



**Blue Cross Community
Health PlansSM**



**HealthChoice
Illinois**
Illinois Department of
Healthcare and Family Services



Over-the-Counter Benefits

Managed Long Term Supports and Services (MLTSS)

Customer Service **1-877-860-2837**

TTY/TDD: **711**

www.bcchpil.com

2nd Quarter 2024

Blue Cross Community Health Plans is 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.

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Thank you for being a Blue Cross Community Health Plans member. As a member of this plan, you can order plan-approved over-the-counter (OTC) products one time each quarter at no cost to you.

- **Quarter 1:** January-March
- **Quarter 2:** April-June
- **Quarter 3:** July-September
- **Quarter 4:** October-December

You will have a fixed dollar amount to use each quarter. To find out how much is available to you, call Member Services at 1-877-860-2837 (TTY: 711), 24 hours a day, seven days a week, or refer to your member handbook.

To order your OTC products:

There are two easy ways to order your OTC products.

Option 1: Call Member Services at **1-877-860-2837** (TTY: **711**), 24 hours a day, seven days a week. Tell the customer service representative that you would like to place an OTC order and let them know which items you would like. Your order will be shipped to the address you provided within 7-10 days.

Option 2: Place order online at www.mpaotc.com.

- If this is your first time placing an online OTC order, you will need to set up an account. To set up an account, you will need your **BCBSIL member ID, date of birth, ZIP code, and email address**. You will need to log in to this account using your member ID and the password you set up. If you forget your password, you can reset it by using the 'Forgot Password?' link.
- When you are logged in to your account, you will see your benefit-dollar amount on the left side of the screen in a green box.
- You can look for products and add them to your shopping cart. Your order total will be taken out of your balance.
- When you are ready to place your order, go into the shopping cart and click 'Checkout'.
- On the Checkout page, confirm your shipping address, review your order and place your order. Your item(s) will arrive within 7-10 business days.
- If you need help creating an account or placing an order, call Member Services at **1-877-860-2837** (TTY: **711**), 24 hours a day, seven days a week.

Things to remember:

- You will need your member ID number to place an order.
- If there are other members in the household ordering, please submit orders separately. Each member will need their own account if ordering online.
- Your order total may not go over the fixed dollar amount set by Blue Cross Community Health Plans.
- Only one order may be placed each quarter. Multiple orders throughout the quarter will not be allowed.
- Any remaining balance will not roll over to the next quarter. If you do not place an order in a quarter, or you do not use the full benefit-dollar amount, the benefit for that quarter will be lost.
- OTC products are intended to help with a health or medical need and are for member use only.
- Because of the nature of the items, returns are not accepted.
- Catalog items and prices may change throughout the year.
- Damaged products must be reported within 30 days. To report a damaged product, please call Member Services at **1-877-860-2837** (TTY: **711**), 24 hours a day, seven days a week.

If you have any questions about your OTC benefit, please call Member Services at **1-877-860-2837** (TTY: **711**), 24 hours a day, seven days a week.

MANAGED LONG-TERM SUPPORTS AND SERVICES (MLTSS) PRODUCT CATALOG

ANTACIDS, ANTIDIARRHEALS, AND LAXATIVES

PRODUCT NUMBER	PRODUCT DESCRIPTION	COMPARE TO	SIZE	PRICE
253	ANTACID CHEWABLE	TUMS	72 CT	\$5.00
34	BISACODYL 5 MG TABLETS	DULCOLAX	100 CT	\$7.00
97	CASTOR OIL		4 OZ	\$5.00
32	DOCUSATE 100 MG	COLACE	100 CT	\$7.00
52	ENEMA SALINE LAXATIVE	FLEET ENEMA TWIN	9 OZ	\$5.00
18	FIBER POWDER SUGAR FREE (NON- PSYLLIUM)	BENEFIBER POWDER SUGAR FREE	8.6 OZ	\$12.00
308	HEARTBURN RELIEF (FAMOTIDINE 10MG) TABLETS	PEPCID AC	60 CT	\$7.00
77	LACTASE CAPLETS	LACTAID	60 CT	\$12.00
81	LAXATIVE POWDER (PEG 3350) 14 DAYS	MIRALAX	8.3 OZ	\$12.00
57	LOPERAMIDE 2 MG	IMODIUM A-D	24 CT	\$6.00
112	MILK OF MAGNESIA	PHILLIPS	12 OZ	\$6.00
126	MINERAL OIL		16 OZ	\$6.00
79	NATURAL PSYLLIUM FIBER CAPSULES	METAMUCIL CAPSULES	160 CT	\$10.00
210	NATURAL PSYLLIUM HUSK POWDER SUGAR FREE	METAMUCIL	10 OZ	\$10.00
216	PINK BISMUTH CHEWABLE TABLETS	PEPTO BISMOL	30 CT	\$6.00
214	PINK BISMUTH LIQUID	PEPTO BISMOL	8 OZ	\$7.00
137	SENNA LAXATIVE 8.6 MG TABLETS	SENOKOT	100 CT	\$7.00
220	SENNA 8.6 MG + DOCUSATE 50 MG	PERI-COLACE	100 CT	\$7.00
293	SIMETHICONE 80 MG CHEWABLE	GAS RELIEF	100 CT	\$7.00

