

# BCBSIL Medical Benefit Specialty and Complex Care Drug List



**BlueCross BlueShield**  
of Illinois

## Medical Benefit Coverage

The Medical Benefit Specialty and Complex Care Drug List is a list of medications that are covered under the medical benefit.

Specialty and complex care drugs are often prescribed to treat complex, chronic or rare conditions. These drugs have special handling and/or storage needs and may only be available at select pharmacies. The Medical Benefit Specialty and Complex Care Drug List includes drugs that our plans cover under the medical benefit. Specialty and complex care drugs that are FDA approved for administration by a health care professional are often covered under your *medical* benefit plan. Coverage for drugs that are FDA approved for self-administration are often provided through your *pharmacy* benefit plan. Some drugs may be covered by either the pharmacy or medical benefit. The Medical Benefit Specialty and Complex Care Drug List is not all inclusive and is subject to change. This list may include drugs that do not have limited or exclusive access. The listing of the drug on this list does not guarantee coverage. If you have any questions, call the number on your member ID card.

**Please note:** Your plan benefits may have a prior authorization and/or added requirements that may need to be met before a drug can be considered for coverage. Your doctor can find request forms at [bcbsil.com/provider](http://bcbsil.com/provider). Your doctor can also call the number on your ID card with any questions about your benefits. To get the most out of your benefits, you should check if the pharmacy or provider used is in-network. You can call the number on your ID card for help.

Drugs Covered Under Your Medical Benefit:	Drug Category	Route of Administration
ABECMA	CANCER	IV
ABRAXANE	CANCER	IV
ACTEMRA	AUTOIMMUNE	IV
ADAKVEO	BLOOD MODIFIERS	IV
ADCETRIS	CANCER	IV
ADRIAMYCIN	CANCER	IV
ADSTILADRIN	CANCER	IS
ADUHELM	OTHER NON-CATEGORIZED	IV
ADZYNMA	BLOOD MODIFIERS	IV
ALDURAZYME	ENZYME DEFICIENCIES	IV
ALFERON N	OTHER NON-CATEGORIZED	IJ
ALIMTA	CANCER	IV
ALIQOPA	CANCER	IV
ALYGLO	IMMUNE GLOBULINS	IV
ALYMSYS	CANCER	IV
AMONDYS 45	OTHER NON-CATEGORIZED	IV
AMTAGVI	CANCER	IV
AMVUTTRA	OTHER NON-CATEGORIZED	SC
ANKTIVA	CANCER	IS
APHEXDA	BLOOD MODIFIERS	SC
ARALAST NP	LUNG DISORDERS	IV
ARANESP ALBUMIN FREE	BLOOD MODIFIERS	IJ
ARRANON	CANCER	IV
ARSENIC TRIOXIDE	CANCER	IV
ASCENIV	IMMUNE GLOBULINS	IV
ASPARLAS	CANCER	IV
AUCATZYL	CANCER	IV
AURLUMYN	OTHER NON-CATEGORIZED	IV
AVASTIN	CANCER	IV

Route of Administration key: CO=Combination, EX=External, IJ=Injection, IM=Intramuscular, IN=Inhalation, IO=Intraocular, IT=Intrathecal, IV=Intravenous, IX=Intraarticular, IZ=Intravitreal, OP=Ophthalmic, OR=Oral, SC=Subcutaneous

