

The In-Network Only Option

BLUE CROSS AND BLUE SHIELD



Your guide to health care benefits



Welcome to the In-Network Only Option - a flexible, innovative health care benefit plan that offers a high level of benefit coverage and cost savings.

The In-Network Only Option offers the features of both an HMO and a PPO - members can receive a wide range of benefits, such as wellness visits for adults and children, and can receive access to care from one of the largest provider networks in the United States.

By joining the In-Network Only Option, you join the millions of Blue Cross and Blue Shield members across the country who have put their trust in one of the most respected names in health care benefits.

The In-Network Only Option

The Provider Network

The In-Network Only Option gives you access to a large network of providers who contract with Blue Cross and Blue Shield to help you get a good value from your benefit plan. The network includes more than 85 percent of all physicians and hospitals in the United States.

The size of the contracting provider network means that your doctor and hospital are probably already part of the network.

No Need to Choose a PCP

As a member of the In-Network Only Option, you do not need to choose a primary care physician (PCP) to coordinate your care. You can choose your physician each time you need care and you don't need a referral to see a specialist.

All you need to do prior to receiving care is to verify that the physician or hospital is a contracting network provider. (See page 3 of this brochure for more details on how to get provider network information.)

Benefits

A N O V E R V I E W

Benefit Structure

As an In-Network Only Option member you enjoy a range of benefits without the complicated benefit structures associated with some managed care plans.

In-Network Care

When you seek medical services from a contracting provider, you receive benefits at the in-network level. This means when you use network providers, you substantially reduce the amount you will have to pay for medical services.

Out of Network Care

Although you may choose to receive care out of network - that is, receive care from a non-contracting provider - **you will not receive benefits for this care, and you will be financially responsible for the entire cost.**

Benefits Overview

Among the advantages of the In-Network Only Option are the substantial HMO-like benefits. But unlike an HMO, which requires that you receive care from a primary care physician, the In-Network Only Option lets you receive the following benefits from any contracting provider in the United States:

- Office visits
- Wellness care for adults (such as check-ups)
- Wellness care for children (such as childhood immunizations and well-baby care)
- Emergency care benefits
- Hospital and surgical care
- Maternity care
- Diagnostic testing
- Physical, speech and occupational therapy
- Hospice care

Prescription Drug Card Program

If your coverage includes the Blue Cross PPO prescription drug card program, you have benefits at more than 58,000 pharmacies across the country. The Blue Cross program uses an open formulary, which means that you have coverage for virtually all prescription drugs, even if they are not on the formulary. The formulary is a three-tier payment structure. It includes all generic drugs and a select group of brand name drugs. You pay the lowest copayment for generic drugs, the middle copayment for brand drugs on the formulary and the highest copayment for drugs not on the formulary. You can view the formulary list at www.bcbsil.com/rx. Prescriptions for contraception may also be covered. Check your group plan documents for details.

Home Delivery

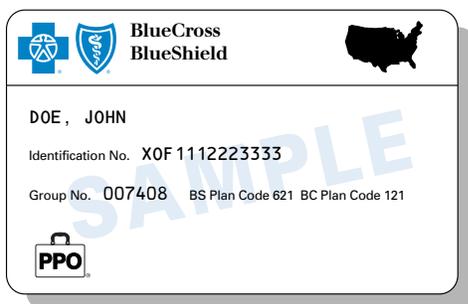
Convenient home delivery service is available to members who use maintenance medications. Get up to a 90-day supply of maintenance medication delivered to your home for a lower cost than you would pay at the pharmacy. Prescription refills, pre-registration and updates to your registration profile can be made through our Web site at www.bcbsil.com.



How to Receive Care

Your Identification Card

After you enroll in the In-Network Only Option, you will receive a member identification (ID) card. Carry this card with you wherever you go as it is your passport to receive benefits within the United States.



Your member ID card carries important information that both you and your provider will need. The front of the card includes your name, your personal identification number and group number. The back of the card lists the toll-free Member Services phone number - the number you can call to get answers to any of your In-Network Only Option benefit questions.

Your provider will need to see your ID card to verify that you have the In-Network Only Option and that you have access to the BlueCard PPO network (identified by the suitcase logo on the front of the ID card). Showing your ID card to your contracting provider will make sure that you receive care at the in-network benefit level, and in most cases, that your provider will file your claim for you.

Look up providers online!

You don't have to use directories to look up a contracting physician or hospital. Now you can use the Web to get information on a provider. Use the Provider Finder at www.bcbsil.com. This online tool allows you to get information on contracting physicians and hospitals that are part of the nationwide BlueCard PPO network - a great feature when you are traveling and need medical care. Begin by selecting a geographic area. You can then look up any contracting doctor by name, medical group name, location or hospital affiliation. You can also obtain a listing of those providers who meet your personal criteria (such as a specialist) wherever you need care.

