



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

# Health care at your fingertips.

Blue Cross and Blue Shield of Illinois (BCBSIL) helps you get the most from your health care benefits with Blue Access for Members (BAM<sup>SM</sup>). You and all covered dependents age 18 and up can create a BAM account.

## With BAM, you can:

- Find care – search for in-network doctors, hospitals, pharmacies and other health care providers
- Get your digital member ID card
- Check the status or history of a claim
- View or print Explanation of Benefits statements
- Sign up for text or email alerts

## It's easy to get started.

Use your member ID card to create a BAM account at [bcbsil.com](https://www.bcbsil.com), or text\* **BCBSILAPP** to **33633** to download our mobile app.



Scan this QR code to visit [bcbsil.com](https://www.bcbsil.com).



# Medical Plan Frequently Asked Questions

## **Q. Are my medical records kept confidential?**

A. Yes. Blue Cross and Blue Shield of Illinois (BCBSIL) is committed to keeping all specific member information confidential. Anyone who may have to review your records is required to keep your information confidential. Your medical records or claims data may have to be reviewed (for example, as part of an appeal that you request). If so, precautions are taken to keep your information confidential. In many cases, your identity will not be associated with this information.

## **Q. Who do I call with questions about my benefits?**

A. Call the toll-free Customer Service number on the back of your member ID card.

## **Q. How do I find a contracting network doctor or hospital?**

A. Go to [bcsil.com](https://www.bcsil.com) and use Provider Finder®, or call Customer Service at the toll-free number on the back of your member ID card.

## **Q. What do I do when I need emergency care?**

A. Call 911 or seek help from any doctor or hospital. BCBSIL will coordinate your care with the emergency provider.

Some options for non-emergency care include:

- **Your doctor's office** for health exams, routine shots, colds, flu and other minor illnesses or injuries.
- **Walk-in retail health clinics** available in retail stores. Many have a physician assistant or nurse practitioner who can help treat ear infections, rashes, minor cuts and scrapes, allergies, colds and other minor health problems.
- **Urgent or immediate care clinics** for more serious health issues, such as when you need an X-ray or stitches.

## Urgent Care or Freestanding Emergency Room?

Urgent care centers and freestanding ERs can be hard to tell apart. Freestanding ERs often look a lot like urgent care centers, but costs are higher, just as if you went to the ER at a hospital. Here are some ways to know if you are at a freestanding ER.

### Freestanding ERs:

- Look like urgent care centers, but have EMERGENCY in the facility name.
- Are separate from a hospital but are equipped and work the same as an ER.
- Are staffed by board-certified ER physicians and are subject to the same ER copay.
- Find urgent care centers<sup>1</sup> near you by texting<sup>2</sup> **URGENTIL** to **33633** and then type in your ZIP code.

## Q. What should I bring to my first appointment with a new doctor?

A. Your first appointment is an opportunity to share information about your health with your new doctor. Bring as much medical information as possible, including:

- **Medical records and insurance card** — If you are undergoing treatment at the time you change doctors, your medical records are important to your new doctor. Your insurance card provides information about copayments, billing and Customer Service phone numbers.
- **Medications** — Give your new doctor information about prescription and over-the-counter medications, including any herbal medications you take. Be sure to include the name of the medication, the dosage, how often you take it and why you take it.
- **Special needs** — Make a list of any equipment or devices you use including wheelchairs, oxygen, glucose monitors and the glucose strips. Be prepared to explain how you use them, not only to make sure you have the equipment you need, but also to make sure that there is no disruption in your care.

## Q. What questions should I ask if I am selecting a new doctor?

A. In addition to preliminary questions you might ask a new doctor — such as “Are you accepting new patients?” — here are some questions to help you evaluate whether a doctor is right for you.

