



**BlueCross BlueShield of Illinois**

*Experience. Wellness. Everywhere.®*

# Product Guide

- SelectBlue<sup>®</sup>
- SelectBlue Advantage<sup>SM</sup>
- BlueChoice Select<sup>SM</sup>

- BlueValue<sup>SM</sup>
- BlueValue Advantage<sup>SM</sup>
- BlueChoice Value<sup>SM</sup>

- BlueEdge<sup>SM</sup> Individual HSA
- BlueEdge<sup>SM</sup> Individual HSA 5000

- SelecTEMP PPO<sup>®</sup>

**FOR AGENT USE ONLY**

**INDIVIDUAL AND FAMILY HEALTH INSURANCE**

# TABLE OF CONTENTS

SPECIFIC PRODUCT HIGHLIGHTS . . . . .	2
OUTPATIENT PRESCRIPTION DRUGS . . . . .	4
HEALTH SAVINGS ACCOUNTS . . . . .	4
UNDERWRITING INFORMATION . . . . .	6
Eligibility Information . . . . .	6
Partial Medical Condition Rejection List . . . . .	6
Unacceptable Medications . . . . .	6
Underwriting Opinion Form . . . . .	9
Height and Weight Chart . . . . .	9
General Information on Height/Weight . . . . .	9
Coverage Exclusion Riders . . . . .	11
PREMIUM INFORMATION . . . . .	19
EFFECTIVE DATE GUIDELINES . . . . .	19
PRE-EXISTING CONDITIONS WAITING PERIOD . . . . .	20
REPLACING OTHER POLICIES . . . . .	20
SUBMISSION PROCEDURES . . . . .	20
Required Forms . . . . .	20
Completing the Application . . . . .	20
Special Note about Signatures . . . . .	21
Altered Applications . . . . .	21
Where to Submit . . . . .	21
COVERAGE CHANGES . . . . .	21
Upgrades and Downgrades . . . . .	21
OPTIONAL MATERNITY BENEFITS . . . . .	22
MEDICAL SERVICES ADVISORY AND THE MENTAL HEALTH UNIT . . . . .	22
WORKERS' COMPENSATION INSURANCE REGULATIONS . . . . .	22
SELECTEMP PPO . . . . .	22

# Individual and Family Health Insurance Plans

## FROM BLUE CROSS AND BLUE SHIELD OF ILLINOIS

We are pleased to present our unique range of health insurance plans that are now available to individual adults and families. Each plan is backed by the financial strength and stability of Blue Cross and Blue Shield of Illinois.

While each of our plans is tailored to the individual needs of Illinois adults and families, all of the plans have a number of features and benefits in common.

We are confident that Blue Cross and Blue Shield of Illinois has a health care plan that is right for your clients. Regardless of the plan they select, they will benefit from the experience, expertise and stability of the leading health insurer in Illinois.

### SPECIFIC PRODUCT HIGHLIGHTS

#### SelectBlue

- Choice of 100% or 80% inpatient and outpatient benefits at participating providers\*
- Choice of six deductibles: \$0, \$250, \$500, \$1,000, \$2,500 or \$5,000
- Family deductible equal to 3x the individual deductible
- Doctor office visits with \$20 copayment
- 100% Preventive Care Services (benefits covered as defined by national guidelines) when in-network providers are used. Benefits reduced when non-participating providers are used.
- Out-of-pocket expense limit of \$1,000 per individual plus deductible at participating providers
- Prescription drug card benefit with \$0, \$250 and \$500 deductible, \$10 copayment per prescription for generic drugs
- Outpatient prescription drugs covered at 80% with \$1,000, \$2,500 and \$5,000 deductible
- Emergency care covered at 100%
- Optional maternity benefits
- Receive maximum benefits at 90% of Illinois doctors and more than 200 participating hospitals

#### SelectBlue Advantage offers these key differences:

- 80% inpatient and outpatient benefits at participating providers\*
- Choice of six deductibles: \$250, \$500, \$1,000, \$1,750, \$2,500 or \$5,000
- Doctor office visits with \$30 copayment
- Prescription drug card benefit with \$250 and \$500 deductible, \$10 copayment per prescription for generic drugs
- Outpatient prescription drugs covered at 80% with \$1,000, \$1,750, \$2,500 and \$5,000 deductible
- Emergency care covered at 80% after \$75 copayment
- Out-of-pocket expense limit of \$3,000 per individual plus deductible at participating providers

#### BlueChoice Select

- 80% inpatient and outpatient benefits at contracting providers\*
- Choice of six deductibles: \$250, \$500, \$1,000, \$1,750, \$2,500 or \$5,000
- Doctor office visits with \$30 copayment
- 100% Preventive Care Services (benefits covered as defined by national guidelines) when in-network providers are used. Benefits reduced when non-participating providers are used.
- Emergency care covered at 80% after \$75 copayment
- Out-of-pocket expense limit of \$3,000 per individual plus deductible at contracting providers
- Prescription drug card benefit with \$250 and \$500 deductible plans, \$10 copayment per prescription for generic drugs
- Outpatient prescription drugs covered at 80% with \$1,000, \$1,750, \$2,500 and \$5,000 deductible
- Optional maternity benefits
- Family deductible equal to 2x the individual deductible
- Receive maximum benefits at BlueChoice contracting network of doctors and hospitals

#### BlueValue

- Choice of 100% or 80% inpatient and outpatient benefits at participating providers\*
- Choice of five deductibles: \$250, \$500, \$1,000, \$2,500 or \$5,000
- Family deductible equal to 3x the individual deductible
- Out-of-pocket expense limit of \$1,000 per individual plus deductible at participating providers
- Outpatient prescription drugs covered at 80% after plan deductible
- 100% Preventive Care Services (benefits covered as defined by national guidelines) when in-network providers are used. Benefits are reduced when non-participating providers are used.
- Emergency care covered at 100%
- Optional maternity benefits
- Receive maximum benefits at 90% of Illinois doctors and more than 200 participating hospitals

\* To maximize benefits, your clients should utilize providers contracting with Blue Cross and Blue Shield of Illinois.

## BlueValue Advantage offers these key differences:

- 80% inpatient and outpatient benefits at participating providers\*
- Choice of six deductibles: \$250, \$500, \$1,000, \$1,750, \$2,500 or \$5,000
- Emergency care covered at 80% after \$75 copayment
- Out-of-pocket expense limit of \$3,000 per individual plus deductible at participating providers

## BlueChoice Value

- 80% inpatient and outpatient benefits at contracting providers\*
- Choice of six deductibles: \$250, \$500, \$1,000, \$1,750, \$2,500 or \$5,000
- Out-of-pocket expense limit of \$3,000 per individual plus deductible at contracting providers
- Outpatient prescription drugs covered at 80% after plan deductible
- 100% Preventive Care Services (benefits covered as defined by national guidelines) when in-network providers are used. Benefits are reduced when non-participating providers are used.
- Emergency care covered at 80% after \$75 copayment
- Optional maternity benefits
- Family deductible equal to 2x the individual deductible
- Receive a higher level of benefits at BlueChoice contracting doctors and hospitals with the BlueChoice plan

## BlueEdge Individual HSA

- Choice of 100% or 80% inpatient and outpatient benefits after plan deductible at participating providers\*
- Choice of four deductibles\*\*: \$1,200, \$1,750, \$2,600 and \$3,500
- Family deductible equal to two times the individual deductible
- Inpatient/outpatient physician medical services covered at a choice of 100% or 80% after deductible at participating providers
- 100% Preventive Care Services (benefits covered as defined by national guidelines) when in-network providers are used. Benefits reduced when non-participating providers are used.
- Out-of-pocket expense limit of \$3,000 per individual plus deductible (not to exceed \$5,000)
- Outpatient prescription drugs covered at a choice of 100% or 80% after plan deductible

- Optional maternity coverage at a choice of 100% or 80% after plan deductible
- Receive a higher level of benefits at 90% of Illinois doctors and more than 200 participating hospitals
- Receive 10% discount on family rates
- Use a health savings account (HSA) in conjunction with this health plan as a way to use tax-advantaged dollars to pay for your health care costs\*\*\*

## BlueEdge Individual HSA 5000

- 100% inpatient and outpatient benefits after plan deductible at participating providers\*
- \$5,000 individual deductible
- Family deductible equal to two times the individual deductible
- Inpatient/outpatient physician medical services covered at 100% after deductible at participating providers
- 100% Preventive Care Services (benefits covered as defined by national guidelines) when in-network providers are used. Benefits reduced when non-participating providers are used.
- Prescription drugs covered at 100% after plan deductible
- Out-of-pocket expense limit equal to deductible
- Optional maternity coverage at 100% after plan deductible
- Receive a higher level of benefits at 90% of Illinois doctors and more than 200 participating hospitals
- Receive 10% discount on family rates
- Use a health savings account (HSA) in conjunction with this health plan as a way to use tax advantaged dollars to pay for your health care costs.\*\*\*

## BlueCare® Dental PPO

- \$1,500 Maximum Annual Benefit per person
- No deductible for Type I (i.e. cleanings, exams, X-rays) and Type II (i.e. fillings, extractions) services
- \$50 deductible for Type III (i.e. bridges, crowns, dentures) services
- Up to 20% discount on orthodontics at participating dentists until reaching a maximum savings of \$1,000
- Members must be enrolled in BCBSIL health plans in order to enroll. If they drop their health at any time, their dental plan will be terminated. Members who drop their dental plan for any reason cannot re-enroll later.
- Not available with SelecTEMP PPO policies

## SelecTEMP PPO

- See page 22.

\* To achieve a higher level of benefits, your clients should use network providers.

