



**BlueCross BlueShield
of Illinois**

Summary of Benefits

Blue Cross MedicareRx Choice (PDP)SM

Blue Cross MedicareRx Value (PDP)SM

January 1, 2023 – December 31, 2023

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage."

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Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-888-285-2249 (TTY/TDD: 711). We are open from 8:00 a.m. – 8:00 p.m., local time, 7 days a week. If you are calling from April 1 through September 30, alternate technologies (for example, voicemail) will be used on the weekends and holidays.

Understanding the Benefits

- The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit getblueil.com/pdp or call 1-888-285-2249 to view a copy of the EOC.
- Review the *Provider Finder* (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the *Pharmacy Directory* to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2024.

2023 Summary of Benefits

Blue Cross MedicareRx Choice (PDP)

January 1, 2023 - December 31, 2023

Blue Cross MedicareRx Value (PDP)

Blue Cross MedicareRx Choice (PDP) and **Blue Cross MedicareRx Value (PDP)** are a Medicare Advantage PDP plan with a Medicare contract. Enrollment in the Plan depends on contract renewal.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please call 1-888-285-2249 (TTY 711) and request the “Evidence of Coverage” or access it online at getblueil.com/pdp.

To join **Blue Cross MedicareRx Choice (PDP)** or **Blue Cross MedicareRx Value (PDP)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area covers the state of Illinois.

Except in emergency situations, if you use the providers that are not in our network, we may not pay for these services unless otherwise noted in your Evidence of Coverage (EOC).

For coverage and costs of Original Medicare, look in your current **“Medicare & You”** handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 7 days a week, 24 hours a day. TTY users should call 1-877-486-2048.

This document is available in other formats such as Braille, large print or audio.

For more information, please call us at 1-888-285-2249 (TTY users should call 711). Hours are 8:00 a.m. – 8:00 p.m., local time, 7 days a week. If you are calling from April 1 through September 30, alternate technologies (for example, voicemail) will be used on weekends and holidays, or visit us at getblueil.com/pdp.

Premiums and Benefits	Blue Cross MedicareRx Choice (PDP) SM
Monthly Plan Premium <i>(includes both medical and drugs)</i>	You pay \$17.80 per month. In addition, you must keep paying your Medicare Part B premium.

Premiums and Benefits	Blue Cross MedicareRx Value (PDP) SM
Monthly Plan Premium <i>(includes both medical and drugs)</i>	You pay \$93.70 per month. In addition, you must keep paying your Medicare Part B premium.

Premiums and Benefits	Blue Cross MedicareRx Choice (PDP) SM
Outpatient Prescription Drugs	
Deductible	<p>\$505 per year for Part D prescription drugs except for drugs listed on Tier 1 Preferred Generic and Tier 2 Generic which are excluded from the deductible.</p> <p>Once you have paid \$505 for your Tiers 3, 4 and 5 drugs, you leave the Deductible Stage and move on to the next drug payment stage, which is the Initial Coverage Stage.</p> <p>Important Message About What You Pay for Insulin</p> <p>You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.</p>

Premiums and Benefits	Blue Cross MedicareRx Choice (PDP) SM			
Outpatient Prescription Drugs				
	Preferred Retail Rx 30-day supply	Standard Retail Rx 30-day supply	Preferred Mail Order 90-day supply	Standard Mail Order 90-day supply
Initial Coverage				
Tier 1: Preferred Generic	\$0 copay	\$15 copay	\$0 copay	\$45 copay
Tier 2: Generic	\$5 copay	\$20 copay	\$15 copay	\$60 copay
Tier 3: Preferred Brand	\$44 copay	\$47 copay	\$132 copay	\$141 copay
Tier 4: Non-Preferred Drug	46% of the total cost	49% of the total cost	46% of the total cost	49% of the total cost
Tier 5: Specialty Tier	25% of the total cost	25% of the total cost	A long-term supply is not available for drugs in Tier 5.	A long-term supply is not available for drugs in Tier 5.
	*If you reside in a long-term facility, you pay the same as at a standard retail pharmacy.			
Coverage Gap	During this phase you will pay 25% for generic or brand-name drugs.			

