



**BlueCross BlueShield
of Illinois**

PO Box 660819
Dallas, Texas 75266-0819

Anticipated Print Date

Member ID: <UID>

<MEMBER FIRST NAME> <MEMBER MIDDLE NAME> <MEMBER LAST NAME>
<STREET ADDRESS LINE 1>
<STREET ADDRESS LINE 2>
<CITY>, <ST> <ZIP>

New Illinois Law that affects your plan

Dear <Member First Name> <Member Last Name>,

We're writing to share some important information about your health insurance plan.

In Illinois, you are protected from surprise billing (or balance billing) when you receive certain services from out-of-network providers at an in-network hospital or outpatient surgical center. Surprise billing can happen if you get care from a doctor or other health care provider who you don't realize isn't in your health plan's network. That provider may send you a bill for the difference between their billed charge and what your health plan agreed to pay.

Under Illinois's new law, Public Act 102-0901, you have more protections from surprise billing in certain situations. We will be adding language to your health plan documents based on this law. Since some benefit booklets have already been completed for 2023, we are providing the required language to you in this letter.

WARNING, LIMITED BENEFITS WILL BE PAID WHEN NON-PARTICIPATING PROVIDERS ARE USED. You should be aware that when you elect to utilize the services of a non-participating provider for a covered service in non-emergency situations, benefit payments to such non-participating provider are not based upon the amount billed. The basis of your benefit payment will be determined according to your policy's fee schedule, usual and customary charge (which is determined by comparing charges for similar services adjusted to the geographical area where the services are performed), or other method as defined by the policy. YOU CAN EXPECT TO PAY MORE THAN THE COINSURANCE AMOUNT DEFINED IN THE POLICY AFTER THE PLAN HAS PAID ITS REQUIRED PORTION. Non-participating providers may bill members for any amount up to the billed charge after the plan has paid its portion of the bill, except as provided in Section 356z.3a of the Illinois Insurance Code for covered services received at a participating health care facility from a nonparticipating provider that are: (a) ancillary services, (b) items or services furnished as a result of unforeseen, urgent medical needs that arise at the time the item or service is furnished, or (c) items or services received when the facility or the non-participating provider fails to satisfy the notice and consent criteria specified under Section 356z.3a. Participating providers have agreed to accept discounted payments for services with no additional billing to the member other than co-insurance and deductible amounts. You may obtain further information about the participating status of professional providers and information on out-of-pocket expenses by calling the toll-free telephone number on your identification card.

If you have any questions about this letter or want to check if a doctor is in your network, you can call us at the number on your ID card.

Sincerely,

Your Customer Advocates
Blue Cross and Blue Shield of Illinois

bcbsil.com

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an Independent Licensee of the Blue Cross and Blue Shield Association
