Blue Cross Community Health Plans℠

HealthChoice Illinois
Illinois Department of Healthcare and Family Services

Health Benefits for Immigrant Adults and Seniors

Blue Kit℠

Your Member Handbook and Certificate of Coverage in one place.

Member Services: **1-877-860-2837** (TTY **711**)

www.bcchpil.com

Effective January 2024

IL_BCCHP_WlcmKit24 250220.1123

Welcome to the Blue Cross Community Health Plans (BCCHP℠) family!

We are glad you are with BCCHP for your Medicaid health plan. Your Medicaid plan offers benefits for medical, prescription, vision and dental services. This dual language handbook explains how to use your new health care benefits.

Use this list to get started using your health plan:

- ☐ Learn what's covered. This kit can help. Keep it handy! You can also visit **www.bcchpil.com** to learn about your benefits.
- ☐ Complete your annual Health Risk Screening (HRS). Someone from the health plan will call or text you soon to complete your HRS. The HRS will help us see your health habits, any health risks and if you need a Care Coordinator. You may also call Member Services at **1-877-860-2837** to complete your HRS.
- ☐ Blue Access for Members℠ (BAM℠) is the secure member portal from Blue Cross Community Health Plans, where you can view your health plan information instantly. You can access your account at **www.bcchpil.com** or by using the **BCBSIL Mobile App**.
- ☐ Always keep your ID card with you and show it every time you need services. Your ID card has your primary care provider (PCP) on it. If you want to switch your PCP call Member Services at **1-877-860-2837** or use your BAM account.
- ☐ Call to schedule an initial health exam with your PCP within 30 days of joining. During the first exam, the PCP will learn about your health care needs. To find a provider near you use the Provider Finder® at **www.bcchpil.com** or on the **BCBSIL Mobile App**.

We are here to help!

Member Services

1-877-860-2837

Call to ask about your BCCHP health plan

24/7 Nurseline

1-888-343-2697

Talk to a private nurse about your health 24/7

If you have questions, please call BCCHP Member Services toll-free at **1-877-860-2837** (TTY: **711**) or the 24/7 Nurseline at **1-888-343-2697**.

Frequently Asked Questions (FAQs)

Use the **Table of Contents** for more information.

Do I have a co-pay?

Yes. Your plan has copayments for nonemergency inpatient hospitalizations up to $250; and nonemergency hospital or ambulatory surgical treatment center outpatient services up to 10% of Medicaid payment. Your provider will tell you the amount you owe at the time of care.

Do I have dental and/or vision services?

Yes! With BCCHP, you get dental and vision coverage. See the **Dental Services** and **Vision Services** Sections to learn more.

Where can I find a list of BCCHP in-network providers?

You can find providers and hospitals near you by using the Provider Finder®. Go to **www.bcchpil.com** or download the BCBSIL Mobile App. If you need help finding a doctor, call Member Services at **1-877-860-2837**. You may also access a full list of providers by using the Provider Directory. The Provider Directory can be found at **www.bcchpil.com**. Go to '*Resources*' and choose '*Forms and Documents*.'

You can change your PCP at any time by calling Member Services at **1-877-860-2837** or using your BAM account. You can log in to BAM at **www.bcchpil.com**. It's best to keep the same PCP. This is so they can get to know your health needs.

How do I know what medications are covered under the plan?

To find out if a drug is covered, visit our website at **https://www.bcbsil.com/bcchp/benefits-and-coverage/drug-coverage** or call Member Services at **1-877-860-2837**. BCCHP uses a Preferred Drug List (PDL). This is to help you and your doctor choose which drugs to give you. You can ask for a printed copy of the list to be mailed to you at no cost by calling Member Services.

How do I get emergency care?

Go to the nearest Emergency Room or call **911**. Call an ambulance if there is no **911** service in your area. You don't need a prior authorization for emergency services. Cost sharing is not required for emergency services. BCCHP pays for emergency services in the U.S.

Who do I call when I need care?

Start by calling your PCP's office. You can also call the 24/7 Nurseline at **1-888-343-2697**.

How do I learn more about my coverage?

Visit **www.bcchpil.com**.

Log into Blue Access for Members (BAM) at **www.bcchpil.com** or with the **BCBSIL Mobile App**. Download by texting **BCBSILAPP** to **33633**.

Call Member Services at **1-877-860-2837**.

A live agent can be reached from 8 a.m. to 5 p.m. CST, Monday - Friday. Self-service or voicemail can be used 24/7, including weekends and holidays.

How do I access my Member ID Card?

Log in to your BAM account on your desktop or using the BCBSIL mobile app. There you can access a temporary ID Card or order a new one. You can also call Member Services to send a new ID Card. Make sure BCCHP has your current address.

Can I get a ride to and from my appointments?

BCCHP uses ModivCare to give rides to health care visits and medical trips. To schedule a ride, call ModivCare at least three days before your appointment. You can also schedule a ride by using the new ModivCare app on your smartphone.

Am I covered by BCCHP outside of Illinois?

BCCHP covers members who live in the state of Illinois. BCCHP does not cover any services outside the United States. A prior authorization is needed for services outside of Illinois. If a prior authorization is not given, you may have to pay for services. If you need care while you are traveling outside of Illinois, call Member Services.

If you need emergency care, go to the closest hospital. Emergency care is covered in the United States. You do not need a prior authorization for emergency services within the U.S.

Can I get help from a Care Coordinator?

Yes. A Care Coordinator is a health care coach. They can help you reach your health goals. Completing your Health Risk Screening (HRS) helps us decide if you will need a Care Coordinator. You can ask for a Care Coordinator at any time by calling Member Services at **1-877-860-2837**.

How can I obtain services and materials in other formats and languages?

Please call Members Services at **1-877-860-2837** to connect to our language assistance services.

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Disclaimers

DentaQuest is an independent company that provides dental benefits for Blue Cross and Blue Shield of Illinois.

Heritage Vision Plans Inc., powered by VSP is an independent company providing vision care benefits for Blue Cross Community Health Plans.

ModivCare is an independent contractor that arranges and manages non-emergency transportation benefits for select Blue Cross and Blue Shield of Illinois plans.

Prime Therapeutics LLC is a separate company that provides pharmacy benefit management services for Blue Cross and Blue Shield of Illinois.

Learn to Live, Inc. is an independent company offering online tools and programs for behavioral health support. Learn to Live is an educational program and should not be considered medical treatment.

Member Handbook

If you have questions, please call BCCHP Member Services toll-free at **1-877-860-2837** (TTY: **711**) or the 24/7 Nurseline at **1-888-343-2697**.

Important Phone Numbers

24/7 Nurseline 24-hour-a-day help line	**1-888-343-2697**, TTY/TDD: **711**
Emergency Care	**911**

Member Services **1-877-860-2837**, TTY/TDD: **711**

We are available 24 hours a day, seven days a week. The call is toll free.

A live agent can be reached from 8 a.m. to 5 p.m. Central Time, Monday through Friday.

Self-service or a voicemail can be used 24/7, including weekends and holidays.

Website **www.bcchpil.com**

Non-Emergency Medical Transportation	**1-877-831-3148**, TTY/TDD: **1-866-288-3133**
Behavioral Health Services	**1-877-860-2837**, TTY/TDD: **711**
Behavioral Health Crisis Line	**1-800-345-9049**, TTY/TDD: **711**
Grievances and Appeals	**1-877-860-2837**, TTY/TDD: **711**
Fraud and Abuse	**1-800-543-0867**, TTY/TDD: **711**
Care Coordination	**1-855-334-4780**, TTY/TDD: **711**
Adult Protective Services	**1-866-800-1409** TTY: **1-888-206-1327**
DentaQuest	**1-877-860-2837**, TTY/TDD: **711**
Heritage Vision Plans	**1-877-860-2837**, TTY/TDD: **711**
Illinois Department of Public Health	**1-217-782-4977**

Member Services

Our Member Services Department is ready to help you get the most from your health plan. Call us at **1-877-860-2837** (TTY/TDD: **711**). We are available 24 hours a day, seven days a week. The call is free. A live agent can be reached from 8 a.m. to 5 p.m. Central Time, Monday through Friday. Self-service or a voicemail can be used 24/7, including weekends and holidays. Our staff is trained to help you understand everything about your health plan. We can give you details about your medical, dental and vision benefits.

We can also answer questions about:

- Getting your medications/prescriptions
- What are covered/non-covered services
- Choosing/changing your Primary Care Provider (PCP)
- Needing help in other languages
- Needing a ride to a doctor's appointment or pharmacy
- Renewing your Medicaid benefits
- Filing a grievance or an appeal
- Your rights and responsibilities

Telephone Care Access

You can reach your PCP 24-hours a day at the PCP phone number on your Member ID card. After regular business hours, an answering machine will tell you how to receive care after hours. You may also call the 24/7 Nurseline at **1-888-343-2697**. If you have an emergency, call **911** or go to the nearest Emergency Room (ER).

Blue Access for Members℠ (BAM℠)

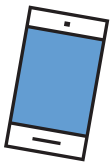
Blue Access for Members is a secure member portal where BCCHP members can:

- Print a temporary ID card or order a new card
- Find doctors and hospitals under the 'Doctors and Hospitals' tab
- View your covered benefits
- See a list of your prescription drugs
- View your care profile
- Set up text message alerts
- Get information on health and wellness

If you haven't already registered for BAM, go to:

www.bcchpil.com

Login on your desktop or tablet via our website. Located on the upper right hand corner!



BCBSIL Mobile App

Download the mobile app. Use your phone's app store by searching BCBSIL or text* **BCBSILAPP** to **33633**.