Premiums and Benefits	Blue Cross MedicareRx Value (PDP) SM			
Outpatient Prescription Drugs				
Deductible	<p>\$505 per year for Part D prescription drugs except for drugs listed on Tier 1 Preferred Generic and Tier 2 Generic which are excluded from the deductible.</p> <p>Once you have paid \$505 for your Tiers 3, 4 and 5 drugs, you leave the Deductible Stage and move on to the next drug payment stage, which is the Initial Coverage Stage.</p> <p>Important Message About What You Pay for Insulin</p> <p>You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.</p>			
	Preferred Retail Rx 30-day supply	Standard Retail Rx 30-day supply	Preferred Mail Order 90-day supply	Standard Mail Order 90-day supply
Initial Coverage				
Tier 1: Preferred Generic	\$1 copay	\$10 copay	\$3 copay	\$30 copay
Tier 2: Generic	\$5 copay	\$20 copay	\$15 copay	\$60 copay
Tier 3: Preferred Brand	\$45 copay	\$47 copay	\$135 copay	\$141 copay
Tier 4: Non-Preferred Drug	36% of the total cost	40% of the total cost	36% of the total cost	40% of the total cost
Tier 5: Specialty Tier *If you reside in a long-term facility, you pay the same as at a standard retail pharmacy.	25% of the total cost	25% of the total cost	A long-term supply is not available for drugs in Tier 5.	A long-term supply is not available for drugs in Tier 5.

Premiums and Benefits	Blue Cross MedicareRx Value (PDP) SM
Outpatient Prescription Drugs	
Coverage Gap	<p>Your plan provides additional coverage through the gap. For Tier 1, you continue to pay the same amounts as you did in the Initial Coverage Stage.</p> <p>Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there's a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,660.</p> <p>After you enter the coverage gap, you pay 25% of the plan's cost for covered brand name drugs and 25% of the plan's cost for covered generic drugs until your costs total \$7,400, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p> <p>Under your plan, you may pay even less for the brand and generic drugs on the formulary. Your cost varies by tier. You will need to use your formulary to locate your drug's tier.</p>

Premiums and Benefits	Blue Cross MedicareRx Choice (PDP) SM	Blue Cross MedicareRx Value (PDP) SM
Outpatient Prescription Drugs		
Catastrophic Coverage <i>(after you or others on your behalf pay \$7,400)</i> <ul style="list-style-type: none"> ◦ Generic Drugs ◦ Brand-Name Drugs 	<p>Generic Drugs:</p> <ul style="list-style-type: none"> • You pay \$4.15 or 5% (whichever costs more) <p>Brand-Name Drugs:</p> <ul style="list-style-type: none"> • You pay \$10.35 or 5% (whichever costs more) 	<p>Generic Drugs:</p> <ul style="list-style-type: none"> • You pay \$4.15 or 5% (whichever costs more) <p>Brand-Name Drugs:</p> <ul style="list-style-type: none"> • You pay \$10.35 or 5% (whichever costs more)
Cost-Sharing may change depending on the pharmacy you choose.		



**BlueCross BlueShield
of Illinois**

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 a 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, a 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: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-888-285-2249 (TTY/TDD: 711). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-888-285-2249 (TTY/TDD: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-888-285-2249 (TTY/TDD: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-888-285-2249 (TTY/TDD: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-888-285-2249 (TTY/TDD: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-888-285-2249 (TTY/TDD: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-888-285-2249 (TTY/TDD: 711). sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-888-285-2249 (TTY/TDD: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-888-285-2249 (TTY/TDD: 711). 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-888-285-2249 (TTY/TDD: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: سيقوم شخص ما يتحدث العربية إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول (TTY/) 1-888-285-2249 (TDD: 711). بمساعدتك. هذه خدمة مجانية على مترجم فوري، ليس عليك سوى الاتصال بنا على

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-888-285-2249 (TTY/TDD: 711). पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-888-285-2249 (TTY/TDD: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-888-285-2249 (TTY/TDD: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-888-285-2249 (TTY/TDD: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-888-285-2249 (TTY/TDD: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご利用になるには、1-888-285-2249 (TTY/TDD: 711). にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。



Out-of-network/non-contracted providers are under no obligation to treat Blue Cross Medicare members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

This information is not a complete description of benefits. Call 1-888-285-2249 (TTY: 711) for more information.

Prescription drug plans provided by Blue Cross and Blue Shield of Illinois, which refers to HCSC Insurance Services Company (HISC), an Independent Licensee of the Blue Cross and Blue Shield Association. A Medicare-approved Part D sponsor. Enrollment in HISC's plans depends on contract renewal.

Premium, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.