



Blue Cross Community MMAI  
(Medicare-Medicaid Plan)<sup>SM</sup>

# SUMMARY OF BENEFITS FOR

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## 2022

**1-877-723-7702 (TTY: 711)**

We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. – 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free. **For more information**, visit [bcbsil.com/mmai](https://bcbsil.com/mmai).

# Blue Cross Community MMAI: Summary of Benefits 2022

## Introduction

This document is a brief summary of the benefits and services covered by Blue Cross Community MMAI. It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of Blue Cross Community MMAI. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

## Table of Contents

A. Disclaimers .....	3
B. Frequently Asked Questions .....	4
C. Overview of Services .....	9
D. Benefits covered outside of Blue Cross Community MMAI .....	21
E. Services that Blue Cross Community MMAI, Medicare, and Medicaid do not cover .....	22
F. Your rights as a member of the plan .....	22
G. How to file a complaint or appeal a denied service .....	23
H. What to do if you suspect fraud .....	24

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# Blue Cross Community MMAI: Summary of Benefits 2022

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## A. Disclaimers



This is a summary of health services covered by Blue Cross Community MMAI for 2022. This is only a summary. Please read the *Member Handbook* for the full list of benefits. Members can access the 2022 Member Handbook online at [bcbsil.com/mmai](http://bcbsil.com/mmai) or can request one by mail by calling 1-877-723-7702 (TTY: 711). We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. – 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free.

- ❖ Under Blue Cross Community MMAI you can get your Medicare and Medicaid services in one health plan. A Blue Cross Community MMAI care coordinator will help manage your health care needs.
- ❖ This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information, contact the plan or read the Blue Cross Community MMAI *Member Handbook*.
- ❖ ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call Member Services at 1-877-723-7702 (TTY: 711). We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. – 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free.
- ❖ ATENCIÓN: Si habla español, los servicios de asistencia lingüística están a su disposición sin costo alguno para usted. Llame al 1-877-723-7702 (TTY: 7-1-1). Estamos a su disposición los siete (7) días de la semana. Nuestra central telefónica está abierta de lunes a viernes de 8:00 a. m. a 8:00 p. m., hora del centro. Para los fines de semana y días feriados federales, está disponible el servicio de mensajes de voz. Si deja un mensaje de voz, un representante de Atención al Asegurado le devolverá la llamada antes del próximo día laborable. La llamada es gratuita.
- ❖ This document is available for free in other languages and formats like large print, braille, or audio. Call -877-723-7702 (TTY: 711). We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. – 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free. Once requested, Member Services will always send you materials in your chosen language and/or format (such as large print, braille, or audio) until you request to have it changed. This service is free.
- ❖ Medicare-Medicaid Plan provided by Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association. HCSC is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees. Enrollment in HCSC's plan depends on contract renewal.



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# Blue Cross Community MMAI: Summary of Benefits 2022

## B. Frequently Asked Questions

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
<b>What is a Medicare-Medicaid Plan?</b>	A Medicare-Medicaid Plan is a health plan that contracts with both Medicare and Blue Cross Community MMAI to provide benefits of both programs to enrollees. It is for people with both Medicare and Medicaid. A Medicare-Medicaid Plan is an organization made up of doctors, hospitals, pharmacies, providers of long-term services, and other providers. It also has care coordinators to help you manage all your providers and services. They all work together to provide the care you need.
<b>What is a Blue Cross Community MMAI Care Coordinator?</b>	A Blue Cross Community MMAI care coordinator is one main person for you to contact. This person helps manage all your providers and services and makes sure you get what you need.
<b>What are long-term services and supports?</b>	Long-term services and supports are services provided through a Long-Term Care Facility or through a Home and Community-Based Waiver. Enrollees have the option to get long-term services and supports (LTSS) in the least restrictive setting when appropriate, with a preference for the home and the community, and in accordance with the Enrollee's wishes and Care Plan.
<b>Will I get the same Medicare and Medicaid benefits in Blue Cross Community MMAI that I get now?</b>	<p>You will get your covered Medicare and Medicaid benefits directly from Blue Cross Community MMAI. You will work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change.</p> <p>When you enroll in Blue Cross Community MMAI, you and your care team will work together to develop an Individualized Care Plan to address your health and support needs. During this time, you can keep using your doctors and getting your current services for 180 days, or until your care plan is complete. When you join our plan, if you are taking any Medicare Part D prescription drugs that Blue Cross Community MMAI does not normally cover, you can get a temporary supply. We will help you get another drug or get an exception for Blue Cross Community MMAI to cover your drug, if medically necessary.</p>