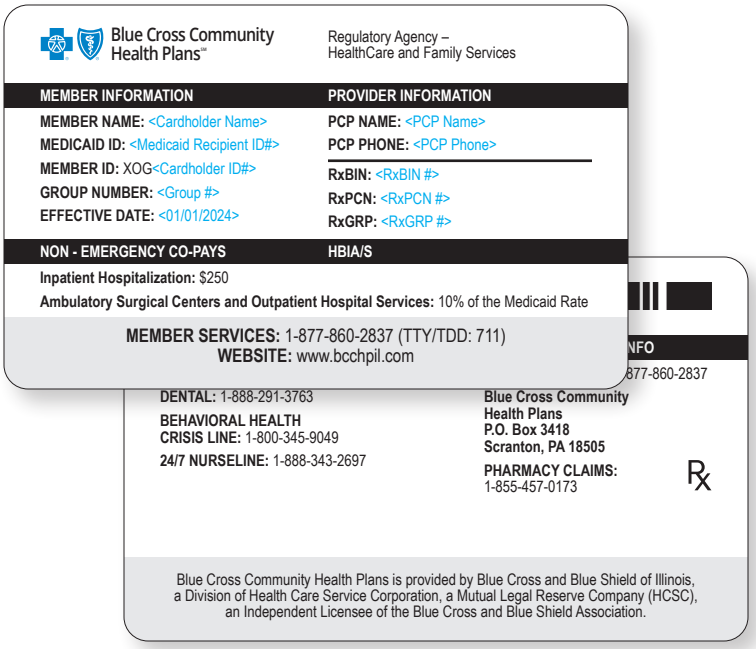
*Message and data rates may apply.

Member Identification (ID) Card

We sent you a Blue Cross Community Health Plans Member ID Card when you enrolled. You should always carry your card with you. It has important phone numbers. You will need to show it when you get services. Call Member Services at **1-877-860-2837** if you have not received your Member ID Card or lose your card. We will automatically send you a new card if your PCP changes.

Information on your Member ID Card

- Name
- Plan Name
- State Medicaid ID number
- Member ID number
- Group number
- Enrollment Effective Date
- State Regulator
- Member Services number
- PCP (name, phone number)
- 24/7 Nurseline number
- Behavioral Health Crisis Line number
- Dental number
- Transportation number
- RxBIN, RxPCN, RxGRP (information for providers when billing)
- BCCHP plan name and address
- Copays and Coinsurance



Eligibility

Medicaid Eligibility

Effective 1/1/24, members in the Health Benefits for Immigrant Adults (HBIA) and Health Benefits for Immigrant Seniors (HBIS) program transitioned from fee-for-service to Medicaid managed care.

You can join Illinois Medicaid if you meet the eligibility requirements for the Health Benefits for Immigrant Adults and Seniors program. You then qualify for Blue Cross Community Health Plans medical coverage.

Enrollment in a health coverage program with a Managed Care Organization, such as Health Benefits for Immigrant Seniors (HBIS) and Health Benefit for Immigrant Adults (HBIA), is not counted in the public charge test. Enrollment in these programs will not affect your immigration status and immigration application. For more information about public charge, visit the About Us — PIF-IL **(protectingimmigrantfamiliesillinois.org**) website or the **https://keepyourbenefits.org/en/il/** website. You can also call ICIRR's Family Support Hotline in English/ Spanish/ Korean/ Polish: **1-855-HELP-MY-FAMILY** (**1-855-435-7693**).

If you have questions, please call BCCHP Member Services toll-free at **1-877-860-2837** (TTY: **711**) or the 24/7 Nurseline at **1-888-343-2697**.

Health Benefits for Immigrant Adults

You may be eligible for this program if you meet all four requirements:

1. You are at least 42 years old and not over age 64.
2. You are one of the following:
   - **a.** A lawful permanent resident (LPR) for less than five years (also known as having a green card), or
   - **b.** An undocumented immigrant (including individuals in a Temporary Protected Status)
3. You are a resident of Illinois
4. Your 2022 annual household income is at or below $18,754 for one person; at or below $25,268 combined income for a household size of two. The income limit differs depending on the number of household members.

Health Benefits for Immigrant Seniors

You may be eligible for this program if you meet all four requirements:

1. Are 65 years old or older
2. Are an Illinois resident
3. Are one of the following:
   - **a.** A lawful permanent resident (LPR) for less than five years (also known as having a green card), or
   - **b.** An undocumented immigrant (including individuals in a Temporary Protected Status)
4. Have an annual 2022 income at or below $13,590 or a couple with annual income at or below $18,310*
5. Have assets below $17,500.

Renewal of Medicaid Benefits (Redetermination)

Don't Risk Losing Your Medicaid Benefits – Complete Your Rede On Time!

Each year you must complete a renewal process to keep your benefits. This process is known as redetermination. Redetermination is a review of your eligibility for Medicaid, SNAP or cash assistance. The state must decide whether you still meet the rules to keep getting benefits. You need to renew your Medicaid coverage at least once every year. If you receive SNAP benefits you will do this twice a year.

How to renew your Medicaid coverage:

1. **Click '*Manage My Case*' at abe.illinois.gov**
   - Create or log in to your account at **abe.illinois.gov** to manage your benefits. **Online is the best way to connect.**
2. **Verify your address**
   - If you use Medicaid, you need to keep your address current. Click '*Manage My Case*' and verify your address under '*Contact Us*' or call **1-877-912-8880**.

3. Find your due date (also called a redetermination date)

- To find your due date (redetermination date), check your Benefit Details tab at **abe.illinois.gov**
- Do you want reminders when it's time to renew? Opt-in for text and email alerts in the '*Account Management*' tab under '*Manage your communications preferences*'.

4. Watch your mail

- The Department of Health care and Family Services (HFS) will mail you a notice a month before your due date. It will tell you if you need to complete a renewal form. The notice gives steps on how to complete your redetermination.

5. Complete your redetermination

- Don't risk losing your Medicaid. There are multiple ways you can submit your renewal.

Submit your Medicaid redetermination by:

- **Submitting online.** Click '*Manage My Case*' at **abe.illinois.gov**
- **Mailing or faxing** your completed form and any requested verifications
- **Over the phone** by calling **1-800-843-6154**
- **In-person.** To find a location, use the IDHS Office Locator at **www.dhs.state.il.us**

Beware of scams. Illinois will never ask you for money to renew or apply for Medicaid. Report scams to the Medicaid fraud hotline at **1-844-453-7283** (**1-844-ILFRAUD**).

Open Enrollment

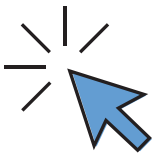
Once each year, you can change health plans during a specific time called Open Enrollment. Client Enrollment Services (CES) will send you an open enrollment letter approximately 60 days prior to your anniversary date. Your anniversary date is one year from your health plan start date. You will have 60 days during your open enrollment to make a plan switch by calling CES at **1-877-912-8880**. After the 60 days has ended, whether a plan switch was made or not, you will be locked in for 12 months. If you have questions regarding your enrollment or disenrollment with BCCHP please contact the CES at **1-877-912-8880**.

Provider Network

Blue Cross Community Health Plans partners with doctors, specialists and hospitals to provide medical services. You should use in-network providers. If you choose to see a doctor who is not in-network, you will have to pay for the services. Except in an emergency, the plan does not cover out-of-network services. Ask the provider if they are in the BCCHP network before you get care.

You may need to get approval for some services before you are treated. This is called prior authorization. BCCHP may not cover a service if you don't get approval. You may have to pay if you get care outside your service area, unless it is an emergency, or you have prior authorization.

How to find a provider, including your Primary Care Provider (PCP):



Provider Finder℠
www.bcchpil.com
Search 24/7 online or use the BCBSIL App.

Provider Directories
www.bcchpil.com
View or download a PDF of providers.

Member Services
1-877-860-2837
The call is free.

We partner with other companies to provide you services:

- Dental coverage is available through DentaQuest®
- Vision coverage is available through Heritage Vision Plans Inc., powered by VSP
- Pharmacy coverage is available through Prime Therapeutics®

Primary Care Provider (PCP)

Your primary care provider is your personal doctor who will give you most of your care. They may also send you to other providers if you need special care. With BCCHP, you can pick your PCP.

You can always choose the following provider types to act as your PCP:

- Family or General Practitioner
- Obstetrician/Gynecologist (OB/GYN)
- Internist (Internal Medicine)
- Nurse Practitioner (NP) or Physician Assistant (PA) or Advanced Practice Nurse (APN)
- Clinics such as Federally Qualified Health Centers (FQHC) or Rural Health Clinics (RHC) can be PCPs

If you are an American Indian/Alaskan Native member, you have the right to get services from an Indian Tribe, Tribal Organization or Urban Indian Organization provider in and outside of the State of Illinois.

If you need help finding or changing your PCP, contact Member Services at **1-877-860-2837**. We are available 24 hours a day, seven days a week. The call is toll free. You can also use the Provider Finder at **bcchpil.com**.

How to Change PCPs

You can change your PCP at any time. Please contact Member Services at **1-877-860-2837**. The call is toll free. You can also use Blue Access for Members (BAM). To log in to your BAM account visit **www.bcchpil.com**. Unless a change is truly needed, it's best to keep the same PCP. This is so your provider can get to know your health needs and history. If you change your PCP, send your medical records to the new provider.

Women's Health Care Provider (WHCP)

As a woman with BCCHP coverage, you have the right to select a Women's Health Care Provider (WHCP). A WHCP is a doctor licensed to practice medicine specializing in obstetrics, gynecology or family medicine.

Family Planning

BCCHP has a network of providers where you can get family planning services; however, you may choose to get family planning services and supplies from any out-of-network provider without a referral and it will be covered.

Covered family planning services include:

- Medical visits for birth control
- Marriage/family planning, education, counseling
- Pregnancy tests
- Lab tests
- Tests for sexually transmitted infections
- Sterilization

Some services are not covered:

- Surgery to reverse sterilization
- Fertility treatments including artificial insemination or in vitro fertilization

Specialty Care

A specialist is a doctor who cares for a certain health condition. Examples of a specialist are cardiology (heart health) and orthopedics (bones and joints). If your PCP thinks you need a specialist, he or she will work with you to choose a specialist. Your PCP will arrange your specialty care. You can see an in-network specialist without a referral.

Scheduling Appointments

It is very important that you keep all appointments you make for doctor visits, lab tests or X-rays. Call your PCP at least one day ahead of time if you cannot keep an appointment. If you need help making an appointment, contact Members Services at **1-877-860-2837**.

