



Thank you for choosing a Medicare plan from Blue Cross and Blue Shield of Illinois. If you need help finding a network provider, please call your plan's customer service number:



Blue Cross Medicare AdvantageSM
Blue Cross MedicareRx (PDP)SM

1-877-774-8592 TTY 711

1-888-285-2249 TTY 711

Or visit your plan's online searchable directories or EOC:



Blue Cross Medicare Advantage Provider Directory: www.getblueil.com/mapd/providers
Blue Cross Medicare Advantage Pharmacy Directory: www.getblueil.com/mapd/pharmacies
Blue Cross MedicareRxSM Pharmacy Directory: www.getblueil.com/pdp/pharmacies
Blue Cross Medicare Advantage or Blue Cross MedicareRx EOC: www.getblueil.com/plandocs/eoc

If you would like an EOC, a provider directory, and/or a pharmacy directory mailed to you, please either call Customer Service or email MedicareEOC_Directory@bcbsil.com.

Please follow these instructions to request an EOC, a pharmacy directory, or a provider directory by email:

- Step 1:** Complete the Contact Information and EOC and/or Directory Type sections below. **Both sections must be filled out for us to complete your request.**
- Step 2:** Save this Request Form to your computer.
- Step 3:** Attach the completed Request Form to an email with the subject line **"EOC and/or Directory Request: IL - Document Type."** (For example: *Directory Request: IL - EOC and Provider Directory*).
- Step 4:** Send the email to MedicareEOC_Directory@bcbsil.com.

YOUR CONTACT INFORMATION

First Name Last Name

Mailing Address City State ZIP Code

SELECT YOUR PLAN NAME AND DESIRED EOC and/or DIRECTORY

Employer/Group name (if applicable)

Medicare Advantage Plan (check one) EOC and/or Directory (select all that you need)
Blue Cross Medicare Advantage (HMO)SM Pharmacy Directory
Blue Cross Medicare Advantage (HMO-POS)SM Provider Directory
Blue Cross Medicare Advantage (PPO)SM Evidence of Coverage (EOC)

Medicare Prescription Drug Plan EOC and/or Pharmacy Directory
Blue Cross MedicareRx Value (PDP)SM Pharmacy Directory
Blue Cross MedicareRx Plus (PDP)SM Evidence of Coverage (EOC)
Blue Cross MedicareRx Basic (PDP)SM

Blue Cross Medicare Advantage

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-877-774-8592 TTY 711.

We are open between 8:00 a.m. and 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.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-774-8592 TTY 711. Nuestro horario es de 8:00 a.m. a 8:00 p.m., hora local, los 7 días de la semana. Si usted llama del 1 de abril al 30 de septiembre, durante los fines de semana y feriados, se usarán tecnologías alternas (por ejemplo, correo de voz).

Blue Cross MedicareRx

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Medicare Part D Plan Notice:

Prescription drug plan is 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 plan depends on contract renewal.

Medicare Advantage Plan Notice:

HMO, HMO-POS and PPO plans 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. HCSC is a Medicare Advantage organization with a Medicare contract. Enrollment in HCSC's plans depends on contract renewal.