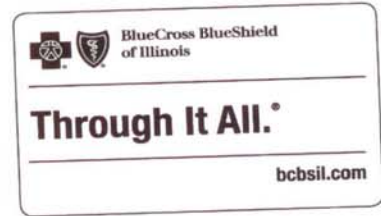





Stephen 
Wheaton, IL 60189



Member ID:
Group Number:



Through all of life's changes, Blue Cross and Blue Shield of Illinois is here to assist you. Now that health insurance is changing, we can help guide you through new options that are available to you. We invite you to view your new choices today!

Dear Stephen 

Thank you for your trust in Blue Cross and Blue Shield of Illinois (BCBSIL), and in the strength of the health coverage and customer service we provide you.

We're writing to you with details about some of the **coverage options** that you will have beginning January 1, 2014. Effective January 1, 2014, all plans must be compliant with the new health care law. Therefore, **the BCBSIL health insurance plan you have now will no longer be available after December 31, 2013.**

You can view recommended plans on the back of this letter, plus you can see all of the plans offered by BCBSIL and choose your new plan at **bcsil.com/stayblue**. The enrollment process is easy—and you won't have to answer any health questions!

About Your New Health Care Coverage Purchasing Options

You and your family may have new options for health care coverage. Starting on October 1, 2013, the Health Insurance Marketplace in Illinois will offer a new alternative for purchasing health insurance plans. You can preview your premium, deductibles, and co-payment costs before you make a decision to enroll in a plan, and determine whether you qualify for assistance to reduce these costs.

You can continue to purchase coverage from us in the Marketplace. You may find your premiums are lower due to a new kind of tax credit in the Marketplace. You might also qualify for plans with reduced deductibles and co-payments. Even though help with premiums, deductibles, and co-payments isn't available outside the Marketplace, the health care law also guarantees that you can choose a new plan outside the Marketplace even if you have a pre-existing condition.

Here's what you need to do to select your BCBSIL coverage by DECEMBER 15, 2013:

1. **Go to bcsil.com/stayblue**
2. **View** your options.
3. **Choose** your new plan.
4. **Add or remove** dependents as needed.
5. **Enroll** quickly and easily online.

If you can't enroll online, please use the enclosed Plan Option form to send us your new plan choice by mail. Please disregard the enclosed Plan Option form if you do enroll online.

We want to make sure that you have the health coverage you want on January 1, 2014. If we do not hear from you by December 15, 2013, we will enroll you in the Option 1 plan shown in this letter.

If you have questions, contact your independent BCBSIL agent directly or call a BCBSIL Customer Advocate toll free at **800-538-8833**

(Continued on back)

Review Your Current Coverage

Your current BCBSIL plan, **Blueedge 100% Bcn**, covers the following members for a monthly premium of \$576.62 as of the date of this letter. **Please note that coverage under your current plan will end December 31, 2013.**

Stephen 

See Your New BCBSIL Plan Options

To help you make this choice, we have listed the new BCBSIL plans that are similar to the plan you have now:

- **Option 1, Blue PPO BronzeSM005**, is the most similar in benefits to what you have today. The monthly premium for the member(s) named above is \$911.32.
- **Option 2, Blue Choice Bronze PPOSM005**, is the most similar in price to what you have today. The monthly premium for the member(s) named above is \$611.74.
- **Option 3, Blue Choice Bronze PPOSM006**, is a lower-cost option with lower benefits. The monthly premium for the member(s) named above is \$611.32.

If you would like to choose a plan option other than Option 1, you must make your selection by December 15, 2013. See your BCBSIL health insurance options at bcbsil.com/stayblue.

Also, the new health care law requires you and each member on the policy to have coverage for pediatric dental services, which are required essential health benefits. The new health care law requires these benefits even if there is no one on the policy who is eligible for these services. During your enrollment with BCBSIL, you will have the opportunity to provide reasonable assurances that you and each member on the policy have coverage for pediatric dental services. If you do not select a dental plan or provide us with reasonable assurances, you will be enrolled automatically in pediatric dental coverage.

To review all of our plans, simply log in to our secure site at bcbsil.com/stayblue using the member number/subscriber number and group number on the front of your BCBSIL ID card, plus the last four digits of your Social Security number. You will be able to view the options above as well as all of the plans available to you. You will also be able to see if you are eligible for cost-sharing assistance and to enroll in a plan that is eligible for this assistance.

To enroll today in your new BCBSIL plan, go to bcbsil.com/stayblue. The choice is yours, so select the coverage that best meets your needs and budget. To learn more about BCBSIL, see the Frequently Asked Questions included with this letter or visit bcbsil.com/staybluefaq. You can also call a BCBSIL Customer Advocate toll free at **800-538-8833** with questions.

