



BlueCross BlueShield
of Illinois



Information Guide

Egyptian Trust
PPO / HSA
03/01/2019





**BlueCross BlueShield
of Illinois**



January 2019

Dear Valued Member:

Welcome to Blue Cross and Blue Shield of Illinois (BCBSIL). We are pleased to work with Egyptian Area Schools Employee Benefit Trust and look forward to supporting your health care benefit needs.

As a BCBSIL member, you will enjoy access to one of the largest independently contracted provider networks in the country and an array of resources to help you manage your health care and make informed health care decisions. We want to help you get the most from your benefits.

This letter highlights many of the programs available to you. You may also view a recorded BCBSIL presentation available after January 23, 2019, at <http://www.egtrust.org>.

Your Member ID Card

You will get a member ID card in the mail prior to March 1, 2019. Be sure to show this card when you receive care or fill a prescription beginning March 1, 2019. The cards have only the subscriber's name but can be used by each covered family member. If you've elected family or employee + spouse coverage, you will receive two ID cards. If you have single coverage, you will receive one ID card. Additional cards can be requested after March 1, 2019.

Benefits Value Advisors – an enhanced customer service experience

Starting February 1, 2019, a Benefits Value Advisor (BVA) is ready to help with all your benefits questions. A BVA can also give you information about wellness and other programs. A BVA may be able to help reduce your out-of-pocket costs. She or he can even set up your doctor appointment and help with pre-certification. Just call **855-686-8517** weekdays from 8 a.m. to 6 p.m. CT. This number is also on the back of your member ID card. When you call, your BVA may ask for the group number located on the front of your ID card, so be sure to have it handy.

Benefits Value Advisors offer cost estimates for various providers, facilities and procedures. Lower pricing and cost savings are dependent on the provider or facility of your choosing.

Blue Access for MembersSM – a secure member website

Blue Access for Members gives you access to many online tools and services. After you receive your member ID card you will be able to access the secure member website. Go to **bcbsil.com** and select **Member Services** to register using the numbers on the front of the card. Right away, you can:

300 East Randolph Street • Chicago, Illinois 60601 • 312-653-6000 • bcbsil.com

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

- View your family's enrollment records, confirm who is covered and see the plan you are enrolled in
- Print a temporary card or get extra ID cards for family members
- Find a doctor or hospital and get driving directions using Provider Finder®
- Update your contact information

After March 1, 2019, when BCBSIL will begin processing claims for dates of service from March 1, 2019, and after, you will have the ability to:

- Check the status of a claim
- Review explanation of benefits statements (you may change your **Preferences** to receive online copies)

Find or Confirm a Network Provider – Prior to March 1, 2019

1. Go to **bcbsil.com** and click the **Find a Doctor or Hospital** tab.
2. Prior to getting your member ID card, click **Search as Guest**.
3. Click the **Search In-Network Providers** link.
4. On the next screen, choose your answers from the drop-down menus.
5. You will also enter either a specific provider name or a ZIP code to look for providers in your area. Then click the **Find a Doctor or Hospital** blue button.

After March 1, 2019, use Blue Access for Members (**bcbsil.com**) instead of searching as a guest for more personalized search results. Or, call a BVA at **855-686-8517** for help finding a provider.

Your Health Matters

Your new health benefits include tools that can help you get healthier on your own schedule. For quick access to these resources log in to Blue Access for Members at **bcbsil.com**. Click the **My Health** tab and look for **Well onTarget®**.

Use Well onTarget to help manage your overall wellbeing.

- Take a Health Assessment to jumpstart your wellness journey with a personal health report. Well onTarget is a voluntary wellness program. Completion of the Health Assessment is not required for participation in the program
- Engage in digital self-management programs to help you reach your health and wellbeing goals.
- Link and track your fitness devices and nutrition apps in one place.
- Earn and redeem Blue PointsSM when you complete healthy activities. Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal at **wellontarget.com** for further information. Member agrees to comply with all applicable federal, state and local laws, including making all disclosures and paying all taxes with respect to their receipt of any reward.
- Join the Fitness Program with access to more than 10,000 fitness locations nationwide.

A \$25 enrollment fee and \$25 monthly fee apply per member. Taxes may apply. Individuals must be at least 18 years old to purchase a membership.

- Talk to a nurse 24 hours a day. For medical emergencies, call 911. This program is not a substitute for a doctor's care. Talk to your doctor about any health questions or concerns.
- Get support from a maternity specialist throughout a pregnancy.

You will also have resources to get help with these issues:

Asthma	Financial wellbeing
Back pain	Heart health
Blood pressure	Losing weight
Cholesterol	Pregnancy
Diabetes	Quitting smoking
Eating healthy	Stress

Transition of Care Guidelines

If you are getting care from a doctor who is not part of the PPO network, you can continue treatment with that doctor temporarily until the end of the current course of treatment. Review the following for eligibility.

Examples of medical conditions that **meet** the guidelines:

- Pregnancy, if member has started receiving services prior to March 1, 2019
- Patients who are hospitalized prior to March 1, 2019, and the hospitalization extends past March 1, 2019
- Terminal illness where life expectancy is less than six months
- Long-term treatment of cancer, heart disease or transplants

Examples of medical conditions that **do not meet** the guidelines:

- Routine care (immunizations, physicals)
- Chronic conditions that are stabilized (asthma, diabetes)
- Minor illness (flu, sore throat, sprains)
- Elective surgery

Call a Benefits Value Advisor at **855-686-8517** if you or a covered dependent may be eligible for transitional care.

For more than 80 years, Blue Cross and Blue Shield of Illinois has been a trusted name in health care benefits. Across the country, about one in three Americans count on Blue Cross and Blue Shield Plans to provide reliable, affordable benefit programs and dependable customer service. We look forward to serving you!

Sincerely,

Blue Cross and Blue Shield of Illinois and Egyptian Area Schools Employee Benefit Trust

236296.1218



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.


To find a contracting doctor or hospital, just go to bcbsil.com and use the Provider Finder[®], 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.



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



*Coverage levels vary by health plan, so refer to your plan documents for details.



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 ID card.

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

A. Go to bcbsil.com and use **Provider Finder**[®], or call Customer Service at the toll-free number on the back of your 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 centers¹ near you by texting² **URGENTIL** to **33633** and then type in your ZIP code.

¹The 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.

