



Certificate of Coverage

WWW.BCCHPIL.COM

1-877-860-2837 /
711 (TTY/TDD)

Important Phone Numbers

24/7 Nurseline
24-hour-a-day help line

1-888-343-2697, TTY/TDD: 711

Emergency Care*

911

Member Services

1-877-860-2837, TTY/TDD: 711

We are available 24 hours a day, seven (7) days a week.

The call is free.

A live agent can be reached from 8 a.m. to 5 p.m.

Central Time, Monday through Friday.

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

Website: www.bcchpil.com

Non-Emergency Medical Transportation

1-877-831-3148, TTY/TDD: 1-866-288-3133

Behavioral Health Services

1-877-860-2837, TTY/TDD: 711

Behavioral Health Crisis Line

1-800-345-9049, TTY/TDD: 711

Grievances and Appeals

1-877-860-2837, TTY/TDD: 711

Fraud and Abuse

1-800-543-0867, TTY/TDD: 711

Care Coordination

1-855-334-4780, TTY/TDD: 711

Adult Protective Services

1-866-800-1409 TTY: 1-888-206-1327

Nursing Home Hotline

1-800-252-4343, TTY: 1-800-547-0466

DentaQuest

1-877-860-2837, TTY/TDD: 711

Davis Vision

1-877-860-2837, TTY/TDD: 711

Special Beginnings

1-888-421-7781, TTY/TDD: 711

Illinois Department of Public Health

1-217-782-4977

** In an emergency, call 9-1-1 or go the nearest Emergency Department. Emergency care is covered in all of the United States.*

Certificate of Coverage

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

Blue Cross Community Health Plans, otherwise known as “the Plan” or BCCHP has contracted with the Illinois Department of Healthcare and Family Services (HFS) to provide health care coverage. Blue Cross Community Health Plans is located at 300 E. Randolph Street, Chicago, Illinois 60601.

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

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

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

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

Description of Coverage Worksheet

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

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

Covered Services

You will never have a co-pay or deductible for BCCHP covered services. Some services may require a prior authorization from BCCHP, as shown in the charts below. Call Member Services at **1-877-860-2837** (TTY/TDD: **711**) with any questions.

COVERED SERVICES

Medical Services	Blue Cross Community Health Plans Benefit Limit/Exclusions	Provider Must Obtain Prior Authorization
Abortion	Abortion services are covered by Medicaid (not your MCO) by using your HFS Medical card.	Yes
Advanced Practice Nurse Services		No
Ambulatory Surgical Treatment Center Service		Yes
Annual Adult Well Exams	Exams are done by your PCP or WHCP. Physical exams are not part of family planning.	No
Adaptive Behavior Support (ABS) Services	ABS services are covered to those: <ul style="list-style-type: none"> • Under the age of 21 • Diagnosed with Autism Spectrum Disorder • Referred by a physician and recommended by a Board Certified Behavioral Analyst 	Yes
Assistive/Augmentative communication devices;		Yes
Audiology Services	Hearing aids are limited to one (1) hearing aid per ear every three years. Hearing screenings are only covered if you are under the age of 21. They are covered over the age of 21 if you have symptoms of an ear problem.	Yes, under certain circumstances.
Behavioral Health Services		Yes, under certain circumstances.
Blood, blood components and the administration thereof		No
Chiropractic Services	Limited to spinal manipulation for subluxation of the spine.	No
Colorectal Cancer Screening		No
Diagnostic and Therapeutic Radiology	<ul style="list-style-type: none"> • Non-invasive X-rays and testing to help find out what is wrong must be ordered and done by your PCP. • Screening mammograms are not covered until age 40. You may receive one baseline mammogram after age 35. • CTs and MRIs need a prior authorization. 	Yes, under certain circumstances.
Dental Services, including Oral Surgeons	For members over the age of 21: <ul style="list-style-type: none"> • Limited Root Canals • Limited Dentures • Limited Oral Surgery Eligible pregnant members can have these additional services covered: <ul style="list-style-type: none"> • Periodic oral examination • Teeth cleaning • Periodontal work 	Yes, under certain circumstances.