- What is the doctor’s experience in treating patients with the same health problems that I have?
- Where is the doctor’s office? Is there convenient and ample parking, or is it close to public transportation?
- What are the regular office hours? Does the office have drop-in hours if I have an urgent problem?
- How long should I expect to wait to see the doctor when I’m in the waiting room?
- Are routine lab tests and X-rays performed in the office, or will I have to go elsewhere?
- Which hospitals does the doctor use?
- If this is a group practice, will I always see my chosen doctor?
- How long does it usually take to get an appointment?
- How do I get in touch with the doctor after office hours?
- Can I get advice about routine medical problems over the phone or by email?
- Does the office send reminders for routine preventive tests like cholesterol checks?

## Q. What if I’m already in treatment when I enroll and my provider isn’t in the network?

A. We’ll work with you to provide the most appropriate care for your medical situation, especially if you are pregnant or receiving treatment for a serious illness. You may still be able to see your out-of-network provider for a period of time. Call the toll-free Customer Service number on the back of your member ID card for more information.

<sup>1</sup>The closest urgent care center may not be in your network. Be sure to check Provider Finder to make sure the center you go to is in-network.

<sup>2</sup>Message and data rates may apply. Read terms, conditions and privacy policy at [bcbsil.com/mobile/text-messaging](http://bcbsil.com/mobile/text-messaging).

# Your Rights and Responsibilities

**As an HMO member, you have the following rights and responsibilities.**

<b>Membership</b>	
<b>You have the right to:</b>	<b>You have the responsibility to:</b>
Receive information about Blue Cross and Blue Shield of Illinois (BCBSIL) benefit programs and covered services, as well as which network providers are available for you to receive the maximum level of benefits.	Read all BCBSIL benefit materials, become familiar with your plan and ask questions when necessary.
Select a medical group and a primary care physician (PCP) from the appropriate HMO network. You also have the right to change your PCP and/or medical group at any time.	Develop a relationship with your health care providers based on trust and cooperation.
Receive a BCBSIL member ID card.	Carry your BCBSIL ID card in the event you need to receive health care services.
Obtain a copy of your rights and responsibilities as a member and make recommendations regarding its content.	Follow the member guidelines for your health care benefit plan.
Choose an OB/GYN as your woman's principal health care provider (WPHCP) or additional OB/GYN PCP as outlined in your health plan guidelines.	Notify BCBSIL or your medical group if you wish to change your WPHCP and/or OB/GYN PCP.

<b>Access to Care</b>	
<b>You have the right to:</b>	<b>You have the responsibility to:</b>
Have your PCP provide or authorize the covered services of your benefit plan that are medically necessary, as defined in your plan, for your health care.	Obtain services from or through your PCP or within your medical group. Notify your PCP of any care or treatment received outside of your medical group, without your PCP's authorization or outside of the HMO network. Be familiar with the requirements of your plan and know your financial obligations if care or treatment occurs without PCP authorization or outside of the HMO network.
Reasonable access to appropriate medical services based on your level of need. You also have the right to speak promptly with a physician or other provider when illness occurs.	Keep scheduled appointments or give adequate notice of delay or cancellation.
Care from a specialist when medically necessary, as defined in your plan. When this care is authorized by your PCP, you will receive the maximum level of benefits available. If your PCP determines specialist services are not required, you have the right to be informed of the reason and an alternative plan, as well as the right to appeal if you do not agree.	Discuss your questions and concerns about specialty care with your PCP and other health care providers.
Emergency care in any hospital emergency room 24 hours a day.	Contact your PCP, medical group or other health care provider as soon as possible after treatment for an emergency to coordinate follow-up care with your PCP or other health care provider.
Mental health and substance abuse treatment.	Contact your PCP or medical group for a referral.