²Message and data rates may apply. Read terms, conditions and privacy policy at bcbsil.com/mobile/text-messaging.



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 ID card for more information.



Blue Access for MembersSM

Get all the advantages your health plan offers

Get information about your health benefits, anytime, anywhere. Use your computer, phone or tablet to access the Blue Cross and Blue Shield of Illinois (BCBSIL) secure member website, Blue Access for Members (BAMSM).

With BAM, you can:

- Check the status or history of a claim
- View or print Explanation of Benefits statements
- Locate a doctor or hospital in your plan's network
- Find Spanish-speaking providers
- Request a new ID card – or print a temporary one



It's easy to get started

1. Go to bcbsil.com/member
2. Click Register Now
3. Use the information on your BCBSIL ID card to complete the registration process.

Text* BCBSILAPP to 33633 to get the BCBSIL App that lets you use BAM while you're on the go.

**Message and data rates may apply*



Find what you need with Blue Access for Members

The screenshot shows the member portal interface for Nathan Smith. At the top, the user's name 'NATHAN SMITH' and a 'Settings' dropdown menu are on the left, while 'Language Assistance', 'En Español', and 'Log Out' are on the right. The main header features the BlueCross BlueShield of Illinois logo and a 'CURRENTLY VIEWING MY PLAN PPO' section with a 'View My Plans' button. Below this is a navigation bar with tabs for 'Home', 'My Coverage', 'Claims Center', 'My Health', 'Doctors & Hospitals', and 'Forms & Documents'. The main content area includes a 'Welcome NATHAN SMITH!' message, a 'Message Center' with 'You have no messages' and a 'View all messages' link, a 'Quick Links' section with 'Stop receiving paper statements' and 'Connect' options, a 'MY COVERAGE' section displaying 'Plan Type: PPO', 'Group Number: 098765', and 'ID Number: ABC123456789', a 'MEDICAL BENEFITS' section with a 'Preferred Network' link, and a 'My Care Profile' section with a 'Blue Button' download icon and a 'Get Started' button. At the bottom, there is a footer with links for 'Important Information', 'Non-Discrimination Notice', 'Help', and 'Contact Us'.

- 1 My Coverage:** Review benefit details for you and family members covered under your plan.
- 2 Claims Center:** View and organize details such as payments, dates of service, provider names, claims status and more.
- 3 My Health:** Make more informed health care decisions by reading about health and wellness topics and researching specific conditions.
- 4 Doctors & Hospitals:** Use Provider Finder® to locate a network doctor, hospital or other health care provider, and get driving directions.
- 5 Forms & Documents:** Use the form finder to get medical, dental, pharmacy and other forms quickly and easily.
- 6 Message Center:** Communicate with a Customer Service Advocate here. You can also learn about updates to your benefit plan and receive promotional information via secure messaging.
- 7 Quick Links:** Go directly to some of the most popular pages, such as medical coverage, replacement ID cards, manage preferences and more.
- 8 View My Plan:** See the details of your current health plan, as well as other plans you've had in the past.
- 9 Settings:** Set up notifications and alerts to receive updates via text and email, review your member information and change your secure password at anytime.
- 10 Help:** Look up definitions of health insurance terms, get answers to frequently asked questions and find Health Care School articles and videos.
- 11 Contact Us:** Here you can find contact information to reach a Customer Service Advocate with any questions you may have about your plan.



Understanding Your Explanation of Benefits

An Explanation of Benefits (EOB) is a notification provided to members when a health care benefits claim is processed by Blue Cross and Blue Shield of Illinois (BCBSIL). The EOB shows how the claim was processed. The EOB is not a bill. Your provider may bill you separately.

The EOB has THREE MAJOR sections:

- **Subscriber Information and Total of Claim(s)** includes the member's name, address, member ID number and group name and number. The Total of Claims table shows you the amount billed, any applied discounts, reductions and payments and the amount you may owe the provider.
- **Service Detail** for each claim includes:
 - Patient and provider information
 - Claim number and when it was processed
 - Service dates and descriptions
 - The amount billed
 - The discounts or other reductions subtracted from amount billed
 - Total amount covered
 - The amount you may owe (your responsibility)
- **Summary** - Shows you what the plan covers for each claim and your responsibility, including:
 - Plan Provisions**
 - The amount covered
 - Less any amounts you may owe, like deductible, copay and coinsurance
 - Your Responsibility**
 - Deductible and copay amount
 - Your share of coinsurance
 - Amount not covered, if any
 - Amount you may owe the provider. You may have paid some of this amount, like your copay, at the time you received the service.

The EOB may include additional information:

- **Amounts Not Covered** will show what benefit limitations or exclusions apply.
- **Out-of-Pocket Expenses** will show an amount when a claim applies toward your deductible or counts toward your out-of-pocket expenses.
- **Fraud Hotline** is a toll-free number to call if you think you are being charged for services you did not receive or if you suspect any fraudulent activity.
- **An explanation** of your right to appeal if your health plan doesn't cover a health care claim.



Your EOBs Are Available Online!


Sign up for Blue Access for MembersSM (BAMSM) at bcbsil.com for convenient and confidential access to your claim information and history. Choose to opt out of receiving EOBs by mail to save time and resources. Go to BAM and click on **Settings/Preferences** to change your preferences.



Available in English and Spanish

Sample EOB

1. Member's name and mailing address
2. Member ID and group number
3. Summary box for all claims including total billed by the provider, and discounts, reductions or payments made, and the amount you may owe
4. Detailed claim information for each claim
5. Patient name and service date
6. Provider information
7. Claim number and date the claim was processed
8. Service description
9. Amount billed for each service
10. The amount covered (allowed) for each service and the discounts or reductions subtracted from the amount your provider billed
11. Your share of the costs
12. Claim summary with amount covered less your responsibility
13. Deductible and/or out-of-pocket expense information
14. Health Care Fraud Hotline



BlueCross BlueShield of Illinois
P.O. Box 660044
Dallas, TX 75266-0044

EXPLANATION OF BENEFITS

An 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.**

Log in to Blue Access for MembersSM at bcbsil.com to see plan and claim details or to contact us through our secure Message Center.