\*\* Should the Federal Government adjust the minimum deductible or maximum deductible contribution limits for High Deductible Health Plans as defined by the Internal Revenue Service, the deductible amount in this policy may adjust accordingly.

\*\*\* Please be reminded that Health Savings Accounts (HSA) have tax and legal ramifications. Blue Cross and Blue Shield of Illinois does not provide legal or tax advice, and nothing herein should be construed as legal or tax advice. These materials, and any tax-related statements in them, are not intended or written to be used, and cannot be used or relied on, for the purpose of avoiding tax penalties. Tax-related statements, if any, may have been written in connection with the promotion or marketing of the transaction(s) or matter(s) addressed by these materials. You should seek advice based on your particular circumstances from an independent tax advisor regarding the tax consequences of specific health insurance plans or products.

## OUTPATIENT PRESCRIPTION DRUGS

### SelectBlue, SelectBlue Advantage, and BlueChoice Select

#### SelectBlue with \$0, \$250 and \$500 Plan Deductible:

- Drug card benefit (your client pays: \$10 copayment per prescription for generic drugs; 35% per prescription for formulary brand drugs and insulin/insulin syringes; 50% per prescription for non-formulary brand drugs)
- Home delivery of maintenance drugs available

#### SelectBlue Advantage and BlueChoice Select with \$250 and \$500 Deductibles:

- Drug card benefit (your client pays: \$10 copayment per prescription for generic drugs; 35% per prescription for formulary brand drugs and insulin/insulin syringes; 50% per prescription for non-formulary brand drugs)
- Home delivery of maintenance drugs available

#### SelectBlue, SelectBlue Advantage, and BlueChoice Select with all other Deductibles:

- No drug card benefit
- Outpatient prescription drugs covered at 80% after plan deductible
- Home delivery of maintenance drugs *not available*

### BlueValue, BlueValue Advantage, and BlueChoice Value

- Outpatient prescription drugs covered at 80% after plan deductible

### BlueEdge Individual HSA

- Outpatient prescription drugs covered at a choice of 100% or 80% after plan deductible

### BlueEdge Individual HSA 5000

- Outpatient prescription drugs covered at 100% after plan deductible

## HEALTH SAVINGS ACCOUNTS

### Best Prospects for High Deductible Plans:

In general, you can expect these products to appeal to individuals and families who like to take control of their health care decisions — i.e., those who want the ability to decide what doctors to see, when to see them and how much to spend. Here is a list of the key market segments that represent potential clients:

- Self-employed individuals, who will welcome affordability, reliable benefits and the ability to save and invest with their HSA (These individuals may be able to deduct their premium payments.)
- Professional segment, looking for additional tax-advantaged savings vehicles that can be used for medical expenses
- Healthy individuals and families who appreciate the affordability and who are not as likely to have huge medical expenses associated with major illnesses; catastrophic coverage is especially important to this market segment
- Employers who are not offering a group plan and are looking for a way to help their employees affordably self-insure (List billing is available.)
- Working uninsured, who will appreciate the lower premiums, the reliable benefits and the “ownership” of their HSA; catastrophic coverage is especially important to this market segment
- Early retirees, who will be able to roll over their HSA and use it tax-free to pay for health care expenses in their retirement
- People ages 55 and older, who can benefit from catch-up contributions to their HSA (an annual additional contribution of up to \$1,000 is allowed for these individuals)

## Reasons Your Clients Will Want a BlueEdge HSA Plan...

- Low premiums — BlueEdge Individual HSA 5000 is the lowest of any of our high deductible health plan options
- 10% family discount for both BlueEdge insurance plans is factored into the premium
- Tax advantages and tax savings
- Unused yearly balance can roll over to grow on a tax-deferred basis
- Portability: clients own their HSA — even through changes in qualified plans and even into retirement

## Health Savings Account (HSA)

### Guidelines:

#### Eligibility for HSAs

Generally, any individual who is covered by a qualified high deductible health plan and who is not entitled to or covered by Medicare or other health insurance — including an unlimited health reimbursement account (HRA) or health flexible spending account (FSA) — can qualify. Individuals cannot be claimed as a dependent on someone else's tax return.

#### Eligible Expenses for HSAs

HSAs can be used to pay for many types of qualified medical expenses, even some that are often excluded by health insurance plans, only to the extent the expenses are not covered by insurance or otherwise. These include:

- Health insurance plan deductibles, copayments and coinsurance paid for qualified medical expenses
- Prescription drugs
- Dental services, including braces, bridges and crowns
- Vision care, including glasses and Lasik eye surgery
- Psychiatric and certain psychological treatments
- Qualified long-term care services and insurance premiums (subject to certain limits based on age and are adjusted annually)\*\*\*\*
- Medically related transportation and lodging (subject to certain limitations)
- Premiums paid for health care continuation coverage, e.g. COBRA premiums and certain health insurance premiums (check with a tax advisor or IRS for specifics)\*\*\*\*

Go to [www.irs.gov](http://www.irs.gov) for a complete list of what medical expenses are and are not approved by the IRS.

#### HSA Contributions

- Annual contribution limitations: up to \$3,050 for individuals and \$6,150 for family coverage (These amounts may increase based upon IRS guidelines.)
- Additional catch-up contributions (\$1,000) are allowed for individuals ages 55 and older
- Contribution deadline is due date of individual's federal income tax return

#### HSA Distributions

- Distributions are tax-free for qualified medical expenses
- Distributions from an HSA that are not used for qualified medical expenses are includable in the beneficiary's taxable income and also may be subject to an additional penalty
- Expenses must be incurred after the HSA has been set up
- Removal of funds from account does not have to occur at same time as the actual medical expense
- Distributions may occur even if the individual is no longer eligible to contribute to the HSA
- HSA funds may accumulate for use after retirement
- The HSA holder is entirely responsible for determining the eligibility of the expense as well as for maintaining records and reporting

\*\*\*\* Note: Generally, an HSA may not be used to purchase health insurance unless specifically excepted. Expenses that are not qualified medical expenses include premiums paid for Medicare supplement coverage and Medigap. To be sure if a medical expense qualifies as eligible, you should check with a tax advisor or the IRS.

# UNDERWRITING INFORMATION

## Eligibility Information

Individual adults and families with permanent residence in Illinois are eligible to apply for a product.

- Issue ages are from 19 through 64 for individual adult applicants and spouses.
- Dependent coverage is available to the applicant's spouse and/or children. (When dependent's surname is different from the applicant's, please provide an explanation.)
  - Dependent children must be under age 26, or under age 30 if a military veteran.
- Applicants age 18 or over are required to sign for themselves; a parent signature is not acceptable.
- Blue Cross and Blue Shield of Illinois will often verify and/or clarify information on the application and from Blue Cross and Blue Shield of Illinois claim history by telephone interview directly with the applicant.
- Medical records will be requested at the discretion of underwriting.
- All persons applying for coverage who are not U.S. citizens must have resided in the U.S. for at least six months AND have had a complete physical by a physician in the U.S. within the past two years.

## Partial Medical Condition Rejection List

Note: Not applicable to individuals under age 19.

- AIDS
- Alcoholism/Alcohol Abuse<sup>1</sup>
- Angioplasty
- Aortic Stenosis
- Arteriosclerotic Heart Disease
- Ascites<sup>1</sup>
- Bi-Polar Disorder
- Boeck's Sarcoidosis
- Bypass surgery
- Cancer (other than skin cancer)/Malignant Melanoma<sup>1</sup>
- Cerebral Vascular Accident
- Cerebral Vascular Disease
- Chronic Obstructive Pulmonary Disease (if currently smoking)
- Chronic Pancreatitis
- Chronic Renal Failure
- Cirrhosis of Liver
- Coronary Heart Disease
- Cushing's Syndrome
- Cystic Fibrosis
- Diabetes (managed with any type of medication)
- Drug Addiction/Abuse<sup>1</sup>
- Fatty Liver (hepatic steatosis)<sup>2</sup>
- Heart Attack
- Height and Weight (see chart on page 9)
- Hemodialysis/Peritoneal Dialysis
- Hemophilia
- HIV
- Hodgkin's Disease
- Huntington's Chorea
- Immune Deficiency Syndrome
- Leukemia
- Liver Atrophy
- Lupus Erythematosus (Systemic)
- Multiple Neurofibromatosis
- Multiple Sclerosis
- Muscular Dystrophy
- Myasthenia Gravis
- Myocardial Infarction
- Nephrosclerosis
- Organic Brain Disorder

- Pacemaker
- Paget's Disease
- Parkinson's Disease
- Pending surgery of any kind
- Peripheral Vascular Disease
- Polycystic Kidney
- Pregnant or an Expectant Parent (mother or father)<sup>3</sup>
- Psychotic Disorder
- Rheumatic Heart Disease
- Stroke
- Systemic Scleroderma
- Tetralogy of Fallot
- Transient Ischemic Attack
- Organ Transplants
- Valve Replacement

<sup>1</sup> Within the last 5 years

<sup>2</sup> Fully recovered with normal lab results for minimum of 6 months

<sup>3</sup> May apply following the end of current pregnancy once released by the physician

## Unacceptable Medications

Current use of the following types of medications will warrant declination. These medications lists are NOT all-inclusive and are subject to change.

Note: Not applicable to individuals under age 19.