# Your Rights and Responsibilities

<b>Communication</b>	
<b>You have the right to:</b>	<b>You have the responsibility to:</b>
Communicate openly and fully with network providers, knowing that all information will be treated confidentially.	Be honest with your health care providers and communicate any information that may affect diagnostic and treatment decisions.
Receive considerate and courteous care, with respect for personal privacy and dignity.	Treat all network provider personnel and BCBSIL personnel respectfully and courteously.
Confidentiality of your health records, except when disclosure is required by law or authorized by you in writing, and the right to review your medical records with your PCP or other health care provider, given adequate notice.	Help your health care providers maintain accurate and current medical records.
Receive information about and have a full discussion about all appropriate or medically necessary treatment options for your condition in order to help you make an informed decision regardless of cost or benefit coverage.	Ask questions and make certain that you understand all options, financial obligations and plan requirements related to the agreed-upon treatment. These requirements may include pre-authorization from your Medical Group/IPA and they will notify BCBSIL.
Be completely informed of your diagnosis, treatment and outlook and participate in decisions involving your medical care.	Follow the agreed-upon treatment plans and instructions for care and consider the potential consequences of not following them.
Prepare an advance directive (such as a durable power of attorney for health care) concerning treatment, with the expectation that your PCP and other health care providers will honor the intent of the directive to the extent permitted by law.	Notify your PCP, other health care providers and family members of any advance directive.
Express a complaint about clinical or administrative issues related to your health plan, appeal plan decisions and receive a timely response.	Express your opinions, concerns and complaints in a constructive manner to your PCP, medical group, other health care providers and BCBSIL.





# Where to Go for Care



What do you do if your clutch player breaks an arm in the big game? Or you slice your finger chopping veggies? Or have stomach cramps after last night's sushi date? Often the choice is clear. If you have signs of a heart attack, it's best to go to the emergency room. But what if you have a sore throat? Or lower back pain?

Knowing where to go can make a big difference in the cost of your care — especially when you use in-network providers.

## We make it easy to find independently contracted, in-network providers near you:

- Go to **bcbsil.com** and click **Find Care**
- For personalized search results, log in or register at **bcbsil.com** and search in Blue Access for Members<sup>SM</sup>
- Call Customer Service at the number on your ID card

### Primary Care Physician

Is your blood pressure high? Are allergies making you miserable? Can't sleep? Your go-to provider is a good place to start. Some even offer telemedicine. If you need a specialist, your doctor will tell you.

**Good for:** health exams, shots, cough, sore throat

**Wait time:** check with office

**Cost:** in network \$ out of network \$\$



### Retail Health Clinic\*

Need a flu shot? Feel queasy? Have an earache or rash? Many grocery stores and pharmacies have on-site medical clinics. Some may even see patients evenings, weekends and holidays.

**Good for:** headache, stomach ache, sinus pain

**Wait time:** check with clinic

**Cost:** in network \$ out of network \$\$



## Urgent Care Center\*

Sprain your ankle? Have a monster migraine? Can't stop coughing? These centers offer non-emergency care when your doctor's office isn't open evenings, weekends or holidays. Some may offer online booking.

**Good for:** back pain, vomiting, animal bite, asthma

**Wait time:** often less than ER

**Cost:** in network \$\$ out of network \$\$\$



## Hospital ER

Worried you may be having a heart attack? Did you black out after a nasty fall? ER doctors and staff are trained to treat serious and life-threatening health issues 24/7. Contact your PCP as soon as possible for follow-up care.

**Good for:** chest pain, bleeding, broken bones

**Wait time:** varies

**Cost:** \$\$\$\$



## Know the Difference: Freestanding ER vs. Urgent Care Center

Freestanding ERs look a lot like urgent care centers, but may not be affiliated with an in-network hospital. That means you could end up with a hefty bill (or several bills). You might even be sent to a hospital ER for care! Here are ways to spot a freestanding ER:

1. Look for "Emergency" on the building exterior.
2. Check the hours. If it's open 24/7, it's a freestanding ER. Urgent care centers close at night.
3. Confirm it's not connected to a hospital.
4. Ask if it follows the copay, coinsurance and deductible payment model.

**If you need emergency care, call 911 or seek help from any doctor or hospital immediately.**

**Note:** Many health care providers offer telehealth appointments. Ask your preferred provider if they do and if it is appropriate for your condition(s).