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# Blue Cross Community MMAI: Summary of Benefits 2022

Frequently Asked Questions (FAQ)	Answers
<p><b>Can I go to the same doctors I use now?</b></p>	<p>Often that is the case. If your providers (including doctors, therapists, and pharmacies) work with Blue Cross Community MMAI and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none"> <li>• Providers with an agreement with us are “in-network.” <b>You must use the providers in Blue Cross Community MMAI’s network.</b></li> <li>• If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Blue Cross Community MMAI’s plan.</li> </ul> <p>To find out if your doctors are in the plan’s network, call Member Services or read Blue Cross Community MMAI’s <i>Provider and Pharmacy Directory</i> on the plan’s website at <a href="http://www.bcbsil.com/mmai/member-resources/forms">www.bcbsil.com/mmai/member-resources/forms</a>.</p> <p>If Blue Cross Community MMAI is new for you, you can continue using the doctors you go to now for up to 180 days from the start of your enrollment. We will work with your doctor to be part of our in-network providers or find you alternative care as part of your care plan.</p>
<p><b>What happens if I need a service but no one in Blue Cross Community MMAI’s network can provide it?</b></p>	<p>Most services will be provided by our network providers. If you need a service that cannot be provided within our network, Blue Cross Community MMAI will pay for the cost of an out-of- network provider.</p>
<p><b>Where is Blue Cross Community MMAI available?</b></p>	<p>The service area for this plan includes: Adams, Alexander, Bond, Boone, Brown, Bureau, Calhoun, Carroll, Cass, Christian, Clark, Clay, Clinton, Coles, Cook, Crawford, Cumberland, DeKalb, DeWitt, Douglas, DuPage, Edgar, Edwards, Fayette, Ford, Franklin, Fulton, Gallatin, Greene, Grundy, Hamilton, Hancock, Hardin, Henderson, Henry, Iroquois, Jackson, Jasper, Jefferson, Jersey, Jo Daviess, Johnson, Kane, Kankakee, Kendall, Knox, Lake, LaSalle, Lawrence, Lee, Livingston, Logan, Macon, Macoupin, Madison, Marion, Marshall, Mason, McDonough, McHenry, McLean, Menard, Mercer, Monroe, Montgomery, Morgan, Moultrie, Ogle, Peoria, Perry, Piatt, Pike, Pope, Pulaski, Putnam, Randolph, Richland, Rock Island, Saline, Sangamon, Schuyler, Scott, Shelby, St. Clair, Stark, Stephenson, Tazewell, Union, Vermilion, Wabash, Warren, Washington, Wayne, White, Whiteside, Will, Williamson, Winnebago and Woodford Counties, Illinois. You must live in one of these areas to join the plan. Call Member Services for more information about whether the plan is available where you live.</p>
<p><b>Do I pay a monthly amount (also called a premium) under Blue Cross Community MMAI?</b></p>	<p>You will not pay any monthly premiums to Blue Cross Community MMAI for your health coverage.</p>

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# Blue Cross Community MMAI: Summary of Benefits 2022

Frequently Asked Questions (FAQ)	Answers
<b>What is prior authorization?</b>	<p>Prior authorization means that you must get approval from Blue Cross Community MMAI before you can get a specific service or drug or use an out-of-network provider. Blue Cross Community MMAI may not cover the service or drug if you don't get approval. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first.</p> <p>Refer to Chapter 3 of the <i>Member Handbook</i> to learn more about prior authorization. Refer to the Benefits Chart in Section D of Chapter 4 of the <i>Member Handbook</i> to learn which services require a prior authorization.</p>
<b>What is a referral?</b>	<p>A referral means that your primary care provider (PCP) must give you approval before you can use someone that is not your PCP or use other providers in the plan's network. If you don't get approval, Blue Cross Community MMAI may not cover the services. You don't need a referral to use certain specialists, such as women health specialists.</p> <p>Refer to Chapter 3 of the <i>Member Handbook</i> to learn more about when you will need a referral from your PCP.</p>

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# Blue Cross Community MMAI: Summary of Benefits 2022