COUGH, COLD, AND ALLERGY

PRODUCT NUMBER	PRODUCT DESCRIPTION	COMPARE TO	SIZE	PRICE
165	CETIRIZINE 10 MG TABLETS	ZYRTEC	100 CT	\$12.00
164	CHEST RUB	VICKS	4 OZ	\$6.00
269	COUGH DROPS HONEY LEMON	HALLS HONEY LEMON	30 CT	\$4.00
270	COUGH DROPS MENTHOL	HALLS MENTHOL	30 CT	\$4.00
161	DAYTIME COLD & FLU SOFTGELS	VICKS DAYQUIL COLD/FLU	16 CT	\$6.00
160	DAYTIME COLD AND FLU LIQUID	VICKS DAYQUIL COLD/FLU	12 OZ	\$8.00
15	DIPHENHYDRAMINE 25 MG	BENADRYL ALLERGY	24 CT	\$5.00

311	FLU HBP MAXIMUM STRENGTH CAPLETS	CORICIDIN HBP	20 CT	\$8.00
267	FLUTICASONE NASAL SPRAY	FLONASE 24-HR ALLERGY RELIEF 60 SPRAYS	0.34 OZ	\$15.00
312	LORATADINE 10 MG	CLARITIN	100 CT	\$13.00
257	MUCUS RELIEF 400 MG TABLETS	MUCINEX NON NBE	30 CT	\$10.00
256	MUCUS RELIEF DM 400 MG/20 MG TABLETS	MUCINEX DM NON NBE	30 CT	\$10.00
4	NASAL SPRAY ORIGINAL 12-HOUR	AFRIN ORIGINAL	1 OZ	\$5.00
162	NIGHT TIME COLD & FLU LIQUID	VICKS NYQUIL COLD/FLU	12 OZ	\$8.00
163	NIGHT TIME COLD & FLU SOFTGELS	VICKS NYQUIL COLD/FLU	16 CT	\$6.00
205	SALINE NASAL SPRAY	OCEAN SPRAY	44 ML	\$5.00
310	SEVERE COLD MAX MULTI-SYMPTOM DAY/NIGHT	TYLENOL COLD MULTI-SYMPTOM DAY & NIGHT	20 CT	\$6.00
131	TUSSIN CF	ROBITUSSIN CF	4 OZ	\$6.00
127	TUSSIN DM	ROBITUSSIN DM	4 OZ	\$6.00
129	TUSSIN DM MAX	ROBITUSSIN DM MAX	4 OZ	\$6.00
130	TUSSIN MUCUS + CHEST	ROBITUSSIN	4 OZ	\$6.00

DENTAL

PRODUCT NUMBER	PRODUCT DESCRIPTION	COMPARE TO	SIZE	PRICE
212	DENTAL FLOSS WAXED MINT	REACH WAXED MINT	1 PK	\$3.00
120	DENTAL FLOSS UNWAXED UNFLAVORED	REACH UNWAXED-UNFLAVORED	1 PK	\$3.00
121	DENTAL FLOSS WAXED	REACH WAXED	1 PK	\$3.00
133	DENTURE BRUSH	SEA BOND DENTURE BRUSH	1 PK	\$3.00
44	DENTURE CLEANSER TABLETS	POLIDENT/ EFFERDENT	40 CT	\$5.00
219	FIXODENT DENTURE CREAM		2.4 OZ	\$8.00
173	GUM STIMULATOR HANDLE	GUM	1 UNIT	\$5.00
258	MINT FLOSSERS W/PICK (SMALL PACK)	GUM	50 CT	\$2.00
296	ORAL PAIN RELIEF GEL	BENZOCAINE 20 %	0.5 OZ	\$5.00
306	SOFT TOOTHBRUSH	GOOD SENSE/COLGATE	1 CT	\$1.00
33	SOFT TOOTHBRUSH	GOOD SENSE/COLGATE	2 PK	\$3.00
171	TOOTHPASTE TARTAR CONTROL	AIM	5.5 OZ	\$5.00

