



Robert

Bloomington, IL 60108

BlueCross BlueShield  
of Illinois

Through It All.®

bcbsil.com

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 Robert

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 [bcbsil.com/stayblue](http://bcbsil.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,

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

1. Go to [bcbsil.com/stayblue](http://bcbsil.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,

## Review Your Current Coverage

Your current BCBSIL plan, **Blueedge 100% Ben**, covers the following members for a monthly premium of \$461.38 as of the date of this letter. **Please note that coverage under your current plan will end December 31, 2013.**

Robert 

2 dependent children

## 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 Bronze<sup>SM</sup>005**, is the most similar in benefits to what you have today. The monthly premium for the member(s) named above is \$766.59.
- **Option 2, Blue Choice Bronze PPO<sup>SM</sup>005**, is the most similar in price to what you have today. The monthly premium for the member(s) named above is \$514.58.
- **Option 3, Blue Choice Bronze PPO<sup>SM</sup>006**, is a lower-cost option with lower benefits. The monthly premium for the member(s) named above is \$514.24.



**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](http://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](http://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](http://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](http://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 <a href="http://bcbsil.com/stayblue">bcbsil.com/stayblue</a> .
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.

**PRIMARY INSURED:**  ROBERT 

**IDENTIFICATION NUMBER:** 

**COVERAGE DATE:** February 5, 2013

**PREMIUM AMOUNT:** \$922.76

**METHOD OF PAYMENT:** Two-month Bill

**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**