COVERED SERVICES

Medical Services	Blue Cross Community Health Plans Benefit Limit/Exclusions	Provider Must Obtain Prior Authorization
Early Periodic Screening, Diagnosis and Treatment (EPSDT) Services	Covered for enrollees under age 21. The program includes: <ul style="list-style-type: none"> • Physical exams • Development screenings • Lab work • Immunization • Health history and education 	No
Emergency and Urgent Care Services	Call your PCP for follow-up care within two (2) days of your emergency, or as soon as you can. You are also required to call Member Services to let BCCHP know you received services.	No
Emergency Dental Services	Limited emergency exam will only be covered when performed in conjunction with treatment for an emergency situation that is medically necessary to treat pain, infection, swelling.	No
Emergency Transportation/ Ambulance		No
Family Planning Services and Supplies	Including but not limited to: <ul style="list-style-type: none"> • Doctor visit • Birth Control • Family Planning and Education • Pregnancy tests • Tests for sexually transmitted diseases (STDs) Services not included: <ul style="list-style-type: none"> • Fertility treatments • Surgery to reverse sterilization 	No
FQHCs, RHCs and other Encounter Rate Clinic Visits		No
Gender Affirming Surgery	<ul style="list-style-type: none"> • Services covered for those 21 years old or older. Under specific cases of medical necessity for members under 21 • Must meet all HFS administrative rules • Requires completion of the HFS Prior Authorization for Gender-Affirming Services Form • Approval also requires letters and medical documentation from specific providers 	Yes
Hearing Aids and Batteries	One hearing aid/ear every three years. Limited batteries per members	Hearing aids require prior authorization; batteries do not require prior authorization

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Medical Services	Blue Cross Community Health Plans Benefit Limit/Exclusions	Provider Must Obtain Prior Authorization
Home Health Agency Visits	For non-waiver services, coverage is limited to post-hospitalization care.	Yes
Hospital Ambulatory Services		Yes
Hospital Emergency Room Visits		No
Hospital Inpatient Services		Yes
Hospital Outpatient Services		Yes, under certain circumstances.
Laboratory and X-ray Services	These services must be ordered by your provider. They must be done by a licensed provider in an appropriate place.	Yes, under certain circumstances. Genetic testing requires prior authorization. Hi tech radiology (MRI, CT, PET, etc.) requires prior authorization.
Medical supplies, equipment, prostheses and orthoses	Most Medical Equipment and Supplies covered will still need an OK from the Plan.	Yes, under certain circumstances.
Nursing Care	Covered for members under age twenty-one (21) not in the HCBS Waiver. Also, covered for individuals who are Medically Fragile, Technology Dependent (MFTD) and for members under 21 transitioning from a hospital to home placement or other setting.	Yes
Nursing Facility Services		Yes
Optical Services and Supplies	One pair of eye glasses every two years. Contact lenses only when medically necessary.	Yes
Optometrist Services	One eye exam per 12 months.	No
Palliative and Hospice Services		Yes
Pharmacy Services and Prescription Drugs	Drug limits may apply. To see if a drug is covered or if an authorization is required see the Preferred Drug List (PDL).	Yes, under certain circumstances.

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Medical Services	Blue Cross Community Health Plans Benefit Limit/Exclusions	Provider Must Obtain Prior Authorization
Physical, Occupational and Speech Therapy Services		Evaluation and re-evaluation do not require prior authorization. All other physical, occupational, and speech therapy services require prior authorization.
Physician Services		No
Podiatric Services	<p>These services are covered:</p> <ul style="list-style-type: none"> • Medical problems of the feet • Medical or surgical treatment of disease, injury or defects of the feet • Cutting or removing corns, warts or calluses • Routine foot care <p>The following are not covered:</p> <ul style="list-style-type: none"> • Procedures that are still being tested • Acupuncture • Shoe inserts 	No
Post-Stabilization Services		No
Practice Visits for Enrollees with Special Needs to the Dentist		No
Prostate and Rectal Exams	Prostate-specific antigen (PSA) and digital rectal exam (DRE) tests are covered for members 40 or older.	Yes, under certain circumstances.
Prosthetics and Orthotics		Yes, under certain circumstances.
Radiology Services		Yes, under certain circumstances.
Renal Dialysis Services		Yes
Respiratory Equipment and Supplies		Yes, under certain circumstances.

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Medical Services	Blue Cross Community Health Plans Benefit Limit/Exclusions	Provider Must Obtain Prior Authorization
Substance Abuse	<p>Some of the substance abuse treatments covered, include:</p> <ul style="list-style-type: none"> • Detoxification • Residential Treatment • Outpatient Treatment • Medication Assisted Treatment <p>For more information, call Member Services.</p>	Yes, under certain circumstances.
Transplants	The first transplant is covered. Only one future re-transplant due to rejection is allowed.	Yes
Transportation (non-emergency)	Transport for non-medical reasons are not covered. Prior authorization is needed for rides that are more than 40 miles away. Also needed for providers not in network.	Yes, under certain circumstances.
Vision Services	<ul style="list-style-type: none"> • Eye exam is only covered once every 12 months • Eye glasses are only covered once, every two years for members 21 and older • Eye glasses are replaced “as needed” for members under 21 • Contact lenses are covered when medically necessary, if eye glasses cannot provide the intended result 	Yes, under certain circumstances.

Covered Home and Community-Based Services (Waiver members only)

Here is a list of some of the medical services and benefits that Blue Cross Community Health Plans covers for members who are in a Home and Community Based service waiver.