Key dates	More about your BCBSIL options and what will happen
October 1, 2013	Choose your new 2014 BCBSIL plan at bcbsil.com/stayblue .
December 15, 2013	Enroll by this date for a January 1, 2014 effective date.
December 16, 2013	BCBSIL will enroll you in Option 1 automatically if you did not enroll in a new plan.
December 31, 2013	Your current BCBSIL health care coverage will end.
January 1, 2014	Your new 2014 BCBSIL health care coverage will start.

If you do not choose a plan by December 15, you will be enrolled in Option 1 above so you will have health care coverage on January 1, 2014.

Visit bcbsil.com/stayblue today to see the many plans available to you. If you are working with an independent agent, you have the option to contact him or her too.



Our goal is to serve your health insurance needs through all of life's changes. If you have any questions, our team stands ready to help.

We are here to help you get the health care coverage you want.

Sincerely,

Blue Cross and Blue Shield of Illinois

SCHEDULE PAGE

PRIMARY INSURED:  STEPHEN
IDENTIFICATION NUMBER: 
COVERAGE DATE: July 1, 2012
PREMIUM AMOUNT: \$460.27
METHOD OF PAYMENT: Monthly Bank Draft

DESCRIPTION OF BENEFITS

PLAN NAME: BlueEdge Individual HSA ††
TYPE OF COVERAGE: Family
***FAMILY DEDUCTIBLE:** \$7,000 per calendar year
***FAMILY OUT OF POCKET EXPENSE LIMIT:** Participating Provider; In-Network: Family Deductible plus \$6,000**
Non-Participating Provider; Out-of-Network: Family Deductible plus \$12,000

In addition to the Individual Coverage or Family Coverage calendar year Deductible, you must satisfy a separate \$300 Inpatient Hospital Deductible each time you are admitted to a Hospital Out-of-Network or Non-Plan Hospital.

† HOSPITAL PAYMENT LEVEL: Participating Provider; In-Network: 100% of Eligible Charge after Deductible
Non-Participating Provider; Out-of-Network: 80% of Eligible Charge after Deductible
Non-Plan Provider: 50% of Eligible Charge after Deductible
† PHYSICIAN PAYMENT LEVEL: Participating Provider; In-Network: 100% of Maximum Allowance after Deductible
Non-Participating Provider; Out-of-Network: 80% of Maximum Allowance after Deductible
SKILLED NURSING FACILITY PAYMENT LEVEL: Plan Provider: 100% of Eligible Charge after Deductible
Non-Plan Provider: 50% of Eligible Charge after Deductible
OTHER COVERED SERVICES: Participating Provider; In-Network: 100% of the Eligible Charge or Maximum Allowance after Deductible
Non-Participating Provider; Out-of-Network: 80% of the Eligible Charge or Maximum Allowance after Deductible

OUTPATIENT EMERGENCY CARE: 100% of Eligible Charge or Maximum Allowance after Deductible

PROVIDER NETWORK: Blue Choice

MATERNITY SERVICE BENEFIT NOT INCLUDED

MEDICAL SERVICES ADVISORY PROGRAM (MSA) – When you choose to receive Covered Services from a Participating Provider in Illinois, you will not be responsible for notifying the MSA and the provisions of the MSA PROGRAM will not apply to you. Failure to notify the MSA as required prior to receiving Outpatient services, you will then be responsible for \$1,000 or 50% of the charges, for eligible Covered Services in addition to any deductibles, Copayments and/or Coinsurances applicable to this Policy.

MENTAL HEALTH UNIT – Should you fail to notify the Mental Health Unit you may be responsible the first \$ 1,000 or 50%, whichever is less, of the Hospital charges for an eligible Hospital stay in addition to any deductibles, Copayments and/or Coinsurance applicable to this Policy.

*Should the Federal Government adjust the Deductible and/or Out-of-Pocket Expense Limit for High Deductible Plans as defined by the Internal Revenue Code, the Deductible and/or Out-of-Pocket Expense Limit amount in this Policy may adjust accordingly.

**The Family Out-of-Pocket Expense Limit including Family Deductible cannot exceed \$10,000.

†Payment levels do not apply to most Covered Services received for the treatment of Mental Illness and Substance Abuse Rehabilitation Treatment.
Specific payment levels are shown in the Policy.

††Please be reminded that Health Savings Accounts (HSA) have tax and legal ramifications. Blue Cross Blue Shield of Illinois, does not provide legal or tax advice, and nothing herein should be construed as legal or tax advice. Please consult your tax advisors for information regarding the tax consequences of specific health insurance plans or products.

Provider, benefits will be provided according to the payment provisions indicated in this Benefit Section for a Participating Pharmacy.

YOUR COST

Deductible

Each Benefit Period you must satisfy the Participating Provider program Deductible described in this Policy for your medical benefits before your benefits will begin for drugs and diabetic supplies. Expenses incurred by you for Covered Services under this Benefit Section will also be applied towards the program Deductible.