### ANTI-ARTHRITIC MEDICATIONS

Abatacept  
Actemra  
Adalimumab  
Alefacept  
Amethopterin  
Amevive  
Anakinra  
Arava  
Arzerra  
Aurolate  
Aurothioglucose  
Azathioprine  
Certolizumab  
Chlorambucil  
Cimzia  
Cyclosporine  
Cytoxin  
Efalizumab  
Enbrel  
Entanercept  
Folex  
Folotyn  
Gold Sodium Thiomalate  
Gold-50  
Golimumab  
Humira  
Hydroxychloroquine  
Imuran  
Infliximab  
Istodax  
Kineret  
Ledertrexate  
Leflunomide  
Leukeran  
Methoblastin

Methotrexate  
Neosar  
Ofatumumab  
Orencia  
Pazopanib  
Plaquenil  
Pralatrexate  
Raptiva  
Remicade  
Rheumatrex  
Rituxan  
Rituximab  
Romidepsin  
Sandimmune  
Simponi  
Sipuleucel-T Provenge  
Solganal  
Stelara  
Thioprine  
Tocilizumab  
Trexall  
Ustekinumab  
Votrient

### ANTI-CANCER/ ANTI-NEOPLASTIC MEDICATIONS

Anastrozole  
Arimidex  
Emblon  
Femara  
Fentamox  
Nolvadex  
Soltamox  
Tamoxifen  
Tamofen

**ANTI-COAGULANT/  
ANTI-THROMBOTIC  
MEDICATIONS**

Acova  
Angiomax  
Anisindione  
Antithrombin  
Ardeparin  
Argatroban  
Arixtra  
Atryn  
Bivalirudin  
Brilinta  
Clopidogrel  
Coumadin  
Dalteparin  
Danaparoid  
Effient  
Enoxaparin  
Fondaparinux  
Fragmin  
Hepalean  
Heparin  
Heparin-Leo  
Hep-Lock  
Hep-Pak  
Innohep  
Jantoven  
Lepirudin  
Lovenox  
Miradon  
Monoparin  
Multiparin  
Normiflo  
Orgaran  
Plavix  
Prasugrel  
Pump-Hep  
Refludan  
Ticagrelor  
Ticlid  
Ticlopidine  
Tinzaparin  
Unihep  
Uniparin  
Warfarin  
Warfilone

**ANTI-DIABETIC  
MEDICATIONS**

Acarbose  
Actoplus Met  
Actos

Amaryl  
Apidra  
Apo-Chlorpropamide  
Avandamet  
Avandaryl  
Avandia  
Byetta  
Chlorpropamide  
Cycloset  
Daonil  
DiaBeta  
Diabinese  
Duetact  
Euglucon  
Exenatide  
Exubera  
Fortamet  
Glibenese  
Glimepiride  
Glipizide  
Glucagon  
Glucobay  
Glucophage  
Glucophage XR  
Glucotrol  
Glucovance  
Glyburide  
Glynase PresTab  
Glyset  
Humalog  
Humulin  
Insulin products  
Janumet  
Januvia  
Lantus  
Levemir  
Liraglutide  
Metaglip  
Metformin HCL  
Micronase  
Miglitol  
Mini Diab  
Nateglinide  
Novolog  
Onglyza  
Pioglitazone HCL  
Pramlintide  
Prandase  
Prandimet  
Prandin  
Precose  
Repaglinide  
Riomet  
Rosiglitazone

Saxagliptin  
Semi-Daonil  
Sitagliptan  
Starlix  
Symlyn  
Velosulin  
Victoza

**ANTI-PSYCHOTICS,  
ANTI-PARKINSONIANS  
& OTHER CENTRAL  
NERVOUS SYSTEM  
MEDICATIONS**

Abilify  
Akineton  
Aldazine  
Amantadine  
Anatensol  
Apo-Benzotropine  
Apo-Fluphenazine  
Apokyn  
Apo-Morphine  
Apo-Perphenazine  
Apo-Thioridazine  
Apo-Trifluoperazine  
Aricept  
Aripiprazole  
Artane  
Asenapine  
Azilect  
Baclofen  
Benzotropine  
Biperiden  
Bromocriptine  
Cabergoline  
Camcolit  
Carbex  
Carbidopa-Levodopa  
Carbolith  
Celance  
Chlorpromazine HCL  
Cibalith-S  
Clozapine  
Clozaril  
Cogentin  
Cognex  
Comtan  
Cycloset  
Donepezil  
Dopar  
Dostinex  
Dozic  
Duralith

Eldepryl  
Emsam  
Entacapone  
Eskalith  
Exelon  
Fanapt  
FazaClo  
Fentazin  
Fluphenazine  
Galantamine  
Geodon  
Haldol  
Haloperidol  
Iloperidone  
Invega  
Kemadrin  
Kemstro  
Larodopa  
Levodopa  
Levodopa-Carbidopa  
Lithane  
Lithicarb  
Lithium  
Lithizine  
Lithobid  
Lithonate  
Lithotabs  
Lodosyn  
Loxapac  
Loxapine  
Loxitane Modecate  
Mellaril  
Memantine  
Mesoridazine  
Mirapex  
Moditen  
Namenda  
Navane  
Neupro  
Novo-Chlorpromazine  
Novo-Ridazine  
Novo-Trifluzine  
Olanzapine  
Paliperidone  
Parcopa  
Parlodel  
Pergolide  
Peridol  
Permax  
Permitil  
Perphenazine  
Priadel  
Pramipexole  
Dihydrochloride

Prochloridone  
Prolixin  
Quetiapine  
Rasagiline  
Razadyne  
Reminyl  
Requip  
Risperdal  
Risperidone  
Rivastigmine  
Ropinirole HCL  
Rotigotine  
Saphris  
Selegiline  
Serenace  
Serenitil  
Seroquel  
Sinemet  
Stalevo  
Stelazine  
Symbyax  
Symmetrel  
Tacrine  
Tasmar  
Tetrabenzine  
Thioridazine  
Thiothixene  
Thiothixene HCL  
Trifluoperazine  
Trihexyphenidyl  
Thorazine  
Tolcapone  
Trilafon  
Xenazine  
Zelapar  
Ziprasidone  
Zyprexa

**ANTI-VIRAL OR  
ANTI-RETROVIRAL  
MEDICATIONS  
FOR HIV/AIDS or  
HEPATITIS**

Abacavir  
Adefovir  
Agenerase  
Amprenavir  
Apo-Zidovudine  
Atazanavir  
Atripla  
Azidothymidine (AZT)  
Baraclade  
Cidofovir  
Combivir

Copegus	Roferon	Antagon	Ilaris	Peginterferon
Crixivan	Saquinavir	Apriso	Inamrinone Lactate	Pegvisomant
Cymevene	Selzentry	Arcalyst	Imiglucerase	Pentasa
Cytovene	Stavudine	Asacol	Immune globulin	Pergonal
Darunavir	Sustiva	Avonex	Increlex	Procrit
Delavirdine	Tenofovir	Aztreonam	Infliximab	Pulmozyme
Didanosine (DDL)	Tipranavir	Azulfidine	Inocor	Rebif
Efavirenz	Trizivir	Betaseron	Interferon	Remicade
Emtricitabine	Truvada	Bosentan	Kutrase	Rilonacept
Emtriva	Valcyte	Bravelle	Kuvan	Repronex
Enfuvirtide	Valganciclovir	Canakinumab	Ku-Zyme	Rowasa
Entacavir	Videx	Canasa	Lanreotide	Saizen
Entravirine	Viracept	Carbaglu	Lanoxin	Salazopyrin
Epivir	Viramune	Cardoxin	Lanoxicaps	Salofalk
Epzicom	Viread	Carglumic acid	Laronidase	Sandostatin
Etravirine	Vistide	Cayston	Lialda	Sapropterin
Fomivirsen	Vitravene	Cerezyme	Lipram	Serophene
Fortovase	Zalcitabine	Cetrorelix	Lutropin alfa	Serostim
Fosamprenavir	Zerit	Cetrotide	Luvens	Sodium oxybate
Foscarnet	Ziagen	Clomid	Mecasermin	Soliris
Foscavir	Zidovudine	Clomiphene Citrate	Mesasal	Somatropin
Fuzeon		Coagulation factor VIII	Miglustat	Somavert
Ganciclovir	<b>ANTI-SUBSTANCE</b>	complex	Milophene	Sulfasalazine
Hepsera	<b>ABUSE</b>	Copaxone	Milrinone Lactate	Sulfazine
Hivid	<b>MEDICATIONS</b>	Cotazym	Minitran	Sumatuline Depot
Indinavir	Acamprosate	Creon	Myozyme	Synagis
Infergen	Antabuse	Dalfampridine	Naglazyme	Teriparatide
Intelence	Campral	Deponit	Natalizumab	Tev-tropin
Interferon	Disulfiram	Digitek	Nitisinone	Tracleer
Intron-A	Methadone	Digoxin	Nitradisc	Transderm-Nitro
Invirase	Naltrexone HCL	Domase alfa	Nitro-Bid	Transiderm-Nitro
Isentress	Naloxone/Buprenorphine	Dygase	Nitro-Dur	Tridil
Kaletra	ReVia	Eculizumab	Nitrodisc	Tysabri
Lamivudine	Suboxone	Elaprase	Nitrogard	Ultrase
Lexiva	Trexan	Epoetin	Nitroglycerin	Urofollitropin
Lopinavir/Ritonavir	Vivitrol	Epogen	Nitroglyn	Velaglucerase alfa
Maraviroc		Everolimus	Nitrol	Viokase
Nelfinavir	<b>ANTI-THYROID</b>	Extavia	Nitrolingual	Von Willebrand Factor
Nevirapine	<b>MEDICATIONS</b>	Fabrazyme	Nitrong	VPRIV
Norvir	Methimazole	Feraheme	Nitrostat	Wilate
Novo-AZT	Propylthiouracil (PTU)	Fertinex	Nitro-Time	Xyrem
Pegasys	Propyl-Thyracil	Follistim	Norditropin	Zavesca
Peginterferon	Radioactive Iodine	Follitropin Alfa	NTS	Zenpep
Peg-Intron	Tapazole	Forteo	Nutropin	Zorbtive
Prezista		Galsulfase	Octreotide	Zortress
Raltegravir	<b>MISCELLANEOUS</b>	Ganirelex Acetate	Omnitrope	
Rebetol	<b>MEDICATIONS</b>	Genotropin	Onsolis	
Rebetron	Adcirca	Glatiramer acetate	Orfadin	
Rescriptor	Actimmune	Gonal-F	Ovidrel	
Retrovir	Agalsidase	HCG/chorionic	Palivizumab	
Reyataz	Agglucosidase	gonadotropin alfa	Pancrease	
Ribasphere	Aldurazyme	Hizentra	Pancrease	
Ribavirin	Ampyra	Humotrope	Pancrelipase	
Ritonavir	Anginine	Idursulfase	Panokase	

## Underwriting Opinion Form

If you would like an opinion as to how Blue Cross and Blue Shield of Illinois might consider a particular applicant's health history before you submit a fully completed application, you may complete and submit a request for an Underwriting E-Opinion electronically via an online secure form. The online secure form can be found at <https://osc.hscil.com/ProducerPortal/>, select the Producer Services link, select the E-Communication tab, then select the New E-Opinion link in the E-Opinions sub-tab. A final underwriting decision on any applicant will always require a completed application.

