



Enrollment Guide

Metropolitan Water Reclamation District
HMO, PPO, Rx
January 1, 2025



Get the Most from Your Health Plan

Welcome to Blue Cross and Blue Shield of Illinois (BCBSIL), a leader in health care benefits. We have been helping people like you get the most from their health care plans for many years.

Read this guide to learn about benefits your employer is offering. Think about how you and your family will use these benefits. Learn more about products, services and how to be a smart health care user at bcbsil.com.

Your ID Card

After you enroll, you will get a member ID card in the mail. Show this ID card when you see a doctor, visit the hospital or go to any other place for care. The back of the card has phone numbers you might need.

Blue Access for MembersSM

Go to bcbsil.com/member and sign up for the secure member website, Blue Access for Members. Find the "Log In" tab and click "Register Now." Use the information on your ID card to complete the process. On this site, you can check your claims, order more ID cards, get health information and much more.

Save Money – Stay In-Network

Using independently contracted network providers can help you save. Look at your ID card to find your network. Then go to bcbsil.com to look for doctors, hospitals and other places for care.

Call Customer Service for Help

Our team knows your health plan and can help you get the most from your benefits. Just call the toll-free number on the back of your ID card.



The PPO Plan

With the PPO plan, you can choose any doctor whenever you need care

The PPO plan offers a wide range of benefits and the flexibility to choose any doctor or hospital when you need care. The plan includes an annual deductible that you must satisfy before your benefits begin. Qualified medical expenses are applied toward your deductible.

PPO Network

Access to the large network of contracting providers is one of the many reasons to select the PPO plan. The network includes hospitals, physicians, therapists, behavioral health professionals and alternative care practitioners.

You and your covered dependents can receive care from any licensed doctor, hospital or other provider. However, when you use a contracting network provider, you will pay less out of pocket, you won't have to file any claims and you will receive the highest level of benefits. If you use a doctor outside the network, you'll still be covered, but your out-of-pocket costs may be significantly higher.

Medical Care

Your benefits may include coverage for*:

- physician office visits
- breast cancer screenings
- cervical cancer screenings
- inpatient hospital services
- muscle manipulation services
- outpatient hospital services
- physical, speech and occupational therapies
- outpatient surgery and diagnostic tests
- maternity care
- behavioral health and substance abuse
- hospital emergency medical and accident treatment

To find a contracting doctor or hospital, just go to [bcsil.com](https://www.bcsil.com) and click on the Find a Doctor or Hospital tab to use the Provider Finder[®] tool, or call BlueCard[®] Access at **800-810-BLUE (800-810-2583)** for help. Once you become a member, you can also call the toll-free Customer Service number on the back of your member ID card.



The HMO Illinois[®] Plan

HMOs offer valuable benefits with the security of predictable copayments.

The HMO Illinois plan from Blue Cross and Blue Shield of Illinois provides valuable benefits, member services and flexibility, along with the security of predictable copayments so there are no financial surprises.

When you join HMO Illinois, you choose a contracting medical group within your network and then a family practitioner, internist or pediatrician from your chosen medical group to serve as your primary care physician (PCP).

Your PCP provides or coordinates your health care, helps you make informed decisions and, when necessary, makes referrals to specialists who are usually within your medical group network. Each specialist referral is authorized for a specific number of visits or timeframe (up to one year).

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

The HMO Illinois Network

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

Medical Care

The range of benefits includes coverage for:

- Physician office visits
- Outpatient surgery and diagnostic tests
- Breast cancer screening
- Cervical cancer screening
- Prostate cancer screening
- Colon cancer screening
- Inpatient hospital services
- Maternity care
- Outpatient hospital services
- Mental health and substance abuse – inpatient and outpatient treatment (**Note:** Physicians Care Network (PCN), Inc. members' mental health care is directly coordinated with the network behavioral health provider.)
- Rehabilitative therapy (such as physical, speech and occupational therapy)
- Inpatient and outpatient treatments

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

Preventive Care

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

Vision Care

The vision discount program is offered through a partnered company. You have access to one of the nation's largest networks of independent eye doctors and well-known retail providers – with many in-network providers offering extended weeknight and weekend hours. Call Customer Service at the number listed on your member ID card for more information.