EYE CARE

PRODUCT NUMBER	PRODUCT DESCRIPTION	COMPARE TO	SIZE	PRICE
89	ARTIFICIAL TEARS EYE DROPS	MURINE TEARS	0.5 OZ	\$5.00
263	EYE DROPS REDNESS RELIEVER	VISINE ADVANCED RELIEF	0.5 OZ	\$5.00

FIRST AID MEDICAL SUPPLIES

PRODUCT NUMBER	PRODUCT DESCRIPTION	COMPARE TO	SIZE	PRICE
14	ALCOHOL PREP PADS	BD ALCOHOL	100 CT	\$4.00
59	BUTTERFLY CLOSURES BAND-AID	J&J BAND-AID BUTTERFLY CLOSURES	10 CT	\$3.00
255	DIGITAL THERMOMETER		1 UNIT	\$6.00
17	DIPHENHYDRAMINE CREAM	BENADRYL CREAM EXTRA STRENGTH	1 OZ	\$5.00
102	EPSOM SALT		1 LB	\$6.00
68	FABRIC BAND-AID	J&J FLEXIBLE FABRIC	30 CT	\$4.00
113	HEMORRHOIDAL MAXIMUM STRENGTH CREAM	PREPARATION H	1.8 OZ	\$6.00
114	HEMORRHOIDAL OINTMENT	PREPARATION H	2 OZ	\$6.00
115	HEMORRHOIDAL SUPPOSITORIES	PREPARATION H	12 CT	\$5.00
35	HYDROCORTISONE 1 % CREAM	CORTAID	1 OZ	\$5.00
101	INSTANT ICE COMPRESS		1 CT	\$5.00
61	LARGE ADHESIVE PADS BAND-AID	J&J BAND-AID LARGE ADHESIVE PADS	10 CT	\$4.00
93	PROBE COVERS		30 CT	\$3.00
100	REUSABLE HOT/COLD THERAPY GEL PACK		1 CT	\$6.00
64	ROLLED GAUZE 2" X 2.5 YDS	J&J FIRST AID ROLLED GAUZE	1 CT	\$3.00
65	ROLLED GAUZE 3" X 2.5 YDS	J&J FIRST AID ROLLED GAUZE	1 CT	\$4.00
62	SHEER BAND-AID	J&J BAND-AID SHEER STRIPS	60 CT	\$5.00
90	TRIPLE ANTIBIOTIC OINTMENT ORIGINAL STRENGTH	NEOSPORIN	1 OZ	\$6.00
91	TRIPLE ANTIBIOTIC OINTMENT PLUS	NEOSPORIN PLUS	1 OZ	\$8.00
67	WATERPROOF ADHESIVE TAPE 1/2" X 5 YDS	J&J FIRST AID WATERPROOF TAPE	1 CT	\$4.00
60	WATERSHIELD BAND-AID	J&J BAND-AID CLEAR WATER BLOCK PLUS	30 CT	\$4.00

HOME AIDE

PRODUCT NUMBER	PRODUCT DESCRIPTION	COMPARE TO	SIZE	PRICE
292	BATH MAT		1 CT	\$12.00
272	PILL CUTTER		1 CT	\$4.00
313	PILL ORGANIZER 7-DAY SINGLE		1 CT	\$5.00

PAIN RELIEVERS

PRODUCT NUMBER	PRODUCT DESCRIPTION	COMPARE TO	SIZE	PRICE
155	ACETAMINOPHEN 325 MG	TYLENOL REGULAR	100 CT	\$5.00
157	ACETAMINOPHEN XS 500 MG	TYLENOL EXTRA STRENGTH	100 CT	\$6.00
153	ACETAMINOPHEN 650 MG	ARTHRITIS TYLENOL	100 CT	\$12.00
10	ARTHRITIS PAIN RELIEVING CREAM	ASPERCREME	3 OZ	\$5.00
222	ASPIRIN 81 MG CHEWABLE	BAYER/ST JOSEPH CHEWABLE	36 CT	\$2.00
13	ASPIRIN 81 MG ENTERIC SAFETY COATED TABLETS	BAYER	120 CT	\$5.00
11	ASPIRIN 325 MG ENTERIC SAFETY COATED	ECOTRIN/BAYER	100 CT	\$5.00
6	EFFERVESCENT PAIN RELIEF	ALKA-SELTZER	36 CT	\$6.00
225	HEADACHE RELIEF	EXCEDRIN EX STRENGTH	100 CT	\$7.00
3	IBUPROFEN 200 MG	ADVIL	100 CT	\$7.00
247	IBUPROFEN PM	ADVIL PM	40 CT	\$10.00
271	LIDOCAINE 4 % PATCH	ASPERCREME PATCH	5 CT	\$8.00
5	NAPROXEN SODIUM 220 MG	ALEVE	100 CT	\$7.00
154	PAIN RELIEVER PM	TYLENOL PM	50 CT	\$5.00
315	URINARY PAIN RELIEF	AZO	12 CT	\$7.00

