



**BlueCross BlueShield
of Illinois**

Dear Group Administrator,

Plan Changes Effective Upon Renewals after Jan. 1, 2019

There are some changes to certain health plans currently offered to your group. Blue Cross and Blue Shield of Illinois (BCBSIL) is making you aware of the benefit changes to the plans below. This list also includes plans which are not offered as part of your group health coverage.

The following pages list the significant benefit changes to select plans. To determine if your plan(s) is affected, find your plan identification number(s) listed next to the plan name. You can locate your plan ID#(s) in Section 1:B of your Renewal Exhibit. If a plan number is not listed, that plan does not have significant benefit changes for 2019. You can also change plans or select other plan options for your employees.

What to Consider When Deciding to Keep or Change Plans

Visit <https://www.bcbsil.com/employer/> to check which doctors, other health care providers and prescription medications are covered by the plan(s) you are considering. You can also contact your producer or BCBSIL account representative. This is an important step when choosing a plan that meets your employees' needs. You can also contact Get Covered Illinois at 866-311-1119 or the Office of Consumer Health at 877-527-9421.

We appreciate your trust in BCBSIL. We strive to continue to exceed the service needs of you and your employees.

Sincerely,

Blue Cross and Blue Shield of Illinois

Blue Cross and Blue Shield of Illinois

2019 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2019 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character MPI in the search field and press ente.

Blue PPO Platinum 119; P503PPO

- The out-of-network, individual, out-of-pocket maximum will change to unlimited from \$2,500. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment members must pay for covered medical expenses incurred during the benefit period.
- The out-of-network, family, out-of-pocket maximum will change to unlimited from \$7,500. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment members must pay for covered medical expenses incurred during the benefit period.
- Preauthorization will be required in order to receive benefits for specific outpatient infusion drugs, interventional pain management, and joint and spine surgery, in addition to other services. This plan requires prior authorization for some services in order to be covered at the full plan benefit. If a provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.
- Specific outpatient infusion services have been identified as being safely administered in a lower level of care, outside of an outpatient facility hospital setting (i.e. home/office). Infusion therapy, site-of-care benefits are now the following amounts:
 - In-network professional copay: \$50
 - In-network facility copay: \$500
 - Out-of-network services: subject to the contract for out-of-network benefits
- Changes to the 2019 Health Insurance Drug List
- Updates to the 2019 Pharmacy Network

Blue PPO Gold 101; G530PPO

- The out-of-network, individual, out-of-pocket maximum will change to unlimited from \$6,500. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment members must pay for covered medical expenses incurred during the benefit period.
- The out-of-network, family, out-of-pocket maximum will change to unlimited from \$19,500. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment members must pay for covered medical expenses incurred during the benefit period.
- Preauthorization will be required in order to receive benefits for specific outpatient infusion drugs, interventional pain management, and joint and spine surgery, in addition to other services. This plan requires prior authorization for some services in order to be covered at the full plan benefit. If a provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.
- Specific outpatient infusion services have been identified as being safely administered in a lower level of care, outside of an outpatient facility hospital setting (i.e. home/office). Infusion therapy, site-of-care benefits are now the following amounts:
 - In-network professional copay: \$50
 - In-network facility copay: \$500
 - Out-of-network services: subject to the contract for out-of-network benefits
- Changes to the 2019 Health Insurance Drug List
- Updates to the 2019 Pharmacy Network

Blue PPO Gold 116; G536PPO

- The out-of-network, individual, out-of-pocket maximum will change to unlimited from \$8,000. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment members must pay for covered medical expenses incurred during the benefit period.
- The out-of-network, family, out-of-pocket maximum will change to unlimited from \$24,000. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment member must pay for covered medical expenses incurred during the benefit period.
- Preauthorization will be required in order to receive benefits for specific outpatient infusion drugs, interventional pain management, and joint and spine surgery, in addition to other services. This plan requires prior authorization for some services in order to be covered at the full plan benefit. If a provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.
- Specific outpatient infusion services have been identified as being safely administered in a lower level of care, outside of an OP Facility Hospital setting i.e. home/office. Infusion therapy, site-of-care benefits are now the following amounts:
 - In-network professional copay: \$50
 - In-network facility copay: \$500
 - Out of Network services: subject to the contract for out-of-network benefits
- Changes to the 2019 Health Insurance Drug List
- Updates to the 2019 Pharmacy Network