Frequently Asked Questions (FAQ)	Answers
<p><b>Who should I contact if I have questions or need help?</b> (continued on the next page)</p>	<p><b>If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call Blue Cross Community MMAI Member Services:</b></p> <p><b>CALL</b>      1-877-723-7702</p> <p>Calls to this number are free. We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. – 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day.</p> <p>Member Services also has free language interpreter services available for people who do not speak English.</p> <p><b>TTY</b>      711</p> <p>This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.</p> <p>Calls to this number are free. We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. – 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day.</p>

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# Blue Cross Community MMAI: Summary of Benefits 2022

Frequently Asked Questions (FAQ)	Answers
<b>Who should you contact if you have questions or need help? (continued from previous page)</b>	<p><b>If you have questions about your health, please call the Nurse Advice Call line:</b></p> <p><b>CALL</b> 1-877-213-2568</p> <p>Calls to this number are free. The Nurse Advice Call line is available 24 hours a day, 7 days a week.</p> <p><b>TTY</b> 711</p> <p>This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.</p> <p>Calls to this number are free and available 24 hours a day, 7 days a week.</p> <p><b>If you need immediate behavioral health, please call the Behavioral Health Crisis Line:</b></p> <p><b>CALL</b> 1-800-345-9049</p> <p>Calls to this number are free. Our Behavioral Health Crisis Line is available 24 hours a day, 7 days a week.</p> <p><b>TTY</b> 1-866-794-0374</p> <p>This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.</p> <p>Calls to this number are free. Our Behavioral Health Crisis Line is available 24 hours a day, 7 days a week.</p>

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# Blue Cross Community MMAI: Summary of Benefits 2022

## C. Overview of Services

The following chart is a quick overview of what services you may need, your costs, and rules about the benefits.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You want a doctor</b>	Visits to treat an injury or illness	\$0	Prior authorization is not required for services provided by in-network providers.
	Wellness visits, such as a physical	\$0	Prior authorization is not required for services provided by in-network providers.
	Transportation to a doctor's office	\$0	Prior authorization rules may apply. The plan will also cover rides to plan approved health-related locations.
	Specialist care	\$0	Prior authorization is not required for services provided by in-network providers.
	Care to keep you from getting sick, such as flu shots	\$0	Prior authorization is not required for services provided by in-network providers.
	"Welcome to Medicare" preventive visit (one time only)	\$0	Prior authorization is not required for services provided by in-network providers.
<b>You need medical tests</b>	Lab tests, such as blood work	\$0	Prior authorization rules may apply. You must use in-network providers.
	X-rays or other pictures, such as CAT scans	\$0	Prior authorization rules may apply. You must use in-network providers.
	Screening tests, such as tests to check for cancer	\$0	Prior authorization is not required for services provided by in-network providers.

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## Blue Cross Community MMAI: Summary of Benefits 2022

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need drugs to treat your illness or condition (This service is continued on the next page)</b></p>	<p>Generic drugs (no brand name)</p>	<p>\$0 for a 30-day or 90- day supply.</p>	<p>There may be limitations on the types of drugs covered. Please refer to Blue Cross Community MMAI's <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>The plan may require you to:</p> <ul style="list-style-type: none"> <li>• Use the generic version of a drug instead of the brand name drug.</li> <li>• Get plan approval before we will agree to cover the drug for you (This is sometimes called “prior authorization.”)</li> <li>• Try a different drug first before we will agree to cover the drug you are asking for (This is sometimes called “step therapy.”)</li> <li>• Get approval for the amount of the drug you can have (This is sometimes called “Quantity Limits.”)</li> <li>• Ask to remove a restriction on coverage for a drug (This is sometimes called asking for a “Formulary Exception.”)</li> </ul> <p>Most drugs that you take on a regular basis are available through retail or mail-order services for a 90-day supply. Your \$0 co-pay for a 90-day supply is the same as a 30-day supply.</p>

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# Blue Cross Community MMAI: Summary of Benefits 2022