When going to doctor's appointments:

- Take your Member ID card
- Be on time
- Call the doctor's office right away if you are going to be late or need to cancel
- If you are late, your PCP may not be able to see you.

Telehealth

BCCHP has made it easier to see your provider by offering Telehealth options. You can get the care you need, even virtually. To learn more, call Member Services at **1-877-860-2837** or ask your doctor if they offer telehealth services. Each doctor, if offered, has different ways of giving telehealth services. If you need help making an appointment, call Member Services at **1-877-860-2837**.

Cost Sharing

Your specific plan includes co-payments. A co-payment is a fixed amount you pay for a covered health care service, usually when you receive the service. The amount you can be charged will vary depending on the service and the provider. No co-payment or cost sharing can be charged for an emergency service needed to evaluate or stabilize an Emergency Medical Condition. Coinsurance is the portion of eligible medical expenses that you will have to pay. For example, if your coinsurance is 10% , you are responsible for paying 10% of eligible medical expenses, and the plan will pay the remaining 90%. The amount can vary by the type of covered health care service.

Co-Payments

Benefit	Cost-Share	Note
Non-Emergency In patient Hospitalization	$250 co-pay per stay	An inpatient hospitalization is an overnight stay in the hospital
Ambulatory Surgical Centers and Outpatient Services	10% of the allowable amount	Ambulatory Surgical Centers are facilities where surgeries that do not require a hospital stay are performed

Non-Emergency Care

If you have experienced a non-emergency medical situation such as a headache or upset stomach, call the 24/7 Nurseline at **1-888-343-2697**. A nurse can help you decide if should call your doctor or treat the problem at home. An emergency is a health problem that is life threatening or one that will seriously hurt your health if it is not treated right away. Only go to an ER for serious health issues. Going to the ER when it is not an emergency can result in long wait times and higher costs.

Urgent Care

Urgent care is an issue that needs care right away but is not life threatening.

Some examples of urgent care are:

- Minor cuts and scrapes
- Colds
- Fever
- Earache

Call your PCP for urgent care or call Member Services at **1-877-860-2837**. You can always call the 24/7 Nurseline at **1-888-343-2697**.

Emergency Care

An emergency medical condition is very serious. It could even be life threatening. You could have severe pain, injury or illness. In an emergency, call **911** or go the nearest Emergency Department. Emergency care is covered in all the United States. Prior authorization is not needed but call your PCP and Member Services within 24 hours. They can make sure you get all the follow-up care you need.

Some examples of an emergency are:

- Heart attack
- Severe bleeding
- Poisoning
- Difficulty breathing
- Broken bones

What to do in case of an emergency:

- Go to the nearest Emergency Department; you can use any hospital or other setting to get emergency services
- Call **911**. Call an ambulance if no **911** service is in the area
- No referral is needed
- Prior authorization is not needed, but you should call us within 24 hours of your emergency care

Post-Stabilization Care

Post-stabilization services are needed services given to an Enrollee once the Enrollee is stabilized following an emergency medical condition, in order to make the Enrollee better. Some Post-stabilization services after an emergency are covered by BCCHP. Medically necessary rehabilitation services at a long-term care facility are limited to no more than 90 days per episode. An example of a covered service would be a follow-up office visit for counseling. Call Member Services at **1-877-860-2837** to find out if you are eligible or if prior authorization is needed for care.

New Medical Treatments

BCCHP reviews new medical treatments. A group of PCPs, specialists and medical directors decides if a treatment:

- Has been approved by the government
- Has shown how it affects patients in a reliable study
- Will help patients and improve their health as much as, or more than, current treatments

The review group looks at this and then decides if the treatment is medically necessary. If your doctor asks us about a new treatment not yet reviewed, our medical group will review treatment details and make a decision. They will let your doctor know if it is medically necessary and approved.

Prior Authorization

Some services may require a prior authorization or getting an OK from BCCHP. You do not need to contact us for prior authorization. You can work with your doctor to submit a request for prior authorization.

Both BCCHP and your PCP (or specialist) will agree which services are medically necessary. Medically necessary refers to services that:

- Protect life
- Keep you from getting seriously ill or disabled
- Find out what is wrong to treat the disease, illness, or injury
- Help you do things like eating, dressing and bathing

We won't pay for services from out-of-network providers if prior authorization is not given. You can work with an out-of-network provider to receive prior authorization before getting services.

Some services that do not need a prior authorization are:

- Primary care
- In-network specialist
- Family planning
- WHCP services (you must choose doctors in network)
- Emergency care

Coverage Decisions

BCCHP has strict rules about how decisions are made about your care. Our doctors and staff make decisions about your care based only on need and benefits. There are no rewards to deny or promote care. BCCHP does not encourage doctors to give less care than you need. Doctors are not paid to deny care.

You can talk to a BCCHP staff member about our utilization management (UM) process. UM means we look at medical records, claims and prior authorization requests. This is to make sure services are medically necessary. We also check that services are given in the right setting and that services are consistent with the condition reported. To learn more on how decisions are made about your care, contact Member Services at **1-877-860-2837**.

Getting a Second Medical Opinion

You may have questions about care your PCP or doctor says you need.

You may want a second opinion to:

- Diagnose an illness
- Make sure your treatment plan is right for you

You should speak to your PCP if you want a second opinion.

They will send you to a doctor who:

- Also works with BCCHP
- Is the same kind of doctor you saw for the first opinion

You will need a prior authorization from BCCHP to see a doctor who isn't in our network. Call Member Services at **1-877-860-2837** for help getting a second opinion. You can also call the 24/7 Nurseline at **1-888-343-2697** to learn more.

Covered Services

BCCHP will pay for all medically necessary services under the Covered Medical Services section. You may have to pay for care or services that are not listed or are not medically necessary. If they are listed and BCCHP decides they are medically necessary, BCCHP will pay the full cost of the services.

Your PCP may send you to a specialist or other provider for medical tests. They may make the appointment for you. A referral is not required. Sometimes you will have to make the appointment yourself. This is called a self-referral. You may also call Member Services at **1-877-860-2837** for help with appointments.

BCCHP covers members who live in the state of Illinois. BCCHP does not cover services outside the United States. If you need care while you are traveling outside of Illinois, call Member Services at **1-877-860-2837**. A prior authorization is needed for services outside of Illinois. If a prior authorization is not received, you may have to pay for services. If you need emergency care, go to the closest hospital. Emergency care is covered in all the United States. You do not need a prior authorization for emergency services within the U.S.

Medical Services

Blue Cross Community Health Plans wants to ensure you get the care you need. BCCHP covers all medically necessary Medicaid covered services. Call Member Services at **1-877-860-2837** if you have benefit questions. If you have health-related questions you can call our 24/7 NurseLine at **1-888-343-2697**. Some services may require a prior authorization or have service limits. Your doctor will help submit any necessary prior authorizations. For additional coverage details see the BCCHP Certificate of Coverage.

Here is a list of some of the medical services and benefits that Blue Cross Community Health Plans covers:

- Abortion services are covered by Medicaid (not your MCO) by using your HFS Medical card
- Acupuncture services are covered by Medicaid (not your MCO) by using your HFS Medical card
- Advanced practice nurse services
- Ambulatory Surgical Treatment Center services
- Assistive/Augmentative communication devices
- Audiology (hearing) services
- Blood, blood components and the administration thereof
- Chiropractic services
- Dental services, including oral surgeons
- Family planning services and supplies
- Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC) and other encounter rate clinic visits
- Hospital Emergency Department visits
- Hospital inpatient services
- Hospital ambulatory services
- Laboratory and X-ray services
- Medical supplies, equipment, prostheses and orthoses
- Mental health services
- Optical services and supplies
- Optometrist services
- Pharmacy services
- Physical, occupational and speech therapy services
- Physician services
- Podiatric services
- 90-Day, Post-Stabilization services
- Renal dialysis services
- Respiratory equipment and supplies
- Services to prevent illness and promote health
- Subacute alcoholism and substance abuse services
- Transportation to secure covered services

Limited Covered Services

- BCCHP may provide sterilization services only as allowed by state and federal law
- If BCCHP provides a hysterectomy, BCCHP shall complete HFS Form 1977 and file the completed form in the member's medical record
- Transplant services are limited to kidney transplants and inpatient stem cell transplants

Non-Covered Services

Here is a list of some of the medical services and benefits that BCCHP does not cover:

- Services that are experimental or investigational in nature
- Services that are provided by a non-network provider and not authorized by BCCHP
- Services that are provided without a required referral or prior authorization
- Elective cosmetic surgery
- Infertility care, such as sterilization reversals and fertility treatments, such as artificial insemination or in-vitro fertilization
- Any service that is not medically necessary
- Services provided through local education agencies
- Weight loss drugs or diet aids
- Cosmetic dentistry
- Tooth bleaching and whitening
- Dental Implants
- Contact lens insurance
- Low vision aids
- Laser eye vision correction
- Home and Community Based Waiver services are not covered
- Long-Term Care facility services are not covered

This is not a full list of services not covered.

For additional information on services, please contact Member Services at **1-877-860-2837**.

Dental Services

BCCHP works with DentaQuest to provide dental services. Dental providers take care of your teeth. You do not need a prior authorization from your PCP for dental care. Visit 'Find a Provider' at **www.bcchpil.com** to find an in-network dental provider. You can also call Member Services at **1-877-860-2837**.

BCCHP covers the following dental services*:

- BCCHP members get an extra cleaning annually as part of member value-added benefits, a total of two cleanings per 12 months
- Two oral exams per 12 months
- X-rays
- Fillings
- Crowns
- Extractions
- Emergency dental services
- Limited root canals
- Limited dentures

*Some limits may apply to these services. Prior authorizations may be needed for some services.

Vision Services

BCCHP is working with Heritage Vision Plans Inc., powered by VSP to provide vision services. Vision providers take care of your eyes. You do not need a prior authorization from your PCP for vision care. Visit the Provider Finder at **www.bcchpil.com** or on the BCBSIL app to find a vision provider. You can also call Member Services at **1-877-860-2837**.