**\*HMO Members:** You should always try to see your PCP first (the doctor who knows you best) to receive services covered by HMO benefits. HMO member services at retail clinics or urgent care centers will NOT be covered without a referral from your doctor unless it's deemed as medically necessary. Before seeking services, check with your medical group to find out if you can refer yourself or if you need your PCP's referral or approval. Be sure to check Provider Finder® to make sure the center you go to is in-network.

Members are strongly advised to search and verify the network status of any health care provider or facility before receiving care to avoid unexpected charges. Network participation may change, and it is the member's responsibility to review whether a provider is in network at the time of service.

Examples given for each care scenario are not intended as an exhaustive list. You may seek care and be treated for other conditions or illnesses other than those cited as examples.

Information provided in this filer is not intended as medical advice, nor meant to be a substitute for the individual medical judgment of a doctor or other health care professional. Please check with your doctor for individualized advice on the information provided. Coverage may vary depending on your specific benefit plan and use of network providers. For questions, please call the number on your member ID card.

# Who Should You Call?

With your Illinois HMO benefit plan, you have chosen a medical group. It's important to know when to call the medical group and when to call customer service.



## Call your medical group to:

- Request a new referral to see a specialist or check status on an existing referral
- Choose or change your primary care physician
- Get contracted specialist lists
- Find immediate/urgent care choices and locations
- Get referrals or general information for behavioral health services

## Call Blue Cross and Blue Shield of Illinois (BCBSIL) customer service to:

- Ask questions about your benefit plan
- Sign up for guest membership, for out-of-area coverage when you travel or temporarily live out of state
- Discuss a concern about the care you received or file an appeal
- Change your address (employer notification may also be required)
- Get more information about a bill you received from a provider
- Change your medical group
- Order a temporary or replacement ID card

## Member Support



You can call your **medical group** at the number listed on the front of your ID card.



You can also call **BCBSIL customer service** at the toll-free number listed on the back of your ID card to talk to a representative in English or Spanish or use the automated prompts. We also have over-the-phone interpretation of more than 140 other languages, including French, Korean, Polish and Russian.