Benefits – An Overview continued

Selecting a Physician

If you need to be seen by a physician, always verify that he/she is a contracting provider. You can easily verify this in one of three ways:

- Call the physician's office
- Call Member Services at (800) 548-1686 (the same number is on the back of your ID card)
- Go to www.bcbsil.com and use the online Provider Finder®

Once you are sure your physician is a contracting provider, you can seek care from him or her and receive benefits for covered services under the plan. Remember, if you receive care from a physician who does not contract in the network, you will not be covered for any services you receive - unless it is an emergency.

Emergency Care

If you are in a situation in which you need emergency medical care, go directly to the nearest hospital, immediate care center or physician. What is an emergency? An emergency is generally defined as a medical condition that has symptoms of an injury or illness serious enough to make you, as a prudent layperson with an average knowledge of health and medicine, believe that any delay in seeking care may result in significant impairment or death.

You do not need to worry about whether the provider you receive emergency care from is a contracting network provider - you will receive the same level of benefit coverage for emergency care regardless of the provider's network status.

Prenotification

As a member of the In-Network Only Option, you do not need to prenotify for routine care from your physician, such as when you seek care in your doctor's office. However, you do need to prenotify for any inpatient hospital care, skilled nursing, private duty nursing and coordinated home care.

To prenotify of an inpatient hospital admission, call the Utilization Management (UM)/MSA department at (800) 635-1928. The UM department is staffed with knowledgeable professionals who will help you determine what will be the most appropriate and cost effective way to meet your health care needs and maximize available benefits.

UM will review your care options, including the possibility of having services performed in an alternative setting. If a hospital stay is necessary, Utilization Management concurrently reviews your care with your doctor or hospital to continue to assess your available benefits. Depending on your progress, to receive benefits you may continue your recovery in another setting.

To make sure you receive maximum benefits and that your care is coordinated, call Utilization Management no later than three business days prior to a non-emergency inpatient admission. If you are admitted to a hospital due to an emergency, try to call UM within two business days.

It's a good idea to explain the importance of the Utilization Management phone call to your family or friends who would be contacted if you have an emergency. They may make the phone call for you if you are unable to do so. Your provider may also make the call for you, but it is still your responsibility to make sure the call is made.



Coordinating Ongoing Care

The In-Network Only Option can help you access the care you need. If you have a condition that is likely to require ongoing care or hospitalization, the Care Management department can help answer any questions.

The Care Management Department is part of the Blue Cross and Blue Shield UM department - a team of professional nurses and physicians who work with you and your doctor to manage both your benefits under this plan and the cost of your illness. This team will maintain contact with you during and even after your care (or treatments) to make sure things are running smoothly.

It is important to note that Care Management does not take the place of talking with your doctor or seeking medical advice when you need it. The Care Management team will work with you and your doctor to help maximize your available benefits.

Blue Access® for Members

The Blue Access for Members program lets you view your medical claim information online. Confidential access is available on the Blue Cross Web site at www.bcbsil.com. After creating a password, you can check if a claim has been paid, confirm who is covered under your option and view an explanation of medical benefits. Another feature gives you the option of receiving an e-mail when a claim for you or a dependent is finalized by Blue Cross and Blue Shield. Members also can access hospital outcome data for specific diagnoses and procedures and obtain general cost information for common services.

Extensive health and wellness information is available to you and your dependents online through a contractual arrangement with Mayo Clinic†. The expertise and resources of Mayo Clinic allows Blue Cross and Blue Shield to bring you practical, useful health information through Blue Access for Members.

The Web site also includes articles to help individuals with asthma, diabetes and other conditions improve their health and stay well.

Benefit Questions

As an In-Network Only Option member, you have a dedicated Member Services department staffed with representatives who know the specifics of your health care option. Whenever you have questions on your benefits, provider network or any situation related to your health care coverage, our knowledgeable Member Services representatives can help you. Member Services representatives have instant access to the specifics of your benefit option and can track the history of your inquiries so you only need to explain once.

You can reach Member Services, Monday through Friday, 8:00 a.m. to 6:00 p.m. Central time at (800) 548-1686.

This brochure highlights the benefits provided under the In-Network Only Option. Refer to your Summary Plan Description for more specific details on the plan. If any discrepancy exists between the official plan documents and this brochure, the plan documents will govern.

†The relationship between Blue Cross and Blue Shield of Illinois and Mayo Clinic is that of independent contractors.



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of Illinois**