of cost (\$20 minimum)	20% of cost (\$40 minimum)
Brand Nonformulary	25% of cost (\$45 minimum)	70% of cost (\$45 minimum)	20% of cost (\$90 minimum)
Deductible			
Annual Per-Person Deductible	None		None
Annual Out-of-Pocket Maximum			
Calendar Year Maximum	<b>\$2,250</b> per person (up to four times the maximum amount; \$9,000 per family) (This is a combined out-of-pocket maximum—retail plus home delivery.) Out-of-network expenses do not apply toward the annual out-of-pocket maximum.		

<sup>1</sup>You pay the full cost of your prescription at the time of purchase. You then must file a claim to be reimbursed for 30% of the medication's cost.

### 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](http://www.liveandworkwell.com) then enter “grainger” for more information. Here is an overview of your behavioral health benefits:

	In-Network	Out-of-Network
Annual Deductible	Combined with health plan deductible	Combined with health plan deductible
Outpatient Office Visit	Plan pays 100% after \$25 copayment (no deductible)	Plan pays 60% after deductible
Inpatient	Plan pays 80% after deductible	Plan pays 60% after deductible
Out-of-Pocket Maximum <sup>2</sup>	Combined with health plan out-of-pocket maximum	Combined with health plan out-of-pocket maximum
Lifetime Plan Maximum	Unlimited	

<sup>2</sup>Once you reach your out-of-pocket maximum, the plan pays 100% of eligible expenses.

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.