## General Information on Height/Weight

- Some situations outside of stated guidelines may require additional information via a telephone interview and/or medical records to complete the underwriting assessment.
- Certain medical conditions can be impacted and may result in a premium adjustment or declination at weights higher or lower than the threshold listed in the chart. This list covers some of the most common conditions, but is not all inclusive.

- > High blood pressure
- > Diabetes (diet controlled)
- > Arthritis or gout in weight-bearing joint(s)
- > Joint replacement (due to trauma) or artificial spinal disc implant
- > Sleep apnea

## Adult Height and Weight Chart - Ages 19 and older

MALE				FEMALE			
Height Ft. In.	Weight Accept	Weight 25% premium adjustment	Decline	Height Ft. In.	Weight Accept	Weight 25% premium adjustment	Decline
4 - 8	78 - 130	131 - 166	167	4 - 8	76 - 128	129 - 157	158
4 - 9	80 - 135	136 - 172	173	4 - 9	79 - 133	134 - 163	164
4 - 10	83 - 140	141 - 178	179	4 - 10	81 - 137	138 - 169	170
4 - 11	86 - 145	146 - 184	185	4 - 11	84 - 142	143 - 175	176
5 - 0	89 - 150	151 - 191	192	5 - 0	87 - 147	148 - 181	182
5 - 1	92 - 155	156 - 197	198	5 - 1	90 - 152	153 - 187	188
5 - 2	95 - 160	161 - 204	205	5 - 2	93 - 157	158 - 193	194
5 - 3	98 - 165	166 - 210	211	5 - 3	96 - 162	163 - 199	200
5 - 4	101 - 170	171 - 217	218	5 - 4	99 - 167	168 - 206	207
5 - 5	105 - 176	177 - 224	225	5 - 5	102 - 173	174 - 212	213
5 - 6	108 - 181	182 - 231	232	5 - 6	105 - 178	179 - 219	220
5 - 7	111 - 187	188 - 238	239	5 - 7	109 - 184	185 - 226	227
5 - 8	115 - 193	194 - 245	246	5 - 8	112 - 189	190 - 232	233
5 - 9	118 - 198	199 - 252	253	5 - 9	115 - 195	196 - 239	240
5 - 10	121 - 204	205 - 260	261	5 - 10	118 - 200	201 - 246	247
5 - 11	125 - 210	211 - 267	268	5 - 11	122 - 206	207 - 254	255
6 - 0	129 - 216	217 - 275	276	6 - 0	125 - 212	213 - 261	262
6 - 1	132 - 222	223 - 283	284	6 - 1	129 - 218	219 - 268	269
6 - 2	136 - 228	229 - 291	292	6 - 2	132 - 224	225 - 275	276
6 - 3	140 - 235	236 - 299	300	6 - 3	136 - 230	231 - 283	284
6 - 4	143 - 241	242 - 307	308	6 - 4	140 - 236	237 - 291	292
6 - 5	147 - 247	248 - 315	316	6 - 5	143 - 243	244 - 298	299
6 - 6	151 - 254	255 - 323	324	6 - 6	147 - 249	250 - 306	307
6 - 7	155 - 260	261 - 331	332	6 - 7	151 - 256	257 - 314	315
6 - 8	159 - 267	268 - 340	341	6 - 8	155 - 262	263 - 322	323

## Height and Weight Chart - Ages 15 through 18

MALE				FEMALE			
Height Ft. In.	Weight Accept	Weight 25% premium adjustment	Weight premium adjustment > 25%	Height Ft. In.	Weight Accept	Weight 25% premium adjustment	Weight premium adjustment > 25%
4 - 8	78 - 130	131 - 166	167	4 - 8	76 - 128	129 - 157	158
4 - 9	80 - 135	136 - 172	173	4 - 9	79 - 133	134 - 163	164
4 - 10	83 - 140	141 - 178	179	4 - 10	81 - 137	138 - 169	170
4 - 11	86 - 145	146 - 184	185	4 - 11	84 - 142	143 - 175	176
5 - 0	89 - 150	151 - 191	192	5 - 0	87 - 147	148 - 181	182
5 - 1	92 - 155	156 - 197	198	5 - 1	90 - 152	153 - 187	188
5 - 2	95 - 160	161 - 204	205	5 - 2	93 - 157	158 - 193	194
5 - 3	98 - 165	166 - 210	211	5 - 3	96 - 162	163 - 199	200
5 - 4	101 - 170	171 - 217	218	5 - 4	99 - 167	168 - 206	207
5 - 5	105 - 176	177 - 224	225	5 - 5	102 - 173	174 - 212	213
5 - 6	108 - 181	182 - 231	232	5 - 6	105 - 178	179 - 219	220
5 - 7	111 - 187	188 - 238	239	5 - 7	109 - 184	185 - 226	227
5 - 8	115 - 193	194 - 245	246	5 - 8	112 - 189	190 - 232	233
5 - 9	118 - 198	199 - 252	253	5 - 9	115 - 195	196 - 239	240
5 - 10	121 - 204	205 - 260	261	5 - 10	118 - 200	201 - 246	247
5 - 11	125 - 210	211 - 267	268	5 - 11	122 - 206	207 - 254	255
6 - 0	129 - 216	217 - 275	276	6 - 0	125 - 212	213 - 261	262
6 - 1	132 - 222	223 - 283	284	6 - 1	129 - 218	219 - 268	269
6 - 2	136 - 228	229 - 291	292	6 - 2	132 - 224	225 - 275	276
6 - 3	140 - 235	236 - 299	300	6 - 3	136 - 230	231 - 283	284
6 - 4	143 - 241	242 - 307	308	6 - 4	140 - 236	237 - 291	292
6 - 5	147 - 247	248 - 315	316	6 - 5	143 - 243	244 - 298	299
6 - 6	151 - 254	255 - 323	324	6 - 6	147 - 249	250 - 306	307
6 - 7	155 - 260	261 - 331	332	6 - 7	151 - 256	257 - 314	315
6 - 8	159 - 267	268 - 340	341	6 - 8	155 - 262	263 - 322	323

### Juvenile Height and Weight Chart - Male and Female

AGES 0-2			AGES 3-9			AGES 10-14		
Height	Weight Accept	Weight premium adjustment at or above	Height	Weight Accept	Weight premium adjustment at or above	Height	Weight Accept	Weight premium adjustment at or above
16"	4 - 9	10	30"	18 - 40	41	48"	44 - 92	93
17"	4 - 10	11	31"	19 - 41	42	49"	47 - 96	97
18"	5 - 11	12	32"	20 - 42	43	50"	49 - 100	101
19"	5 - 12	13	33"	21 - 43	44	51"	52 - 104	105
20"	5 - 14	15	34"	22 - 44	45	52"	54 - 108	109
21"	6 - 16	17	35"	23 - 47	48	53"	56 - 113	114
22"	7 - 19	20	36"	24 - 50	51	54"	59 - 117	118
23"	8 - 21	22	37"	25 - 52	53	55"	61 - 122	123
24"	9 - 23	24	38"	26 - 54	55	56"	63 - 126	127
25"	10 - 25	26	39"	28 - 56	57	57"	66 - 131	132
26"	10 - 26	27	40"	30 - 58	59	58"	69 - 135	136
27"	12 - 29	30	41"	31 - 61	62	59"	71 - 140	141
28"	13 - 31	32	42"	32 - 64	65	60"	74 - 144	145
29"	14 - 34	35	43"	34 - 68	69	61"	78 - 150	151
30"	15 - 36	37	44"	35 - 71	72	62"	81 - 155	156
31"	17 - 38	39	45"	37 - 75	76	63"	84 - 161	162
32"	18 - 40	41	46"	38 - 78	79	64"	87 - 166	167
33"	20 - 41	42	47"	40 - 82	83	65"	91 - 171	172
34"	21 - 42	43	48"	42 - 86	87	66"	94 - 176	177
35"	22 - 45	46	49"	44 - 90	91	67"	97 - 181	182
36"	23 - 48	49	50"	46 - 94	95	68"	100 - 186	187
37"	25 - 51	52	51"	49 - 98	99	69"	103 - 191	192
38"	26 - 54	55	52"	51 - 103	104	70"	107 - 196	197
39"	28 - 57	58	53"	54 - 107	108	71"	110 - 201	202
40"	29 - 59	60	54"	56 - 111	112	72"	113 - 206	207
			55"	59 - 115	116	73"	117 - 211	212
			56"	61 - 120	121	74"	120 - 216	217
			57"	64 - 124	125	75"	123 - 222	223
			58"	66 - 128	129	76"	126 - 228	229

## Coverage Exclusion Riders

**Coverage Exclusion Riders cannot be issued to individuals under the age of 19;** a premium adjustment may be applied for some conditions. Blue Cross and Blue Shield of Illinois will place a maximum of two (2) coverage exclusion riders on any one applicant. When a policy is conditionally approved with one or two exclusion riders, coverage will not be activated until BCBSIL receives the signed and dated rider along with any other outstanding requirements that may be applicable.