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AVGEMSI	CANCER	IV
AVSOLA	AUTOIMMUNE	IV
AVTOZMA	AUTOIMMUNE	IV
AXTLE	CANCER	IV
AZACITIDINE	CANCER	IJ
BEIZRAY	CANCER	IV
BELEODAQ	CANCER	IV
BELRAPZO	CANCER	IV
BENDAMUSTINE	CANCER	IV
BENDEKA	CANCER	IV
BENLYSTA	AUTOIMMUNE	IV
BEOVU	OPHTHALMIC	IZ
BEQVEZ	HEMOPHILIA	IV
BESPONSА	CANCER	IV
BESREMI	CANCER	SC
BEYFORTUS	LUNG DISORDERS	IM
BILDYOS	BONE DENSITY	SC
BILPREVDA	BONE DENSITY	SC
BIVIGAM	IMMUNE GLOBULINS	IV
BIZENGRI	CANCER	IV
BKEMV	HEMATOLOGICAL	IV
BLENREP	CANCER	IV
BLINCYTO	CANCER	IV
BOMYNTRA	BONE DENSITY	SC
BORTEZOMIB	CANCER	IJ
BORTEZOMIB	CANCER	IV
BORUZU	CANCER	IJ
BOTOX	OTHER NON-CATEGORIZED	IJ
BREYANZI	CANCER	IV
BRINEURA	ENZYME DEFICIENCIES	VE
BRIUMVI	MULTIPLE SCLEROSIS	IV
BYOOVIZ	OPHTHALMIC	IZ
CABLIVI	BLOOD MODIFIERS	IJ
CAMCEVI	CANCER	SC
CARMUSTINE	CANCER	IV
CARVYKTI	CANCER	IV
CASGEVY	BLOOD MODIFIERS	IV
CEREZYME	ENZYME DEFICIENCIES	IV
CIMERLI	OPHTHALMIC	IZ

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CIMZIA	AUTOIMMUNE	SC
CINQAIR	LUNG DISORDERS	IV
CINRYZE	HEMATOLOGICAL	IV
CLADRIBINE	CANCER	IV
CLOFARABINE	CANCER	IV
CLOLAR	CANCER	IV
COLUMVI	CANCER	IV
CONEXXENCE	BONE DENSITY	SC
COSELA	CANCER	IV
COSENTYX	AUTOIMMUNE	IV
CRYSVITA	ENDOCRINE	SC
CUTAQUIG	IMMUNE GLOBULINS	SC
CUVITRU	IMMUNE GLOBULINS	SC
CYCLOPHOSPHAMIDE	CANCER	IV
CYRAMZA	CANCER	IV
DACTINOMYCIN	CANCER	IV
DANYELZA	CANCER	IV
DARZALEX	CANCER	IV
DARZALEX	CANCER	SC
DATROWAY	CANCER	IV
DAUNORUBICIN	CANCER	IV
DAXXIFY	OTHER NON-CATEGORIZED	IM
DECITABINE	CANCER	IV
DOCETAXEL	CANCER	IV
DOCIVYX	CANCER	IV
DOXIL	CANCER	IV
DOXORUBICIN	CANCER	IV
DURYSTA	OPHTHALMIC	IO
DYSPORT	OTHER NON-CATEGORIZED	IM
EDARAVONE	OTHER NON-CATEGORIZED	IV
ELAHERE	CANCER	IV
ELAPRASE	ENZYME DEFICIENCIES	IV
ELELYSO	ENZYME DEFICIENCIES	IV
ELEVIDYS	OTHER NON-CATEGORIZED	IV
ELFABRIO	ENZYME DEFICIENCIES	IV
ELIGARD	CANCER	SC
ELITEK	CANCER	IV
ELREXFIO	CANCER	SC
EMPLICITI	CANCER	IV

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EMRELIS	CANCER	IV
ENFLONIA	LUNG DISORDERS	IM
ENHERTU	CANCER	IV
ENJAYMO	HEMATOLOGICAL	IV
ENTYVIO	AUTOIMMUNE	IV
EPKINLY	CANCER	SC
EPOGEN	BLOOD MODIFIERS	IJ
EPOPROSTENOL	PULMONARY HYPERTENSION	IV
EPYSQLI	HEMATOLOGICAL	IV
ERBITUX	CANCER	IV
ERIBULIN	CANCER	IV
EUFLEXXA	VISCO SUPPLEMENTS	IX
EVENITY	BONE DENSITY	SC
EVKEEZA	ANTHYPERLIPIDEMIC	IV
EVOMELA	CANCER	IV
EXONDYS 51	OTHER NON-CATEGORIZED	IV
EYLEA	OPHTHALMIC	IZ
EYLEA HD	OPHTHALMIC	IZ
FABRAZYME	ENZYME DEFICIENCIES	IV
FASENRA	LUNG DISORDERS	SC
FASLODEX	CANCER	IM
FENSOLVI	ENDOCRINE	SC
FIBRYGA	HEMOPHILIA	IV
FIRMAGON	CANCER	SC
FLEBOGAMMA	IMMUNE GLOBULINS	IV
FLOLAN	PULMONARY HYPERTENSION	IV
FOLOTYN	CANCER	IV
FRINDOVYX	CANCER	IV
FULPHILA	BLOOD MODIFIERS	SC
FULVESTRANT	CANCER	IM
FYARRO	CANCER	IV
FYLNETRA	BLOOD MODIFIERS	SC
GAMASTAN	IMMUNE GLOBULINS	IM
GAMIFANT	OTHER NON-CATEGORIZED	IV
GAMMAGARD	IMMUNE GLOBULINS	IJ
GAMMAGARD SD	IMMUNE GLOBULINS	IV
GAMMAKED	IMMUNE GLOBULINS	IJ
GAMMAPLEX	IMMUNE GLOBULINS	IV
GAMUNEX-C	IMMUNE GLOBULINS	IJ