PERSONAL CARE

PRODUCT NUMBER	PRODUCT DESCRIPTION	COMPARE TO	SIZE	PRICE
281	BENZOYL PEROXIDE 10 % WASH		5 OZ	\$12.00
37	EAR WAX DROPS	DEBROX	0.5 OZ	\$5.00
295	MOTION SICKNESS 50 MG	DRAMAMINE ORIGINAL	12 CT	\$4.00
260	PREVAIL UNDERPADS 23 X 36		25 CT	\$15.00

SKIN CARE

PRODUCT NUMBER	PRODUCT DESCRIPTION	COMPARE TO	SIZE	PRICE
22	CALAMINE LOTION	CALADRYL	6 OZ	\$5.00
78	FOOT CREAM	LOTRIMIN AF ANTIFUNGAL CREAM	1 OZ	\$7.00
40	FOOT POWDER	DR. SCHOLL'S FOOT POWDER	7 OZ	\$6.00
159	PETROLEUM JELLY JAR	VASELINE	15 OZ	\$6.00
314	VITAMIN A&D OINTMENT	A & D OINTMENT	4 OZ	\$5.00

SUPPORTIVE CARE

PRODUCT NUMBER	PRODUCT DESCRIPTION	COMPARE TO	SIZE	PRICE
175	ANKLE COMFORT (SMALL)		1 UNIT	\$12.00
176	ANKLE COMFORT (MEDIUM)		1 UNIT	\$12.00
177	ANKLE COMFORT (LARGE)		1 UNIT	\$12.00
188	ARM SLING ADULT W/PAD		1 UNIT	\$10.00
282	DIABETIC SOCKS KNEE HIGH (SMALL, SIZE 6-8)		3 PAIRS	\$10.00
283	DIABETIC SOCKS KNEE HIGH (MEDIUM, SIZE 9-11)		3 PAIRS	\$10.00
284	DIABETIC SOCKS KNEE HIGH (LARGE, SIZE 10-13)		3 PAIRS	\$10.00
285	DIABETIC SOCKS KNEE HIGH (X-LARGE, SIZE 13-15)		3 PAIRS	\$10.00
191	HOSE KNEE MEDIUM MILD 8-15 MMHG FOR WOMEN		1 UNIT	\$14.00
190	HOSE KNEE LARGE MILD 8-15 MMHG FOR WOMEN		1 UNIT	\$14.00
183	KNEE COMFORT (SMALL)		1 UNIT	\$12.00
182	KNEE COMFORT (MEDIUM)		1 UNIT	\$12.00
181	KNEE COMFORT (LARGE)		1 UNIT	\$12.00
184	KNEE COMFORT (X-LARGE)		1 UNIT	\$12.00
179	KNEE SPORT SUPPORT ADJUSTABLE		1 UNIT	\$17.00
286	MEN'S COMPRESSION DRESS SOCKS (SMALL)		1 PAIR	\$12.00
287	MEN'S COMPRESSION DRESS SOCKS (MEDIUM)		1 PAIR	\$12.00
288	MEN'S COMPRESSION DRESS SOCKS (LARGE)		1 PAIR	\$12.00
289	MEN'S COMPRESSION DRESS SOCKS (X-LARGE)		1 PAIR	\$12.00
187	WRIST SPORT SUPPORT ADJUSTABLE		1 UNIT	\$12.00