Blue PPO Gold 102; G531PPO

- The in-network, individual deductible will change to \$2,500 from \$1,500. The deductible is the amount members must pay before the health plan starts paying for most qualified covered services.
- The in-network, family deductible will change to \$5,000 from \$4,500. The deductible is the amount members must pay before the health plan starts paying for most qualified covered services.
- The in-network, individual, out-of-pocket maximum will change to \$5,000 from \$3,500. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment members must pay for covered medical expenses incurred during the benefit period.
- The in-network, family, out-of-pocket maximum will change to \$10,000 from \$10,500. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment members must pay for covered medical expenses incurred during the benefit period.
- The out-of-network, individual, out-of-pocket maximum will change to unlimited from \$7,000. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment members must pay for covered medical expenses incurred during the benefit period.
- The out-of-network, family, out-of-pocket maximum will change to unlimited from \$21,000. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment members must pay for covered medical expenses incurred during the benefit period.
- Preauthorization will be required in order to receive benefits for specific outpatient infusion drugs, interventional pain management, and joint and spine surgery, in addition to other services. This plan requires prior authorization for some services in order to be covered at the full plan benefit. If a provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.
- Specific outpatient infusion services have been identified as being safely administered in a lower level of care, outside of an outpatient facility hospital setting (i.e. home/office). Infusion therapy, site-of-care benefits are now the following amounts:
 - In-network professional copay: \$50
 - In-network facility copay: \$500
 - Out-of-network services: subject to the contract for out-of-network benefits
- Changes to the 2019 Health Insurance Drug List
- Updates to the 2019 Pharmacy Network

Blue PPO Gold 107; G532PPO

- The in-network, individual deductible will change to \$1,500 from \$1,250. The deductible is the amount members must pay before the health plan starts paying for most qualified covered services.
- The in-network, family deductible will change to \$3,000 from \$3,750. The deductible is the amount members must pay before the health plan starts paying for most qualified covered services.
- The in-network, individual, out-of-pocket maximum will change to \$4,500 from \$3,500. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment members must pay for covered medical expenses incurred during the benefit period.
- The in-network, family, out-of-pocket maximum will change to \$12,000 from \$10,500. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment members must pay for covered medical expenses incurred during the benefit period.
- The out-of-network, individual, out-of-pocket maximum will change to unlimited from \$7,000. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment members must pay for covered medical expenses incurred during the benefit period.
- The out-of-network, family, out-of-pocket maximum will change to unlimited from \$21,000. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment members must pay for covered medical expenses incurred during the benefit period.
- Pre-authorization will be required in order to receive benefits for specific, outpatient, infusion drugs, interventional pain management, and joint and spine surgery, in addition to other services. This plan requires prior authorization for some services in order to be covered at the full plan benefit. If a provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.
- Specific outpatient infusion services have been identified as being safely administered in a lower level of care, outside of an outpatient facility hospital setting (i.e. home/office). Infusion therapy site-of-care benefits are now the following amounts:
 - In-network professional copay: \$50
 - In-network facility copay: \$500
 - Out-of-network services: subject to the contract for out-of-network benefits
- Changes to the 2019 Health Insurance Drug List
- Updates to the 2019 Pharmacy Network

Blue PPO Gold 114; G534PPO

- The out-of-network, individual, out-of-pocket maximum will change to unlimited from \$11,000. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment members must pay for covered medical expenses incurred during the benefit period.
- The out-of-network, family, out-of-pocket maximum will change to unlimited from \$29,400. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment member must pay for covered medical expenses incurred during the benefit period.
- Pre-authorization will be required in order to receive benefits for specific outpatient infusion drugs, interventional pain management, and joint and spine surgery, in addition to other services. This plan requires prior authorization for some services in order to be covered at the full plan benefit. If a provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.
- Specific outpatient infusion services have been identified as being safely administered in a lower level of care, outside of an outpatient facility hospital setting (i.e. home/office). Infusion therapy site-of-care benefits are now the following amounts:
 - In-network professional copay: \$50
 - In-network facility copay: \$500
 - Out-of-network services: subject to the contract out of network benefits
- Changes to the 2019 Health Insurance Drug List
- Updates to the 2019 Pharmacy Network

Blue PPO Gold 123; G537PPO

- Preauthorization will be required in order to receive benefits for specific outpatient infusion drugs, interventional pain management, and joint and spine surgery, in addition to other services. This plan requires prior authorization for some services in order to be covered at the full plan benefit. If a provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.
- Specific outpatient infusion services have been identified as being safely administered in a lower level of care, outside of an outpatient facility hospital setting (i.e. home/office). Infusion therapy site-of-care benefits are now the following amounts:
 - In-network professional copay: \$50
 - In-network facility copay: \$500
 - Out-of-network services: subject to the contract for out-of-network benefits
- Changes to the 2019 Health Insurance Drug List
- Updates to the 2019 Pharmacy Network

Blue PPO Gold 113; G533PPO

- The in-network, individual deductible will change to \$2,800 from \$2,700. The deductible is the amount members must pay before the health plan starts paying for most qualified covered services.
- The out-of-network, individual, out-of-pocket maximum will change to unlimited from \$7,000. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment members must pay for covered medical expenses incurred during the benefit period.
- The out-of-network, family, out-of-pocket maximum will change to unlimited from \$21,000. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment members must pay for covered medical expenses incurred during the benefit period.
- Pre-authorization will be required in order to receive benefits for specific outpatient infusion drugs, interventional pain management, and joint and spine surgery, in addition to other services. This plan requires prior authorization for some services in order to be covered at the full plan benefit. If a provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.
- Changes to the 2019 Health Insurance Drug List
- Updates to the 2019 Pharmacy Network