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GAZYVA	CANCER	IV
GEL-ONE	VISCO SUPPLEMENTS	IX
GENVISC 850	VISCO SUPPLEMENTS	IX
GIVLAARI	BLOOD MODIFIERS	SC
GLASSIA	LUNG DISORDERS	IV
GRAFAPEX	CANCER	IV
GRANIX	BLOOD MODIFIERS	SC
HALAVEN	CANCER	IV
HEMGENIX	HEMOPHILIA	IV
HEPZATO	CANCER	IA
HERCEPTIN	CANCER	IV
HERCEPTIN HYLECTA	CANCER	SC
HERCESSI	CANCER	IV
HERZUMA	CANCER	IV
HIZENTRA	IMMUNE GLOBULINS	SC
HYALGAN	VISCO SUPPLEMENTS	IX
HYCANTIN	CANCER	IV
HYQVIA	IMMUNE GLOBULINS	SC
IBANDRONATE	BONE DENSITY	IV
IDAMYCIN PFS	CANCER	IV
IDOSE TR	OPHTHALMIC	IO
ILARIS	AUTOIMMUNE	SC
ILUMYA	AUTOIMMUNE	SC
ILUVIEN	OPHTHALMIC	IZ
IMAAVY	OTHER NON-CATEGORIZED	IV
IMDELLTRA	CANCER	IV
IMFINZI	CANCER	IV
IMJUDO	CANCER	IV
IMLYGIC	CANCER	LS
IMULDOSA	AUTOIMMUNE	IV
IMULDOSA	AUTOIMMUNE	SC
INFLECTRA	AUTOIMMUNE	IV
INFLIXIMAB	AUTOIMMUNE	IV
INLEXZO	CANCER	IS
ISTODAX	CANCER	IV
IVRA	CANCER	IV
IXEMPRA	CANCER	IV
IZERVAY	OPHTHALMIC	IZ
JELMYTO	CANCER	UL

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JEMPERLI	CANCER	IV
JESDUVROQ	BLOOD MODIFIERS	OR
JEVTANA	CANCER	IV
JOBEVNE	CANCER	IV
JUBBONTI	BONE DENSITY	SC
KADCYLA	CANCER	IV
KALBITOR	HEMATOLOGICAL	SC
KANJINTI	CANCER	IV
KANUMA	ENZYME DEFICIENCIES	IV
KEBILIDI	ENZYME DEFICIENCIES	IJ
KEYTRUDA	CANCER	IV
KEYTRUDA QLEX	CANCER	SC
KIMMTRAK	CANCER	IV
KISUNLA	OTHER NON-CATEGORIZED	IV
KRYSTEXXA	OTHER NON-CATEGORIZED	IV
KYMRIAH	CANCER	IV
KYPROLIS	CANCER	IV
KYXATA	CANCER	IV
LAMZEDE	ENZYME DEFICIENCIES	IV
LANREOTIDE	ENDOCRINE	SC
LEMTRADA	MULTIPLE SCLEROSIS	IV
LENMELDY	OTHER NON-CATEGORIZED	IV
LEQEMBI	OTHER NON-CATEGORIZED	IV
LEUKINE	BLOOD MODIFIERS	IJ
LOQTORZI	CANCER	IV
LUCENTIS	OPHTHALMIC	IZ
LUMIZYME	ENZYME DEFICIENCIES	IV
LUNSUMIO	CANCER	IV
LUPRON DEPOT	CANCER	IM
LUPRON DEPOT	ENDOCRINE	IM
LUPRON DEP-PED	ENDOCRINE	IM
LUTRATE DEPO	CANCER	IM
LUXTURNA	OPHTHALMIC	IO
LYFGENIA	BLOOD MODIFIERS	IV
LYMPHIR	CANCER	IV
LYNOZYFIC	CANCER	IV
MARGENZA	CANCER	IV
MELPHALAN	CANCER	IV
MEPSEVII	ENZYME DEFICIENCIES	IV

