

Transition of medical care

As a new member to Blue Cross and Blue Shield of Illinois, there are a couple important steps that you must take to make sure your services are covered under your new medical plan under Publicis Benefits. Please also review [our guide for new BCBSIL members](#).

Step 1: Verify that your current provider is in-network prior to obtaining services.

You can verify that your provider is in-network by:

- Logging on to bcbsil.com and click on the Provider Finder tool, via a computer or mobile device
- Calling Customer Service at (866)-876-1989
- Speaking with your provider's office

If you find that your provider is not in-network you may be eligible for **Transitional Care Benefits (TOC)**. Transitional Care Benefits may be available for up to 90 after your effective date of coverage, if approved. In order to receive these transitional benefits, the attached TOC form must be completed and sent back to BCBSIL via fax or mail for consideration.

Medical conditions that may qualify a member for Transitional Care Benefits may include, but are not limited to:

- Pregnancy in the 1st, 2nd, or 3rd trimester or high-risk pregnancy
- Members currently undergoing active/ongoing treatment for an acute or chronic medical condition (i.e. member under the care of an oncologist receiving a course of chemotherapy or radiation treatment).
- Members with terminal illness

Step 2: Pre-certify on going treatment and/or upcoming procedures

If your provider is in-network, it is important to make sure that you pre-certify any appointments for on-going treatment and/or upcoming procedures. Once you receive your new member ID card, make sure to call into your Benefits Value Advisor (BVA) to help with coordinating care and transitioning any prior authorizations under your old medical plan. Your BVA can be reached at (866)-876-1989.