Blue PPO Gold 115; G535PPO

- The in-network, individual deductible will change to \$2,800 from \$2,700. The deductible is the amount members must pay before the health plan starts paying for most qualified covered services.
- The out-of-network, individual, out-of-pocket maximum will change to unlimited from \$10,000. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment members must pay for covered medical expenses incurred during the benefit period.
- The out-of-network, family, out-of-pocket maximum will change to unlimited from \$26,200. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment members must pay for covered medical expenses incurred during the benefit period.
- Preauthorization will be required in order to receive benefits for specific outpatient infusion drugs, interventional pain management, and joint and spine surgery, in addition to other services. This plan requires prior authorization for some services in order to be covered at the full plan benefit. If a provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.
- Changes to the 2019 Health Insurance Drug List
- Updates to the 2019 Pharmacy Network

Blue PPO Silver 105; S535PPO

- The out-of-network, individual, out-of-pocket maximum will change to unlimited from \$14,700. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment members must pay for covered medical expenses incurred during the benefit period.
- The out-of-network, family, out-of-pocket maximum will change to unlimited from \$29,400. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment member must pay for covered medical expenses incurred during the benefit period.
- Preauthorization will be required in order to receive benefits for specific outpatient infusion drugs, interventional pain management, and joint and spine surgery, in addition to other services. Your plan requires prior authorization for some services in order to be covered at the full plan benefit. If a provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.
- Specific outpatient infusion services have been identified as being safely administered in a lower level of care, outside of an outpatient facility hospital setting (i.e. home/office). Infusion therapy site-of-care benefits are now the following amounts:
 - In-network professional copay: \$50
 - In-network facility copay: \$500
 - Out-of-network services: subject to the contract out of network benefits
- Changes to the 2019 Health Insurance Drug List
- Updates to the 2019 Pharmacy Network

Blue PPO Silver 104; S531PPO

- The in-network, individual deductible will change to \$4,350 from \$4,000. The deductible is the amount members must pay before the health plan starts paying for most qualified covered services.
- The in-network, family deductible will change to \$13,050 from \$12,000. The deductible is the amount members must pay before the health plan starts paying for most qualified covered services.
- The in-network, individual, out-of-pocket maximum will change to \$7,350 from \$7,000. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment members must pay for covered medical expenses incurred during the benefit period.
- The out-of-network, individual, deductible will change to \$8,700 from \$8,000. The deductible is the amount members must pay before the health plan starts paying for most qualified covered services.
- The out-of-network, family, deductible will change to \$26,100 from \$24,000. The deductible is the amount members must pay before the health plan starts paying for most qualified covered services.
- The out-of-network, individual, out-of-pocket maximum will change to unlimited from \$14,000. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment members must pay for covered medical expenses incurred during the benefit period.
- The out-of-network, family, out-of-pocket maximum will change to unlimited from \$29,400. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment members must pay for covered medical expenses incurred during the benefit period.
- Preauthorization will be required in order to receive benefits for specific outpatient infusion drugs, interventional pain management, and joint and spine surgery, in addition to other services. Your plan requires prior authorization for some services in order to be covered at the full plan benefit. If a provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.
- Specific outpatient infusion services have been identified as being safely administered in a lower level of care, outside of an outpatient facility hospital setting (i.e. home/office). Infusion therapy site-of-care benefits are now the following amounts:
 - In-network professional copay: \$50
 - In-network facility copay: \$500
 - Out-of-network services: subject to the contract out of network benefits
- Changes to the 2019 Health Insurance Drug List
- Updates to the 2019 Pharmacy Network

Blue PPO Silver 120; S532PPO

- The in-network, individual deductible will change to \$2,800 from \$2,400. The deductible is the amount members must pay before the health plan starts paying for most qualified covered services.
- The in-network, family deductible will change to \$8,400 from \$7,200. The deductible is the amount members must pay before the health plan starts paying for most qualified covered services.
- The in-network, individual, out-of-pocket maximum will change to \$7,500 from \$7,300. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment members must pay for covered medical expenses incurred during the benefit period.
- The in-network, family, out-of-pocket maximum will change to \$15,000 from \$14,700. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment members must pay for covered medical expenses incurred during the benefit period.
- The out-of-network, individual deductible will change to \$5,600 from \$4,800. The deductible is the amount members must pay before the health plan starts paying for most qualified covered services.
- The out-of-network, family deductible will change to \$16,800 from \$14,400. The deductible is the amount members must pay before the health plan starts paying for most qualified covered services.
- The out-of-network, individual, out-of-pocket maximum will change to unlimited from \$14,600. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment members must pay for covered medical expenses incurred during the benefit period.
- The out-of-network, family, out-of-pocket maximum will change to unlimited from \$29,400. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment members must pay for covered medical expenses incurred during the benefit period.
- Pre-authorization will be required in order to receive benefits for specific outpatient infusion drugs, interventional pain management, and joint and spine surgery, in addition to other services. This plan requires prior authorization for some services in order to be covered at the full plan benefit. If a provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.
- Specific outpatient infusion services have been identified as being safely administered in a lower level of care, outside of an outpatient facility hospital setting (i.e. home/office). Infusion therapy site-of-care benefits are now the following amounts:
 - In-network professional copay: \$50
 - In-network facility copay: \$500
 - Out-of-network services: subject to the contract out of network benefits
- Changes to the 2019 Health Insurance Drug List
- Updates to the 2019 Pharmacy Network