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Drugs Covered Under Your Medical Benefit:	Drug Category	Route of Administration
MITOMYCIN	CANCER	IS
MITOMYCIN	CANCER	IV
MONJUVI	CANCER	IV
MOZOBIL	BLOOD MODIFIERS	SC
MVASI	CANCER	IV
MYOBLOC	OTHER NON-CATEGORIZED	IM
NAGLAZYME	ENZYME DEFICIENCIES	IV
NELARABINE	CANCER	IV
NEULASTA	BLOOD MODIFIERS	SC
NEUPOGEN	BLOOD MODIFIERS	IJ
NEXVIAZYME	ENZYME DEFICIENCIES	IV
NIKTIMVO	OTHER NON-CATEGORIZED	IV
NIPENT	CANCER	IV
NIVESTYM	BLOOD MODIFIERS	IJ
NPLATE	BLOOD MODIFIERS	SC
NUCALA	LUNG DISORDERS	SC
NULIBRY	ENZYME DEFICIENCIES	IV
NULOJIX	IMMUNOSUPPRESSANTS	IV
NYPOZI	BLOOD MODIFIERS	IJ
NYVEPRIA	BLOOD MODIFIERS	SC
OCREVUS	MULTIPLE SCLEROSIS	IV
OCREVUS	MULTIPLE SCLEROSIS	SC
OCTAGAM	IMMUNE GLOBULINS	IV
OCTREOTIDE	ENDOCRINE	IM
OGIVRI	CANCER	IV
OMISIRGE	CANCER	IV
OMVOH	AUTOIMMUNE	IV
ONCASPAR	CANCER	IJ
ONIVYDE	CANCER	IV
ONPATTRO	OTHER NON-CATEGORIZED	IV
ONTRUZANT	CANCER	IV
OPDIVO	CANCER	IV
OPDIVO	CANCER	SC
OPDUALAG	CANCER	IV
OPFOLDA	ENZYME DEFICIENCIES	OR
ORENCIA	AUTOIMMUNE	IV
OSENVELT	BONE DENSITY	SC
OSPOMYV	BONE DENSITY	SC
OTULFI	AUTOIMMUNE	IV

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OXLUMO	OTHER NON-CATEGORIZED	SC
PACLITAXEL	CANCER	IV
PADCEV	CANCER	IV
PANZYGA	IMMUNE GLOBULINS	IV
PAPZIMEOS	OTHER NON-CATEGORIZED	SC
PAVBLU	OPHTHALMIC	IZ
PEDMARK	CANCER	IV
PEMETREXED	CANCER	IV
PEMFEXY	CANCER	IV
PEMRYDI RTU	CANCER	IV
PHESGO	CANCER	SC
PHOTOFRIN	CANCER	IV
PIASKY	HEMATOLOGICAL	IJ
PLERIXAFOR	BLOOD MODIFIERS	SC
POLIVY	CANCER	IV
POMBILITI	ENZYME DEFICIENCIES	IV
PORTRAZZA	CANCER	IV
PRIVIGEN	IMMUNE GLOBULINS	IV
PROCRIT	BLOOD MODIFIERS	IJ
PROLASTIN-C	LUNG DISORDERS	IV
PROLEUKIN	CANCER	IV
PROLIA	BONE DENSITY	SC
PROVENGE	CANCER	IV
PYZCHIVA	AUTOIMMUNE	IV
QALSODY	OTHER NON-CATEGORIZED	IT
RADICAVA	OTHER NON-CATEGORIZED	IV
REBLOZYL	BLOOD MODIFIERS	SC
REBYOTA	GASTROINTESTINAL	RE
RECLAST	BONE DENSITY	IV
RELEUKO	BLOOD MODIFIERS	SC
REMICADE	AUTOIMMUNE	IV
REMODULIN	PULMONARY HYPERTENSION	IJ
RENFLEXIS	AUTOIMMUNE	IV
RETACRIT	BLOOD MODIFIERS	IJ
REVATIO	PULMONARY HYPERTENSION	IV
RIABNI	CANCER	IV
RIASTAP	HEMOPHILIA	IV
RITUXAN	CANCER	IV
RITUXAN HYCELA	CANCER	SC