Services include:

- One eye exam every 12 months.
- Eyeglasses:
  - Covered every two years
  - You can get $40 toward a pair of upgraded eyeglass frames every two years
- Contact lenses are covered when medically necessary if glasses cannot provide the intended result.

If glasses or contacts are lost or stolen, contact Member Services. You can always call Member Services at **1-877-860-2837** if you have questions. We will pay only for those services we authorize.

Pharmacy Services

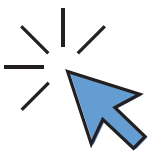
BCCHP uses a Preferred Drug List (PDL). The PDL is provided by the Illinois Department of Health care and Family Services (HFS). BCCHP must follow the HFS provided PDL. This is to help your doctor choose which drugs to give you. Covered drugs on the PDL have a $0 copay if filled at in-network pharmacies. Certain drugs on this list need approval or have limits based on medical necessity. To get further details on pharmacy benefits, download the PDL at **www.bcchpil.com** on the Drug Coverage page. You can also call Member Services at **1-877-860-2837** to learn what drugs are on the PDL. You can ask to have the PDL mailed to you.

You will need to get your medication at a network pharmacy. You will receive up to a one-month (30-day) supply. You do not have copays on covered prescriptions filled at in-network pharmacies. Make sure your doctor knows what medicines you are taking. This includes over-the-counter drugs.

In-Network Pharmacies

There are many pharmacies in our network available through Prime Therapeutics®. Take your Member ID card and your prescription order when you visit the pharmacy. If you need help getting to your pharmacy call Member Services at **1-877-860-2837**.

To Find a Pharmacy in Your Area



Pharmacy Finder
www.myprime.com
Click on 'Pharmacies'.

Pharmacy Directory
www.bcchpil.com
View or download on the Drug Coverage page.

Member Services
1-877-860-2837
The call is free.

Drugs Not On the PDL

If a drug you are taking is not on the PDL, you have two options:

- Talk to your provider to decide if you can first try a drug on the PDL before you ask for an exception.
- Call Member Services to ask for an exception to cover your drug. Send a statement from your doctor backing your request. BCCHP must decide within 24 hours (one day) of getting your doctor's request.

Exception requests are usually only approved if other drugs on the PDL are less effective. Or if it would be harmful to your health.

Mail-Order Program

We offer a mail-order program for chronic disease medicines. You can get up to a three-month (90-day) supply sent directly to your home. There is no cost to you. Call Member Services at **1-877-860-2837** for help.

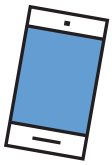
Over-the-Counter (OTC) Drugs and Supplies

These are drugs and items you buy at the pharmacy without a prescription. As a BCCHP member, you can order $25 in approved OTC items one time quarterly. That's once every three months, at no cost to you. Benefit amounts will not roll over to the next quarter. You can view the OTC Catalog on our website at **www.bcchpil.com**. You can place an order online at **www.mpaotc.com**. First-time users will need to register. You can also place an order by calling Member Services at **1-877-860-2837**. Your order will be shipped to your address within 7 to 10 days at no cost.

Non-Emergency Medical Transportation Services

BCCHP works with ModivCare to provide transport services. You can get a ride to a provider's appointment, pharmacy (following your appointment) or a BCCHP event. You can also get a ride to a Blue Door Neighborhood Center.

To Schedule a Ride



ModivCare App

Search 'ModivCare' in your app store and use for all your ride needs.

Call ModivCare

1-877-831-3148

Monday – Friday
8 a.m. – 6 p.m., CST.

Confirm Your Ride

1-877-831-3148

Call or check your mobile app three days prior.

The day of your appointment:

- Be ready for your ride one hour beforehand.
- When your driver comes, they will honk, knock, ring the bell or call you. They must wait five minutes for you. After five minutes, they can leave and report a no-show.
- Drivers can transport multiple members on the same ride. This should not add any more than 45 minutes to your travel time.

Return Ride:

- You may pre-schedule a return ride. The driver should come within 30 minutes.
- If you do not have a pre-scheduled pick-up time, call ModivCare when you are done with your visit. The driver should come within an hour of the call.

Anyone who is not the member must be approved when the ride is scheduled. You are responsible for any medical equipment or safety seat. This includes wheelchairs or car seats for children. BCCHP does not cover rides for non-medical reasons, except to BCCHP sponsored events. Without special approval, BCCHP does not cover rides more than 40 miles away or to providers not in-network. You do not need authorization for emergency transport.

If a driver is running late, call the Where's My Ride Line at 1-877-831-3149. If needed, ModivCare will work to make other arrangements. A grievance can be made against ModivCare by calling Member Services or ModivCare. A member can also request to not have a specific transportation provider for future rides.

ModivCare App

The ModivCare app gives you the flexibility to schedule your medical ride whenever and wherever you like. All you need to do is search 'ModivCare' on either Google Play® or the Apple App Store® to download. Make sure to have an email address handy to create your account. Then requesting a ride is only a few clicks away!

By downloading the ModivCare app you have access to:

- Booking, changing or cancelling rides
- Live ride tracking
- Driver's real-time location and estimated time of arrival
- Texting or calling the driver to ensure trips aren't missed
- Contacting support within the app to talk to a live agent

Other Transportation

If you live within two blocks of a mass transit bus stop, you can get free bus passes. Bus passes can be provided to get you to and from your doctor's appointment. Call ModivCare at least two weeks before your appointment to request bus passes. Bus passes will be mailed to your home.

Value-Added Benefits

Blue Cross Community Health Plans offers additional benefits. These are available only to BCCHP Medicaid plan members. These benefits are offered to BCCHP members in addition to your Illinois Medicaid benefits. Details for each added benefit and how to enroll are listed below. For further details, or to enroll in these programs, contact Member Services at **1-877-860-2837**.

Blue365®

Members get a free membership to Blue365. It is a program that offers exclusive health and wellness discounts. Visit our website at **www.blue365deals.com** to learn more.

Over-the-Counter (OTC) Drugs and Supplies

OTC drugs and supplies are medicines and items you buy at the pharmacy without a prescription. As a BCCHP member, you can order $25 in approved OTC items one time quarterly (every three months) at no cost to you. Benefit amounts will not roll over to the next quarter. You can view the OTC Catalog at **www.bcchpil.com**. You can place an order online at **www.mpaotc.com**. First-time users will need to register. You can also place an order by calling Member Services at **1-877-860-2837**. Your order will be shipped to your address within 7 to 10 days at no cost.

Dental Services

BCCHP offers additional dental value-added benefits. Eligible BCCHP Members will receive two teeth cleanings per year.

Cell Phone

You may qualify for a free cell phone to call your doctor, care coordinator, or **911** emergency services.

Transportation

You may get transportation to a provider appointment, pharmacy (following your appointment) or to BCCHP-sponsored events. This is in addition to the standard transportation benefit. Learn more on **www.bcchpil.com**.

Healthy Incentives Program

You may qualify for gift cards after completing certain preventive services as part of the Healthy Incentives Program such as:

- A $15 gift card for women age 50-74 who get an annual breast cancer screening

Smoking Cessation

A care coordinator can connect you with resources to help you to stop smoking.

Behavioral Health (BH) Services

Behavioral health services can help those facing mental health conditions, substance abuse or a BH crisis. The type of service you might need depends on your personal situation. Services may require prior authorization so call Member Services at **1-877-860-2837** to check. You do not need a referral for a provider that is in our network. **Some of the behavioral health services we cover include:**

- Community-based behavioral health
- Day treatment at hospital
- Intensive outpatient program
- Outpatient services: medication management, therapy and counseling
- Alcohol or drug treatments

Behavioral Health Crisis Line

If you are experiencing a behavioral health crisis, please call **1-800-345-9049**. This is a 24-hour crisis intervention and stabilization service. During a behavioral health crisis, a qualified mental health professional is sent for an in-person screening.

Learn to Live: Behavioral Health Platform

Learn to Live is a no cost, online health program. Learn to Live gives self-paced mental health solutions. Plus, access to 24/7 member coaches. It can help with common challenges like stress, anxiety, depression and substance abuse. To start, register at **www.Learntolive.com/Welcome/BCBSILMedicaid** (Access Code: **ILMED**).

Care Coordination

Members will complete a Health Risk Screening (HRS) at least annually. BCCHP will call or text you after enrolling to complete your HRS. This screening will help determine your health habits, if you have any health risks and if you need a Care Coordinator. Call Member Services at **1-877-860-2837** if you missed our call or text and would like to complete your HRS.

The HRS helps us determine if you will need a Care Coordinator. If you qualify and choose to use the service, a Care Coordinator will be assigned to you. This Care Coordinator will work with us to assist you in managing your care. They will be your health care coach. They will oversee the plan of care you and your Care Team decide is right. Care Coordinators can help you reach your health goals using your benefits.

Your BCCHP Care Coordinator will:

- Plan in-person visits or phone calls with you
- Listen to your concerns
- Help you get services and find health issues before they get worse (preventive care)
- Help set up care with your doctor and other health Care Team members
- Help you, your family and your caregiver better understand your health condition(s), medications and treatments

Your Care Team will help you get the help and care you need to be healthy. This includes:

- Tips on how to help manage your weight, eat better and stay fit with an exercise program
- Provide brochures with tips on how to manage a chronic condition or on-going condition
- Recovery Support Assistants who support your recovery journey from a mental health condition or addiction
- Give wellness tips about healthy behaviors and the need for routine exams and screenings
- Family planning

Transition of Care Services

You are eligible for Transition of Care Services when you are scheduled for a planned inpatient surgical procedure, or with an unplanned admission to an acute inpatient hospital. Our services help you when you are being discharged home or to a lower level of care. We pay special attention to helping you move from one level of care to another. For example, when you are discharged from a hospital back to your home. It is important that you understand your discharge instructions and have everything to recover at home. We work with you to make sure you have follow-up appointments scheduled. We also make sure you receive all ordered medications and services. This ensures a smooth discharge and recovery.

