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Blue Cross and Blue Shield of Illinois has been awarded accreditation for Utilization Management from URAC under the Health Utilization Management Standards. URAC, an independent, nonprofit organization, is a leader in promoting health care quality through accreditation and certification programs.
ITW offers you the ITW Medical Plan through Blue Cross and Blue Shield of Illinois (BCBSIL). Although the ITW Medical Plan is contracted in Illinois, participants have nationwide access to physicians and hospitals through the BlueCard® PPO provider network. Across the country, about one in three Americans trust Blue Cross and Blue Shield Plans for coverage locally and when they travel.

**PPO Plan**
The ITW Medical Plan offers you a broad range of benefits, access to one of the largest provider networks in the country and flexibility. When you receive care from a PPO network provider, there are no claim forms to complete and no balance billing because contracting PPO providers have agreed to accept the negotiated rates as payment in full. You are responsible for the out-of-pocket expenses such as deductible, copayment, coinsurance and non-covered services.

You don’t need to select a primary care physician to coordinate your care and you don’t need a referral to see a specialist. You can choose a physician each time you need care. Just be sure to confirm that the physician or hospital is part of the contracting PPO network to receive the highest level of benefits. You always have the option to receive care outside the network, but your benefits will be paid at a lower level and you may be subject to balance billing from the doctor or hospital. When you are balance billed, you are responsible for the amount over the Blue Cross and Blue Shield negotiated rate in addition to the out-of-pocket expenses such as deductible, copayment, coinsurance and non-covered services.

**Across the country, about one in three Americans put their trust in a Blue Cross and Blue Shield Plan for coverage locally and when they travel.**
A kid at college or a family trip –

PPO provides coverage when you’re away from home.
Benefits

Overview

Your Plan includes coverage for:

- Office visits
- Wellness care for adults (such as cancer screenings and check-ups)
- Wellness care for children (such as childhood immunizations and well-baby care)
- Emergency care benefits
- Hospital and surgical care
- Maternity care
- Diagnostic testing
- Behavioral health and substance abuse

Predetermination of Benefits

Although not required, you are strongly encouraged to contact a customer advocate prior to receiving care for help in confirming that a service or procedure is covered and how benefits will be paid under the ITW Medical Plan. Contact a customer advocate at 800-325-0320.

Provider Network

Among the advantages of the ITW Medical Plan is the large network of contracting providers in the national BlueCard provider network. You have access to contracting health care providers that include hospitals, physicians, specialists and alternative care practitioners. To find a contracting doctor or hospital, just go to the website at bcbsil.com/ITW and use the Provider Finder®. You can get maps and driving directions and even print your own personalized directory.

Important Medicare Information

If you or your covered dependents are eligible for Medicare, Medicare becomes the primary payer for you or your covered dependents’ medical benefits when you are no longer an active ITW employee and the ITW Medical Plan becomes the secondary payer. Generally, you are no longer an active employee when you are on long-term disability, retire, or terminate employment. If you have questions, contact your local ITW Human Resources Representative.

Once you are no longer an active employee, you and/or your dependent should enroll in Medicare Parts A and B as soon as possible. You or your dependent have the option to decline Medicare Part B coverage, but that means you will not receive maximum benefit coverage through the ITW Medical Plan and you will pay higher out-of-pocket expenses to make up for what Medicare Part B would have paid.

Contact a customer advocate at 800-325-0320 to ask questions about how Medicare Parts A and B coordinate with the ITW Medical Plan.
Benefits Overview continued

Advance Authorization
Your doctor may order sophisticated diagnostic procedures such as a PET scan, MRI or CT scan. These procedures are subject to “medical necessity” review. If your doctor orders a diagnostic procedure for you or a family member, you and your doctor are encouraged to obtain advance authorization from BCBSIL. To obtain advance authorization, contact customer service at 800-325-0320.