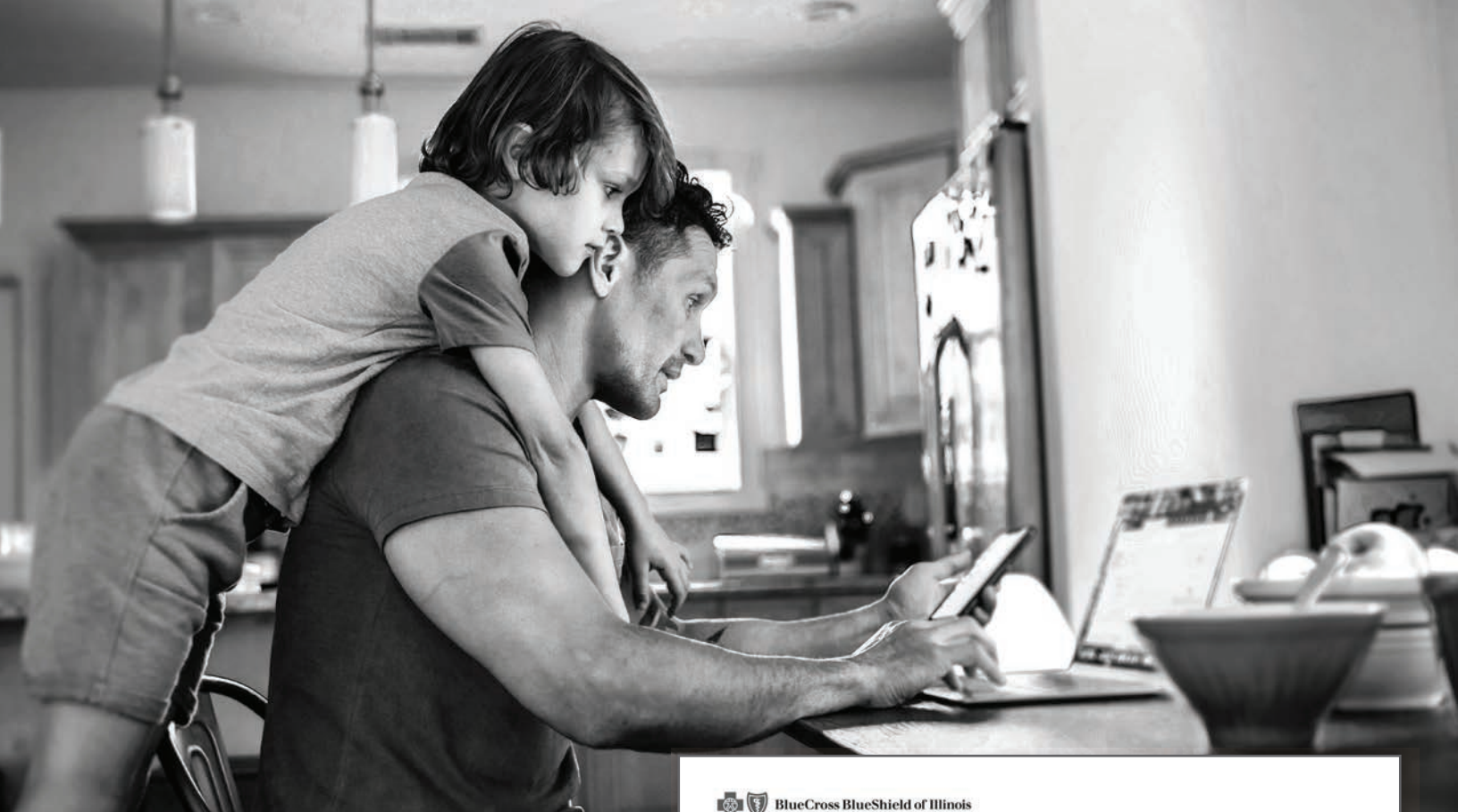
Another easy way to access health benefits information is through **Blue Access for Members<sup>SM</sup> (BAM<sup>SM</sup>)**. Visit **bcbsil.com** to use BAM. Once signed up (all you need are your group and ID numbers, found on your member ID card), you can use the site to change your medical group, check claims, request a replacement ID card and find network doctors and hospitals.

The health support on hand through BAM gives you information and tools to help you care for or improve your health, understand and manage a health issue and make more informed health care decisions.



Or, download the BCBSIL app at the App Store or Google Play.






# Understanding Your Explanation of Benefits

Your **Explanation of Benefits (EOB)** lets you know when and how we process your claims. It isn't a bill. It gives you a detailed look at the covered services and shows how much you may owe your provider after we apply your benefits.

## Page One Covers the Basics

- A. Confirm your policy ID.
- B. Learn how to download the mobile app and access your claims online.
- C. Find helpful contacts and a glossary.



**BlueCross BlueShield of Illinois**  
PO Box 7344  
Chicago, IL 60680-7344

**John Smith**  
1234 Cedar Road  
APT #2  
Any Town, IL 76065

Sample

**EXPLANATION OF BENEFITS**

**A** SUBSCRIBER INFORMATION

**GROUP NAME**  
Member ID#: XXXXXXXXXX777V Group #: 000012345

**B** Log into **Blue Access for Members™** at [bcbsil.com](http://bcbsil.com)

- View plan and claim details
- Contact us through our secure Message Center
- Sign up for digital health plan info
- Search for health care providers

**C** Text\* **BCBSILAPP** to **33633** to download the mobile app.

Have questions about this EOB? Customer Advocates are here to help! XXX-XXX-XXXX

**Dear John Smith,**

An Explanation of Benefits (EOB) is a statement showing how claims were processed. **This is not a bill.** Your provider(s) may bill you directly for any amount you may owe. **KEEP FOR YOUR RECORDS.**

**HELPFUL INFORMATION**

**Want Your Health Care Info Digitally?**  
To get this EOB and other health care info on our mobile app, text\* BCBSILAPP to 33633 to download the app. You can also go digital by logging in at [bcbsil.com/member](http://bcbsil.com/member). Go to My Account and choose Profile and Preferences, then click Go Paperless.