Have questions about this EOB? Customer Advocates are here to help! 800-409-9462

1 **Jon Smith**
1234 Cedar Road
APT #2
Chicago, IL 60601

Sample

2 Member ID#: **BCS888999777V** Group #: **000012345**

3 **TOTAL OF CLAIM(S)**

Amount billed	\$7,850.00
Discounts, reductions and payments	-\$6,149.00
You may have to pay your provider	\$1,701.00

We reviewed the claim for this patient based on the additional information received regarding other group health care coverage involvement. Blue Cross and Blue Shield has negotiated discounts with this provider. The following show how this claim was adjusted.

4 **SERVICE DETAIL - CLAIM (1)**

5 **PATIENT: JON SMITH** 6 **PROVIDER: Ralph Johnston M.D.** 7 **CLAIM # 012345687**
SERVICE DATE: 04/04/2016 Processed: 06/20/2016

8 Service Description	9 Amount billed	10 PLAN PROVISIONS		11 YOUR RESPONSIBILITY		
		Discounts and reductions	Amount covered (allowed)*	Deductible and copay amount	Coinsurance	Amount not covered
Surgical Charges	4,000.00	(1) 1,800.00	2,200.00	1,000.00	240.00	
Recovery Room	900.00	(1) 410.00	490.00		98.00	
Med/Surg Supplies	300.00	(1) 140.00	160.00		32.00	
Med/Surg Supplies	100.00					(2) 100.00
Laboratory Services	1,200.00	(1) 820.00	380.00		78.00	
Laboratory Services	200.00	(1) 160.00	40.00		8.00	
MRI Outpatient	850.00	(1) 440.00	410.00		82.00	
Drugs	200.00	(1) 110.00	90.00	50.00		
Muscle Manipulation	100.00	(1) 50.00	50.00	15.00		
CLAIM TOTALS	\$7,850.00	\$3,930.00	\$3,820.00	\$1,065.00	\$536.00	\$100.00

* Amount covered (allowed) reflects the savings we've negotiated with your provider for this service. Your deductible, coinsurance and copay are based on the allowed amount. Your share of coinsurance is a percentage of the allowed amount after the deductible is met.
 † 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.
 ‡ 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.

Total covered benefits approved for this claim: \$2,219.00 to Ralph Johnston M.D. on 06-20-16.

12 **SUMMARY - CLAIM (1)**

PLAN PROVISIONS		YOUR RESPONSIBILITY	
Amount covered (allowed)*	\$3,820.00	Deductible and copay amount	+ \$1,065.00
Deductible and copay amount	-\$1,065.00	Coinsurance	+ \$536.00
Coinsurance	-\$536.00	Amount not covered	+ \$100.00
Total	\$2,219.00	You may have to pay your provider	\$1,701.00

13 **Benefit Period: 01-01-16 Through 12-31-16** To date this patient has met \$1,000.00 of her/his \$1,000.00 Health Care Plan Deductible.

14 **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, 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

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Not all EOBs are the same. The format and content of your EOB depends on your benefit plan and the services provided. Deductible and copayment amounts vary.

The BCBSIL App!



Stay connected with Blue Cross and Blue Shield of Illinois (BCBSIL) and access important health benefit information wherever you are.

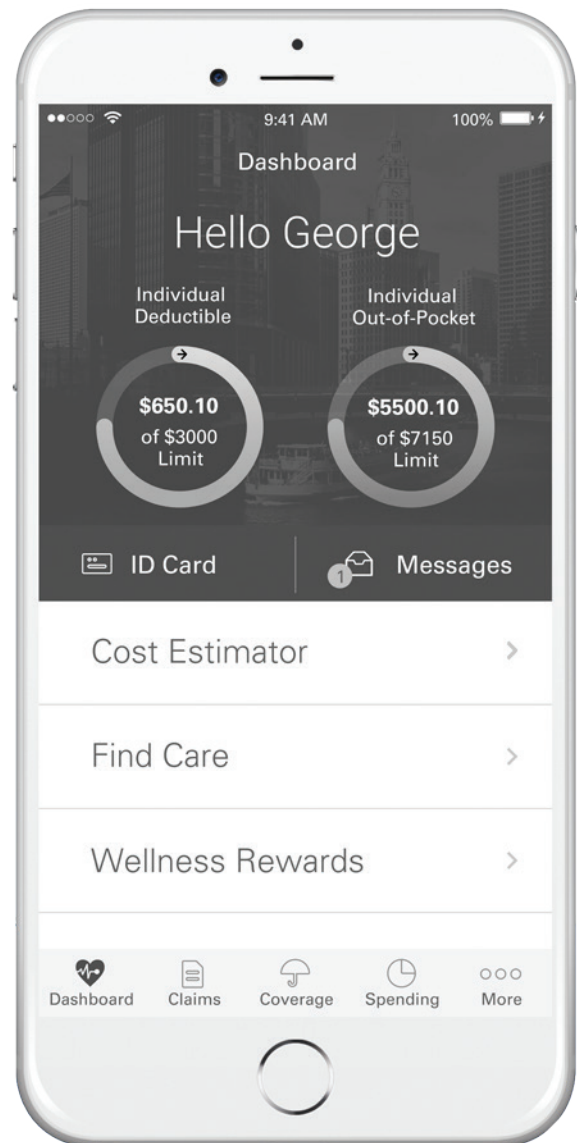
Available in Spanish

- Find an in-network doctor, hospital or urgent care facility
- Access your claims, coverage and deductible information
- View and email your member ID card
- Log in securely with your fingerprint
- Access Health Care Accounts and Health Savings Accounts
- Download and share your Explanation of Benefits*
- Get Push Notifications and access to Message Center*

Text** **BCBSILAPP** to **33633** to get the app.

* Currently only available on iPhone®. iPhone is a registered trademark of Apple Inc.

** Message and data rates may apply. Terms and conditions and privacy policy at bcbsil.com/mobile/text-messaging.



Looking for the right doctor?

Provider Finder® is the quick and easy way to make better health care decisions for you and your family.

Provider Finder from Blue Cross and Blue Shield of Illinois (BCBSIL) is an innovative tool for helping you choose a provider, plus estimate and manage health care costs.

By logging in to Blue Access for MembersSM (BAM) you can use Provider Finder to:

- Find a network primary care physician, specialist or hospital.
- Filter search results by doctor, specialty, ZIP code, language and gender – even get directions.
- Estimate the cost of hundreds of procedures, treatments and tests and your out-of-pocket expenses.
- Determine if Blue Distinction Center[®] (BDC), BDC+ or Blue Distinction Total Care is an option for treatment.
- View patient feedback or add your review for a provider.
- Review providers' certifications and recognitions.