Emergency Care
In an emergency, you should seek care from the nearest emergency room or other similar facility. An emergency is generally defined as a medical condition that has symptoms of an illness or injury serious enough to make you, as a prudent layperson with an average knowledge of health and medicine, believe that any delay in seeking care may result in significant impairment or death. You will receive the same level of coverage regardless of the provider’s network status.

Choose the Right Setting for Care
Knowing where to go for care can save you time and money.

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<th>Care Option</th>
<th>Hours</th>
<th>Relative Cost</th>
<th>Description</th>
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<td>Retail Health Clinic</td>
<td>Similar to retail store hours</td>
<td>Lower out-of-pocket cost to you than an urgent care visit</td>
<td>Walk-in clinics are often located in stores and pharmacies to provide convenient, low-cost treatment for minor medical problems like: ear infections, athlete's foot, bronchitis and some vaccinations. Example: MinuteClinic (CVS)</td>
</tr>
<tr>
<td>Urgent Care Provider</td>
<td>Generally include evenings, weekends and holidays</td>
<td>Lower cost than an ER visit</td>
<td>Urgent care centers provide care when your doctor is not available, and you don’t have a true emergency. For example, urgent care centers can treat sprained ankles, fevers, minor cuts and injuries.</td>
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<tr>
<td>Emergency Room (ER)</td>
<td>24 hours, seven days a week</td>
<td>Copayment and/or coinsurance costs are based on your plan</td>
<td>An emergency means you could die, lose the use of a limb or organ, or otherwise place your health in serious jeopardy if you don’t get care quickly. For serious, life-threatening conditions, you need emergency care.</td>
</tr>
<tr>
<td>Doctor’s Office</td>
<td>Office hours vary</td>
<td>Usually lower out-of-pocket cost to you than urgent care visit</td>
<td>Your doctor’s office is generally the best place to go for non-emergency care such as health exams, colds, flu, sore throat and minor injuries.</td>
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Call the
toll-free customer service number,
800-325-0320 if
you have questions about your benefits.

24/7 Nurseline:
800-299-0274

Call any time, day or night for:
• answers to health-related questions
• help understanding your condition
• assistance in deciding where to seek care

Bilingual nurses are available!
National and International Coverage

National

You have nationwide access to contracting providers in the PPO networks through the BlueCard Program when you or your covered dependents live, work or travel anywhere in the country. The national PPO network includes more than 85 percent of all physicians and hospitals in the country. Be sure to use a PPO network provider to receive the highest level of benefits.

With the BlueCard Program, there are two ways to locate contracting doctors and hospitals:

• Visit the website at bcsil.com/ITW to find provider names and locations using the Provider Finder. Maps and driving directions are also available.

• Call the toll-free customer service number, 800-325-0320.

International

When you travel outside the United States and need medical assistance services, call 800-810-BLUE (2583) or call collect 804-673-1177 for information. Blue Cross and Blue Shield has contracts with doctors and hospitals in nearly 200 countries. An assistance coordinator, in conjunction with a medical professional, can arrange your doctor’s appointment or hospitalization, if necessary.

At BlueCard Worldwide® hospitals, in most cases, you will not have to pay up front for inpatient care. You are responsible for the out-of-pocket expenses such as deductible, copayment, coinsurance and non-covered services. The hospital should submit your claim.

You also have coverage at non-contracting hospitals, but you will have to pay the doctor or hospital for care at the time of service. Then submit an international claim form with original bills.

Claim Forms

You can get claim forms from customer service at 800-325-0320 or at bcsil.com/ITW.
Benefits Overview continued

Case Managers Offer Support
A case manager nurse may call you to offer information or assistance with your hospital stay and to answer questions you might have about care after you leave the hospital. A case manager is an advocate available to you and your providers. The case manager may offer solutions and alternatives throughout your hospital stay and discharge. The case manager is available to help you with post-discharge treatment plans from your doctors and to help you get the most from your benefit plan. So take the call!