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need drugs to treat your illness or condition (continued)</b></p>	<p>Brand name drugs</p>	<p>\$0 for a 30-day or 90- day supply.</p>	<p>There may be limitations on the types of drugs covered. Please refer to Blue Cross Community MMAI's <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>The plan may require you to:</p> <ul style="list-style-type: none"> <li>• Use the generic version of a drug instead of the brand name drug.</li> <li>• Get plan approval before we will agree to cover the drug for you (This is sometimes called “prior authorization.”)</li> <li>• Try a different drug first before we will agree to cover the drug you are asking for (This is sometimes called “step therapy.”)</li> <li>• Get approval for the amount of the drug you can have (This is sometimes called “Quantity Limits.”)</li> <li>• Ask to remove a restriction on coverage for a drug (This is sometimes called asking for a “Formulary Exception.”)</li> </ul> <p>Most drugs that you take on a regular basis are available through retail or mail-order services for a 90-day supply. Your \$0 co-pay for a 90-day supply is the same as a 30-day supply.</p>

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)	Over-the-counter drugs	\$0 for a 30-day or 90- day supply	There may be limitations on the types of drugs covered. Please refer to Blue Cross Community MMAI's <i>List of Covered Drugs</i> (Drug List) for more information.  The plan covers some OTC drugs when they are written as prescriptions by your provider.
	Medicare Part B prescription drugs	\$0	Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the <i>Member Handbook</i> for more information on these drugs.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	Prior authorization rules may apply.  The plan covers occupational, physical, and speech therapy if you qualify. These therapies focus on long term habilitative needs rather than short term acute restorative needs.  All therapy services must be medically necessary to be covered.  You must use in-network providers.

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## Blue Cross Community MMAI: Summary of Benefits 2022

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need emergency care</b></p>	<p>Emergency room services</p>	<p>\$0</p>	<p>You may get covered emergency care anywhere in the United States or its territories. Emergency care outside the U.S and its territories is not covered except in certain situations. See <i>Member Handbook</i> for more details.</p>
	<p>Ambulance services</p>	<p>\$0</p>	<p>Covered ambulance services include fixed-wing, rotary-wing, and ground ambulance services. The ambulance will take you to the nearest place that can give you care.</p> <p>Your condition must be serious enough that other ways of getting to a place of care could risk your life or health. Ambulance services for other cases must be approved by the plan.</p> <p>In cases that are not emergencies, the plan may pay for an ambulance. Your condition must be serious enough that other ways of getting to a place of care could risk your life or health.</p>
	<p>Urgent care</p>	<p>\$0</p>	<p>Prior authorization rules may apply; Urgent care is not covered outside of the United States and its territories.</p> <p>If you require urgently needed care, you should first try to get it from a network provider or call our 24/7 Nurse Advice or Behavioral Health Crisis Line. However, you can use out-of-network providers when you cannot get to a network provider.</p>

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need hospital care</b>	Hospital stay	\$0	Prior authorization rules may apply; except in an emergency. Your doctor must tell the health plan that you are going to be admitted to the hospital.  You must use in-network hospitals when not an emergency.
	Doctor or surgeon care	\$0	Prior authorization is required. You must use in-network providers.
<b>You need help getting better or have special health need</b>	Rehabilitation services	\$0	Prior authorization rules may apply.  You can get outpatient rehabilitation services from hospital outpatient departments, independent therapist offices, comprehensive outpatient rehabilitation facilities (CORFs), and other facilities.
	Medical equipment for home care	\$0	Prior authorization rules may apply.  If you qualify, the plan covers devices, controls, or appliances that enable you to increase your ability to perform activities of daily living or to perceive, control, or communicate with the environment in which you live.
	Skilled nursing care	\$0	Prior authorization is required for acute skilled nursing facility (SNF).  Long Term Care prior authorization is not required for members who live in the facility and have had their stay approved by the state.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need eye care	Eye exams	\$0	Limited to one routine eye exam every year. You must use in-network vision care providers.
	Glasses or contact lenses	\$0	Limited to one pair of eyeglasses lenses and/or eyeglass frames every two years. Additional eyewear benefit of \$130 upgrade towards non-standard frames every two years. Routine contact lenses not covered. Medically required contact lenses are covered with prior authorization.
You need dental care	Dental check-ups	\$0	Preventative services include: two oral exams, two preventative cleanings, one fluoride treatment, and one x-ray offered every year. The plan offers an \$800 allowance as a supplemental benefit each year to help pay for dental services that would NOT otherwise be covered by Medicare or Medicaid. You must use in-network dental providers. For a detailed list, please call Member Services.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hearing/auditory services	Hearing screenings	\$0	The plan covers hearing and balance tests done by your provider. These tests tell you whether you need medical treatment. They are covered as outpatient care when you get them from a physician, audiologist, or other qualified provider.
	Hearing aids	\$0	Hearing Aids require prior authorization. The plan also covers the following: <ul style="list-style-type: none"> <li>• One pair of hearing aids every three years</li> <li>• Hearing aids should include the following services: <ul style="list-style-type: none"> <li>◦ Fitting/evaluation for a hearing aid</li> <li>◦ Hearing aid counseling</li> </ul> </li> </ul>
You have a chronic condition, such as diabetes or heart disease	Services to help manage your disease	\$0	Services will be included as part of your care plan.
	Diabetes supplies and services	\$0	Preferred product is limited to diabetic testing supplies (meters, strips, and lancets) obtained through the pharmacy and limited to LifeScan branded products (OneTouch Verio Flex, OneTouch Verio Reflect, One Touch Verio, OneTouch Ultra Mini and OneTouch Ultra 2).  Approval will be required for all other diabetic testing supplies (meters, strips and lancets). All test strips will also be subject to a quantity limit of 204 per 30 days.  Continuous Glucose Monitoring (CGM) products obtained through the pharmacy are subject to Prior Authorization.