HCBS Waiver Program	Services	Provider Must Obtain Prior Authorization
Department on Aging (DoA) <i>Persons who are Elderly</i>	<ul style="list-style-type: none"> • Adult Day service • Adult Day service Transportation • Homemaker • Personal Emergency Response System (PERS) • Automated Medication Dispenser 	You may need a prior authorization from us before you get covered services.
Department of Rehabilitative Services (DRS) <i>Persons with Disabilities, HIV/AIDS</i>	<ul style="list-style-type: none"> • Adult Day service • Adult Day service Transportation • Environmental Accessibility Adaptations-Home • Home Health Aide • Nursing Intermittent • Skilled Nursing (RN and LPN) • Occupational Therapy • Home Health Aide • Physical Therapy • Speech Therapy • Homemaker • Home Delivered Meals • Personal Assistant • Personal Emergency Response System (PERS) • Respite • Specialized Medical Equipment and Supplies 	You may need a prior authorization from us before you get covered services.
Department of Rehabilitative Services (DRS) <i>Persons with Brain Injury</i>	<ul style="list-style-type: none"> • Adult Day service • Adult Day service Transportation • Environmental accessibility Adaptations-Home • Supported Employment • Home Health Aide • Nursing, Intermittent • Skilled Nursing (RN and LPN) • Occupational Therapy • Physical Therapy • Speech Therapy • Prevocational Services • Habilitation-Day • Homemaker • Home Delivered Meals • Personal Assistant • Personal Emergency Response System (PERS) • Respite • Specialized Medical Equipment and Supplies • Behavioral Services (M.A. and PH.D.) 	You may need a prior authorization from us before you get covered services.
HealthCare and Family Services (HFS) <i>Supportive Living Program</i>	<ul style="list-style-type: none"> • Assisted Living 	You may need a prior authorization from us before you get covered services.

In addition to these covered services, BCCHP offers value -added benefits. See Page 21 in the Member Handbook for more details.

Limited Covered Services

- BCCHP may provide sterilization services only as allowed by State and federal law.
- If BCCHP provides a hysterectomy, BCCHP shall complete HFS Form 1977 and file the completed form in the Enrollee's medical record.

Non-Covered Services

- Services that are experimental or investigational in nature
- Services that are provided by a non-Network Provider and not authorized by your Health Plan
- Services that are provided without a required referral or required prior authorization
- Elective cosmetic surgery
- Infertility care
- Any service that is not medically necessary
- Services provided through local education agencies

Note: This is **not** a full list of services that are not covered.

For more information on services, please review your Member Handbook or contact Member Services at **1-877-860-2837** (TTY/TDD **711**). We are available 24 hours a day, seven (7) days a week. The call is free.

Prior Authorization

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

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

You do not need to contact us for prior authorization. Your doctor will take care of this for you. Getting a prior authorization takes between 2-8 calendar days. To check service limits, see the section called "Covered Medical Services". Your PCP can also tell you about this.

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

Continuity of Treatment

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

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

Urgent Care

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

Some examples of urgent care are:

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

Call your doctor for urgent care or you can call Member Services at **1-877-860-2837** (TTY/TDD **711**). We are available 24 hours a day, seven (7) days a week. The call is free.

Emergency Care

An emergency medical condition is very serious. It could even be life threatening. You could have severe pain, injury or illness. In an emergency, call 911 or go the nearest Emergency Department. Emergency Care is covered in all of the United States. Prior authorizations are not needed, but you should call your PCP and Member Services within 24 hours of your emergency care.

Some examples of an emergency are:

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

Primary Care Provider (PCP) Selection

Members must choose a Primary Care Provider (PCP) from the provider directory available at the time of enrollment. The Member's PCP is responsible for providing and coordinating care, approving referrals to specialists and giving other services. Members may change their PCP by calling Member Services at **1-877-860-2837** (TTY/TDD **711**).

Access to Specialty Care

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

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

Other Resources

To find further information about your plan, please see the Blue Kit. Information on Grievances and Appeals, Rights and Responsibilities, Fraud, Abuse and Neglect, the Privacy Policy, and the Non-Discrimination Statement can be found in the Member Handbook Section of the Blue Kit.

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

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

Blue Cross and Blue Shield of Illinois:

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

If you need these services, contact Civil Rights Coordinator.

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

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

U.S. Department of Health and Human Services

200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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

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

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

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

Français (French): ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-877-860-2837 (ATS : 711)**.

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

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

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

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-877-860-2837 (телетайп: 711)**.

العربية (Arabic):

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-7382-068-778 (رقم هاتف الصم والبكم: 117).

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

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

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

اُردُو (Urdu): کریں کال - ہیں دستیاب میں مفت خدمات کی مدد کی زبان کو آپ تو، ہیں بولتے اردو آپ اگر: خبردار **1-877-860-2837 (TTY/TDD: 711)**.

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

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



**Blue Cross Community
Health PlansSM**