Online Tools and Resources
After you enroll, one of the most important steps you should take is to sign up for Blue Access for MembersSM (BAM) at bcbsil.com/ITW. BAM is your online resource for managing your health coverage and offers tools and resources to help you make the most of your health care benefits.

Get immediate online access to health and wellness information, and:

• Check the status of a claim and your claims history
• Confirm family members who are covered under your plan
• View and print your Explanation of Benefits (EOB) statement for a claim
• Select an option to stop receiving EOBs by mail
• Set your preferences to receive notifications for claims status and wellness updates through emails or text alerts
• Locate a doctor or hospital in the network
• Request a new or replacement member ID card or print a temporary member ID card
• Join My Blue Community, a social network for BAM members
• Use the Cost Estimator tool, located under the My Coverage tab in BAM, to estimate your cost for common procedures and treatments

Blue365 Member Discount Program
Simply for being a BCBSIL member, you can receive exclusive health and wellness deals from national and local retailers to help keep you healthy. Save money on health care products and services that are not always covered by your benefit plan such as gym memberships, vision exams and services, hearing aids and diet-related services.

Register on the Blue365 website at blue365deals.com/BCBSIL and receive weekly “Featured Deals,” which will offer additional discounts from leading health companies and online retailers. These deals are usually available for a short period of time.
Special Beginnings® prenatal program can help you better understand and manage your pregnancy.
Reconstructive Surgery Following Mastectomy

Federal legislation requires group health plans and health insurers to provide coverage for reconstructive surgery following a mastectomy. Specifically, these laws state that health plans that cover mastectomies must also provide coverage in a manner determined in consultation with the attending physician and patient for:

• reconstruction of the breast on which the mastectomy has been performed;
• surgery and reconstruction of the other breast to produce a symmetrical appearance; and
• prostheses and treatment of physical complications for all stages of mastectomy, including lymphedemas.
**Emergency hospital admission** – Call BCBSIL toll-free at 800-325-0320 within two business days after an emergency hospital admission. You are responsible for making sure someone calls BCBSIL, but the call can be made by a family member, your doctor or the hospital. In certain circumstances, you might not be able to make the call yourself, so it’s a good idea to share the number with a trusted friend or family member. You may need to sign an authorization form at the hospital to allow a friend or family member access to your medical information.

**Within the first trimester (12 weeks) of your pregnancy** – Call BCBSIL once you learn you are pregnant. The BCBSIL customer advocate will also be able to share information with you about the Special Beginnings maternity program. BCBSIL will help monitor your condition throughout your pregnancy and will confirm the approved length of stay for your delivery. You should call within two days of being admitted to the hospital to deliver your baby to receive full benefits. If you or your baby require additional days in the hospital, you should notify BCBSIL.

*If you do not call in these instances, you will have to pay an additional copayment for covered charges.*

**Behavioral Health and Substance Abuse**

When your doctor recommends inpatient behavioral health or substance abuse treatment, you must call BCBSIL for authorization before you receive treatment. Clinical reviewers are available 24 hours a day, 7 days a week toll-free at 800-325-0320.

A representative will contact the provider of services to determine medical necessity and/or approve your treatment plan. BCBSIL will monitor your treatment and request updates as needed. To help ensure that you receive the most appropriate and the highest level of benefits, call BCBSIL and follow the instructions.

*If you do not call, you will have to pay an additional copayment for covered charges.*
How to Receive Care
Your Identification (ID) Card
After you enroll, you will receive an ID card from BCBSIL. Your ID card has important information that gives you and your covered dependents access to care locally and when traveling. The front of the card includes the member name, identification number (this is not the same as the member’s Social Security number) and group number. The back of the card lists the toll-free customer service number, 800-325-0320. The “suitcase” on the front of the card tells the provider that you have access to the national BlueCard provider network. Show this card whenever you or your covered dependents seek medical care to help ensure that claims are filed correctly and you receive the highest level of benefits.