Care Coordinators can help you by:

- Arranging services you need, including scheduling and keeping provider appointments
- Ensuring complete coordination of services to provide safe, timely, high-quality care as you move out of the hospital
- Understanding your conditions and supporting your ability to care for yourself
- Providing guidance before planned admissions, such as a scheduled surgery. Also, providing guidance after discharge when you have had an unplanned admission
- Providing education related to your medication and doctor's orders

Complex Case Management

We offer a special Complex Case Management program for members with complicated illnesses. For example, kidney disease, depression or substance use disorder. If you qualify, you will get targeted outreach by a Care Coordinator to help with your condition. You will work with your Care Coordinator to develop specific goals. All aimed at improving your overall health.

Your Care Coordinator supports you by:

- Scheduling medical appointments as needed
- Arranging transportation to and from medical appointments
- Obtaining and understanding your medications
- Helping you understand your specific disease and how to improve your health and quality of life
- Helping you use your benefits to keep health issues from getting worse
- Offering learning tools to help you, your family and caregivers better understand any health conditions, prescriptions, over-the-counter drugs and treatments

Disease Management Program

If you have hypertension (high blood pressure), diabetes or asthma, you are eligible for our disease management program. Identified members get support based on their level of need. All members have access to Blue Access for Members for tools and help. The web portal offers many resources to help you stay healthy. You can access the member web portal at **www.bcchpil.com**. Members with moderate risk are contacted by a Care Coordinator who specializes in managing that condition. If you are enrolled in the program, you work with your Care Coordinator to develop specific goals to improve your overall health.

The Care Coordinator provides:

- Education and materials related to your diagnosis
- Assistance with understanding and obtaining medications
- Education regarding available benefits that would improve your health outcomes
- Referrals to community programs and resources for more education and support such as improving access to healthy foods and community exercise programs

Voluntary Service

A Care Coordinator helps you use your health benefits and community-based services. This is so you can reach your health goals. Care Coordination programs are voluntary. You can opt-out at any time. If you are eligible, we will automatically enroll you if we identify an opportunity to help you. To enroll in or opt-out of Care Coordination, call Member Services at **1-877-860-2837**.

Health Education Programs

BCCHP has programs to help you stay healthy and manage illnesses at every stage of life. The doctor may check your diet, physical activity, weight, dental, vision and behavioral health. Any needed immunizations and screenings will be given during the visit. Please review the following tables with your PCP.

Adult Recommended Preventive Services	
If You Are	**You Need**
Age 35-49	Annual physical exam, annual flu shot, tetanus-diphtheria booster (every 10 years), pap smear, cholesterol testing (> age 44), glaucoma screening (> age 39), baseline mammogram (covered once for members aged 35-40), annual screening mammogram (> age 40)
Age 50-64	Annual physical exam, annual flu shot, covid-19 vaccination, shingles vaccine, tetanus- diphtheria booster (every 10 years), pap smear, mammogram, cholesterol testing, colorectal cancer screening, glaucoma screening
Age 65+	Annual physical exam, annual flu shot, tetanus-diphtheria booster (10 years), pneumococcal vaccine, mammogram (to age 74), cholesterol testing, colorectal cancer screening (to age 75), glaucoma screening, hearing screening

Call Member Services at **1-877-860-2837** to learn more about these programs. You can also check out our website. Look under Member Resources at **www.bcchpil.com**. These programs are designed to help you be well and to stay well.

Blue365®

Blue365 allows members to save money on care products not usually covered by BCCHP. Members and dependents have access to a range of discounts. This includes top retailers on fitness gear, gym passes, healthy eating and more. There are no claims to file, no referrals and no added fees to participate. To begin, visit **www.blue365deals.com**.

Blue Door Neighborhood Centers® (BDNCs)

Blue Door Neighborhood Centers are community hubs. They give a space to learn, connect and focus on your health. They also give prevention and education, health and wellness programs and access to community resources. BDNCs offer free services that are available to all, not just members.

Mission: Working hand in hand with the community to provide access to whole-person health and wellness resources.

Vision: To be a trusted partner and resource for community members along their health journeys.

Three-pronged approach: The Blue Door Neighborhood Center provides the following: condition management, health education and promotion and Social Determinants of Health (SDOH) programming.

Learn more about BDNCs and upcoming events at **www.bcbsil.com/bdnc**. **Visit a BDNC at:**

Morgan Park Center
1-872-760-8090
11840 S. Marshfield Ave.
Chicago, IL 60643

Pullman Center
1-773-253-0900
756 E. 111th St.
Suites 102 & 103
Chicago, IL 60628

South Lawndale Center
1-872-760-8450
2551 W. Cermak Road
Chicago, IL 60608

For Your Peace of Mind

Our 24/7 Nurseline lets you talk in private with a nurse about your health. Call toll free, 24 hours a day, seven days a week at **1-888-343-2697**. A nurse can give you details about health issues and community health services.

You can also listen to audio tapes on more than 300 health topics such as:

- Allergies and immune system
- Diabetes
- High blood pressure
- Sexually transmitted infections such as HIV/AIDS

BCCHP also offers Transition of Care Services, Complex Case Management and Disease Management Services. Please see **Care Coordination on page 19** for details.

In addition to BCCHP programs, there are also other state resources available to you. Please call Member Services at **1-877-860-2837** to learn more.

Recipient Restriction Program

BCCHP monitors prescription drug use as part of the Recipient Restriction Program.

We look for warning signs such as:

- Drug therapy duplication
- Overuse and under use of drugs
- Overlapping pharmacies or prescribers
- Drug misuse or abuse

Our pharmacy team uses a set 'lock-in' process. This involves limiting ('locking') members to one pharmacy during their treatment. This is used to address drug abuse or misuse.

Advance Directives

An advance directive is a written decision you make about your health care in the future in case you are so sick you can't make a decision at that time. In Illinois there are four types of advance directives:

- **Health care Power of Attorney -** This lets you pick someone to make your health care decisions if you are too sick to decide for yourself.
- **Living Will -** This tells your doctor and other providers what type of care you want if you are terminally ill which means you will not get better.
- **Mental health Preference -** This lets you decide if you want to receive some types of mental health treatments that might be able to help you.
- **Do Not Resuscitate/Practitioner Orders for Life-Sustaining Treatment (DNR/POLST) order -** This tells your family and all your doctors and other providers what you want to do in case your heart or breathing stops.

You can get more information on advance directives from your health plan or your doctor. If you are admitted to the hospital they might ask you if you have one. You do not have to have one. You do not have to have one to get your medical care but most hospitals encourage you to have one. You can choose to have any one or more of these advance directives if you want and you can cancel or change it at any time.

Grievances & Appeals

We want you to be happy with services you get from BCCHP and our providers. If you are not happy, you can file a grievance or appeal.

Grievances

A grievance is a complaint about any matter other than a denied, reduced or terminated service or item.

BCCHP takes member grievances seriously. We want to know what is wrong so we can make our services better. If you have a grievance about a provider or about the quality of care or services you have received, you should let us know right away. BCCHP has special procedures in place to help members who file grievances. We will do our best to answer your questions or help to resolve your concern. Filing a grievance will not affect your health care services or your benefits coverage.

If the grievant is a customer of the Vocational Rehabilitation (VR) program, the grievant may have the right to the assistance of the DHS-ORS Client Assistance Program (CAP) in the preparation, presentation and representation of the matters to be heard.

These are examples of when you might want to file a grievance:

- Your provider or a BCCHP staff member did not respect your rights.
- You had trouble getting an appointment with your provider in an appropriate amount of time.
- You were unhappy with the quality of care or treatment you received.
- Your provider or a BCCHP staff member was rude to you.
- Your provider or a BCCHP staff member was insensitive to your cultural needs or other special needs you may have.

You can file your grievance on the phone by calling Member Services at **1-877-860-2837** (TTY/TDD: **711**). You can also file your grievance in writing via mail or fax at:

Blue Cross Community Health Plans
Attn: Grievance and Appeals Dept.
P.O. Box 660717
Dallas, TX 75266
Fax: **1-866-643-7069**

In the grievance letter, give us as much information as you can. For example, include the date and place the incident happened, the names of the people involved and details about what happened. Be sure to include your name and your member ID number. You can ask us to help you file your grievance by calling Member Services at **1-877-860-2837**.

If you do not speak English, we can provide an interpreter at no cost to you. Please include this request when you file your grievance. If you are hearing impaired, call the Member Services TTY/TDD line **711**.

At any time during the grievance process, you can have someone you know represent you or act on your behalf. This person will be your representative. If you decide to have someone represent you or act for you, inform BCCHP in writing with the name of your representative and his or her contact information.

We will try to resolve your grievance right away. If we cannot, we may contact you for more information.

Appeals

An appeal is a way for you to ask for a review of our actions. If we decide that a requested service or item cannot be approved, or if a service is reduced or stopped, you will get an 'Adverse Benefit Determination' letter from us.

This letter will tell you the following:

- What action was taken and the reason for it
- Your right to file an appeal and how to do it
- Your right to ask for a State Fair Hearing and how to do it
- Your right in some circumstances to ask for an expedited appeal and how to do it
- Your right to ask to have benefits continue during your appeal, how to do it and when you may have to pay for the services

You may not agree with a decision or an action made by BCCHP about your services or an item you requested. An appeal is a way for you to ask for a review of our actions. You may appeal within 60 calendar days of the date on our Adverse Benefit Determination letter. If you want your services to stay the same while you appeal, you must say so when you appeal, and you must file your appeal no later than 10 calendar days from the date on our Adverse Benefit Determination letter.