It's easy, immediate, secure – and available at bcbsil.com.



You're in charge with more information.

- Do you want to know more about the providers who take care of you or your family?
- Do you need to know the estimated cost of a medical service?
- Do you want to know what feedback other patients had on a provider?

Informed Choice. Cost Management. More Options.

Choose your provider and estimate the cost for hundreds of medical procedures.

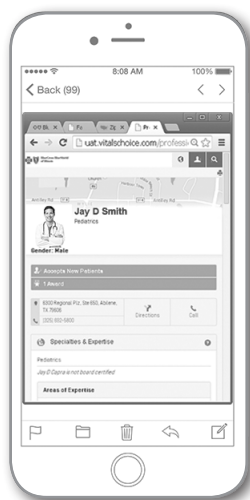
It's easy to get started with Provider Finder by registering for Blue Access for MembersSM (BAM):

1. Go to **bcbsil.com**.
2. Click the **Log In** tab, and then click the **Register Now** link.
3. Use the information on your BCBSIL ID card to complete the process.
4. Then, log in to BAM. Provider Finder is located under the **Doctors & Hospitals** tab.

You can also call a BCBSIL Customer Service Advocate at the toll-free telephone number on the back of your member ID card for help in locating a provider.



Screen shots are for illustrative purposes only.



Get it on the go!

Get assistance while you're away from home.

Go to **bcbsil.com** and register or log in to BAM. You can stay connected to your claims activity, member ID card and coverage details – you can also receive prescription reminders and health tips via text messages.

Prescription Drug and Wellness Information





A home-delivery pharmacy service you can trust.

AllianceRx Walgreens Prime delivers your long-term (or maintenance) medicines right where you want them. No driving to the pharmacy. No waiting in line for your prescriptions to be filled.

Savings

- AllianceRx Walgreens Prime delivers up to a 90-day supply of long-term medicines.¹ This may reduce what you pay out of pocket, and includes free standard shipping.

Convenience

- Prescriptions are delivered to the address of your choice, within the U.S.
- You can order from the comfort of your home — either online or over the phone. Your doctor can fax or send your prescription electronically to AllianceRx Walgreens Prime.
- You can receive up to a 90-day supply of long-term medicine at a time.¹
- You can ask for refills online or over the phone.
- Plain-labeled packaging protects your privacy.

Service

- You can receive notification by phone or email — your choice — when your orders are shipped. You will be contacted, if needed, to complete your order. To select your notification preference, register online at alliancerxwp.com/home-delivery or call **877-357-7463**.
- Member service agents are available 24/7.
- Licensed, U.S.-based pharmacists are available seven days a week.
- Choose to receive refill reminder notifications by phone or email.
- Standard delivery is included at no additional cost.
- AllianceRx Walgreens Prime pharmacies are located in the U.S.



You can choose how AllianceRx Walgreens Prime will notify you when your prescription ships and when it is due for a refill.





Getting Started with AllianceRx Walgreens Prime Home Delivery

Online and Mobile

You have more than one option to fill or refill a prescription online or from a mobile device:

- Visit alliancerxwp.com/home-delivery. Follow the instructions to create a new account or sign in with your Walgreens.com username and password.
- Log in to myprime.com and follow the links to AllianceRx Walgreens Prime.
- You can also continue to use your Walgreens.com account.

Over the Phone

Call **877-357-7463**, 24/7, to refill, transfer a current prescription or get started with home delivery. Please have your member ID card, prescription information and your doctor's contact information ready.

Through the Mail

To send a prescription order through the mail, visit bcbsil.com and log in to Blue Access for MembersSM (BAMSM). Complete the mail order form. Mail your prescription, completed order form and payment to AllianceRx Walgreens Prime.

Talk to Your Doctor


Ask your doctor for a prescription for up to a 90-day supply of each of your long-term medicines.¹ You can ask your doctor to send your prescription electronically to AllianceRx Walgreens Prime (AllianceRx Walgreens Prime-MAIL AZ), or fax a prescription request to **800-332-9581**. If you need to start your medicine right away, request a prescription for up to a one-month supply you can fill at a local retail pharmacy.

Refills Are Easy


Refill dates are shown on each prescription label. You can choose to have AllianceRx Walgreens Prime remind you by phone or email when a refill is due. Choose the reminder option that best suits you.

Questions?

Visit bcbsil.com. Or call the phone number on the back of your member ID card.



Medicines may take up to 10 days to deliver after AllianceRx Walgreens Prime receives and verifies your order.



¹ Prescriptions of up to a 90-day supply, or the most amount allowed by your benefit plan.

Prime Therapeutics has an ownership interest in AllianceRx Walgreens Prime, a central specialty and home delivery pharmacy.

Prime Therapeutics LLC is a pharmacy benefit management company, contracted by BCBSIL to provide pharmacy benefit management and related other services. BCBSIL, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics LLC.



Understanding Your Generic Drugs

Generics Deliver:

Safety



Generic drugs are safe. Brand-name and generic drugs sold in the United States are approved and regulated by the U.S. Food and Drug Administration (FDA). The standards are the same. That's safety you can count on.

Quality

Generic drugs work the same way. When the FDA approves a generic drug, this means the generic drug is the same as its brand-name counterpart in dosage, performance, safety, strength, quality and usage.

Savings

Generic drugs cost less. When the patent expires on a brand-name drug, other companies may begin making and selling the drug as a generic. Generic manufacturers don't have to pay for the costly research and marketing that was done for the brand-name product. Lower prices mean more savings for you.

—  *Same quality
+ lower cost
= better value*  —

It's a fact — generic drugs work in the same way as brand-name drugs. Don't believe the myths. The proof is in the facts:

MYTH:

Generic drugs are not as safe as brand-name drugs.

FACT:

The FDA requires that all drugs be safe and effective. Generics use the same active ingredients and work the same way in the body. This means generic drugs have the same risks and benefits as their brand-name counterparts.

MYTH:

Generic drugs are not as strong as brand-name drugs.

FACT:

The FDA requires generics to have the same quality and strength. Generic drugs work in the same way and in the same amount of time as brand-name drugs.

MYTH:

Generic drugs are likely to cause more side effects than brand-name drugs.