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ROCTAVIAN	HEMOPHILIA	IV
ROLVEDON	BLOOD MODIFIERS	SC
ROMIDEPSIN	CANCER	IV
RUXIENCE	CANCER	IV
RYBREVANT	CANCER	IV
RYLAZE	CANCER	IM
RYONCIL	HEMATOLOGICAL	IV
RYPLAZIM	HEMATOLOGICAL	IV
RYSTIGGO	OTHER NON-CATEGORIZED	SC
RYTELO	CANCER	IV
RYZNEUTA	BLOOD MODIFIERS	SC
SANDOSTATIN LAR	ENDOCRINE	IM
SAPHNELO	AUTOIMMUNE	IV
SCENESSE	OTHER NON-CATEGORIZED	SC
SELARSDI	AUTOIMMUNE	IV
SILDENAFIL	PULMONARY HYPERTENSION	IV
SIMPONI ARIA	AUTOIMMUNE	IV
SKYRIZI	AUTOIMMUNE	IV
SKYSONA	OTHER NON-CATEGORIZED	IV
SOLIRIS	HEMATOLOGICAL	IV
SOMATULINE	ENDOCRINE	SC
SPEVIGO	AUTOIMMUNE	IV
SPEVIGO	AUTOIMMUNE	SC
SPINRAZA	OTHER NON-CATEGORIZED	IT
SPRAVATO	DEPRESSION	NA
STARJEMZA	AUTOIMMUNE	IV
STELARA	AUTOIMMUNE	IV
STEQEYMA	AUTOIMMUNE	IV
STIMUFEND	BLOOD MODIFIERS	SC
STOBOCLO	BONE DENSITY	SC
SUPARTZ FX	VISCO SUPPLEMENTS	IX
SUPPRELIN LA	ENDOCRINE	SC
SUSVIMO	OPHTHALMIC	IZ
SYFOVRE	OPHTHALMIC	IZ
SYLVANT	CANCER	IV
SYNAGIS	LUNG DISORDERS	IM
SYNVISC	VISCO SUPPLEMENTS	IX
SYNVISC ONE	VISCO SUPPLEMENTS	IX
TALVEY	CANCER	SC

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TECARTUS	CANCER	IV
TECELRA	CANCER	IV
TECENTRIQ	CANCER	IV
TECENTRIQ	CANCER	SC
TECVAYLI	CANCER	SC
TEMSIROLIMUS	CANCER	IV
TEPADINA	CANCER	IJ
TEPEZZA	ENDOCRINE	IV
TEPYLUTE	CANCER	IV
TEVIMBRA	CANCER	IV
TEZSPIRE	LUNG DISORDERS	SC
THIOTEPA	CANCER	IJ
THROMBATE III	OTHER NON-CATEGORIZED	IV
THYROGEN	OTHER NON-CATEGORIZED	IM
TICE BCG	CANCER	IS
TIVDAK	CANCER	IV
TOFIDENCE	AUTOIMMUNE	IV
TOPOTECAN	CANCER	IV
TORISEL	CANCER	IV
TRAZIMERA	CANCER	IV
TREANDA	CANCER	IV
TRELSTAR MIXJECT	CANCER	IM
TREMFYA	AUTOIMMUNE	IV
TREPROSTINIL	PULMONARY HYPERTENSION	IJ
TRISENOX	CANCER	IV
TRIVISC	VISCO SUPPLEMENTS	IX
TRODELVY	CANCER	IV
TRUXIMA	CANCER	IV
TYENNE	AUTOIMMUNE	IV
TYRUKO	MULTIPLE SCLEROSIS	IV
TYSABRI	MULTIPLE SCLEROSIS	IV
TZIELD	DIABETES	IV
UDENYCA	BLOOD MODIFIERS	SC
UDENYCA ONBODY	BLOOD MODIFIERS	SC
ULTOMIRIS	HEMATOLOGICAL	IV
UNITUXIN	CANCER	IV
UNLOXCYT	CANCER	IV
UPLIZNA	OTHER NON-CATEGORIZED	IV
UPTRAVI	PULMONARY HYPERTENSION	IV