Examples of when you might want to file an appeal:

- Not approving or paying for a service or item your provider asks for
- Stopping a service that was approved before
- Not giving you the service or items in a timely manner
- Not advising you of your right to freedom of choice of providers
- Not approving a service for you because it was not in our network

Here are two ways to file an appeal

1. Call Member Services at **1-877-860-2837** (TTY/TDD: **711**). If you file an appeal over the phone, you must follow it with a written signed appeal request.
2. Mail or fax your written appeal request to:

   Blue Cross Community Health Plans
   Attn: Grievance and Appeals Dept.
   P.O. Box 660717
   Dallas, TX 75266
   Standard Fax: **1-866-643-7069**
   Expedited Fax: **1-800-338-2227**

If you do not speak English, we can provide an interpreter at no cost to you. Please include this request when you file your appeal. If you are hearing impaired, call the Member Services TTY/TDD line at **711**.

Can someone help you with the appeal process?

You have several options for assistance.

You may:

- Ask someone you know to assist in representing you. This could be your Primary Care Physician or a family member, for example.
- Choose to be represented by a legal professional.

To appoint someone to represent you, either:

1. Send us a letter informing us that you want someone else to represent you and include in the letter his or her contact information or,
2. Fill out the Authorized Representative Appeals form. You may find this form at **www.bcchpil.com**.

Appeal Process

We will send you an acknowledgement letter **within three business days** saying we received your appeal. We will tell you if we need more information and how to give us such information in person or in writing.

A provider with the same or similar specialty as your treating provider will review your appeal. It will not be the same provider who made the original decision to deny, reduce or stop the medical service.

BCCHP will send our decision in writing to you **within 15 business days** of the date we received your appeal request. BCCHP may request an extension up to **14 more calendar days** to make a decision on your case if we need to get more information before we make a decision. You can also ask us for an extension if you need more time to obtain additional documents to support your appeal.

We will call you to tell you our decision and send you and your authorized representative the Decision Notice. The Decision Notice will tell you what we will do and why.

If BCCHP's decision agrees with the Adverse Benefit Determination, you may have to pay for the cost of the services you got during the appeal review. If BCCHP's decision does not agree with the Adverse Benefit Determination, we will approve the services to start right away.

Things to keep in mind during the appeal process:

- At any time, you can provide us with more information about your appeal, if needed.
- You have the option to see your appeal file.
- You have the option to be there when BCCHP reviews your appeal.

How can you expedite your Appeal?

If you or your provider believes our standard timeframe of 15 business days to make a decision on your appeal will seriously jeopardize your life or health, you can ask for an expedited appeal by writing or calling us. If you write to us, please include your name, member ID number, the date of your Adverse Benefit Determination letter, information about your case and why you are asking for the expedited appeal. You may also fax an expedited appeal to BCCHP, please fax expedited appeals to **1-800-338-2227**. We will let you know within 24 hours if we need more information. Once all information is provided, we will call you within 24 hours to inform you of our decision and will also send you and your authorized representative the Decision Notice.

How can you withdraw an Appeal?

You have the right to withdraw your appeal for any reason, at any time, during the appeal process. You may do this in writing or verbally. You may withdraw your appeal using the same address as used for filing your appeal or by calling Blue Cross Community Health Plans at **1-877-860-2837** (TTY/TDD: **711**). Withdrawing your appeal will end the appeal process and no decision will be made by us on your appeal request. If you need further information about withdrawing your appeal, call Blue Cross Community Health Plans at **1-877-860-2837** (TTY/TDD: **711**).

BCCHP will acknowledge the withdrawal of your appeal by sending a notice to you or your authorized representative. If you need further information about withdrawing your appeal, call Member Services at **1-877-860-2837** (TTY/TDD: **711**).

What happens next?

After you receive the BCCHP appeal Decision Notice in writing, you do not have to take any action and your appeal file will be closed. However, if you disagree with the decision made on your appeal, you can act by asking for a State Fair Hearing Appeal and/or asking for an External Review of your appeal within 30 calendar days of the date on the Decision Notice. You can choose to ask for both a State Fair Hearing Appeal and an External Review or you may choose to ask for only one of them.

State Fair Hearing

If you choose, you may ask for a State Fair Hearing Appeal within **120 calendar days** of the date on the Decision Notice, but you must ask for a State Fair Hearing Appeal within **10 calendar days** of the date on the Decision Notice if you want to continue your services. If you do not win this appeal, you may be responsible for paying for these services provided to you during the appeal process.

At the State Fair Hearing, just like during the BCCHP Appeals process, you may ask someone to represent you, such as a lawyer or have a relative or friend speak for you. To appoint someone to represent you, send us a letter informing us that you want someone else to represent you and include in the letter his or her contact information.

You can ask for a State Fair Hearing in one of the following ways:

- Your local Family Community Resource Center can give you an appeal form to request a State Fair Hearing and will help you fill it out if you wish.
- Visit **abe.illinois.gov/abe/access/appeals** to set up an ABE Appeals Account and submit a State Fair Hearing Appeal online. This will allow you to track and manage your appeal online, viewing important dates and notices related to the State Fair Hearing and submitting documentation.

If you want to file a State Fair Hearing Appeal related to your medical services, send your request in writing to:

Illinois Department of Health care and Family Services Bureau of Administrative Hearings
69 W. Washington Street, 4th Floor Chicago, IL 60602
Fax: **(312) 793-2005**
Email: **HFS.FairHearings@illinois.gov**
Or you may call **(855) 418-4421**, TTY: **(800) 526-5812**

If you want to file a State Fair Hearing Appeal related to mental health or substance abuse services, send your request in writing to:

Illinois Department of Human Services Bureau of Hearings
69 W. Washington Street, 4th Floor Chicago, IL 60602
Fax: **(312) 793-8573**
Email: **DHS.HSPAppeals@illinois.gov**
Or you may call **(800) 435-0774**, TTY: **(877) 734-7429**

State Fair Hearing Process

The hearing will be conducted by an Impartial Hearing Officer authorized to conduct State Fair Hearings. You will receive a letter from the appropriate Hearings office informing you of the date, time and place of the hearing. This letter will also provide information about the hearing. It is important that you read this letter carefully. If you set up an account at **https://abe.illinois.gov/abe/access/appeals** you can access all letters related to your State Fair Hearing process through your ABE Appeals Account. You can also upload documents and view appointments.

At least **three business days** before the hearing, you will receive information from BCCHP. This will include all evidence we will present at the hearing. This will also be sent to the impartial Hearing Officer. You must provide all the evidence you will present at the hearing to BCCHP and the Impartial Hearing Officer at least **three business days** before the hearing. This includes a list of any witnesses who will appear on your behalf, as well as all documents you will use to support your appeal.

You will need to notify the appropriate Hearings Office of any accommodation you may need. Your hearing may be conducted over the phone. Please be sure to provide the best phone number to reach you during business hours in your request for a State Fair Hearing. The hearing may be recorded.

Continuance or Postponement

You may request a continuance during the hearing, or a postponement prior to the hearing, which may be granted if good cause exists. If the Impartial Hearing Officer agrees, you and all parties to the appeal will be notified in writing of a new date, time and place. The time limit for the appeal process to be completed will be extended by the length of the continuation or postponement.

Failure to Appear at the Hearing

Your appeal will be dismissed if you, or your authorized representative, do not appear at the hearing at the time, date and place on the notice and you have not requested postponement in writing. If your hearing is conducted via telephone, your appeal will be dismissed if you do not answer your telephone at the scheduled appeal time. A Dismissal Notice will be sent to all parties to the appeal.

Your hearing may be rescheduled, if you let us know within 10 calendar days from the date you received the Dismissal Notice, if the reason for your failure to appear was:

- A death in the family
- Personal injury or illness which reasonably would prohibit your appearance
- A sudden and unexpected emergency

If the appeal hearing is rescheduled, the Hearings Office will send you or your authorized representative a letter rescheduling the hearing with copies to all parties to the appeal.

If we deny your request to reset your hearing, you will receive a letter in the mail informing you of our denial.

The State Fair Hearing Decision

A Final Administrative Decision will be sent to you and all interested parties in writing by the appropriate Hearings Office. The Decision will also be available online through your ABE Appeals Account. This Final Administrative Decision is reviewable only through the Circuit Courts of the State of Illinois. The time the Circuit Court will allow for filing of such review may be as short as 35 days from the date of this letter. If you have questions, please call the Hearing Office.

External Review (for medical services only)

Within **30 calendar days** after the date on the BCCHP Appeal Decision Notice, you may choose to ask for a review by someone outside of BCCHP. This is called an external review.

The outside reviewer must meet the following requirements:

- Board certified provider with the same or like specialty as your treating provider
- Currently practicing
- Have no financial interest in the decision
- Not know you and will not know your identity during the review

Your letter must ask for an external review of that action and should be sent to:

Blue Cross Community Health Plans
Attn: Grievance and Appeals Dept.
P.O. Box 660717
Dallas, TX 75266

Standard Fax: **1-866-643-7069**
Expedited Fax: **1-800-338-2227**

What Happens Next?

- We will review your request to see if it meets the qualifications for external review. We have five business days to do this. We will send you a letter letting you know if your request meets these requirements. If your request meets the requirements, the letter will have the name of the external reviewer.
- You have five business days from the letter we send you to send any additional information about your request to the external reviewer.

The external reviewer will send you and/or your representative and Blue Cross Community Health Plans a letter with their decision within five calendar days of receiving all the information they need to complete their review.

Expedited External Review

If the normal time frame for an external review could jeopardize your life or your health, you or your representative can ask for an **expedited external review**. You can do this over the phone or in writing. To ask for an expedited external review over the phone, call Member Services toll-free at **1-877-860-2837** (TTY/TDD: **711**). To ask in writing, send us a letter at the address below. You can only ask one (1) time for an external review about a specific action. Your letter must ask for an external review of that action.

Blue Cross Community Health Plans
Attn: Grievance and Appeals Dept.
P.O. Box 660717
Dallas, TX 75266
Expedited Fax: **1-800-338-2227**

What happens next?

- Once we receive the phone call or letter asking for an expedited external review, we will immediately review your request to see if it qualifies for an expedited external review. If it does, we will contact you or your representative to give you the name of the reviewer.
- We will also send the necessary information to the external reviewer so they can begin their review.
- As quickly as your health condition requires, but no more than two business days after receiving all information needed, the external reviewer will make a decision about your request. They will let you and/or your representative and BCCHP know what their decision is verbally. They will also follow up with a letter to you and/or your representative and BCCHP with the decision within 48 hours.