FACT:

There is no evidence that generic drugs cause more side effects. The FDA monitors reports of adverse drug reactions and has found no difference in the rates between generic and brand-name drugs.

MYTH:

My doctor or pharmacy wants me to take generic drugs just to save money.

FACT:

Your doctor and pharmacist want you to take drugs that are safe, effective and affordable. In most cases, generics are the best option when you compare price and quality.

MYTH:

Brand-name drugs are made in modern manufacturing facilities and generic drugs are often made in substandard facilities.

FACT:

The FDA won't permit drugs to be made in substandard facilities. All generic manufacturing, packaging and testing sites must pass the same quality standards as those of brand-name drugs. The FDA conducts about 3,500 inspections a year to ensure standards are met.



Do You Need Specialty Medications?

Blue Cross and Blue Shield of Illinois (BCBSIL) has arranged for AllianceRx Walgreens Prime to support members who need self-administered specialty medication and help them manage their therapy.*

Specialty drugs are often prescribed to treat chronic, complex or rare conditions, such as multiple sclerosis, hepatitis C and rheumatoid arthritis. These drugs may be given by infusion (intravenously), injection, taken by mouth or some other way.

Specialty drugs often call for carefully following a treatment plan (or taking them on a strict schedule). These medications have special handling or storage needs and may not be stocked by retail pharmacies. They often cost more than non-specialty prescriptions.

Some specialty drugs must be given by a health care professional, while others are approved by the U.S. Food and Drug Administration (FDA) for self-administration (given by yourself or a care giver). Medications that call for administration by a professional are often covered under your medical benefit. Your doctor will order these medications. Coverage for self-administered specialty drugs is usually provided through your pharmacy benefit. Your doctor should write or call in a prescription for self-administered specialty drugs to be filled by a specialty pharmacy.

Your plan may require you to get your self-administered specialty drugs through AllianceRx Walgreens Prime or another in-network specialty pharmacy. If you do not use these pharmacies, you may pay higher out-of-pocket costs.**

Examples of Self-Administered Specialty Medications

This chart shows some conditions self-administered specialty drugs may be used to treat, along with sample medications. This is not a complete list and may change from time to time. Visit bcbsil.com to see the up-to-date list of specialty drugs.

Condition	Sample Medications***
Osteoporosis	Forteo, Tymlos
Cancer (oral)	Gleevec, Nexavar, Sprycel, Sutent, Tarceva
Growth Hormones	Increlex, Omnitrope
Hepatitis C	Epclusa, Harvoni, Mavyret and Vosevi
Multiple Sclerosis	Betaseron, Copaxone, Rebif
Rheumatoid Arthritis/Psoriasis	Enbrel, Humira, Stelara



Support in Managing Your Condition: AllianceRx Walgreens Prime

Through AllianceRx Walgreens Prime, you can have your covered, self-administered specialty drugs delivered straight to you. When you get your specialty drugs through AllianceRx Walgreens Prime, you get one-on-one support in managing your therapy – at no additional charge – including:

- Convenient delivery of drugs to you or your doctor's office
- Information to help you stay on track with your therapy and help you manage any side effects you may feel
- Syringes, sharps containers and other supplies with each shipment for self-injectable drugs
- 24/7/365 specialty pharmacy access

Ordering Through AllianceRx Walgreens Prime

You can order a new prescription or transfer your existing prescription for a self-administered specialty drug to AllianceRx Walgreens Prime. **To start using AllianceRx Walgreens Prime, call 877-627-6337, Monday-Friday, 8 a.m. - 8 p.m. ET.**

When switching pharmacies, have your ID card and be ready with your:

- Name, address, phone number
- Name of medication
- Current pharmacy's name and phone number (for existing prescriptions), and the prescription number
- Doctor's name, phone and fax numbers

Your doctor may also order select specialty drugs that must be given to you by a health professional through AllianceRx Walgreens Prime.

Receiving Specialty Medications

Since many specialty drugs have unique shipping or handling needs, shipments will be arranged with you through AllianceRx Walgreens Prime. Medications are shipped in plain, secure, tamper-resistant packaging.

Before your scheduled refill date, you will be contacted to:

- Confirm your drugs, dose and the delivery location
- Check any prescription changes your doctor may have ordered****
- Discuss any changes in your condition or answer any questions about your health****

You can reach AllianceRx Walgreens Prime at **877-627-6337**.

Certain coverage exclusions and limitations may apply, based on your health plan. For some medicines, members must meet certain criteria before prescription drug benefit coverage may be approved. Check your benefit materials for details, or call the number on the back of your ID card with questions.

*Blue Cross and Blue Shield of Illinois (BCBSIL) contracts with Prime Therapeutics to provide pharmacy benefit management and related other services. BCBSIL, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics. Prime Therapeutics has an ownership interest in AllianceRx Walgreens Prime, a central specialty pharmacy and home delivery company.

**The BCBSIL specialty pharmacy network includes AllianceRx Walgreens Prime as well as other in-network specialty pharmacies for select specialty drugs. BCBSIL HMO members have a separate specialty pharmacy network. Based on the benefit plan, members may be responsible for the full cost of the specialty drug for not using an in-network specialty pharmacy. You can log in to your Blue Access for MembersSM account to find an in-network specialty pharmacy near you.

***Third-party brand names are the property of their respective owners.

****Treatment decisions are between you and your doctor.



Wellbeing is about Progress, Not Perfection

Even small changes can help improve your health. So work on your wellbeing goals from one, simple dashboard, Blue Access for MembersSM (BAMSM). It's included with your plan. Go ahead – take your first step toward a healthier you!

Get Started Now! It's As Easy As...

1

Go to **bcbsil.com**.

2

Sign up for **BAM**.

3

Click the **My Health** tab.

What You Can Do

- Access Well onTarget[®] to help manage your overall wellbeing:
 - Take a Health Assessment to jumpstart your wellness journey with a personal health report.¹
 - Engage in digital self-management programs to help you reach your health and wellbeing goals.
 - Link and track your fitness devices and nutrition apps in one place.
 - Earn and redeem Blue PointsSM when you complete healthy activities.²
- Join the Fitness Program with access to more than 10,000 fitness locations nationwide.³
- Talk to a nurse 24 hours a day.⁴
- Get support from a maternity specialist throughout a pregnancy.