Blue PPO Silver 133; S534PPO

- Preauthorization will be required in order to receive benefits for specific outpatient infusion drugs, interventional pain management, and joint and spine surgery, in addition to other services. This plan requires prior authorization for some services in order to be covered at the full plan benefit. If a provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.
- Changes to the 2019 Health Insurance Drug List
- Updates to the 2019 Pharmacy Network

Blue PPO Bronze 132; B536PPO

- The out-of-network, individual, out-of-pocket maximum will change to unlimited from \$13,000. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment members must pay for covered medical expenses incurred during the benefit period.
- The out-of-network, family out-of-pocket maximum will change to unlimited from \$26,200. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment members must pay for covered medical expenses incurred during the benefit period.
- Preauthorization will be required in order to receive benefits for specific outpatient infusion drugs, interventional pain management, and joint and spine surgery, in addition to other services. This plan requires prior authorization for some services in order to be covered at the full plan benefit. If a provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.
- Changes to the 2019 Health Insurance Drug List
- Updates to the 2019 Pharmacy Network

Blue PPO Bronze 106; B535PPO

- The in-network, individual deductible will change to \$6,550 from \$6,400. The deductible is the amount members must pay before the health plan starts paying for most qualified covered services.
- The in-network, individual, out-of-pocket maximum will change to \$6,550 from \$6,400. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment members must pay for covered medical expenses incurred during the benefit period.
- Preauthorization will be required in order to receive benefits for specific outpatient infusion drugs, interventional pain management, and joint and spine surgery, in addition to other services. This plan requires prior authorization for some services in order to be covered at the full plan benefit. If a provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.
- Changes to the 2019 Health Insurance Drug List
- Updates to the 2019 Pharmacy Network

Blue Choice Gold PPO 101; G530BCE

- The out-of-network, individual, out-of-pocket maximum will change to unlimited from \$6,500. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment members must pay for covered medical expenses incurred during the benefit period.
- The out-of-network, family, out-of-pocket maximum will change to unlimited from \$19,500. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment members must pay for covered medical expenses incurred during the benefit period.
- Preauthorization will be required in order to receive benefits for specific outpatient infusion drugs interventional pain management, and joint and spine surgery, in addition to other services. This plan requires prior authorization for some services in order to be covered at the full plan benefit. If a provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.
- Specific outpatient infusion services have been identified as being safely administered in a lower level of care, outside of an outpatient facility hospital setting (i.e. home/office). Infusion therapy site-of-care benefits are now the following amounts:
 - In-network professional copay: \$50
 - In-network facility copay: \$500
 - Out-of-network services: subject to the contract out of network benefits
- Changes to the 2019 Health Insurance Drug List
- Updates to the 2019 Pharmacy Network

Blue Choice Gold PPO 102; G531BCE

- The in-network, individual deductible will change to \$2,500 from \$1,500. The deductible is the amount members must pay before the health plan starts paying for most qualified covered services.
- The in-network, family deductible will change to \$5,000 from \$4,500. The deductible is the amount members must pay before the health plan starts paying for most qualified covered services.
- The in-network, individual, out-of-pocket maximum will change to \$5,000 from \$3,500. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment members must pay for covered medical expenses incurred during the benefit period.
- The in-network, family, out-of-pocket maximum will change to \$10,000 from \$10,500. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment members must pay for covered medical expenses incurred during the benefit period.
- The out-of-network, individual, out-of-pocket maximum will change to unlimited from \$7,000. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment members must pay for covered medical expenses incurred during the benefit period.
- The out-of-network, family, out-of-pocket maximum will change to unlimited from \$21,000. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment members must pay for covered medical expenses incurred during the benefit period.
- Preauthorization will be required in order to receive benefits for specific outpatient infusion drugs, interventional pain management, and joint and spine surgery, in addition to other services. This plan requires prior authorization for some services in order to be covered at the full plan benefit. If a provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.
- Specific outpatient infusion services have been identified as being safely administered in a lower level of care, outside of an outpatient facility hospital setting (i.e. home/office). Infusion therapy site-of-care benefits are now the following amounts:
 - In-network professional copay: \$50
 - In-network facility copay: \$500
 - Out-of-network services: subject to the contract out of network benefits
- Changes to the 2019 Health Insurance Drug List
- Updates to the 2019 Pharmacy Network