Rights & Responsibilities

Your Rights

- A right to always be treated with respect and dignity in recognition of your privacy.
  - Have your personal health information and medical records kept private except where allowed by law and when necessary to provide care.
  - Be protected from discrimination.
  - Receive information from BCCHP in other languages or formats such as with an interpreter or Braille.
  - Receive information on available treatment options and alternatives
  - Receive information necessary to be involved in making decisions about your health care treatment and choices.
- A right to make recommendations regarding the organization's member rights and responsibilities policy.
  - Refuse treatment and be told what may happen to your health if you do.
  - Receive a copy of your medical records and in some cases request that they be amended or corrected.
  - Choose your own primary care provider (PCP) from the BCCHP provider directory. You can change your PCP at any time.
  - File a complaint (sometimes called a grievance), or appeal without fear of mistreatment or backlash of any kind.
  - Request and receive, in a reasonable amount of time, information about your Health Plan, its providers and polices including member rights and responsibilities.

Your Responsibilities

- Treat your doctor and the office staff with courtesy and respect.
- Carry your BCCHP ID card with you when you go to your doctor appointments and to the pharmacy to pick up your prescriptions.
- Keep your appointments and be on time for them.
- If you cannot keep your appointments cancel them in advance.
- Follow the instructions and treatment plan you get from your doctor.
- Tell your health plan and your caseworker if your address or phone number changes.
- Read your member handbook so you know what services are covered and if there are any special rules.

Fraud, Abuse and Neglect

Fraud, Abuse and Neglect are all incidents that need to be reported.

Fraud occurs when someone receives benefits or payments they are not entitled to. Examples of fraud:

- To use someone else's ID card or let them use yours.
- A provider billing for services that you did not receive.

Abuse is when someone causes physical or mental harm or injury. Here are some examples of abuse:

- Physical abuse is when you are harmed such as being slapped, punched, pushed, or threatened with a weapon.
- Mental abuse is when someone uses threatening words at you, tries to control your social activity, or keep you isolated.
- Financial abuse is when someone uses your money, personal checks, or credit cards without your permission.
- Sexual abuse is when someone is touching you inappropriately and without your permission.

Neglect occurs when someone decides to hold the basic necessities of life such as food, clothing, shelter or medical care.

If you believe you are a victim, you should report this right away. You can call Member Services at **1-877-860-2837**.

If You Suspect Abuse, Report It

By law, it is your responsibility to report allegations of abuse and neglect. You should contact the Illinois Department of Human Services (DHS) or Illinois Department on Aging (DOA).

- If the person is enrolled in a program or lives in a setting funded, licensed or certified by DHS or lives in a private home, call the Office of the Inspector General Hotline: **1-800-368-1463**
- If the abuse or neglect is to an adult 18 years and older who is not in a nursing home, or a supported living facility call DOA's Hotline at **1-866-800-1409**. TTY: **1-800-358-5117**

You can also report any suspected areas of fraud or abuse to us. Please call BCCHP Member Services at **1-877-860-2837**. You can also use our Fraud and Abuse hotline at **1-800-543-0867**.

All information will be kept private. Eliminating abuse, neglect and fraud is everyone's responsibility.

Definitions

Appeal: a request for your health plan to review a decision again.

Coinsurance: the portion of eligible expenses that you will have to pay. For example, if your coinsurance is 10%, you are responsible for paying 10% of the eligible medical expenses, and your health plan will pay the remaining 90%.

Co-payment: a fixed amount (for example, $15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

Durable Medical Equipment: equipment and supplies ordered by a health care provider for everyday or extended use.

Doula: Doulas support pregnant customers throughout the pregnancy, childbirth and postpartum experience, with the goal of improving outcomes for birthing people and infants.

Emergency Medical Condition: an illness, injury, symptom or condition so serious that a reasonable person would seek care right away to avoid severe harm.

Emergency Services: the evaluation of an emergency medical condition and treatment to keep the condition from getting worse.

Excluded Services: health care services that your health insurance or plan doesn't pay for or cover.

Grievance: a complaint that you communicate to your health plan.

Habilitation Services and Devices: services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

Home Health Care: health care services a person receives at home.

Home Visitors: Home visitors are trained professionals whose visits and activities focus on promoting strong parent-child attachment to foster healthy child development.

Hospice Services: services to provide comfort and support for persons in the last stages of a terminal illness and their families.

Hospitalization: care in a hospital that requires admission as an inpatient and usually requires an overnight stay. An overnight stay for observation could be outpatient care.

Hospital Outpatient Care: care in a hospital that usually doesn't require an overnight stay.

Medically Necessary: Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

Out of Network: providing a beneficiary with the option to access plan services outside of the plan's contracted network of providers. In some cases, a beneficiary's out-of-pocket costs may be higher for an out-of-network benefit.

Prior Authorization: a decision by your health insurer or plan that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary. It is sometimes called pre-authorization, prior approval or precertification. Your health insurance or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization is not a promise your health insurance or plan will cover the cost.

Prescription Drug Coverage: health insurance or plan that helps pay for prescription drugs and medications.

Primary Care Provider: a physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist or physician assistant, as allowed under state law, who provides, coordinates or helps a patient access a range of health care services.

Rehabilitation Services and Devices: health care services that help a person keep, get back or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt or disabled. These services may include physical and occupational therapy, speech-language pathology and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.

Specialist: a physician who focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions.

Urgent Care: care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care.

Privacy Policy

We have the right to get information from your caregivers. We use this information so we can pay for and manage your health care. We keep this information private between you, your health care provider and us, except as the law allows. Refer to the Notice of Privacy Practices to read about your right to privacy. If you would like a copy of the notice, please call Member Services at **1-877-860-2837**.

Blue Cross Community Health Plans is working with the State of Illinois to stop new HIV cases. The Illinois Department of Public Health is sharing HIV data they have with IL Medicaid and IL Medicaid Managed Care Organizations to have better care for people living with HIV. Name, date of birth, SSN, HIV status and other information is being shared safely and securely for all Medicaid members.

Certificate of Coverage

If you have questions, please call BCCHP Member Services toll-free at **1-877-860-2837** (TTY: **711**) or the 24/7 Nurseline at **1-888-343-2697**.

Certificate of Coverage

Blue Cross Community Health Plans is provided by Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association.

Blue Cross Community Health Plans, otherwise known as BCCHP, has contracted with the Illinois Department of Health care and Family Services (HFS) to give health care coverage.

This Certificate is issued by Blue Cross and Blue Shield of Illinois (BCBSIL), a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association, operating as a health maintenance organization. In consideration of the Member's enrollment, BCBSIL shall arrange for covered health care services to the Member in accordance with the provisions of this Certificate of Coverage.

This Certificate of Coverage may be subject to amendment, modification, or termination by agreement between Blue Cross Community Health Plans and the Illinois Department of Health care and Family Services without the consent of any member. Members will be notified of any such changes as soon as possible after they are made.

By choosing or accepting health care coverage under Blue Cross and Blue Shield of Illinois, members agree to all the terms and conditions in this Certificate of Coverage.

The effective date of coverage under this Plan is stated on your Member ID card that was mailed to you.

Description of Coverage Worksheet

BCCHP covers members who live in the state of Illinois. BCCHP does not cover services outside the United States. If you need care while you are traveling outside of Illinois, call Member Services at **1-877-860-2837**. A prior authorization will be needed for services outside of Illinois. If a prior authorization is not received, you may have to pay for services.

If you need emergency care, go to the closest hospital. Emergency care is covered in all the United States.

Covered Services

Your plan has a co-pay and coinsurance, but no deductible, for BCCHP covered services. Some services may require a prior authorization from BCCHP, as shown in the charts below. Call Member Services at **1-877-860-2837** with any questions.

Medical Services	Blue Cross Community Health Plans Benefit Limit/Exclusions	Provider Must Obtain Prior Authorization
Abortion	Abortion services are covered by Medicaid (not your MCO) by using your HFS Medical card	Yes
Acupuncture	Acupuncture Services are limited to procedures related to lower back pain and breech baby treatment	Yes
Advanced Practice Nurse Services		No
Ambulatory Surgical Treatment Center Service	Coinsurance applies	Yes
Annual Adult Well Exams	Exams are done by your PCP or WHCP. Physical exams are not part of family planning	No
Assistive/Augmentative communication devices		Yes
Audiology Services	Hearing aids are limited to one hearing aid per ear, every three years. Hearing screenings are only covered if you have ear symptoms.	Yes, under certain circumstances.
Behavioral Health Services	Including, but not limited to: • Community-based behavioral health • Crisis Services • Outpatient services, such as a medication management, therapy and counseling • Day treatment at a hospital	Yes, under certain circumstances
Blood, blood components and the administration thereof		No
Chiropractic Services	Limited to spinal manipulation for subluxation of the spine	No
Colorectal Cancer Screening		No

Medical Services	Blue Cross Community Health Plans Benefit Limit/Exclusions	Provider Must Obtain Prior Authorization
Diagnostic and Therapeutic Radiology	• Non-invasive X-rays ordered and done by your PCP • Screening mammograms are covered age 40 or older. One baseline mammogram after age 35 • CTs and MRIs need a prior authorization	Yes, under certain circumstances
Dental Services, including Oral Surgeons	• Limited root canals • Limited dentures • Limited oral surgery	Yes, under certain circumstances
Emergency and Urgent Care Services	Call your PCP for follow-up care within **two days** of your emergency, or as soon as you can. You are also required to call Member Services to let BCCHP know you received services	No
Emergency Dental Services	Limited. Emergency exams will only be covered when performed in conjunction with treatment for an emergency situation that is medically necessary to treat pain, infection, swelling	No
Emergency Transportation/ Ambulance		No
Family Planning Services and Supplies	Including, but not limited to: • Doctor visits • Birth control • Family planning and education • Pregnancy tests • Tests for sexually transmitted infections Services not included: • Fertility treatments • Surgery to reverse sterilization	No
FQHCs, RHCs and other Encounter Rate Clinic Visits		No
Gender Affirming Surgery	• Must meet all HFS administrative rules • Requires completion of the HFS Prior Authorization for Gender-Affirming Services Form • Approval also requires letters and medical documentation from specific providers	Yes
Hearing Aids and Batteries	One hearing aid per ear every three years. Limited batteries per member	Hearing aids require prior authorization; batteries do not require prior authorization
Home Health Agency Visits	For non-waiver services, coverage is limited to post-hospitalization care	Yes