Resources to Help You with:

- Asthma
- Back pain
- Blood pressure
- Cholesterol
- Diabetes
- Eating healthy
- Financial wellbeing
- Heart health
- Losing weight
- Pregnancy
- Quitting smoking
- Stress

1. Well onTarget is a voluntary wellness program. Completion of the Health Assessment is not required for participation in the program.

2. Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal at wellontarget.com for further information.

3. A \$25 enrollment fee and \$25 monthly fee apply per member. Taxes may apply. Individuals must be at least 18 years old to purchase a membership.

4. 24/7 Nurseline is not available to HMO members. For medical emergencies, call 911. This program is not a substitute for a doctor's care. Talk to your doctor about any health questions or concerns.



Special Beginnings[®]

Give your baby a healthy start.

It is never too early to start taking care of your baby. That's why you should join the Special Beginnings program as soon as you know you are pregnant.

The Special Beginnings maternity program supports you from early pregnancy until six weeks after delivery. An experienced Blue Cross and Blue Shield of Illinois staff member will contact you and:


- Ask you questions to determine what support you will need
- Send you information, including a book about having a healthy pregnancy and baby
- Answer any questions you have and help you plan your care with your doctor
- Assist you with managing high-risk conditions such as gestational diabetes and preeclampsia

Visit the Special Beginnings website to view a video library and week-by-week pregnancy information. To access the site, log into Blue Access for MembersSM (BAMSM) by visiting bcbsil.com and click on the "My Health" tab.


Take good care of yourself and your baby – join Special Beginnings today!

It's free, easy and confidential.

Special Beginnings is not a substitute for professional medical guidance. Regular visits are important for your care. With your consent, the information we receive from you is shared with your physician to better coordinate your care. Be sure to discuss any health concerns with your physician.



*Call 888-421-7781,
8 a.m. – 6:30 p.m., CT,
to enroll or ask questions
about the program.*





24/7 Nurseline

Nurses available anytime you need them.

Health happens – good or bad, 24 hours a day, seven days a week. That is why we have registered nurses waiting to talk to you whenever you call our 24/7 Nurseline*.

Our nurses can answer your health questions and try to help you decide whether you should go to the emergency room or urgent care center or make an appointment with your doctor. You can also call the 24/7 Nurseline whenever you or your covered family members need answers to health questions about:

- Asthma
- Dizziness or severe headaches
- Cuts or burns
- Back pain
- High fever
- Sore throat
- Diabetes
- A baby's nonstop crying
- And much more


Plus when you call, you can access an audio library of more than 1,000 health topics – from allergies to surgeries – with more than 500 topics available in Spanish.

So, put the 24/7 Nurseline phone number in your contacts today, because health happens 24/7.

*24/7 Nurseline is not available to HMO members.

For medical emergencies, call 911. This program is not a substitute for a doctor's care. Talk to your doctor about any health questions or concerns.





*Call the 24/7 Nurseline number on
the back of your member ID card.*

Hours of Operation: Anytime





**BlueCross BlueShield
of Illinois**

Important Notices

I. Initial Notice About Special Enrollment Rights in Your Group Health Plan

A federal law called Health Insurance Portability and Accountability Act (HIPAA) requires that we notify you about very important provisions in the plan. You have the right to enroll in the plan under its “special enrollment provision” without being considered a late enrollee if you acquire a new dependent or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons. Section I of this notice may not apply to certain self-insured, non-federal governmental plans. Contact your employer or plan administrator for more information.

A. SPECIAL ENROLLMENT PROVISIONS

Loss of Other Coverage (Excluding Medicaid or a State Children’s Health Insurance Program) If you are declining enrollment for yourself or your eligible dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if you move out of an HMO service area, or the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment within 31 days after your or your dependents’ other coverage ends (or move out of the prior plan’s HMO service area, or after the employer stops contributing toward the other coverage).

Loss of Coverage For Medicaid or a State Children’s Health Insurance Program

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children’s health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents’ coverage ends under Medicaid or a state children’s health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for State Premium Assistance for Enrollees of Medicaid or a State Children’s Health Insurance Program

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children’s health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents’ determination of eligibility for such assistance.

To request special enrollment or obtain more information, call Customer Service at the phone number on the back of your Blue Cross and Blue Shield ID card.

II. Additional Notices

Other federal laws require we notify you of additional provisions of your plan.

NOTICES OF RIGHT TO DESIGNATE A PRIMARY CARE PROVIDER (FOR NON-GRANDFATHERED HEALTH PLANS ONLY)


For plans that require or allow for the designation of primary care providers by participants or beneficiaries:

If the plan generally requires or allows the designation of a primary care provider, you have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, call Customer Service at the phone number on the back of your Blue Cross and Blue Shield ID card.

For plans that require or allow for the designation of a primary care provider for a child: For children, you may designate a pediatrician as the primary care provider.

For plans that provide coverage for obstetric or gynecological care and require the designation by a participant or beneficiary of a primary care provider: You do not need prior authorization from the plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals.

For a list of participating health care professionals who specialize in pediatrics, obstetrics or gynecology, call Customer Service at the phone number on the back of your Blue Cross and Blue Shield ID card.



Health care coverage is important for everyone.

We provide free communication aids and services for anyone with a disability or who needs language assistance.
We do not discriminate on the basis of race, color, national origin, sex, gender identity, age or disability.

To receive language or communication assistance free of charge, please call us at 855-710-6984.

If you believe we have failed to provide a service, or think we have discriminated in another way, contact us to file a grievance.

Office of Civil Rights Coordinator
300 E. Randolph St.
35th Floor
Chicago, Illinois 60601

Phone: 855-664-7270 (voicemail)
TTY/TDD: 855-661-6965
Fax: 855-661-6960
Email: CivilRightsCoordinator@hcsc.net

You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:

U.S. Dept. of Health & Human Services
200 Independence Avenue SW
Room 509F, HHH Building 1019
Washington, DC 20201

Phone: 800-368-1019
TTY/TDD: 800-537-7697
Complaint Portal: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
Complaint Forms: <http://www.hhs.gov/ocr/office/file/index.html>

If you, or someone you are helping, have questions, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 855-710-6984.