Blue Choice Gold PPO 107; G532BCE

- The in-network, individual deductible will change to \$1,500 from \$1,250. The deductible is the amount members must pay before the health plan starts paying for most qualified covered services.
- The in-network, family deductible will change to \$3,000 from \$3,750. The deductible is the amount members must pay before the health plan starts paying for most qualified covered services.
- The in-network, individual, out-of-pocket maximum will change to \$4,500 from \$3,500. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment members must pay for covered medical expenses incurred during the benefit period.
- The in-network, family, out-of-pocket maximum will change to \$12,000 from \$10,500. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment members must pay for covered medical expenses incurred during the benefit period.
- The out-of-network, individual, out-of-pocket maximum will change to unlimited from \$7,000. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment members must pay for covered medical expenses incurred during the benefit period.
- The out-of-network, family out-of-pocket maximum will change to unlimited from \$21,000. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment members must pay for covered medical expenses incurred during the benefit period.
- Preauthorization will be required in order to receive benefits for specific outpatient infusion drugs, interventional pain management, and joint and spine surgery, in addition to other services. This plan requires prior authorization for some services in order to be covered at the full plan benefit. If a provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.
- In 2019, specific outpatient infusion services have been identified as being safely administered in a lower level of care, outside of an outpatient facility hospital setting (i.e. home/office). Infusion therapy site-of-care benefits are now the following amounts:
 - In-network professional copay: \$50
 - In-network Facility copay: \$500
 - Out-of-network services: subject to the contract out of network benefits
- Changes to the 2019 Health Insurance Drug List
- Updates to the 2019 Pharmacy Network

Blue Choice Gold PPO 113; G533BCE

- The in-network, individual deductible will change to \$2,800 from \$2,700. The deductible is the amount members must pay before the health plan starts paying for most qualified covered services.
- The out-of-network, individual, out-of-pocket maximum will change to unlimited from \$7,000. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment members must pay for covered medical expenses incurred during the benefit period.
- The out-of-network, family, out-of-pocket maximum will change to unlimited from \$21,000. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment members must pay for covered medical expenses incurred during the benefit period.
- Preauthorization will be required in order to receive benefits for specific outpatient infusion drugs, interventional pain management, and joint and spine surgery, in addition to other services. This plan requires prior authorization for some services in order to be covered at the full plan benefit. If a provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.
- Changes to the 2019 Health Insurance Drug List
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Blue Choice Gold PPO 115; G535BCE

- The in-network, individual deductible will change to \$2,800 from \$2,700. The deductible is the amount members must pay before the health plan starts paying for most qualified covered services.
- The out-of-network, individual, out-of-pocket maximum will change to unlimited from \$10,000. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment members must pay for covered medical expenses incurred during the benefit period.
- The out-of-network, family, out-of-pocket maximum will change to unlimited from \$26,200. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment members must pay for covered medical expenses incurred during the benefit period.
- Preauthorization will be required in order to receive benefits for specific outpatient infusion drugs, interventional pain management, and joint and spine surgery, in addition to other services. This plan requires prior authorization for some services in order to be covered at the full plan benefit. If a provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.
- Changes to the 2019 Health Insurance Drug List
- Updates to the 2019 Pharmacy Network

Blue Choice Silver PPO 105; S535BCE

- The out-of-network, individual, out-of-pocket maximum will change to unlimited from \$14,700. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment members must pay for covered medical expenses incurred during the benefit period.
- The out-of-network, family, out-of-pocket maximum will change to unlimited from \$29,400. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment members must pay for covered medical expenses incurred during the benefit period.
- Pre-authorization will be required in order to receive benefits for specific outpatient infusion drugs, interventional pain management, and joint and spine surgery, in addition to other services. This plan requires prior authorization for some services in order to be covered at the full plan benefit. If a provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.
- Specific outpatient infusion services have been identified as being safely administered in a lower level of care, outside of an outpatient facility hospital setting (i.e. home/office). Infusion therapy site-of-care benefits are now the following amounts:
 - In-network professional copay: \$50
 - In-network facility copay: \$500
 - Out-of-network services: subject to the contract out of network benefits
- Changes to the 2019 Health Insurance Drug List
- Updates to the 2019 Pharmacy Network