**If you have questions**, please call Blue Cross Community MMAI at 1-877-723-7702 (TTY: 711). We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. – 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free. **For more information**, visit [bcbsil.com/mmai](http://bcbsil.com/mmai).



# Blue Cross Community MMAI: Summary of Benefits 2022

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You have a mental health condition</b>	Mental or behavioral health services	\$0	<p>Prior authorization rules may apply. You must use in-network providers.</p> <p>For a detailed list of services that require a prior authorization, please call our Member Services.</p> <p>The plan will cover medically necessary crisis services including Mobile Crisis Response (MCR) and Crisis Stabilization.</p> <p>Federally Qualified Health Center (FQHC), and Rural Health Clinic (RHC) setting are covered. Please refer to the emergency and hospital care sections for additional guidance.</p>
<b>You have a substance abuse problem</b>	Substance abuse services	\$0	<p>Prior authorization rules may apply. You must use in-network providers.</p> <p>For a detailed list of services that require a prior authorization, please call our Member Services.</p>
<b>You need long-term mental health services</b>	Inpatient care for people who need mental health care	\$0	<p>Prior authorization rules may apply. You must use in-network providers</p> <p>For a detailed list of services that require a prior authorization, please call our Member Services.</p>

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## Blue Cross Community MMAI: Summary of Benefits 2022

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need durable medical equipment (DME)</b>	Wheelchairs	\$0	<p>Prior authorization rules may apply. You must use in-network providers.</p> <p>Prior authorization is not needed if receiving waiver services and this service has been identified as part of the member's approved service plan.</p>
	Nebulizers	\$0	<p>Prior authorization rules may apply. You must use in-network providers.</p> <p>Prior authorization is not needed if receiving waiver services and this service has been identified as part of the member's approved service plan.</p>
	Crutches	\$0	<p>Prior authorization rules may apply. You must use in-network providers.</p> <p>Prior authorization is not needed if receiving waiver services and this service has been identified as part of the member's approved service plan.</p>
	Walkers	\$0	<p>Prior authorization rules may apply. You must use in-network providers.</p> <p>Prior authorization is not needed if receiving waiver services and this service has been identified as part of the member's approved service plan.</p>
	Oxygen equipment and supplies	\$0	<p>Prior authorization rules may apply. You must use in-network providers.</p> <p>Prior authorization is not needed if receiving waiver services and this service has been identified as part of the member's approved service plan.</p>

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# Blue Cross Community MMAI: Summary of Benefits 2022