Coverage exclusion riders will be permanent. However, in selected situations (as noted below), the policyholder may request reconsideration, i.e., removal of a rider, after the specified time period has elapsed, beginning with the effective date of the policy. The specific rider(s) offered with the policy will include a time frame assigned to each rider based on underwriting guidelines and the applicant's specific situation.

For those situations where it may be possible to remove a rider, removal will not be automatic and must be requested by the policyholder in writing. Removal will be subject to company approval at the time the request is made. If removal is approved, it will be effective as of a current date.

**The following is a list of Coverage Exclusion Riders that may be used:**

### A

**Acne, any form of acne or rosacea, including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): scarring, dry skin, abscess, cyst, folliculitis, keloid, pruritus, epistaxis, hyper-triglyceridemia, elevated liver enzymes, inflammation or infection.**

- Time Limit: Reconsider after 5 years
- May be used when the condition is present, or in certain situations when there is a history of the condition. (*available for non-drug card plans only*)

**Anal fissure, including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition: bleeding, ulceration, abscess, cryptitis.**

- Time Limit: Reconsider after 5 years
- May be used when the condition is present, or if there is a history of multiple occurrences of the condition.

**Anorectal fistula, fistula-in-ano, rectal prolapse or procidentia, ischiorectal abscess, perirectal abscess; including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): cryptitis, bleeding, ulceration.**

- Time Limit: Reconsider after 5 years
- May be used when the condition has not been surgically corrected, or if there has been any recurrence of the condition.

### B

**Baker's cyst(s) or popliteal cyst(s) of the [specify left knee, right knee, or knees], including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): infection, pain, inflammation, limitation of movement, swelling, fluid accumulation.**

- Time Limit: Reconsider after 5 years
- May be used when the condition is present.

**Basal cell carcinoma, basosquamous cell carcinoma, Bowen's disease, squamous cell carcinoma of the skin; including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): infection, scarring, progression to invasive malignancy, metastasis.**

- Time Limit: Reconsider after 5 years
- May be used in certain situations when there is a history of the condition within the last 5 years.

**Brachial palsy, brachial plexus palsy, Erb's palsy; including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): limitation of movement, scarring, contracture, weakness.**

- Time Limit: Permanent
- May be used when the condition is present.

**Breast implants, including any diagnostic procedure, treatment, surgery or replacement and the following complications that occur in connection with or as a result of the aforementioned condition: scarring, contracture, implant rupture, bruising, hematoma, infection of the breast, inflammation, autoimmune disease, connective tissue disease.**

- Time Limit: Permanent
- May be used if the implants are present and solely for cosmetic, and not medical, reasons.

**Bunions, hallux valgus or hammer toe of the [specify right foot, left foot or feet]; including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): internal fixation malfunction, infection of the foot.**

- Time Limit: Permanent
- May be used when the condition is present, or if there is a history of the condition with residuals.

**Bursitis, tendonitis, synovitis, tenosynovitis, tennis elbow or epicondylitis of the [specify joint involved] and proximal tendons; including any diagnostic procedure, treatment or surgery thereof.**

- Time Limit: Reconsider after 5 years
- May be used in certain situations when the condition is present, or if there is a history of the condition.

## C

**Carpal tunnel syndrome, including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition: pain, numbness, tingling.**

- Time Limit: Reconsider after 5 years
- May be used in certain situations when the condition is present, or if there is a history of the condition.

**Cataracts, including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition: impairment of vision, glaucoma, hemorrhage, retinal detachment, infection of the eye.**

- Time Limit: Permanent
- May be used when the condition is present.

**Cervical dysplasia, atypical cervical or glandular cells, cervicitis, endocervicitis, Human Papillomavirus (HPV); including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): vaginal bleeding, infection, scarring, cervical incompetence or stenosis, carcinoma in-situ of the cervix, cervical carcinoma, progression to invasive malignancy, metastasis.**

- Time Limit: Reconsider after 3 years (for cervicitis or endocervicitis only) or 5 years (all other conditions)
- May be used when the condition is present or follow-up testing is in progress, or if there is a history of the condition.

**Cholecystitis, choledocholithiasis, cholelithiasis or gallbladder stones; including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): retained stones, obstruction, biliary colic.**

- Time Limit: Reconsider after 5 years
- May be used when the gallbladder has not been surgically removed.

**Cholesteatoma of the [specify left ear, right ear, or ears] including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition: impairment of hearing, labyrinthitis, infection, abscess, intracranial invasion, facial nerve paralysis.**

- Time Limit: Reconsider after 5 years
- May be used when the condition has not been surgically corrected, or if the condition has been surgically corrected with complete recovery within the last year.

**Chondromalacia or patello-femoral syndrome of the [specify right knee, left knee, or knees], including any diagnostic procedure, treatment or surgery thereof.**

- Time Limit: Reconsider after 5 years
- May be used when the condition is present, or if there is a history of the condition.

**Clubfoot or talipes of the [specify left foot, right foot, or feet], including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): limitation of movement, infection, scarring, intoeing, impaired blood flow.**

- Time Limit: Permanent
- May be used when the condition is present, or in certain situations when there is a history of the condition.

**Colon polyp(s), rectal polyp(s); including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): bleeding, anemia, intestinal obstruction or perforation, progression to invasive malignancy, metastasis.**

- Time Limit: Reconsider after 5 years
- May be used in certain situations when there is a history of the condition.

**Corneal ulcer or erosion, corneal dystrophy, keratoconus, keratitis, keratoconjunctivitis, corneal transplant of the [specify left eye, right eye, or eyes]; including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): impairment of vision; scarring; infection of the eye; corneal edema; glaucoma; cataracts; corneal perforation; graft failure or rejection.**

- Time limit: Permanent
- May be used when the condition is present, or if the condition has been surgically corrected with complete recovery within the last year.

**Cubital tunnel syndrome, ulnar nerve palsy, ulnar nerve compression, ulnar nerve entrapment; including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): limitation of movement; scarring; contracture; pain; numbness; tingling; swelling; instability; compression or inflammation of the surrounding muscles, nerves, tendons, or ligaments.**

- Time Limit: Reconsider after 5 years
- May be used when the condition is present, or in certain situations when there is a history of the condition.

**Curvature of the spine, scoliosis, kyphoscoliosis, lordosis or kyphosis; including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): scarring; pain; sprain, strain, spasms, weakness, compression or inflammation of the surrounding ligaments, muscles, or nerves; limitation of movement; disc degeneration; insertion, malfunction, revision or removal of fixation device(s) or rod(s).**

- Time Limit: Permanent
- May be used in certain situations when the condition is present, or there is a history of the condition, or the condition has been surgically corrected with complete recovery more than 3 years ago.

**Cyst – [Specify Epidermoid, Epididymal, Ganglion, Pilonidal, Scrotal, Sebaceous or Synovial Cyst and location]; including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): abscess, cellulitis, folliculitis, infection, pain, numbness, swelling or tingling.**

- Time Limit: Reconsider after 5 years
- May be used when a cyst is present, or it has been incised only.

**Cyst, tumor, polyp, nodule, ulcer or neoplasm of the vocal cords; including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): vocal impairment, progression to invasive malignancy.**

- Time Limit: Reconsider after 5 years
- May be used when the condition is present, or if the condition has been surgically corrected within the last 2 years.

**Cystitis, urinary tract infection, trigonitis, interstitial cystitis; including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): cystitis cystica, Hunner's ulcer, urinary frequency, urinary obstruction, hematuria, proteinuria.**

- Time Limit: Reconsider after 5 years
- May be used when there is a history of recurrent episodes, with the most recent episode within the last 3 years.

**Cystocele, rectocele, urethrocele, bladder prolapse; including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): urinary tract infection, vaginal infection, incontinence, rectal prolapse, urethral stricture.**

- Time Limit: Reconsider after 5 years
- May be used when the condition is present, or if there is a history of the condition with residuals.

## D

**Deviated nasal septum, Perforated nasal septum, or Deviated and perforated nasal septum; including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): apnea, ulceration, infection of the nose or paranasal sinuses.**

- Time Limit: Permanent
- May be used when the condition has not been surgically corrected, or if the condition has been surgically corrected with complete recovery within the last year.

**Dislocation of the [specify joint(s) involved], including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition: limitation of movement; scarring; instability; atrophy, contracture, pain, stiffness, swelling, inflammation or weakness of the surrounding muscles, tendons, or ligaments.**

- Time Limit: Permanent
- May be used when there is a history of multiple occurrences, or the condition surgically has been corrected with complete recovery within the last year.

**Diverticulosis, diverticulitis, diverticular disease of the colon; including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): pain, bleeding, abscess, fistula, intestinal perforation, intestinal obstruction, peritonitis.**

- Time Limit: Permanent
- May be used when there is a history of multiple occurrences of the condition, or if there is a history of the condition with residuals.