Blue Choice Silver PPO 104; S531BCE

- The in-network, individual deductible will change to \$4,350 from \$4,000. The deductible is the amount members must pay before the health plan starts paying for most qualified covered services.
- you're the in-network family deductible will change to \$13,050 from \$12,000. The deductible is the amount members must pay before the health plan starts paying for most qualified covered services.
- The in-network, individual, out-of-pocket maximum will change to \$7,350 from \$7,000. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment members must pay for covered medical expenses incurred during the benefit period.
- The out-of-network, individual deductible will change to \$8,700 from \$8,000. The deductible is the amount members must pay before the health plan starts paying for most qualified covered services.
- The out-of-network, family deductible will change to \$26,100 from \$24,000. The deductible is the amount members must pay before the health plan starts paying for most qualified covered services.
- The out-of-network, individual, out-of-pocket maximum will change to unlimited from \$14,000. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment members must pay for covered medical expenses incurred during the benefit period.
- The out-of-network, family, out-of-pocket maximum will change to unlimited from \$29,400. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment members must pay for covered medical expenses incurred during the benefit period.
- Preauthorization will be required in order to receive benefits for specific outpatient infusion Drugs, interventional pain management, and joint and spine surgery, in addition to other services. This plan requires prior authorization for some services in order to be covered at the full plan benefit. If a provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.
- Specific outpatient infusion services have been identified as being safely administered in a lower level of care, outside of an outpatient facility hospital setting (i.e. home/office). Infusion therapy site-of-care benefits are now the following amounts:
 - In-network professional copay: \$50
 - In-network facility copay: \$500
 - Out-of-network services: subject to the contract out of network benefits
- Changes to the 2019 Health Insurance Drug List
- Updates to the 2019 Pharmacy Network

Blue Choice Silver PPO 120; S532BCE

- The in-network, individual, deductible will change to \$2,800 from \$2,400. The deductible is the amount members must pay before the health plan starts paying for most qualified covered services.
- The in-network, family deductible will change to \$8,400 from \$7,200. The deductible is the amount members must pay before the health plan starts paying for most qualified covered services.
- The in-network, individual, out-of-pocket maximum will change to \$7,500 from \$7,300. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment members must pay for covered medical expenses incurred during the benefit period.
- The in-network, family out-of-pocket maximum will change to \$15,000 from \$14,700. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment members must pay for covered medical expenses incurred during the benefit period.
- The out-of-network, individual deductible will change to \$5,600 from \$4,800. The deductible is the amount members must pay before the health plan starts paying for most qualified covered services.
- The out-of-network, family deductible will change to \$16,800 from \$14,400. The deductible is the amount members must pay before the health plan starts paying for most qualified covered services.
- The out-of-network, individual, out-of-pocket maximum will change to unlimited from \$14,600. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment members must pay for covered medical expenses incurred during the benefit period.
- The out-of-network, family Out-of-pocket maximum will change to unlimited from \$29,400. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment member must pay for covered medical expenses incurred during the benefit period.
- Preauthorization will be required in order to receive benefits for specific outpatient, infusion drugs, interventional pain management, and joint and spine surgery, in addition to other services. This plan requires prior authorization for some services in order to be covered at the full plan benefit. If a provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.
- Specific outpatient infusion services have been identified as being safely administered in a lower level of care, outside of an outpatient facility hospital setting (i.e. home/office). Infusion therapy site-of-care benefits are now the following amounts:
 - In-network professional copay: \$50
 - In-network facility copay: \$500
 - Out-of-network services: subject to the contract out of network benefits
- Changes to the 2019 Health Insurance Drug List
- Updates to the 2019 Pharmacy Network

Blue Choice Silver PPO 133; S534BCE

- Preauthorization will be required in order to receive benefits for specific, outpatient, infusion drugs, interventional pain management, and joint and spine surgery, in addition to other services. This plan requires prior authorization for some services in order to be covered at the full plan benefit. If your provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.
- Changes to the 2019 Health Insurance Drug List
- Updates to the 2019 Pharmacy Network

Blue Choice Bronze PPO 106; B535BCE

- The in-network, individual deductible will change to \$6,550 from \$6,400. The deductible is the amount members must pay before the health plan starts paying for most qualified covered services.
- The in-network, individual, out-of-pocket maximum will change to \$6,550 from \$6,400. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment members must pay for covered medical expenses incurred during the benefit period.
- Preauthorization will be required in order to receive benefits for specific outpatient infusion drugs, interventional pain management, and joint and spine surgery, in addition to other services. This plan requires prior authorization for some services in order to be covered at the full plan benefit. If a provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.
- Changes to the 2019 Health Insurance Drug List
- Updates to the 2019 Pharmacy Network

Blue Choice Bronze PPO 132; B536BCE

- The out-of-network, individual, out-of-pocket maximum will change to unlimited from \$13,000. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment members must pay for covered medical expenses incurred during the benefit period.
- The out-of-network, family, out-of-pocket maximum will change to unlimited from \$26,200. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment members must pay for covered medical expenses incurred during the benefit period.
- Preauthorization will be required in order to receive benefits for specific outpatient infusion drugs, interventional pain management, and joint and spine surgery, in addition to other services. Your plan requires prior authorization for some services in order to be covered at the full plan benefit. If this provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.
- Changes to the 2019 Health Insurance Drug List
- Updates to the 2019 Pharmacy Network

Blue Precision Platinum HMO 107; P506PSN

- Changes to the 2019 Health Insurance Drug List
- Updates to the 2019 Pharmacy Network

Blue Precision Gold HMO 109; G533PSN

- Changes to the 2019 Health Insurance Drug List
- Updates to the 2019 Pharmacy Network