**Health Care Fraud Hotline: 800-543-0867**  
Health care fraud affects health care costs for all of us. If you suspect any person or company of defrauding or attempting to defraud Blue Cross and Blue Shield of Illinois (BCBSIL), please call our toll-free hotline. All calls are confidential and may be made anonymously. For more information about health care fraud, please go to [bcbsil.com](http://bcbsil.com).

**GLOSSARY OF TERMS - We have described some of the terms used here to help you understand them, but you should make sure to read your benefit plan materials if you have questions.**

**Amount Billed:** The amount your provider billed for the service(s) rendered.

**Amount Covered (Allowed):** Discounts, reductions, and amount covered (allowed) reflect the terms of your plan, and in the case of an in-network provider, the savings we have negotiated with your provider. Your deductible, coinsurance and copay are based on the allowed amount and the terms of your plan. Your share of coinsurance is a percentage of the allowed amount after the deductible is met.

**Coinsurance:** The percentage of the allowed amount you pay as your share of the bill. For example, if your plan pays 80% of the allowed amount, 20% would be your coinsurance.

**Copay Amount (Also known as Copayment):** The set fee you pay each time you receive a certain service. Some plans do not have copayments.

**Deductible:** The amount, if any, you must pay before we start paying contract benefits. You do not send this amount to us. We subtract this amount from covered expenses on claims you and health care professionals send us. Some services can be covered before the deductible is met.

**Non-Participating Provider:** An out-of-network provider who does not accept rates for services we set to keep your costs down.

**Out-of-Pocket Limit (Maximum):** Once you pay this amount in deductibles, copayments and coinsurance for covered services, we pay 100% of the allowed amount for covered services for the rest of the benefit period.

**Participating Provider:** An in-network or out-of-network provider who accepts agreed-upon rates for services.

**Your Total Costs:** This is the sum of your copay, deductible and coinsurance. It also includes any amounts not covered by your health plan. Amounts that a non-participating provider may bill you are not part of this.

\*Message and data rates may apply. Terms & Conditions and Privacy Policy [bcbsil.com/member/account-access/mobile/text-messaging](http://bcbsil.com/member/account-access/mobile/text-messaging). Blue Cross and Blue Shield of Illinois provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims.

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

**CLAIM DETAIL (1 OF 1)**
**PATIENT:** JOHN SMITH **D**  
**PROVIDER:** RALPH JOHNSTON M.D. **E**  
**CLAIM #** XXXXXXXXXXXXX

# Sample

**DATE PROCESSED:** 06/20/2022

**F SUBSCRIBER INFORMATION**  
**GROUP NAME**  
 Member ID#: XXXXXXXXX777V Group #: 000012345  
 Customer Advocates are here to help! 8XXX-XXX-XXXX

<b>O<sup>2</sup></b> Amount Billed	\$7,850.00
Discounts and Reductions	- \$3,930.00
Health Plan Responsibility	- \$2,219.00
<b>O<sup>3</sup></b> Paid from your HCA Account	-\$0.00
<b>You may owe your health care provider for these services</b>	<b>\$1,701.00</b>