**Diverticulum or diverticulosis of the urinary bladder, including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): infection, urinary obstruction, urinary reflux.**

- Time Limit: Reconsider after 5 years
- May be used when the condition is present, or if there is a history of the condition with residuals.

**Dupuytren's contracture, flexion contracture(s) of either or both hand(s); including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): limitation of motion, scarring, pain, numbness, tingling.**

- Time limit: Permanent
- May be used when the condition has not been surgically corrected, or if there is a history of the condition with residuals.

## E

**Epididymitis, epididymo-orchitis, orchitis; including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): pain, abscess, azoospermia, infertility.**

- Time Limit: Reconsider after 5 years
- May be used when there is a history of multiple episodes, with the most recent episode within the last 2 years.

**Exostosis, bone spurs or osteophytes of the [specify bone and/or joint involved]; including any diagnostic procedure, treatment or surgery thereof; and the following complications that occur in connection with or as a result of the aforementioned condition(s): compression or inflammation of the surrounding muscles, ligaments or nerves; limitation of movement; muscle atrophy.**

- Time Limit: Reconsider after 5 years
- May be used when the condition has not been surgically corrected.

## F

**Fistula of the urinary tract, enterovesical fistula; including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): urinary tract infection, abscess, pain, incontinence.**

- Time Limit: Reconsider after 5 years
- May be used when the condition is present, or if there is a history of the condition with residuals.

**Fistula of the vagina, vesicovaginal fistula, rectovaginal fistula; including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): pain, infection, incontinence, adhesions.**

- Time limit: Permanent
- May be used when the condition is present, or if there is a history of the condition with residuals.

**Frozen shoulder, adhesive capsulitis, adherent subacromial bursitis, arthrofibrosis or periarthrosis of the [specify right shoulder, left shoulder, or shoulders]; including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned shoulder condition(s): limitation of movement; scar tissue; instability, atrophy, contraction, inflammation, pain, stiffness, swelling or weakness of the surrounding muscles, tendons or ligaments.**

- Time Limit: Permanent
- May be used when the condition is present, or in certain situations when there is a history of the condition.

## G

**Gallbladder polyp(s), including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition: biliary colic, gallbladder cancer, obstruction.**

- Time Limit: Permanent
- May be used when the condition is present.

**Genital herpes or herpes simplex virus infection, including any diagnostic procedure, treatment, or surgery thereof.**

- Time limit: Permanent
- May be used when daily preventive medication is taken for the condition, either currently or within the last year. *(available for non-drug card plans only)*

**Glaucoma, ocular hypertension, elevated intraocular pressure; including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): impairment of vision, pain, scarring, failure of drainage device.**

- Time limit: Permanent
- May be used when the condition is present, or if the condition has been surgically corrected with complete recovery within the last 3 months.

**Gynecomastia, including any diagnostic procedure, treatment or surgery thereof.**

- Time Limit: Reconsider after 5 years
- May be used when an applicant has a condition that has not been surgically corrected.

## H

**Hemangioma(s) of the [specify location], including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition: infection, ulceration, bleeding, scarring.**

- Time Limit: Reconsider after 5 years
- May be used when the condition is present and affects only the skin.

**Hemorrhoids, including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition: bleeding, inflammation, thrombosis, ulceration.**

- Time Limit: Reconsider after 5 years
- May be used when the condition has been surgically corrected with complete recovery within the last year, or if there has been any recurrence of the condition.

**Hernia – [Specify Abdominal, Femoral, Inguinal, Incisional, Scrotal, Umbilical or Ventral] hernia; including any diagnostic procedure, treatment or surgery thereof.**

- Time Limit: Reconsider after 5 years
- May be used when the condition has not been surgically corrected, or if there has been any recurrence of the condition.

**Herniated, bulging or ruptured disc; or degenerative disc or joint disease; including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): sprain, strain, spasms, compression or inflammation of the surrounding ligaments, muscles or nerves; muscle atrophy; arthritis; spinal deformity or limitation of movement.**

- Time Limit: Permanent
- May be used when the condition is present, or there is a history of the condition, or the condition has been surgically corrected with complete recovery within the last 5 years.

**Human Papillomavirus (HPV), condyloma acuminatum, genital warts, genital verrucae, venereal warts, anogenital warts; including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): scarring, pain, urethral warts, progression to malignancy, metastasis.**

- Time Limit: Permanent
- May be used when there is a history of the condition within the last year, or a history of multiple episodes with the most recent episode within the last 2 years.

**Hydrocele, including any diagnostic procedure, treatment or surgery thereof and the following complication that occurs in connection with or as a result of the aforementioned condition: scrotal infection.**

- Time Limit: Reconsider after 5 years
- May be used when the condition has not been surgically corrected.

**Hypermastia, macromastia, megalomastia, pendulous breast(s), reduction of either or both breast(s); including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): pain, hematoma, infection, scarring, contracture, reconstruction of either or both breasts.**

- Time limit: Permanent
- May be used when the condition has not been surgically corrected, or in certain situations when surgery has been completed.

**Hyperthyroidism, hypothyroidism, thyroiditis, thyroid enlargement, thyroid tumor or goiter, thyroid nodule; including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): arrhythmia, atrial fibrillation, thyroid cancer, depression, dysphagia, fatigue, goiter or nodule enlargement, Graves' disease, insomnia, nervousness, palpitations, tachycardia, thyroid enlargement, tremors.**

- Time Limit: Permanent or reconsider after 5 years (for hypothyroidism only)
- May be used in certain specific situations when the condition is present, or if there is a history of the condition.

**Hypospadias or epispadias; including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): urethral stricture, fistula, infection, incontinence, scarring.**

- Time limit: Permanent
- May be used when the condition has not been surgically corrected, or if there is a history of the condition with residuals.

**Iliotibial band syndrome; plica syndrome; internal derangement, instability, tear, rupture or damage of the anterior (ACL), lateral (LCL), medial (MCL) or posterior (PCL) ligament, articular or meniscus cartilage or tendon of the [specify right knee, left knee, or knees]; including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): arthritis, fluid accumulation, infection, inflammation, limitation of movement, pain, spasm, sprain, strain, swelling.**

- Time Limit: Permanent
- May be used when the condition is present, or if there is a history of the condition.

**Impingement, tear, rupture, separation or dislocation of the [specify right shoulder, left shoulder, or shoulders]; including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): limitation of movement, scar tissue, instability, atrophy, contraction, inflammation, pain, stiffness, swelling or weakness of the surrounding muscles, tendons or ligaments.**

- Time Limit: Permanent
- May be used when the condition is present, or in certain situations when there is a history of the condition.

## J

**Joint replacement or prosthesis of the [specify joint(s) involved], including any diagnostic procedure, treatment, surgery, removal, revision, or replacement thereof and the following complications that occur in connection with or as a result of the aforementioned condition: limitation of movement; dislocation; scarring; contracture; bruising; hematoma; infection; pain; inflammation of the surrounding nerves, muscles, tendons, and ligaments.**

- Time limit: Permanent
- May be used when there is a history of the procedure and the cause was trauma or accidental injury.

## L

**Lattice degeneration, including any diagnostic procedure, treatment or surgery thereof.**

- Time Limit: Reconsider after 5 years
- May be used when the condition is present, or if there is a history of the condition.

**Ligament injury, torn ligament, torn tendon, sprain, or strain of the [specify joint(s) involved]; including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): inflammation, pain, stiffness, swelling, instability, limitation of movement.**

- Time Limit: Reconsider after 5 years
- May be used when the condition is present, or in certain situations when there is a history of the condition

**Lipoma, including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition: abscess, folliculitis, cellulitis.**

- Time Limit: Reconsider after 5 years
- May be used when the condition is present.

## M

**Macular degeneration, drusen or pattern dystrophy; including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): impairment of vision, floaters, hemorrhage, scarring.**

- Time Limit: Permanent
- May be used when the condition is present, or if there is a history of the condition.

**Migraine, headache or cephalgia; including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): nausea, vomiting, pain, photophobia, paresthesia, visual field defect, hemiparesis.**

- Time Limit: Permanent
- May be used when the condition is present. (*available for non-drug card plans only*)

**Morton's neuroma or interdigital neuroma, including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): hematoma, infection, pain, numbness, tingling, swelling.**

- Time Limit: Reconsider after 5 years
- May be used when the condition is present, or the condition has been surgically corrected within the last year.

## O

**Otosclerosis of the [specify left ear, right ear, or ears] including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition: impairment of hearing, infection, cholesteatoma.**

- Time Limit: Reconsider after 5 years
- May be used when the condition is present, or if there is a history of the condition.

**Ovarian cyst(s), corpus luteum cyst, functional cyst, hemorrhagic cyst; including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): pain, adnexal torsion, rupture, hemorrhage, abnormal uterine bleeding.**

- Time limit: Reconsider after 5 years
- May be used when the condition is present, or if there is a history of the condition within the last 6 months.

**P**

**Peyronie’s disease, including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition: scarring, sexual dysfunction.**

- Time Limit: Reconsider after 5 years
- May be used when the condition has not been surgically corrected, or when the condition has been surgically corrected within the last year.

**Plantar fasciitis including any diagnostic procedure, treatment, prosthetic device, orthotics, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition: calcaneal or heel spur(s), pain.**

- Time Limit: Reconsider after 5 years
- May be used when the condition is present, or if there is a history of the condition with residuals.

**Prognathism, retrognathism, apertognathia, micrognathia, mandibulofacial dysostosis, maxillary and/or mandibular hyperplasia, maxillary and/or mandibular hypoplasia; including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): infection, malocclusion; insertion, malfunction, or removal of fixation device(s).**

- Time limit: Permanent
- May be used when the condition has not been surgically corrected, or the condition has been surgically corrected with complete recovery within the last year.