Blue Precision Gold HMO 101; G532PSN

- The primary care office visit copay will change to \$35 from \$30. The copay is a fixed dollar amount members are required to pay for covered services at the time they receive care.
- The specialist office visit copay will change to \$55 from \$50. The copay is a fixed dollar amount members are required to pay for covered services at the time they receive care.
- The urgent care copay will change to \$55 from \$50. The copay is a fixed dollar amount members are required to pay for covered services at the time they receive care.
- Changes to the 2019 Health Insurance Drug List
- Updates to the 2019 Pharmacy Network

Blue Precision Silver HMO 102; S530PSN

- Changes to the 2019 Health Insurance Drug List
- Updates to the 2019 Pharmacy Network

Blue Precision Silver HMO 106; S531PSN

- The in-network, individual deductible will change to \$3,000 from \$2,000. The deductible is the amount members must pay before the health plan starts paying for most qualified covered services.
- The in-network, family deductible will change to \$9,000 from \$6,000. The deductible is the amount members must pay before the health plan starts paying for most qualified covered services.
- The in-network, individual, out-of-pocket maximum will change to \$7,900 from \$6,850. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment members must pay for covered medical expenses incurred during the benefit period.
- The in-network, family, out-of-pocket maximum will change to \$15,800 from \$14,700. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment members must pay for covered medical expenses incurred during the benefit period.
- Changes to the 2019 Health Insurance Drug List
- Updates to the 2019 Pharmacy Network

BlueCare Direct Platinum 107 with Advocate; P506BCH

- Changes to the 2019 Health Insurance Drug List
- Updates to the 2019 Pharmacy Network

BlueCare Direct Gold 109 with Advocate; G533BCH

- Changes to the 2019 Health Insurance Drug List
- Updates to the 2019 Pharmacy Network

BlueCare Direct Gold 101 with Advocate; G532BCH

- The primary care office visit copay will change to \$35 from \$30. The copay is a fixed dollar amount members are required to pay for covered services at the time they receive care.
- The specialist office visit copay will change to \$55 from \$50. The copay is a fixed dollar amount members are required to pay for covered services at the time they receive care.
- The urgent care copay will change to \$55 from \$50. The copay is a fixed dollar amount members are required to pay for covered services at the time they receive care.
- Changes to the 2019 Health Insurance Drug List
- Updates to the 2019 Pharmacy Network

BlueCare Direct Silver 102 with Advocate; S530BCH

- Changes to the 2019 Health Insurance Drug List
- Changes to the 2019 Pharmacy Network

BlueCare Direct Silver 106 with Advocate; S532BCH

- The in-network, individual deductible will change to \$3,000 from \$2,000. The deductible is the amount members must pay before the health plan starts paying for most qualified covered services.
- The in-network, family, deductible will change to \$9,000 from \$6,000. The deductible is the amount members must pay before the health plan starts paying for most qualified covered services.
- The in-network, individual, out-of-pocket maximum will change to \$7,900 from \$6,850. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment members must pay for covered medical expenses incurred during the benefit period.
- The in-network, family, out-of-pocket maximum will change to \$15,800 from \$14,700. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment members must pay for covered medical expenses incurred during the benefit period.
- Changes to the 2019 Health Insurance Drug List
- Updates to the 2019 Pharmacy Network

Blue Options Gold PPO 106; G508OPT

- The out-of-network, individual out-of-pocket maximum will change to unlimited from \$10,000. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment members must pay for covered medical expenses incurred during the benefit period.
- The out-of-network, family, out-of-pocket maximum will change to unlimited from \$29,400. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment members must pay for covered medical expenses incurred during the benefit period.
- Preauthorization will be required in order to receive benefits for specific outpatient infusion drugs, interventional pain management, and joint and spine surgery, in addition to other services. Your plan requires prior authorization for some services in order to be covered at the full plan benefit. If a provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.
- Changes to the 2019 Health Insurance Drug List
- Updates to the 2019 Pharmacy Network

Blue Options Gold PPO 101; G506OPT

- The tier 1 general coinsurance will change to 80% from 90%. The coinsurance is the percentage of the cost that members must pay for a covered service. It applies after the deductible is met.
- The emergency room coinsurance will change to 80% from 90%. The coinsurance is the percentage of the cost that members must pay for a covered service. It applies after the deductible is met.
- The tier 1 outpatient surgery facility coinsurance will change to 80% from 90%. The coinsurance is the percentage of the cost that members must pay for a covered service. It applies after the deductible is met.
- The tier 1 imaging (CT/PET Scans MRIs) coinsurance will change to 80% from 90%. The coinsurance is the percentage of the cost that members must pay for a covered service. It applies after the deductible is met.
- The tier 1 lab services coinsurance will change to 80% from 90%. The coinsurance is the percentage of the cost that members must pay for a covered service. It applies after the deductible is met.
- The tier 1 X-rays and diagnostic imaging coinsurance will change to 80% from 90%. The coinsurance is the percentage of the cost that members must pay for a covered service. It applies after the deductible is met.
- The out-of-network, individual, out-of-pocket maximum will change to unlimited from \$12,000. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment members must pay for covered medical expenses incurred during the benefit period.
- The out-of-network, family, out-of-pocket maximum will change to unlimited from \$29,400. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment members must pay for covered medical expenses incurred during the benefit period.
- Pre-authorization will be required in order to receive benefits for specific, outpatient, infusion drugs, interventional pain management, and joint and spine surgery, in addition to other services. This plan requires prior authorization for some services in order to be covered at the full plan benefit. If a provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.
- Changes to the 2019 Health Insurance Drug List
- Updates to the 2019 Pharmacy Network