Route of Administration key: CO=Combination, EX=External, IJ=Injection, IM=Intramuscular, IN=Inhalation, IO=Intraocular, IT=Intrathecal, IV=Intravenous, IX=Intraarticular, IZ=Intravitreal, OP=Ophthalmic, OR=Oral, SC=Subcutaneous

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# BCBSIL Medical Benefit Specialty and Complex Care Drug List



**BlueCross BlueShield**  
of Illinois

Drugs Covered Under Your Medical Benefit:	Drug Category	Route of Administration
USTEKINUMAB	AUTOIMMUNE	IV
USTEKINUMAB-TTWE	AUTOIMMUNE	IV
VABRINTY	CANCER	SC
VABYSMO	OPHTHALMIC	IZ
VAFSEO	BLOOD MODIFIERS	OR
VALRUBICIN	CANCER	IS
VALSTAR	CANCER	IS
VECTIBIX	CANCER	IV
VEGZELMA	CANCER	IV
VELCADE	CANCER	IJ
VELETRI	PULMONARY HYPERTENSION	IV
VEOPOZ	OTHER NON-CATEGORIZED	IJ
VIDAZA	CANCER	IJ
VILTEPSO	OTHER NON-CATEGORIZED	IV
VIMIZIM	ENZYME DEFICIENCIES	IV
VISCO-3	VISCO SUPPLEMENTS	IX
VISUDYNE	OPHTHALMIC	IV
VIVIMUSTA	CANCER	IV
VPRIV	ENZYME DEFICIENCIES	IV
VYJUVEK	DERMATOLOGICS	EX
VYLOY	CANCER	IV
VYONDYS 53	OTHER NON-CATEGORIZED	IV
VYVGART	OTHER NON-CATEGORIZED	IV
VYVGART HYTRULO	OTHER NON-CATEGORIZED	SC
VYXEOS	CANCER	IV
WEZLANA	AUTOIMMUNE	IV
WYOST	BONE DENSITY	SC
XEMBIFY	IMMUNE GLOBULINS	SC
XENPOZYME	ENZYME DEFICIENCIES	IV
XEOMIN	OTHER NON-CATEGORIZED	IM
XGEVA	BONE DENSITY	SC
XIAFLEX	OTHER NON-CATEGORIZED	IJ
XOLAIR	LUNG DISORDERS	SC
YERVOY	CANCER	IV
YESCARTA	CANCER	IV
YESINTEK	AUTOIMMUNE	IV
YIMMUGO	IMMUNE GLOBULINS	IV
YONDELIS	CANCER	IV
ZALTRAP	CANCER	IV

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of Illinois

Drugs Covered Under Your Medical Benefit:	Drug Category	Route of Administration
ZANOSAR	CANCER	IV
ZARXIO	BLOOD MODIFIERS	IJ
ZEMAIRA	LUNG DISORDERS	IV
ZEPZELCA	CANCER	IV
ZEVASKYN	OTHER NON-CATEGORIZED	EX
ZIEXTENZO	BLOOD MODIFIERS	SC
ZIIHERA	CANCER	IV
ZIRABEV	CANCER	IV
ZOLADEX	CANCER	SC
ZOLEDRONIC ACID	BONE DENSITY	IV
ZOLGENSMA	OTHER NON-CATEGORIZED	IV
ZUSDURI	CANCER	IS
ZYNLONTA	CANCER	IV
ZYNTEGLO	BLOOD MODIFIERS	IV
ZYNYZ	CANCER	IV

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## Non-Discrimination Notice

### Health Care Coverage Is Important For Everyone

We do not discriminate on the basis of race, color, national origin (including limited English knowledge and first language), age, disability, or sex (as understood in the applicable regulation). We provide people with disabilities with reasonable modifications and free communication aids to allow for effective communication with us. We also provide free language assistance services to people whose first language is not English.