Your ID card includes preauthorization instructions and toll-free telephone number on the back side. Be sure to call the telephone number prior to inpatient admissions so you receive the highest level of benefits.

Your ID card also includes a bar code on the back. When you visit a doctor’s office or hospital, the office staff may scan your card to get basic information about your health plan. Any member information contained in the bar code can be read only by health care providers with certain scanning equipment, software and connectivity. The new technology should make the eligibility and benefits verification process more efficient. Not all health care providers have scanning equipment.

Understanding Your Explanation of Benefits
An Explanation of Benefits (EOB) statement is a notification form sent to members every time Blue Cross and Blue Shield of Illinois processes a health care benefits claim. The EOB includes four major sections:

• **Claim Information** includes the member and patient name, the member’s group and ID number, and the claim number.
• **Summary** highlights the major financial information – the amount billed, total benefits approved and the amount you may owe the provider.
• **Service Information** identifies the health care facility or physician, dates of service and charges.
• **Coverage Information** shows what was paid to whom, what discounts and deductions apply, and what part of the total expense was not covered.

Your EOBs are available online at bcbsil.com/ITW after you register for Blue Access for Members. You can opt out of receiving paper EOB statements. You will receive an email notice when claims are finalized. You can also contact a customer advocate at 800-325-0320 if you have any questions about your EOB.

Benefit Questions and Customer Advocacy
You have a dedicated service unit staffed with customer advocates who understand all the details of your health care benefit plan. You can call them toll-free at 800-325-0320 Monday through Friday, between 8:00 a.m. and 6:00 p.m., Central time.
Whom do I call with questions about my benefits or about what services are specifically covered under my Plan?
Call a BCBSIL customer advocate at 800-325-0320.

How do I find a doctor in the PPO network?
Go to bcbsil.com/ITW and use the Provider Finder or call customer service at 800-325-0320.

Do I need a referral from my doctor to see a specialist?
No. You can see any doctor at any time without a referral, but it is important to use contracting network providers to receive the highest level of benefits and avoid balance billing.

What happens if I am admitted to the hospital in an emergency?
Treatment of your emergency condition is always the priority. You will receive the same level of coverage regardless of the provider’s network status. If you are admitted to the hospital following your emergency room visit, you or someone you designate should call BCBSIL at the toll-free number on your ID card.

Do I need to call BCBSIL if I plan to visit my doctor?
No. Your ITW Medical Plan does not require you to call for normal office visits or outpatient surgery.

What if I’ll only be in the hospital for a couple of days? Do I still need to call BCBSIL for authorization?
Yes. It is possible that outpatient care may offer more appropriate treatment and may save you money. If you are admitted to the hospital in an emergency and discharged the next day, you must call BCBSIL to make us aware of your hospitalization. If you receive outpatient surgery and your doctor feels you should stay overnight in the hospital, a call to BCBSIL is required.

Do I need to call BCBSIL personally?
No. A family member, friend, your physician, or the hospital may make the call for you, however it is your responsibility to ensure the call is made. You may need to sign an authorization form at the hospital to allow others access to your medical information.

What if the second opinion doctor says I don’t need surgery?
You have three options:
1. You can still have the surgery, but you must call BCBSIL again.
2. You are entitled to a third opinion. Just call BCBSIL to arrange it.
3. You can decide not to proceed with the surgery.

Are my medical records kept confidential?
Yes. Blue Cross and Blue Shield is committed to keeping all specific member information confidential, especially your medical records. Anyone who may need to review the records, such as health care practitioners or Blue Cross and Blue Shield staff, is required to keep your information confidential. Your medical record or claims data may be reviewed (for example, as part of an appeal that you request). If so, every precaution will be taken to keep your information confidential. In many cases, your identity will not be associated with this information.
Welcome to the ITW Medical Plan!

This brochure highlights the benefits provided under the ITW Medical Plan. Refer to your Summary Plan Description for more specific details on your Plan. If any discrepancy exists between the official Plan documents and this brochure, the Plan documents will govern.