العربية Arabic	إن كان لديك أو لدى شخص تساعد أسئلة، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم فوري، اتصل على الرقم 855-710-6984.
繁體中文 Chinese	如果您，或您正在協助的對象，對此有疑問，您有權利免費以您的母語獲得幫助和訊息。洽詢一位翻譯員，請撥電話 號碼 855-710-6984。
Français French	Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 855-710-6984.
Deutsch German	Falls Sie oder jemand, dem Sie helfen, Fragen haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 855-710-6984 an.
Ελληνικά Greek	Εάν εσείς ή κάποιος που βοηθάτε έχετε ερωτήσεις, έχετε το δικαίωμα να λάβετε βοήθεια και πληροφορίες στη γλώσσα σας χωρίς χρέωση. Για να μιλήσετε σε έναν διερμηνέα, καλέστε 855-710-6984.
ગુજરાતી Gujarati	જો તમને અથવા તમને મદદ કરી રહ્યા હોય અથવા કોઈ બીજા વ્યક્તિને અસુબી.એમ. કાર્યક્રમ બાબતે પ્રશ્નો હોય, તો તમને વિના ખર્ચે, તમારી ભાષામાં મદદ અને માહિતી મેળવવાનો હક છે. દુભાષિયા સાથે વાત કરવા માટે આ નંબર 855-710-6984 પર કોલ કરો.
हिंदी Hindi	यदि आपके, या आप जिसको सहायता कर रहे हैं उसके, प्रश्न हैं, तो आपको अपनी भाषा में नि:शुल्क सहायता और जानकारी प्राप्त करने का अधिकार है। किसी अनुवादक से बात करने के लिए 855-710-6984 पर काल करें।
Italiano Italian	Se tu o qualcuno che stai aiutando avete domande, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare il numero 855-710-6984.
한국어 Korean	만약 귀하 또는 귀하가 돕는 사람이 질문이 있다면 귀하는 무료로 그러한 도움과 정보를 귀하의 언어로 받을 수 있는 권리가 있습니다. 통역사가 필요하시면 855-710-6984 로 전화하십시오.
Diné Navajo	T'áá ni, éí doodago ła'da bika anánílwo'ígíí, na'ídíłkidgo, ts'ída bee ná ahóótí'i' t'áá níík'e níká a'doolwoł dóó bina'ídíłkidgíí bee níł h odoonih. Ata'dahalne'ígíí bich'í' hodíílnih kwe'é 855-710-6984.
Polski Polish	Jeśli Ty lub osoba, której pomagasz, macie jakiegokolwiek pytania, macie prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 855-710-6984.
Русский Russian	Если у вас или человека, которому вы помогаете, возникли вопросы, у вас есть право на бесплатную помощь и информацию, предоставленную на вашем языке. Чтобы связаться с переводчиком, позвоните по телефону 855-710-6984.
Español Spanish	Si usted o alguien a quien usted está ayudando tiene preguntas, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 855-710-6984.
Tagalog Tagalog	Kung ikaw, o ang isang taong iyong tinutulongan ay may mga tanong, may karapatan kang makakuha ng tulong at impormasyon sa iyong wika nang walang bayad. Upang makipag-usap sa isang tagasalin-wika, tumawag sa 855-710-6984.
اردو Urdu	اگر آپ کو، یا کسی ایسے فرد کو جس کی آپ مدد کر رہے ہیں، کوئی سوال درپیش ہے تو، آپ کو اپنی زبان میں مفت مدد اور معلومات حاصل کرنے کا حق ہے۔ مترجم سے بات کرنے کے لیے، 855-710-6984 پر کال کریں۔
Tiếng Việt Vietnamese	Nếu quý vị, hoặc người mà quý vị giúp đỡ, có câu hỏi, thì quý vị có quyền được giúp đỡ và nhận thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, gọi 855-710-6984.

Egyptian Area Schools Benefit Trust (the Trust)

Frequently asked questions about the transition to Blue Cross and Blue Shield of Illinois (BCBSIL) medical plan and Prime Therapeutics¹ prescription drug program

Q: When does the transition take effect?

A: March 1, 2019.

Q: Are my benefits changing with the move to BCBSIL?

A: The Trust's benefits will change only to add back the out-of-network benefit levels that were in effect before September 1, 2017. All other benefits of current plans, deductibles, coinsurance percentages and out-of-pocket maximums will not change. You can feel confident about being a member of a medical plan that gives you access to doctors and hospitals across the U.S. and around the world through the PPO network.

Q: Where can I find my Schedule of Benefits that will become effective March 1, 2019?

A: You may find this information at **www.egtrust.org** under Medical Benefits.

Q: Does BCBSIL offer online information about my claims and benefits?

A: Yes. After you receive your new member ID card, go to **www.bcbsil.com** and register for Blue Access for MembersSM (BAMSM), the secure member website. Through BAM, you can locate in-network providers, access claims, confirm coverage and deductible information, print and request additional ID cards and much more.

Q: When will members receive their identification cards (member ID cards) from BCBSIL?

A: BCBSIL is scheduled to mail member ID cards directly to Trust members' homes beginning February 23, 2019. Two ID cards are provided for Family coverage and/or Member and Spousal coverage. Individual coverage members will receive one ID card. As a reminder, only the subscriber's name will appear on the member ID card, but all members covered on the policy will use the same cards.

Starting February 1, 2019, and after you have registered as a member, you can call the Benefits Value Advisor (BVA) at **855-686-8517** or log in to BAM to order additional or replacement cards. BVAs are available weekdays from 8 a.m. to 6 p.m. CT.

Q: Will members receive a separate pharmacy identification card from Prime Therapeutics?

A: No, the BCBSIL member ID card should be used for both medical services and when filling a prescription. Members should present the new ID card at their first doctor, hospital or pharmacy visit on or after March 1, 2019.

Q: Since the plan is changing to BCBSIL in the middle of a plan year, will I get credit for the deductible and out-of-pocket amounts I have incurred in 2019?

A: Yes, your network deductible and out-of-pocket amounts will be credited for any expenses applied to your 2019 medical and prescription drug plan. BCBSIL will receive files from HealthSCOPE² and provide credit throughout the remainder of the 2019 plan year. You can also submit your most recent explanation of benefits (EOB) to BCBSIL to receive the applicable deductible and/or out-of-pocket credit. Call a Benefits Value Advisor to ask about the credit. Starting February 1, 2019, a BVA can be reached at **855-686-8517** weekdays from 8 a.m. to 6 p.m. CT.