To receive reasonable modifications, communication aids or language assistance free of charge, please call us at 855-710-6984.

If you believe we have failed to provide a service, or think we have discriminated in another way, you can file a grievance with:

Office of Civil Rights Coordinator  
Attn: Office of Civil Rights Coordinator  
300 E. Randolph St., 35th Floor  
Chicago, IL 60601

Phone: 855-664-7270 (voicemail)  
TTY/TDD: 855-661-6965  
Fax: 855-661-6960  
Email: [civilrightscordinator@bcbsil.com](mailto:civilrightscordinator@bcbsil.com)

You can file a grievance by mail, fax or email. If you need help filing a grievance, please call the toll-free phone number listed on the back of your ID card (TTY: 711).

You may file a civil rights complaint with the US Department of Health and Human Services, Office for Civil Rights, at:

US Dept of Health & Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building  
Washington, DC 20201

Phone: 800-368-1019  
TTY/TDD: 800-537-7697  
Complaint Portal:  
[ocrportal.hhs.gov/ocr/smartscreen/main.jsf](http://ocrportal.hhs.gov/ocr/smartscreen/main.jsf)  
Complaint Forms:  
[hhs.gov/civil-rights/filing-a-complaint/index.html](http://hhs.gov/civil-rights/filing-a-complaint/index.html)

This notice is available on our website at [bcbsil.com/legal-and-privacy/non-discrimination-notice](http://bcbsil.com/legal-and-privacy/non-discrimination-notice)

ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 855-710-6984 (TTY: 711) or speak to your provider.

Español Spanish	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 855-710-6984 (TTY: 711) o hable con su proveedor.
العربية Arabic	تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 855-710-6984 (TTY: 711) أو تحدث إلى مقدم الخدمة.

**bcbsil.com**



# BlueCross BlueShield of Illinois

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company

300 East Randolph Street  
Chicago, IL 60601

中文 Chinese	注意：如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 855-710-6984（文本电话：711）或咨询您的服务提供商。
Français French	ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 855-710-6984 (TTY : 711) ou parlez à votre fournisseur.
Deutsch German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 855-710-6984 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.
ગુજરાતી Gujarati	ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઓફિસિલરી સહાય અને એક્સેસિબલ ફોર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 855-710-6984 (TTY: 711) પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.
हिंदी Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 855-710-6984 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।
Italiano Italian	ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'855-710-6984 (tty: 711) o parla con il tuo fornitore.
한국어 Korean	주의: 한국어 를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 855-710-6984(TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.
Diné Navajo	SHOOH: Diné bee yáníłt'ígogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jiik'eh ná hól'ó. Bee ahil hane'go bee nida'anishí t'áá ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'í' ahoot'í'ígíí éí t'áá jiik'eh hól'ó. Kohjil' 855-710-6984 (TTY: 711) hodiilnih doodago nika'análwo'í bich'í' hanidziil.
Farsi فارسی	توجه: اگر فارسی صحبت می کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب های قابل دسترس، به طور رایگان موجود می باشند. با شماره 855-710-6984 (تله تایپ: 711) تماس بگیرید یا با ارائه دهنده خود صحبت کنید.
Polski Polish	UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 855-710-6984 (TTY: 711) lub porozmawiaj ze swoim dostawcą.
РУССКИЙ Russian	ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 855-710-6984 (TTY: 711) или обратитесь к своему поставщику услуг.
Tagalog Tagalog	PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 855-710-6984 (TTY: 711) o makipag-usap sa iyong provider.
Urdu اردو	توجه دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ 855-710-6984 (TTY: 711) پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔
Việt Vietnamese	LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 855-710-6984 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

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