189	WRIST SUPPORT STRAP ADJUSTABLE		1 UNIT	\$9.00
VITAMINS, MINERALS, AND MISCELLANEOUS				
PRODUCT NUMBER	PRODUCT DESCRIPTION	COMPARE TO	SIZE	PRICE
168	CALCIUM 500 MG	OS-CAL	60 CT	\$5.00
169	CALCIUM 500 MG + D	OS-CAL + D	60 CT	\$5.00
170	CALCIUM CARBONATE 600 MG	CALTRATE 600	60 CT	\$6.00
23	CALCIUM CARBONATE 600 MG + D TABLETS	CALTRATE 600 + D	60 CT	\$5.00
29	CALCIUM CITRATE 600 MG + D	CITRACAL PLUS W/ VIT-D	60 CT	\$6.00
275	CO Q-10 100 MG CAPSULES		90 CT	\$18.00
50	FERROUS SULFATE 325 MG	FEOSOL	100 CT	\$5.00
197	FOLIC ACID 400 MCG		250 CT	\$6.00
280	GLUCOSAMINE CHONDROITIN MSM COATED TABLETS	SCHIFF MOVE FREE ADVANCED + MSM	120 CT	\$20.00
278	HEALTHY EYES WITH LUTEIN TABLETS	OCUVITE W/ LUTEIN	60 CT	\$7.00
305	MELATONIN 3 MG		60 CT	\$6.00
27	MEN'S MULTI-VITAMINS	ONE-A-DAY MEN'S	100 CT	\$8.00
26	MULTI-VITAMINS ADULTS 50 +	CENTRUM® ADULTS 50 +	100 CT	\$9.00
273	VITAMIN B COMPLEX + VIT C TABLETS		130 CT	\$9.00
291	VITAMIN B-12 500 MCG	CYANOCOBALAMIN (VITAMIN B-12)	100 CT	\$6.00
274	VITAMIN C 1000 MG TABLETS		110 CT	\$10.00
198	VITAMIN D3 1000 UNITS (25 MCG)	CHOLECALCIFEROL	100 CT	\$5.00
307	VITAMIN D3 5000 UNITS (125MCG) TABLETS	CHOLECALCIFEROL	100 CT	\$10.00
WOMEN'S HEALTH				
PRODUCT NUMBER	PRODUCT DESCRIPTION	COMPARE TO	SIZE	PRICE
82	MICONAZOLE 3 COMBO	MONISTAT 3	0.32 OZ	\$12.00
259	PREVAIL BLADDER PADS FOR WOMEN	PREVAIL FOR WOMEN	48 CT	\$15.00
28	WOMEN'S MULTI-VITAMINS	ONE-A-DAY WOMEN'S	100 CT	\$8.00

***Due to COVID-19, these products may be temporarily unavailable. Please check with the customer service representative.

To ask for supportive aids and services, or materials in other formats and languages for free, please call, **1-877-860-2837** TTY/TDD: **711**.

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., 35th floor, Chicago, Illinois 60601, **1-855-664-7270**, TTY/TDD: **1-855-661-6965**, Fax: **1-855-661-6960**. You can file a grievance by phone, mail, or fax. 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>**.

ENGLISH: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-877-860-2837 (TTY/TDD: 711)**.

ESPAÑOL (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-877-860-2837 (TTY/TDD: 711)**.

POLSKI (Polish): UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-877-860-2837 (TTY/TDD: 711)**.

繁體中文 (Chinese): 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 **1-877-860-2837 (TTY/TDD: 711)**。

한국어(Korean): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-877-860-2837 (TTY/TDD: 711)** 번으로 전화해 주십시오.

TAGALOG (Tagalog – Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-877-860-2837 (TTY/TDD: 711)**.

العربية (Arabic):

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-877-860-2837 (رقم هاتف الصم والبكم: 711)**.

РУССКИЙ (Russian): ВНИМАНИЕ: Если Вы говорите на русском языке, то Вам доступны бесплатные услуги перевода. Звоните **1-877-860-2837 (Телетайп: 711)**.

ગુજરાતી (Gujarati): સુચના: જો તમે ગુજરાતી બોલતા હો, તો નન:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો

1-877-860-2837 (TTY/TDD: 711).

اردو (Urdu):

یاد رکھیں: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ **1-877-860-2837 (TTY: 711)** پر کال کریں۔

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-877-860-2837 (TTY/TDD: 711)**.

Italiano (Italian): ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-877-860-2837 (TTY/TDD: 711)**.

हिन्दी (Hindi): ध्यान दें: यदि आप हिन्दी बोलते हैं, तो आपके लिए भाषा सहायता सेवाएं नि:शुल्क उपलब्ध हैं। **1-877-860-2837 (TTY/TDD: 711)** पर कॉल करें।

FRENCH (French): ATTENTION: Si vous parlez français, des services d'assistance linguistique vous sont proposés gratuitement. Appelez le **1-877-860-2837 (TTY/TDD : 711)**.

ΕΛΛΗΝΙΚΑ (Greek): ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε **1-877-860-2837 (TTY/TDD: 711)**.

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-877-860-2837 (TTY/TDD: 711)**.



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TTY/TDD: **711**

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If you have any questions, please call Member Services at 1-877-860-2837 (TTY/TDD: 711). We are available 24 hours a day, seven days a week.

Illinois Client Enrollment Services will send you information about your health plan choices when it is time for you to make a health plan choice and during your Open Enrollment period.