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need help living at home</b>	Meals brought to your home	\$0	<p>Prior authorization rules may apply. You must use in-network providers.</p> <p>Prior authorization is not needed if receiving waiver services and this service has been identified as part of the member's approved service plan.</p>
	Home services, such as cleaning or housekeeping	\$0	<p>Prior authorization rules may apply. You must use in-network providers.</p> <p>Prior authorization is not needed if receiving waiver services and this service has been identified as part of the member's approved service plan.</p>
	Changes to your home, such as ramps and wheelchair access	\$0	<p>Prior authorization rules may apply. You must use in-network providers.</p> <p>Prior authorization is not needed if receiving waiver services and this service has been identified as part of the member's approved service plan.</p>
	Personal care assistant (You may be able to employ your own assistant. Call Member Services for more information.)	\$0	<p>Prior authorization rules may apply. You must use in-network providers.</p> <p>Prior authorization is not needed if receiving waiver services and this service has been identified as part of the member's approved service plan.</p>
	Training to help you get paid or unpaid jobs	\$0	<p>Prior authorization rules may apply. You must use in-network providers.</p> <p>Prior authorization is not needed if receiving waiver services and this service has been identified as part of the member's approved service plan.</p>
	Home health care services	\$0	<p>Prior authorization rules may apply. You must use in-network providers.</p> <p>Prior authorization is not needed if receiving waiver services and this service has been</p>

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## Blue Cross Community MMAI: Summary of Benefits 2022

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
			identified as part of the member's approved service plan.
	Services to help you live on your own	\$0	Prior authorization rules may apply. You must use in-network providers.  Prior authorization is not needed if receiving waiver services and this service has been identified as part of the member's approved service plan.
	Adult day services or other support services	\$0	Prior authorization rules may apply. You must use in-network providers.  Prior authorization is not needed if receiving waiver services and this service has been identified as part of the member's approved service plan.
<b>You need a place to live with people available to help you</b>	Assisted living or other housing services	\$0	Prior authorization rules may apply. You must use in-network providers.  Prior authorization is not needed if receiving waiver services and this service has been identified as part of the member's approved service plan.
	Nursing home care	\$0	Prior authorization rules may apply. You must use in-network providers.  Prior authorization is not needed if receiving waiver services and this service has been identified as part of the member's approved service plan.
<b>Your caregiver needs some time off</b>	Respite care	\$0	Prior authorization rules may apply. Must be on member's approved service plan.

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# Blue Cross Community MMAI: Summary of Benefits 2022

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Additional covered services</b>	Cell Phone	\$0	Prior authorization required and must be identified as part of your care plan. Eligible for members who do not have reliable access to a telephone.  Monthly plan with limited minutes to contact Doctor, Provider, Care Coordinator, or <b>911</b> emergency services; for eligible members.
	Over-the-counter drugs & supplies – Supplemental personal health related items	\$0	The plan covers certain over-the-counter (OTC) products and supplies. The plan will pay up to a \$30 benefit per quarter. Item will be shipped to your address in 7-10 business days. You may make one (1) order each quarter. Unused funds do not carry over.  <b>Contact BlueCross BlueShield of Illinois' OTC vendor, Convey Health Solutions, at: 1-855-891-5274.</b>
	Fitness Programs	\$0	The plan covers membership in the SilverSneakers® Fitness Program.
	Post-Discharge Home Delivered Meals	\$0	The plan covers up to 14 home delivered meals after being discharged from a hospital or SNF. Prior authorization rules may apply.
	Additional Telehealth Services through MDLive	\$0	The plan covers certain additional telehealth services including those for behavioral health, sore throat, fever, cough, nausea and other non-emergency illnesses through MDLive.  You can contact MDLive at 1-888-680-8646 or visit the MDLive website at <a href="http://mdlive.com">mdlive.com</a> .

## D. Benefits covered outside of Blue Cross Community MMAI

This is not a complete list. Call Member Services to find out about other services not covered by Blue Cross Community MMAI but available through Medicare or Medicaid.



**If you have questions**, please call Blue Cross Community MMAI at 1-877-723-7702 (TTY: 711). We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. – 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free. **For more information**, visit [bcbsil.com/mmai](http://bcbsil.com/mmai).

# Blue Cross Community MMAI: Summary of Benefits 2022

Other services covered by Medicare	Your costs
Some hospice care services	\$0

## E. Services that Blue Cross Community MMAI, Medicare, and Medicaid do not cover

This is not a complete list. Call Member Services to find out about other excluded services.

Services not covered by Blue Cross Community MMAI, Medicare, or Medicaid
Services that are provided in a State Facility operated as a psychiatric hospital as a result of a forensic commitment.
Services that are provided through a Local Education Agency (LEA).
Experimental or investigational in nature.
Services that are provided without a required referral or prior authorization.
Medical and surgical services that are provided solely for cosmetic purposes.