BlueCard®

If you are traveling outside of Illinois for short periods of time (less than 90 consecutive days), and you need urgent or emergency care, you can use the BlueCard program. In an emergency, go directly to the nearest hospital or call 911 (if it is available in your location). Notify your PCP or BCBSIL about your visit within 48 hours, if possible. For more information about your BlueCard benefits, please call the toll-free Customer Service number listed on your member ID card.

Guest Membership

This program covers members who are living out of the participating service area for at least 90 consecutive days. You can become a guest member with full benefits through a Blue Cross and Blue Shield HMO in another state. Guest membership is a particularly valuable benefit for covered students who are living out of state while attending school or for members on extended travel out of state. To find out if guest membership is available at your destination or to sign up with a host Blue Cross and Blue Shield HMO in another state, you must call Customer Service before leaving home or before receiving any out-of-state services. If not, there will be no coverage for services received out of state. After applying, if you plan to continue with guest membership, you must renew it after a defined period of time.

Emergency Care

You receive health care coverage for hospital emergency room (ER) care, inpatient hospital care directly resulting from any medical emergency and ER follow-up care. When a medical emergency occurs, we recommend you first try to call your PCP. Someone from your medical group is available 24 hours a day, seven days a week. Your PCP or another doctor in your medical group may be able to treat you in the office. If you are unable to call your PCP, go directly to the nearest hospital emergency room and notify your PCP as soon as possible.

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

Reconstructive Surgery

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

HMO Illinois covers these procedures and annual mammograms when ordered by a member's primary care physician or WPHCP, subject to the terms

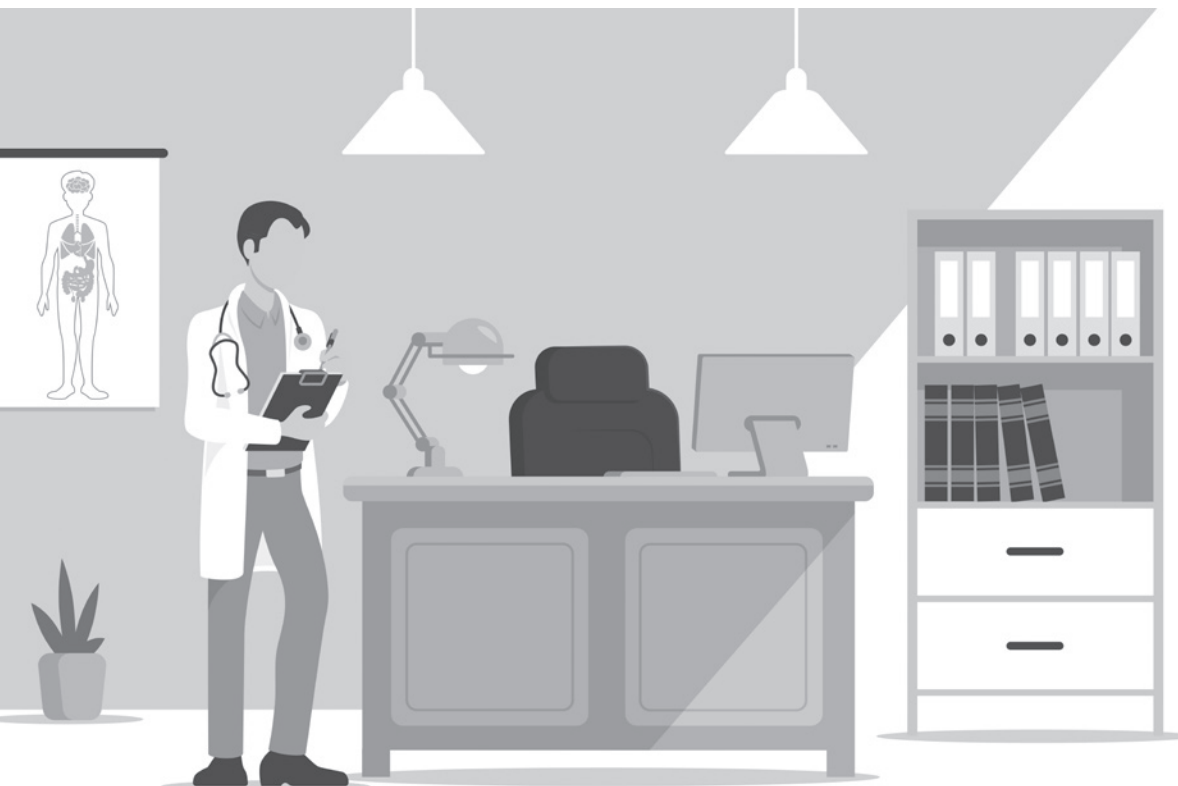
of the member's applicable health care benefit coverage. Visit **bcbsil.com** or call Customer Service for more information.