**Prolapse, procidentia, descent, retroversion, retroflexion, or retrodisplacement of the uterus; including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): bladder prolapse, cystocele, rectocele, pain, incontinence.**

- Time limit: Permanent
- May be used when the condition has not been surgically corrected, or if there is a history of the condition with residuals.

**Prostatitis, prostate nodule(s), benign prostatic hypertrophy or prostatic stones or calculi; including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): urinary tract infection, urethritis, urinary retention, urinary frequency, urinary stricture, urinary obstruction, urinary stones, hematuria, prostate cancer.**

- Time Limit: Reconsider after 5 years
- May be used in certain situations when the condition is present.

**Prosthesis and remaining portion of the [specify affected limb], including any diagnostic procedure, treatment, surgery, repair, restoration, or replacement thereof and the following complications that occur in connection with or as a result of the previous amputation: cellulitis, necrosis, infection, contracture, neuroma, pain, swelling.**

- Time Limit: Permanent
- May be used when the condition is present.

**Prosthesis of the [specify right eye or left eye], including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition: infection of the orbit or eyelids.**

- Time Limit: Permanent
- May be used when the condition is present.

**R**

**Renal calculus, including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition: hematuria, urinary frequency, obstruction.**

- Time Limit: Permanent
- May be used in situations where either the condition is present (unilaterally), or in selected situations where there is a history of the condition.

**Retinal detachment, including any diagnostic procedure, treatment or surgery thereof, and the following complications that occur in connection with or as a result of the aforementioned condition: lattice degeneration, impairment of vision, hemorrhage, uveitis, vitreous floaters.**

- Time Limit: Reconsider after 5 years
- May be used when the condition is present, or in certain situations when there is a history of the condition.

**Retinal tear(s), hole(s) or perforation; macular tear(s), hole(s), pucker, or macular cyst(s); including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): retinal detachment, cataracts, impairment of vision, hemorrhage, infection of the eye, vitreous floaters.**

- Time Limit: Reconsider after 5 years
- May be used when the condition is present, or in certain situations when there is a history of the condition.

## S

**Sciatica, sciatic neuritis or radiculitis; including any diagnostic procedure, treatment or surgery thereof.**

- Time Limit: Permanent
- May be used when the condition is present, or if there is a history of the condition.

**Sinusitis, enlarged turbinate(s), concha bullosa, deviated nasal septum, enlarged adenoids, nasal polyps; including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): headache, pain, bleeding, intracranial abscess.**

- Time Limit: Reconsider after 5 years
- May be used when the condition is chronic, or in certain situations when there is a history of the condition.

**Spermatocele, including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition: scrotal infection, cyst.**

- Time Limit: Reconsider after 5 years
- May be used when the condition has not been surgically corrected.

**Spinal stenosis, spondylolisthesis or spondylosis; including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): ataxia; foot drop; limitation of movement; nerve or spinal cord compression; numbness, pain, radiculopathy, spasms, stiffness, inflammation or weakness of surrounding ligaments, muscles or nerves.**

- Time Limit: Permanent
- May be used when the condition is present, or there is a history of the condition, or the condition has been surgically corrected with complete recovery within the last 5 years.

**Strabismus, heterotropia, manifest deviation, squint, exotropia, esotropia, exophoria, Duane's syndrome, Brown's syndrome or surgery to the external ocular muscles; including any diagnostic procedure, treatment or surgery thereof; and the following complication that occurs in connection with or as a result of the aforementioned condition(s): impairment of vision.**

- Time Limit: Reconsider after 5 years
- May be used when the condition is present.

**Surgical pin, screw, plate or fixation device of the [specify bone(s) involved]; including removal, replacement and the following complication that occurs in connection with or as a result of the aforementioned condition(s): limitation of movement.**

- Time Limit: Permanent
- May be used when a permanent fixation is present.

## T

**Tarsal tunnel syndrome, tibial nerve compression, tibial nerve entrapment; including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): limitation of movement; scarring; contracture, pain; numbness; tingling; swelling; instability; compression or inflammation of the surrounding muscles, nerves, tendons, or ligaments.**

- Time Limit: Reconsider after 5 years
- May be used when the condition is present, or in certain situations when there is a history of the condition.

**Thoracic outlet syndrome, cervical rib syndrome, cervicobrachial syndrome, scalenus anticus syndrome, scalenus anterior syndrome; including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): swelling, cyanosis, gangrene, pain, numbness, tingling.**

- Time limit: Permanent
- May be used when the condition is present, or the condition has been surgically corrected with complete recovery within the last 2 years.

**Tonsillitis, adenoiditis, tonsil or adenoid enlargement or hypertrophy; including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): pain, infection, abscess, scarring, airway obstruction, sleep apnea.**

- Time Limit: Reconsider after 5 years
- May be used when the condition is chronic, or in certain situations when there is a history of the condition.

## U

**Undescended testicle(s), including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition: infertility, testicular cancer.**

- Time Limit: Reconsider after 5 years
- May be used when the condition has not been surgically corrected.

**Urethral stricture or stenosis, including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): dysuria, cystitis, urinary tract infection, hydronephrosis, pyelonephritis, urinary retention.**

- Time Limit: Permanent
- May be used when there is a history of the condition within the last 2 years, or a history of multiple episodes with the most recent episode within the last 3 years.

**Urinary incontinence, overactive bladder, detrusor instability; including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the afore-mentioned condition(s): urinary tract infection, obstruction.**

- Time limit: Reconsider after 5 years
- May be used when the condition is present, or if there is a history of the condition.

**Uterine fibroid(s), leiomyoma(s) or myoma(s); including diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): urinary frequency, dysmenorrhea, dysfunctional uterine bleeding, anemia, infertility, progression to invasive malignancy.**

- Time Limit: Permanent
- May be used when the condition is present, or if the condition has not been surgically corrected, and in certain situations where there is a history of the condition.

## V

**Varicocele, including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the afore-mentioned condition: pain, infertility.**

- Time Limit: Reconsider after 5 years
- May be used when the condition has not been surgically corrected.

**Varicosities, varicose veins or spider veins; including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): deep vein thrombosis, edema, phlebitis, phlebothrombosis, thrombophlebitis, stasis, ulcer.**

- Time Limit: Permanent
- May be used when the condition is present, or if there is a history of the condition.

**Vesicoureteral or urinary reflux, including any diagnostic procedure, treatment, or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): cystitis, pyelonephritis, hydronephrosis, hydroureter, scarring, obstruction, renal failure.**

- Time limit: Permanent
- May be used in certain situations when the condition is present or when there is a history of the condition.

**Vitreous detachment or degeneration, including any diagnostic procedure, treatment or surgery thereof and the following complications that occur in connection with or as a result of the aforementioned condition(s): impairment of vision, vitreous hemorrhage, retinal tear, vitreous floaters.**

- Time Limit: Reconsider after 5 years
- May be used when the condition is present, or if there is a history of the condition.

## PREMIUM INFORMATION

Initial premium will be based on a member's age as of the policy's effective date.

This means whenever an applicant has a birthday that puts them into a new age category while their application is being underwritten, their initial premium will be based on that higher rate if coverage is approved.

### Premium Payments

You must submit the modal premium initially applied for with the application. For all plans (except SelecTEMP), three modes of payment are available:

- 1) Monthly payments: The applicant may choose automatic monthly bank draft (not available after the 28th of the month), or
- 2) Payments every two months: Premium notices will be issued every two months and sent to the residential address (or billing address, if different).
- 3) Online payments for activated policies can be made on the Blue Access for Members (BAM) secure website. The member just needs to have a credit card ready and his or her premium payment will be processed immediately.
- 4) Online payments for new applicants can be made by credit card or automatic bank draft at the end of the online application process.

Money orders are accepted. Agency checks are not accepted. If the applicant chooses the monthly payment mode, remember to include with the application a completed bank draft authorization form.

A 30-day grace period for payment of premium will apply to activated policies. Coverage will lapse if premium is not received by the end of the grace period.

## EFFECTIVE DATE GUIDELINES

The earliest policy effective date will be two weeks from the application receipt date unless the underwriting decision takes longer than 2 weeks; in which case the effective date will be the underwriting decision date (or later if requested.) If requesting a later effective date, the date requested must not exceed 60 days from the application signature date.

**Note:** This guideline may change periodically. Please check the online quote page at <http://osc.hscil.com/il/Quoting/Applicants.aspx> for the most current effective date guidelines.

Refer to page 22 for SelecTemp PPO effective date guidelines.

## PRE-EXISTING CONDITIONS WAITING PERIOD

No benefits are available for any pre-existing condition (including those conditions a member provided information about on his or her application) until coverage has been in force for 365 days. **This limitation does not apply to individuals under 19 years of age.**

### What Is a Pre-existing Condition?

Pre-existing conditions are those health conditions which were diagnosed or treated by a provider during the 12 months prior to the effective date of coverage.

- For example, if a member sought treatment for allergies six months prior to the date their coverage is effective, allergies would be a pre-existing condition.

Pre-existing conditions also include those health conditions for which symptoms existed which would cause an ordinarily prudent person to seek medical diagnosis or treatment during the 12 months prior to the effective date of coverage.

- For example, lower back pain can be a symptom of a back condition. If a member had lower back pain nine months prior to the effective date of their coverage, even though they didn't seek diagnosis or treatment at that time, the related back condition would be considered pre-existing.

### Special Note about Optional Maternity Coverage

When optional maternity coverage is selected, no benefits will be available until 365 days after the effective date of the maternity coverage.