## F. Your rights as a member of the plan

As a member of Blue Cross Community MMAI, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read the *Member Handbook*. Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness, and dignity.** This includes the right to:
  - Get covered services without concern about race, ethnicity, national origin, religion, gender, age, mental or physical disability, sexual orientation, genetic information, ability to pay, or ability to speak English.
  - Get information in other formats (e.g., large print, braille, audio).
  - Be free from any form of physical restraint or seclusion.
  - Not be billed by providers.
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a format you can understand. These rights include getting information on:
  - Description of the services we cover
  - How to get services
  - How much services will cost you
  - Names of health care providers and care managers
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:

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# Blue Cross Community MMAI: Summary of Benefits 2022

- Choose a Primary Care Provider (PCP) and change your PCP at any time during the year.
- Use a women's health care provider without a referral.
- Get your covered services and drugs quickly.
- Know about all treatment options, no matter what they cost or whether they are covered.
- Refuse treatment, even if your doctor advises against it.
- Stop taking medicine.
- Ask for a second opinion. Blue Cross Community MMAI will pay for the cost of your second opinion visit.
- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
  - Get timely medical care.
  - Get in and out of a health care provider's office. This means barrier free access for people with disabilities, in accordance with the Americans with Disabilities Act.
  - Have interpreters to help with communication with your doctors and your health plan.
- **You have the right to emergency and urgent care when you need it.** This means you have the right to:
  - Get emergency services without prior approval in an emergency.
  - Use an out-of-network, urgent or emergency care provider, when necessary.
- **You have a right to confidentiality and privacy.** This includes the right to:
  - Ask for and get a copy of your medical records in a way that you can understand and ask for your records to be changed or corrected.
  - Have your personal health information kept private.
- **You have the right to make complaints about your covered services or care.** This includes the right to:
  - File a complaint or grievance against us or our providers.
  - Ask for a state fair hearing.
  - Get a detailed reason for why services were denied.

For more information about your rights, you can read the Blue Cross Community MMAI Member Handbook. If you have questions, you can also call Blue Cross Community MMAI Member Services at **1-877-723-7702** (TTY: 711). We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. – 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free.

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## G. How to file a complaint or appeal a denied service

If you have a complaint or think Blue Cross Community MMAI should cover something we denied, call Blue Cross Community MMAI at 1-877-723-7702 (TTY: 711). We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. – 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the Blue Cross Community MMAI *Member Handbook*. You can also call Blue Cross Community MMAI Member Services.



**If you have questions**, please call Blue Cross Community MMAI at 1-877-723-7702 (TTY: 711). We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. – 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free. **For more information**, visit [bcbsil.com/mmai](https://bcbsil.com/mmai).

# Blue Cross Community MMAI: Summary of Benefits 2022

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## H. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

- Call us at Blue Cross Community MMAI Member Services at **1-877-723-7702** (TTY: **711**) Our call center is open Monday 8:00 a.m. – 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- Call the State of Illinois Fraud Hotline at **1-844-453-7283**. You can call the number for free, 24 hours a day, seven (7) days a week.

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**If you have questions**, please call Blue Cross Community MMAI at 1-877-723-7702 (TTY: 711). We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. – 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free. **For more information**, visit [bcbsil.com/mmai](https://bcbsil.com/mmai).



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

Blue Cross and Blue Shield of Illinois:

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

If you need these services, contact Civil Rights Coordinator.

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

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

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

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

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-877-723-7702 (TTY: 711).

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ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-723-7702 (TTY: 711).

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UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-723-7702 (TTY: 711)

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注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-723-7702 ( TTY : 711 ) 。

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주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-723-7702 (TTY: 711) 번으로 전화해 주십시오

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PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-723-7702 (TTY: 711).

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ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-723-7702 (رقم هاتف الصم والبكم: 711).

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ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-723-7702 (телетайп: 711).

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यु ना: જો તમેજરાતી બોલતા હો, તો નિ:લુકુ ભાષા સહાય સેવાઓ તમારા માટેઉપલબ્ધ છે. ફોન કરો 1-877-723-7702 (TTY: 711).

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توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-877-723-7702 (TTY: 711) تماس بگیرید.

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CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-723-7702 (TTY: 711).

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ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-723-7702 (TTY: 711).

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ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-877-723-7702 (TTY: 711) पर कॉल करें।

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ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-723-7702 (ATS : 711).

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ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-877-723-7702 (TTY: 711).

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ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-723-7702 (TTY: 711).

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