Utilization Management

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

Substance Abuse Treatment

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



If you have a question, visit bcbsil.com or call Customer Service at 800-892-2803.



Other Benefits for Non-HMO Plans

Your health care benefit plan travels with you wherever you go – across the country or around the world.

Preventive Care

Your coverage may include preventive care benefits for children and adults, including physical exams, diagnostic tests and immunizations. Check your group plan for specific coverage.

Emergency Care

If you, as a prudent layperson (with an average knowledge of health and medicine) need to go to the emergency room of any hospital, your care will be covered subject to your plan's deductible and any applicable copayments or coinsurance. In an emergency, you should seek care from an emergency room or other similar facility. Call 911 or other community emergency resources to obtain assistance in life-threatening situations. Your group plan may require that you, a family member or friend contact Blue Cross and Blue Shield of Illinois (BCBSIL) if you are admitted to the hospital.

National Coverage

You have nationwide access to contracting providers in networks linked through the BlueCard® program when you or your covered dependents live, work or travel anywhere in the country. The national network includes most physicians and hospitals in the country. Be sure to use a BlueCard network provider to receive the highest level of benefits.

With the BlueCard program, there are two ways to locate contracting doctors and hospitals:

- Visit the website at **bcbsil.com** and click on the Find a Doctor or Hospital tab to use the Provider Finder® tool or call BlueCard® Access at **800-810- BLUE (800-810-2583)** for help. Maps and driving directions are also available.
- Call Customer Service at the toll-free number on the back of your member ID card.



Reconstructive Surgery Following a Mastectomy

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

Your coverage may also include benefits for baseline and annual mammograms. Check your group plan documents for details.

Illinois Dependent Eligibility Mandate

Under Federal law, your dependents are eligible for health and dental coverage up to the dependent limiting age and may not be denied coverage due to marital, student or employment status before age 26. Check with your employer for additional details regarding eligibility requirements. In addition, eligible military personnel may not be denied coverage before age 30 under Illinois law. If you elect Blue Choice SelectSM coverage, your dependents must live within the defined service area.

This Illinois law applies to all individual plans and insured group medical and dental plans, as well as self-insured municipalities, counties and schools. The law does not apply to self-funded national account groups or local non-municipal self-funded groups. If you have questions about this law, contact your benefits administrator.

International Coverage

When you travel outside the United States and need medical assistance services, call **800-810-BLUE (800-810-2583)** or call collect to **804-673-1177** for information. Blue Cross and Blue Shield has contracts with doctors and hospitals in more than 190 countries. An assistance coordinator, in conjunction with a medical professional, can arrange your doctor's appointment or hospitalization, if necessary.

Providers that participate in the Blue Cross Blue Shield Global[®] Core^{*} program, in most cases, will not require you to pay up front for inpatient care. You are responsible for the out-of-pocket expenses such as a deductible, copayment, coinsurance and non-covered services. The doctor or hospital should submit your claim.

You also have coverage at non-contracting hospitals, but you will have to pay the doctor or hospital for care at the time of service, then submit an international claim form with original bills. Call Customer Service at the toll-free customer service number on your member ID card for the address to send the claim. You can get a claim form from your employer, Customer Service or online at **bcbsil.com**.