## REPLACING OTHER POLICIES

The Other Insurance Information section of the application must be completed when an applicant is replacing ANY individual or group health insurance coverage, including a Blue Cross and Blue Shield policy. The separate Notice of Replacement form OB1935 is no longer required.

**Always advise your client to continue paying premiums on his or her current coverage until (1) Blue Cross and Blue Shield of Illinois issues the new plan and (2) your client has returned all outstanding requirements, indicating that they have accepted the new coverage.**

## SUBMISSION PROCEDURES

### Required Forms

The following forms must be used when submitting a case:

1. Illinois Standard Health Application for Individual & Family Health Insurance Coverage
2. BCBSIL Plan Selection Form (31938)
3. Applicant's check for initial two months' premium, if applicant chooses billing every two months.

### Completing the Application

**The application must be filled out completely and accurately, and all information must be legible. If not, processing of the application form may be delayed or a new application may be required for consideration.**

When completing the application forms, please:

- Do not use ditto or dash marks to answer questions
- Use one color ink, preferably black
- Do not use correction fluid to make corrections
- Have the applicant initial and date all corrections
- Specify the condition, injury, symptom or diagnosis and include the dates it affected the applicant(s)
- Provide details about the treatment and/or advice given to the applicant(s) by all medical providers and facilities
- Don't forget information about prescriptions, including names of medication(s), dosage(s) and frequency
- Include complete names, addresses and phone numbers for all physicians and hospitals for each condition, injury, symptom, or diagnosis

Remember, Blue Cross and Blue Shield of Illinois will often verify or clarify information by conducting a telephone interview with an applicant. You can help speed this process along, too, by preparing your client for the call.

Once an application form has been submitted, any changes in health that occur after the application date – but before the date of underwriting approval – must be reported to Blue Cross and Blue Shield of Illinois. Call toll-free 1-888-313-5526.

**Please remember that the Illinois Standard Health Application Form and BCBSIL Plan Selection Form must be submitted together.**

## Special Note about Signatures

Please make sure all application forms are signed and dated by ALL applicants as required. This includes spouses and all dependents age 18 or over who are applying for coverage.

*All applications must be received within 30 days of the first applicant's signature or a new application will be required (except SelecTEMP).*

## Altered Applications

Any application received by Blue Cross and Blue Shield of Illinois that has been altered will be withdrawn and a new application will be required for consideration.

When posting a Blue Cross and Blue Shield of Illinois application on a website:

1. It is not permissible to change the format of an application in any way.
2. All pages must be included and presented in their original content. They must be clear, legible and complete.

## Where to Submit

*All items should be submitted to:*

Blue Cross and Blue Shield of Illinois  
Hallmark Services Corporation  
P.O. Box 3236  
Naperville, IL 60566-7236

Phone: 1-888-313-5526

**Note to GA Producers:  
Please submit business  
to General Agents.**

## COVERAGE CHANGES

### Upgrades and Downgrades

An upgrade, or increase in coverage / benefits, may be requested by fully completing the Illinois Standard Health Application and the BCBSIL Plan Selection Form (31938).

If an upgrade is approved, the effective date will be determined by the member's current payment status and will take effect as of the next billing due date.

Current members requesting an upgrade may receive an offer of coverage with a coverage exclusion rider or riders, or with a higher premium rate, that was not applied to the current policy. When this occurs, the member will have a limited time to decide whether to accept the new upgraded policy with the rider(s) or higher rate, or keep their existing coverage.

Requests for downgrades will be processed when using the Application for Change in Coverage Form 31371. The policy change will take effect as of the next billing due date. Please allow one billing cycle for processing the change.

Downgrades are not permitted on closed blocks of business. To confirm whether a policy would be eligible for a downgrade in benefits, please contact Producer Services 1-888-313-5526.

All requests for new business rates, irrespective of whether the change involves an upgrade or downgrade in benefits, will be considered an upgrade and will require a new application and full underwriting. Requests for new business rates will be accepted no more than once every 12 months (see the end of this section for additional details).

For those clients who want to switch benefits only and are not requesting new business rates, please follow the guidelines outlined below.

#### Upgrade

Decreasing a deductible

Increasing the  
coinsurance level

#### Downgrade

Increasing a deductible  
with no change in  
coinsurance level

Decreasing coinsurance  
with no change in  
deductible

## OPTIONAL MATERNITY BENEFITS

(Available with all major medical plans, except SelecTEMP.)

Maternity benefits for normal pregnancy may be selected as an option.

When elected, maternity benefits will become available 365 days after the maternity coverage effective date. Complications of pregnancy are covered as any other illness under the base policy.

If the maternity option is not applied for at issue, it may be applied for post-issue under the following conditions:

- if applied for within 31 days of marriage,
- when adding a spouse, or
- at policy anniversary date.

When requesting to add maternity benefits, evidence of insurability is required; therefore a new application must be completed in full on all applicants to be insured on the policy. The new application must be signed and dated and a 356-day waiting period will apply to the new benefits approved.

## MEDICAL SERVICES ADVISORY AND THE MENTAL HEALTH UNIT

Our plans include the services of two units. They're called the Medical Services Advisory (MSA<sup>®</sup>) and the Mental Health Unit (MHU).

In order to avoid benefit reductions with our health insurance plans, your clients must call:

- 1) The MHU whenever they need mental health and/or substance abuse services.
- 2) The MSA if they find themselves receiving treatment at an out-of-network hospital. (If your clients receive treatment at a participating hospital, the hospital is responsible for calling the MSA.)

## WORKERS' COMPENSATION INSURANCE REGULATIONS

In order to consider the availability of benefits for claims submitted for work-related injuries or illnesses, written documentation must be received by Blue Cross and Blue Shield of Illinois showing that the self-employed (sole proprietor or partner) or corporate officer of a small business elected to withdraw from Workers' Compensation Insurance, as allowed under the law. Without this documentation, such claims will be denied.

## SelecTEMP PPO

- Short-term coverage offering these benefit period options: 1 month, 2 months, 3 months, 4 months, 5 months or 6 months
- 80% inpatient and outpatient benefits at participating providers\*
- Choice of six deductibles: \$500, \$1,000, \$1,500, \$2,000, \$2,500 or \$5,000
- Family deductible equal to 2x the individual deductible
- Out-of-pocket expense limit of \$1,000 per individual plus deductible at participating providers
- Outpatient prescription drugs covered at 80% after plan deductible (\$500 maximum)
- Emergency care covered at 80% after \$75 copayment
- Receive maximum benefits at 90% of Illinois doctors and more than 200 participating hospitals

## PREMIUM INFORMATION

Initial premium will be based on a member's age at the time of underwriting approval.

This means whenever an applicant has a birthday that puts them into a new age category while their application is being underwritten, their initial premium will be based on that higher rate if coverage is approved.

## Premium Payments

With SelecTEMP PPO, the **entire** premium for the benefit period must be submitted at time of application. Money orders are accepted. Agency checks are not accepted.

## ELIGIBILITY

- Each applicant must be a US citizen or permanent resident living in the US for at least 2 years.
- If any questions in the Health Information Section are answered "yes," coverage will not be issued. (Underwriting Opinion forms are not accepted on SelecTEMP PPO applications.)

## EFFECTIVE DATE GUIDELINES

The effective date of the policy will be the date requested by applicant that's within 30 days of the signature date or the day after the postmark affixed by the USPS, and may include the 29th, 30th and 31st of the month.

\* To achieve a higher level of benefits, your clients should use network providers.

## PRE-EXISTING CONDITIONS WAITING PERIOD

Pre-existing conditions will be denied for duration of the policy.

## SUBMISSION PROCEDURES

### Required Forms

The following forms must be used when submitting a case:

1. Application for Coverage (31323 – SelecTEMP PPO plan) completed in black ink
2. Applicant's check for entire premium

### Completing the Application

**The application must be filled out completely and accurately, and all information must be legible. If not, processing of the application may be delayed or a new application may be required for consideration.**

When completing the application, please:

- Do not use ditto or dash marks to answer questions
- Use one color ink, preferably black
- Do not use correction fluid to make corrections
- Have the applicant initial and date all corrections

### Special Note about Signatures

Please make sure the application is signed and dated by ALL applicants as required. This includes spouses and all dependents age 18 or over who are applying for coverage.

*All applications must be received within 10 days of the first applicant's signature or a new application will be required.*

### Altered Applications

Any application received by Blue Cross and Blue Shield of Illinois that has been altered will be withdrawn and a new application will be required for consideration.

When posting a Blue Cross and Blue Shield of Illinois application on a website:

1. It is not permissible to change the format of an application in any way.
2. All pages must be included and presented in their original content. They must be clear, legible and complete.

## Where to Submit

*All items should be submitted to:*

Blue Cross and Blue Shield of Illinois  
Hallmark Services Corporation  
P.O. Box 3236  
Naperville, IL 60566-7236

Phone: 1-888-313-5526

**Note to GA Producers:  
Please submit business  
to General Agents.**

## OPTIONAL MATERNITY BENEFITS

Not available with SelecTEMP PPO.

## MEDICAL SERVICES ADVISORY

This plan includes the services of the Medical Services Advisory (MSA).

In order to avoid benefit reductions with SelecTEMP PPO, your clients must call the MSA if they find themselves receiving treatment at an out-of-network hospital. (If your clients receive treatment at a participating hospital, the hospital is responsible for calling the MSA.)

## WORKERS' COMPENSATION INSURANCE REGULATIONS

In order to consider the availability of benefits for claims submitted for work-related injuries or illnesses, written documentation must be received by Blue Cross and Blue Shield of Illinois showing that the self-employed (sole proprietor or partner) or corporate officer of a small business elected to withdraw from Workers' Compensation Insurance, as allowed under the law. Without this documentation, such claims will be denied.