Medical Services	Blue Cross Community Health Plans Benefit Limit/Exclusions	Provider Must Obtain Prior Authorization
Hospital Ambulatory Services		Yes
Hospital Emergency Room Visits		No
Hospital Inpatient Services		Yes
Hospital Outpatient Services		Yes, under certain circumstances
Laboratory and X-ray Services	These services must be ordered by your provider. They must be done by a licensed provider in an appropriate place	Yes, under certain circumstances. Genetic testing requires prior authorization. Hi tech radiology (MRI, CT, PET, etc.) requires prior authorization
Medical supplies, equipment, prostheses and orthoses	Most medical equipment and supplies covered will still need an OK from BCCHP	Yes, under certain circumstances
Optical Services and Supplies	One pair of eyeglasses every two years. Contact lenses only when medically necessary	Yes
Optometrist Services	One eye exam per 12 months	No
Pharmacy Services and Prescription Drugs	Drug limits may apply To see if a drug is covered or if an authorization is required see the Preferred Drug List (PDL)	Yes, under certain circumstances
Physical, Occupational and Speech Therapy Services		Evaluation and re-evaluation do not require prior authorization. All other physical, occupational and speech therapy services require prior authorization
Physician Services		No
Podiatric Services	These services are covered: • Medical problems of the feet • Medical or surgical treatment of disease, injury or defects of the feet • Cutting or removing corns, warts or calluses • Routine foot care The following are not covered: • Procedures that are still being tested • Shoe inserts	No

If you have questions, please call BCCHP Member Services toll-free at **1-877-860-2837** (TTY: **711**) or the 24/7 Nurseline at **1-888-343-2697**.

Medical Services	Blue Cross Community Health Plans Benefit Limit/Exclusions	Provider Must Obtain Prior Authorization
Post-Stabilization Services	Medically necessary rehabilitation services at a long-term care facility, limited to no more than 90 days per episode.	No
Prostate and Rectal Exams	Prostate-specific antigen (PSA) and digital rectal exam (DRE) tests are covered for members 40 or older	Yes, under certain circumstances
Prosthetics and Orthotics		Yes, under certain circumstances
Radiology Services		Yes, under certain circumstances
Renal Dialysis Services		Yes
Respiratory Equipment and Supplies		Yes, under certain circumstances
Substance Abuse	Some of the substance abuse treatments covered, include: • Detoxification • Residential treatment • Outpatient treatment • Medication assisted treatment For more information, call Member Services.	Yes, under certain circumstances
Transplants	Only stem cell and kidney transplants are covered. The first transplant is covered. Only one future re-transplant due to rejection is allowed.	Yes
Transportation (non-emergency)	Transport for non-medical reasons is not covered. Prior authorization is needed for rides that are more than 40 miles away and for visits to providers not in-network.	Yes, under certain circumstances
Vision Services	• Eye exam is only covered once every 12 months • Contact lenses are covered when medically necessary if eyeglasses cannot provide the intended result	Yes, under certain circumstances

In addition to these covered services, BCCHP offers value-added benefits. See **page 17** for more details.

Limited Covered Services

- BCCHP may provide sterilization services only as allowed by State and federal law.
- If BCCHP provides a hysterectomy, BCCHP shall complete HFS Form 1977 and file the completed form in the enrollee's medical record.
- Transplant services are limited to kidney transplants and inpatient stem cell transplants.

Non-Covered Services

Here is a list of some of the medical services and benefits that BCCHP does not cover:

- Services that are experimental or investigational in nature
- Services that are provided by a non-network provider and not authorized by BCCHP
- Services that are provided without a required referral or prior authorization
- Elective cosmetic surgery
- Infertility care, such as sterilization reversals and fertility treatments, such as artificial insemination or in-vitro fertilization
- Any service that is not medically necessary
- Services provided through local education agencies
- Weight loss drugs or diet aids
- Cosmetic dentistry
- Tooth bleaching and whitening
- Dental Implants
- Contact lens insurance
- Low vision aids
- Laser eye vision correction
- Home and Community Based Waiver services are not covered
- Transplant services are limited to kidney transplants and inpatient stem cell transplants
- Long-term care facility services are not covered

This is not a full list of services not covered.

For questions, please contact Member Services at **1-877-860-2837**.

Prior Authorization

Some services may require a prior authorization from BCCHP. This is to make sure they are covered. This means that both the Plan and your PCP (or specialist) agree that the services are medically necessary. Medically necessary refers to services that:

- Protect life
- Keep you from getting seriously ill or disabled
- Finding out what's wrong or treating the disease, illness, or injury
- Help you do things like eating, dressing and bathing.

You do not need to contact us for prior authorization. Your doctor will take care of this for you. Getting a prior authorization takes between two to eight calendar days. To check service limits, see the section called 'Covered Medical Services'. Your PCP can also tell you about this.

We won't pay for services from a provider that is not part of the BCCHP network if you didn't get a prior authorization from us before getting the services.

Continuity of Treatment

Continuity of Treatment is to make sure you can continuously be treated after enrolling. New members have a 90-day* transfer period. This period allows you time to switch from any out-of-network providers. This also gives you time to transfer any services. During this time, providers you see must be registered to give Medicaid services. Your Care Coordinator will work with you to transfer your care and services.

*Some members may qualify for a 180-day transfer.

Urgent Care

Urgent care is an issue that needs care right away but is not life threatening.

Some examples of urgent care are:

- Minor cuts and scrapes
- Colds
- Fever
- Ear ache

Call your Doctor for urgent care or you can call BCCHP Member Services at **1-877-860-2837**. You can always call the 24/7 Nurseline at **1-888-343-2697**.

Emergency Care

An emergency medical condition is very serious. It could even be life threatening. You could have severe pain, injury, or illness. In an emergency, call **9-1-1** or go the nearest Emergency Department. Emergency care is covered in all the United States. Prior authorization is not needed but call your PCP and Member Services within 24 hours. They can make sure you get all the follow-up care you need. No referral is needed.

Some examples of an emergency are:

- Heart attack
- Severe bleeding
- Poisoning
- Difficulty in breathing
- Broken bones

Primary Care Provider (PCP) Selection

Members must choose a Primary Care Provider (PCP) from the provider directory available at the time of enrollment. The Member's PCP is responsible for providing and coordinating care, approving referrals to specialists and giving other services. You can change your PCP at any time. Members may change their PCP by calling Member Services at **1-877-860-2837**.

Access to Specialty Care

If your PCP thinks you need a specialist, they will work with you to choose an in-network specialist. Your PCP will arrange your specialty care.

If you are a woman, you have the right to select a Women's Health Care Provider (WHCP). A WHCP is a doctor licensed to practice medicine specializing in obstetrics, gynecology or family medicine. No prior authorization is needed to see a WHCP in-network.

Other Resources

To find further information about your plan, please see the **Table of Contents**. Information on Grievances and Appeals, Rights and Responsibilities, Fraud, Abuse and Neglect and the Privacy Policy can be found in the Member Handbook Section.

To ask for supportive aids and services, or materials in other formats and languages for free, please call, 1-877-860-2837 TTY/TDD:711.

Blue Cross and Blue Shield of Illinois complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross and Blue Shield of Illinois does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Illinois:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Civil Rights Coordinator.

If you believe that Blue Cross and Blue Shield of Illinois has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, Office of Civil Rights Coordinator, 300 E. Randolph St., 35th floor, Chicago, Illinois 60601, 1-855-664-7270, TTY/TDD: 1-855-661-6965, Fax: 1-855-661-6960. You can file a grievance by phone, mail, or fax. If you need help filing a grievance, Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at https://www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf.

ENGLISH: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-877-860-2837 (TTY/TDD: 711)**.

ESPAÑOL (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-877-860-2837 (TTY/TDD: 711)**.

POLSKI (Polish): UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-877-860-2837 (TTY/TDD: 711).**

繁體中文 (Chinese): 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-877-860-2837 (TTY/TDD: 711).**

한국어(Korean): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-877-860-2837 (TTY/TDD: 711)**번으로 전화해 주십시오.

TAGALOG (Tagalog – Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-877-860-2837 (TTY/TDD: 711)**.

العربية (Arabic):
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-877-860-2837** (رقم **هاتف الصم والبكم: 711).**

РУССКИЙ (Russian): ВНИМАНИЕ: Если Вы говорите на русском языке, то Вам доступны бесплатные услуги перевода. Звоните **1-877-860-2837 (Телетайп: 711)**.

ગુજરાતી (Gujarati): સુચના: જો તમે ગુજરાતી બોલતા હો, તો મન:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો **1-877-860-2837 (TTY/TDD: 711)**.

اردو (Urdu):
یاد رکھیں: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔
1-877-860-2837 (TTY: 711) پر کال کریں۔

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-877-860-2837 (TTY/TDD: 711)**.

Italiano (Italian): ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-877-860-2837 (TTY/TDD: 711)**.

हिन्दी (Hindi): ध्यान दें: यदि आप हिन्दी बोलते हैं, तो आपके लिए भाषा सहायता सेवाएं निःशुल्क उपलब्ध हैं। **1-877-860-2837 (TTY/TDD: 711)** पर कॉल करें।

FRENCH (French): ATTENTION: Si vous parlez français, des services d'assistance linguistique vous sont proposés gratuitement. Appelez le **1-877-860-2837 (TTY/TDD : 711)**.

ΕΛΛΗΝΙΚΑ (Greek): ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε **1-877-860-2837 (TTY/TDD: 711)**.

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-877-860-2837 (TTY/TDD: 711)**.

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