Service Description	Service Dates	YOUR BENEFITS APPLIED				YOUR RESPONSIBILITY				Your Total Costs
		Amount Billed <b>G</b>	Discounts and Reductions <b>H</b>	Amount Covered (Allowed) <b>I</b>	Health Plan Responsibility <b>J</b>	Deductible Amount <b>K</b>	Copay Amount <b>L</b>	Coinsurance <b>M</b>	Amount Not Covered <b>N</b>	
Surgical Charges	04/04/2022	4,000.00	(1) 1,800.00	2,200.00	960.00	1,000.00		240.00		1,240.00
Recovery Room	04/04/2022	900.00	(1) 410.00	490.00	392.00			98.00		98.00
Med/Surg Supplies	04/04/2022	300.00	(1) 140.00	160.00	128.00			32.00		32.00
Med/Surg Supplies	04/04/2022	100.00							(2) 100.00	100.00
Laboratory Services	04/04/2022	1,200.00	(1) 820.00	380.00	304.00			76.00		76.00
Laboratory Services	04/04/2022	400.00	(1) 270.00	130.00	72.00		50.00	8.00		58.00
MRI Outpatient	04/04/2022	950.00	(1) 490.00	460.00	363.00		15.00	82.00		97.00
<b>CLAIM TOTALS</b>		<b>\$7,850.00</b>	<b>\$3,930.00</b>	<b>\$3,820.00</b>	<b>\$2,219.00</b>	<b>\$1,000.00</b>	<b>\$65.00</b>	<b>\$536.00</b>	<b>\$100.00</b>	<b>\$1,701.00</b>

**Total covered benefits approved for this claim: \$2,219.00 to Ralph Johnston M.D. on 06-20-22.** **J<sup>2</sup>**

**Notes about amounts under "YOUR BENEFITS APPLIED" and "YOUR RESPONSIBILITY"**

(1) The amount billed is greater than the amount allowed for this service. Based on our agreement with this provider, you will not be billed the difference. **P**

(2) Your Health Care Plan does not provide benefits for surgical assistant services when billed by the same physician who performed the surgery or administered the anesthesia. No payment can be made.

**For your up-to-date Medical Spending summary, visit Blue Access for Members<sup>SM</sup> on our website, the BCBSIL Mobile App or call the phone number on the back of your ID card.** **Q**

JOHN SMITH - Benefit Period: 01-01-22 Through 12-31-22 To date this patient has met \$2,900.00 of her/his \$2,900.00 Out-of-pocket Expense.

Benefit Period: 01-01-22 Through 12-31-22 To date \$3,870.78 of the Family \$5,800.00 Out-of-pocket Expense has been met.

## On Page Two You Can:

### At a glance, confirm the:

**D.** Patient      **E.** Provider      **F.** Policy Information

### Get the Details

**YOUR BENEFITS APPLIED** – This section shows your list of services and how they're covered.

**G.** Amount Billed is the total amount your provider billed for the services.

**I.** Amount Covered (Allowed) is the amount billed (G) minus any discounts or reductions (H).

**J.** Health Plan Responsibility is the portion we paid to your provider.

### See Your Cost Share

**YOUR RESPONSIBILITY** – This section shows your member cost-share amounts, including:

**K.** Deductible      **L.** Copays      **M.** Coinsurance

**O.** Your Total Costs details the amount shown in O<sup>2</sup>, and is the sum of your copay, deductible and coinsurance. You may owe less if your provider collected any of these payments up front. It also includes amounts not covered by your health plan (N). It does not include charges that a non-participating provider may bill you. If your benefits feature a Health Care Account (HCA), or other Health Savings Account (HSA), any payments from those accounts will be reflected in this line (O<sup>3</sup>). HCAs and HSAs do not apply to all benefit plans.

### Get More Information

Your EOB may include a little more information about:

**J<sup>2</sup>.** Total covered benefits approved – This is the amount and the date we paid your provider. The total matches the total in the Health Plan Responsibility column (J).

**P.** See discounts and reductions (H), and any amounts that aren't covered (N).

**Q.** Track your yearly out-of-pocket totals so you'll know when your patient cost-shares are met.

 Sign up to get your EOBs online on **Blue Access for Members<sup>SM</sup>** or text\* **BCBSILAPP to 33633** to download the mobile app.

 \* Message and data rates may apply. See terms and conditions and our privacy policy at [bcbsil.com/member/account-access/mobile/text-messaging](http://bcbsil.com/member/account-access/mobile/text-messaging).

EOB samples are for illustrative purposes only. Not all EOBs are the same. The format and content of an EOB depends on your benefit plan and the services provided.