BENEFIT PAYMENT FOR PRESCRIPTION DRUGS

Retail Pharmacy

The benefits you receive and the amount you pay will differ depending upon the type of drugs or diabetic supplies obtained and whether they are obtained from a Participating or Non-Participating Pharmacy.

When you obtain Covered Drugs, including diabetic supplies from a Participating Pharmacy, benefits will be provided at:

- **100% of the Eligible Charge for each prescription** – for Generic Drugs and generic diabetic supplies.
- **100% of the Eligible Charge for each prescription** – for Non-Formulary Brand Name Drugs and non-Formulary brand name diabetic supplies for which **there is no Generic Drug** or supply available.
- **100% of the Eligible Charge, plus the cost difference between the Generic and Brand Name Drugs or supplies, as determined by Blue Cross and Blue Shield, for each prescription** – for Non-Formulary Brand Name Drugs and non-Formulary brand name diabetic supplies for which there is a Generic Drug or supply available.

When you obtain Covered Drugs, including diabetic supplies from a Non-Participating Pharmacy (other than a Participating Pharmacy), benefits will be provided at 100% of the amount you would have received had you obtained drugs from a Participating Pharmacy.

One prescription means up to a 34 consecutive day supply of a drug. Certain drugs may be limited to less than a 34 consecutive day supply. However, for certain Maintenance Drugs, larger quantities may be obtained through the Home Delivery Prescription Drug Program. For information on these drugs, contact your Participating Pharmacy or call the Customer Service toll-free number on your identification card. Benefits for prescription inhalants will not be restricted on the number of days before an inhaler refill may be obtained.

Home Delivery Prescription Drug Program

When you obtain Covered Drugs, including diabetic supplies through the Home Delivery Prescription Drug Program, benefits will be provided at:

- **100% of the Eligible Charge for each prescription** – for Generic Drugs and generic diabetic supplies.
- **100% of the Eligible Charge for each prescription** – for Non-Formulary Brand Name Drugs and non-Formulary brand name diabetic supplies for which **there is no Generic Drug** or supply available.
- **100% of the Eligible Charge, plus the cost difference between the Generic and Brand Name Drugs or supplies, as determined by Blue Cross and Blue Shield, for each prescription** – for Non-Formulary Brand Name Drugs and non-Formulary brand name diabetic supplies for which there is a Generic Drug or supply available.

Under the Home Delivery Prescription Drug Program, one prescription means up to a 90 consecutive day supply of a drug. Certain drugs may be limited to less than a 90 consecutive day supply.



**BlueCross BlueShield
of Illinois**

Notice Regarding Your Benefits

The Affordable Care Act was signed into law on March 23, 2010, and will result in changes to your policy and outline of coverage. This Notice is to inform you that for policy years beginning on or after September 23, 2010, Blue Cross and Blue Shield of Illinois will administer your benefits in accordance with the terms of your policy and the Affordable Care Act. Blue Cross and Blue Shield of Illinois will send you an amendment to your policy and a new outline of coverage once it has been approved by the Illinois Department of Insurance. Prior to issuance of an approved amendment and new outline of coverage, the following will apply to your policy:

Coverage of Children

If a policy makes available dependent coverage of children, the policy will make such coverage available for your children who have not attained age 26 regardless of the presence or absence of the child's financial dependency, residency, student status, employment, or any combination of those factors. In addition, the policy will not deny or restrict coverage of such children based on eligibility for other coverage.

Rescissions

Coverage under the policy, with respect to an individual, will be cancelled retroactive to the effective date of coverage if the individual (or a person seeking coverage on behalf of the individual) performs an act, practice or omission that constitutes fraud, or makes an intentional misrepresentation of a material fact, as prohibited by the terms of coverage. At least 30 days advance written notice will be provided before any such cancellation.

Lifetime Maximums

Benefits that are considered essential benefits (as that term is defined in the Affordable Care Act and applicable regulations) will not be subject to any lifetime limit on the dollar value of such benefits for any individual.

Preexisting Condition Waiting Period

A preexisting condition waiting period will not apply to enrollees who are under 19 years of age.

Preventive Services

The policy will provide coverage for those preventive items and services required to be covered by the Affordable Care Act and applicable regulations and will not impose any cost sharing requirements (for example, coinsurance, deductible, copayment) with respect to those items and services, when delivered by a participating/network provider.

Annual Benefit Maximums

Although under the Affordable Care Act a restricted annual limit on the dollar value of essential health benefits (as that term is defined in the Affordable Care Act and applicable regulations) may be applied prior to 2014, benefits under this policy that are considered essential health benefits will not be subject to any annual limit on the dollar value of such benefits for any individual.