Q: What if I'm already in treatment when I enroll, and my provider isn't in the network?

A: BCBSIL will 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 at the in-network level. To continue receiving network benefits you must call the Benefits Value Advisor at **855-686-8517** to apply for this continued benefit.

Q: Is the Egyptian Area Trust prescription drug program changing?

A: Yes. Because of the move to BCBSIL, the Egyptian Area Trust's prescription drug plan administrator will change to Prime Therapeutics. However, the prescription drug benefits are not changing with the exception of some drug list changes described later in this document.

Q: How can I find out if my doctors and pharmacies participate in the networks?

A: Prior to March 1, 2019, visit **www.bcbsil.com** or **www.myprime.com** and search as a "guest." Beginning March 1, 2019, you can register at these sites for more personalized search results.

Q: Do I need to get new prescriptions from my doctors?

A: For any prescription drug refills, Prime Therapeutics will work with Express Scripts (ESI)² so members with open refills do not have to get new prescriptions. Remember to present your member ID card to your pharmacist when you fill prescriptions on or after March 1, 2019.

Q: How do I determine if my prescriptions are covered by Prime Therapeutics and at what drug list level?

A: The Trust will be using Prime's Balanced Drug List as the drug list beginning July 1, 2019. You can review the Balanced Drug List by going to: **<https://www.bcbsil.com/PDF/rx/rx-list-bal-il-2019.pdf>**. For a transition period of March 1, 2019, to June 30, 2019, the Trust will use a broader drug list. During this

transition period, all FDA-approved drugs will be covered at the generic, preferred brand or specialty copay levels. Non-preferred brand copays will not be charged for these four months. During this transition period, Prime will notify members by mail if their preferred medication with ESI is considered a non-preferred drug with Prime. Prime will assist members and their doctors if a medication needs to be changed to one covered on the Prime drug list. Prescriptions filled on or after July 1, 2019, will be covered (with the corresponding copays) as generic, preferred brand, non-preferred brand or specialty drug as classified on the Balanced Drug List. This means you may pay a higher copay after June 30, 2019, for the same drug. If you are starting a new prescription, please review the Balanced Drug List with your doctor.

Q: What if I'm taking a prescription drug that is excluded by Prime Therapeutics?

A: The request to fill the prescription will deny at the point of sale. You can ask your doctor for an alternative medication. Prime will notify members by mail during the transition period if a medication with ESI is considered an exclusion with Prime.

Q: CVS will no longer be a network pharmacy **beginning March 1, 2019**. How will my prescriptions be paid if I choose to continue using CVS?

A: The benefits claim for the prescription will be rejected at the CVS pharmacy and you will be responsible for paying the entire cost of the drug at point of sale. Impacted members will receive a letter from Prime, and you can also access **www.myprime.com** to find a network pharmacy near you. If you still have open refills with CVS, a network pharmacy will generally be happy to request a transfer of the prescription from CVS, so you can fill it at a network pharmacy.

Q: I am taking a prescription that requires prior authorization through the Express Scripts program. How will this drug be treated by Prime Therapeutics? Will this prescription need to be approved by Prime?

A: Prime is working with Express Scripts to load a prior authorization file into the Prime system for most drugs that have this requirement. Your approval will remain until the expiration date. Please note that some medications, such as controlled substances or compounds, will require a new prior authorization approval.

Q: What is AllianceRx Walgreens Prime³?

A: AllianceRx Walgreens Prime is a central specialty and home delivery pharmacy service that was formed by Walgreens and Prime Therapeutics. They are available 24/7 and offer tools and resources to provide exceptional care to patients.

Q: What is home delivery?

A: If you are taking a covered, maintenance (or long-term) medicine, consider using the home delivery pharmacy service, AllianceRx Walgreens Prime. With home delivery, you enjoy the ease of having your maintenance medicines delivered anywhere in the U.S., and you could save time and money.

You may continue to fill your maintenance medications at a participating 90-day retail pharmacy, but you will pay a higher copay.

To start using the home delivery pharmacy service after March 1, 2019, visit **www.alliancerxwp.com/home-delivery**. Click “register now” to create an account and follow the steps. Or, you can call **877-357-7463** for assistance. Your doctor can send a new prescription electronically to AllianceRx Walgreens Prime (AllianceRx Walgreens Prime-MAIL AZ) or fax the prescription to **800-332-9581** after you have created an account.

Note: If you have an existing account at **www.walgreens.com**, you can use the same log in information.

Q: What is a specialty pharmacy or specialty medication?

A: Specialty medicines are used to treat conditions like multiple sclerosis, hepatitis C and rheumatoid arthritis. These prescriptions are U.S. FDA-approved to be self-administered (taken outside of a doctor’s office or hospital by you in your home), but must be filled through AllianceRx Walgreens Prime to avoid paying higher out-of-pocket costs. The Balanced Drug List indicates which drugs are specialty and which require prior authorization. You are allowed one grace fill at a local retail pharmacy. After the first fill you must use AllianceRx Walgreens Prime for Specialty Medications. Prescriptions will be denied at any other pharmacy after the first fill.

Please note: Specialty medicines that must be administered to you by a health care professional may be covered under your BCBSIL medical plan benefits. See your medical plan materials for details or call a BVA at **855-686-8517**.

To start using AllianceRx Walgreens Prime for your specialty prescriptions, or for more information, visit **www.alliancerxwp.com/specialty-pharmacy**. You may also call **877-627-6337**.

Q: Will my specialty prescriptions be transferred to the new specialty pharmacy?

A: Prime is working with ESI to receive an open refill file to transfer specialty prescriptions to AllianceRx Walgreens Prime.

¹ Prime Therapeutics LLC is a separate pharmacy benefit management company contracted by BCBSIL to provide pharmacy benefit management and related other services. BCBSIL, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

² HealthSCOPE and Express Scripts are independent companies that contract directly with Egyptian Area Schools Benefit Trust. They do not provide Blue Cross and Blue Shield of Illinois products and services and are solely responsible for the products and services they provide.

³ Prime Therapeutics has an ownership interest in AllianceRx Walgreens Prime, a central specialty and home delivery pharmacy. The BCBSIL specialty pharmacy network includes AllianceRx Walgreens Prime as well as other in-network specialty pharmacies for select specialty drugs. Members may be responsible for the full cost of the specialty drug for not using an in-network specialty pharmacy.



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