Blue Options Gold PPO 102; G507OPT

- The tier 1 in-network, individual, deductible will change to \$2,000 from \$1,000. The deductible is the amount members must pay before the health plan starts paying for most qualified covered services.
- The tier 2 in-network, individual deductible will change to \$3,500 from \$2,500. The deductible is the amount members must pay before the health plan starts paying for most qualified covered services.
- The tier 1 in-network, family deductible will change to \$4,000 from \$3,000. The deductible is the amount members must pay before the health plan starts paying for most qualified covered services.
- The tier 2 in-network, family deductible will change to \$8,500 from \$7,500. The deductible is the amount members must pay before the health plan starts paying for most qualified covered services.
- The tier 1 in-network, individual, out-of-pocket maximum will change to \$3,500 from \$2,500. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment members must pay for covered medical expenses incurred during the benefit period.
- The tier 2 in-network, individual, out-of-pocket maximum will change to \$6,500 from \$5,500. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment members must pay for covered medical expenses incurred during the benefit period.
- The tier 1 in-network, family, out-of-pocket maximum will change to \$8,500 from \$7,500. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment members must pay for covered medical expenses incurred during the benefit period.
- The tier 1 primary care office visit copay will change to \$35 from \$25. The copay is a fixed dollar amount members are required to pay for covered services at the time they receive care.
- The tier 2 primary care office visit copay will change to \$60 from \$50. The copay is a fixed dollar amount members are required to pay for covered services at the time they receive care.
- The Virtual Visit copay will change to \$35 from \$25. The copay is a fixed dollar amount members are required to pay for covered services at the time they receive care.
- The out-of-network, individual, out-of-pocket maximum will change to unlimited from \$11,000. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment members must pay for covered medical expenses incurred during the benefit period.
- The out-of-network, family, out-of-pocket maximum will change to unlimited from \$29,400. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment members must pay for covered medical expenses incurred during the benefit period.
- Preauthorization will be required in order to receive benefits for specific, outpatient, infusion drugs, interventional pain management, and joint and spine surgery, in addition to other services. This plan requires prior authorization for some services in order to be covered at the full plan benefit. If a provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.
- Changes to the 2019 Health Insurance Drug List
- Updates to the 2019 Pharmacy Network

Blue Options Silver PPO 104; S506OPT

- The out-of-network, individual, out-of-pocket maximum will change to unlimited from \$13,700. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment members must pay for covered medical expenses incurred during the benefit period.
- The out-of-network, family, out-of-pocket maximum will change to unlimited from \$29,400. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment members must pay for covered medical expenses incurred during the benefit period.
- Preauthorization will be required in order to receive benefits for specific outpatient infusion drugs, interventional pain management, and joint and spine surgery, in addition to other services. This plan requires prior authorization for some services in order to be covered at the full plan benefit. If a provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.
- Changes to the 2019 Health Insurance Drug List
- Updates to the 2019 Pharmacy Network

Blue Options Silver PPO 107; S507OPT

- The out-of-network, individual, out-of-pocket maximum will change to unlimited from \$13,100. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment members must pay for covered medical expenses incurred during the benefit period.
- The out-of-network, family, out-of-pocket maximum will change to unlimited from \$26,200. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment members must pay for covered medical expenses incurred during the benefit period.
- Preauthorization will be required in order to receive benefits for specific, outpatient, infusion drugs, interventional pain management, and joint and spine surgery, in addition to other services. This plan requires prior authorization for some services in order to be covered at the full plan benefit. If a provider is in-network, he/she is responsible for obtaining prior authorization. Members are responsible for obtaining prior authorization for services that are provided by out-of-network providers. Please see benefit book for additional details.
- Changes to the 2019 Health Insurance Drug List
- Updates to the 2019 Pharmacy Network

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 તમે મદદ કરી રહ્યા હોય અથવા કોઈ બીજી વ્યક્તિને અસુબા.અમ. કાયકમ બાબતે પ્રશ્નો હોય, તો તમને વિના ખર્ચે, તમારી ભાષામાં મદદ અને માહિતી મેળવવાનો હક્ક 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 anánilwo'ígíí, na'ídíłkidgo, ts'ídá bee ná ahóótí'i' t'áá níłk'e níka a'doolwoł dóo bina'ídíłkidígíí bee níł h odoonih. Ata'dahalne'ígíí bich'í' hodíłlnih 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 tinutulungan 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.

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>