



Blue Cross Group Medicare Advantage Open Access (PPO)SM Plan Options for City of Chicago Medicare-eligible Retirees

	Plan 1	Plan 2	Plan 3
Monthly Premium	\$440.40	\$230	\$0
Deductible (per calendar year)	\$0	\$250	\$625
Out-of-Pocket Expense Limit	\$1,000	\$2,000	\$5,000
Hospital Services			
Inpatient Hospital Services	\$0/Stay	\$0/Stay	\$250/Day (1-7 Days)
Outpatient Surgery and Diagnostic Tests	\$0 copay	\$0 copay	20% Coinsurance
Outpatient Hospital Services			
Hospital Emergency Medical/Accident Care		\$50 copay	
Physician Services			
Preventive Care	\$0 copay	\$0 copay	\$0 copay
Primary Care Office Visit	\$20 copay	\$25 copay	\$25 copay
Specialty Care Office Visit	\$30 copay	\$30 copay	\$50 copay
Additional Services			
Chiropractic Services	\$0 copay	\$20 copay	20% Coinsurance
Therapy Services — Speech, Occupational and Physical		20% Coinsurance	
Outpatient Mental Health Services	\$0 copay (\$0 copay Virtual Visits)	20% coinsurance (\$10 copay Virtual Visits)	20% coinsurance (\$20 copay Virtual Visits)
Cardiac & Pulmonary Rehabilitation Services	\$0 copay	20% Coinsurance	20% Coinsurance

	Plan 1	Plan 2	Plan 3
Additional Services, <i>continued</i>			
Outpatient Substance Abuse: Group & Individual Therapy	\$0 copay ($\0 copay Opioid Treatment Services)	20% coinsurance ($\$0$ copay Opioid Treatment Services)	20% coinsurance ($\$0$ copay Opioid Treatment Services)
Acupuncture	\$0 copay (Chronic low back pain. Up to 12 visits in 90 days)	\$0 copay (Chronic low back pain. Up to 12 visits in 90 days)	\$0 copay (Chronic low back pain. Up to 12 visits in 90 days)
Other Covered Services			
Ambulance Services	\$0 copay	20% Coinsurance	20% Coinsurance
Medical Supplies <i>Durable Medical Equipment (DME)</i>			
Extra Health & Wellness Benefits			
SilverSneakers®	included	included	included
Worldwide Emergency Benefit	No Annual Limit; $\$0$ copay	No Annual Limit; $\$50$ copay	No Annual Limit; 20% Coinsurance
Rewards Program	\$25 worth of gift cards up to 4 times per year	\$25 worth of gift cards up to 4 times per year	\$25 worth of gift cards up to 4 times per year
Pharmacy Benefits	See prescription drug benefits chart		

Your Prescription Drug Plan – Effective 1/1/2023

Description of Benefit	Plan 1	Plan 2	Plan 3
Part D: Deductible	\$100	\$200	\$400
Formulary Type	Expanded Formulary	Semi-Custom Formulary	Semi-Custom Formulary
True Out-of-Pocket (TrOOP) amount that begins Catastrophic phase	\$7,400		
Catastrophic phase cost-sharing amounts	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$7,400 you pay the greater of: 5% of the cost, or $\$4.15$ copay for generic (including brand drugs treated as generic and a $\$10.35$ copayment for all other drugs)		

Retiree Costs: Initial Coverage Limit (ICL) Plans 1, 2, & 3	Retail (30-day)	Retail (60-day)	Retail (90-day)	Mail Order (30-day)	Mail Order (60-day)	Mail Order (90-day)
The copays below will apply up to the ICL amount of \$4,660						
Tier 1 — Preferred Generic	20% / 20% / 25%			\$10	\$20	\$30
Tier 2 — Generic				20% / 20% / 25%		
Tier 3 — Preferred Brand						
Tier 4 — Non-Preferred Brand						
Tier 5 — Specialty						
Retiree Costs: Coverage Gap Plans 1 & 2	Retail (30-day)	Retail (60-day)	Retail (90-day)	Mail Order (30-day)	Mail Order (60-day)	Mail Order (90-day)
Plans 1 & 2: The following copays will apply for the Coverage Gap until member reaches the True Out-of-Pocket (TrOOP) amount of \$7,400						
Tier 1 — Preferred Generic	20%			\$10	\$20	\$30
Tier 2 — Generic				20%		
Tier 3 — Preferred Brand						
Tier 4 — Non-Preferred Brand						
Tier 5 — Specialty						
Retiree Costs: Coverage Gap Plans 3	Retail (30-day)	Retail (60-day)	Retail (90-day)	Mail Order (30-day)	Mail Order (60-day)	Mail Order (90-day)
Plan 3: The following cost sharing will apply for the Coverage Gap until member reaches the True Out-of-Pocket (TrOOP) amount of \$7,400						
Tier 1 — Preferred Generic	Members will pay 25% of the cost on Generic Drugs and 25% of the cost on Brand Name Drugs for tiers 1-5					
Tier 2 — Generic						
Tier 3 — Preferred Brand						
Tier 4 — Non-Preferred Brand						
Tier 5 — Specialty						

Retiree Costs: After the Gap Plans 1, 2, & 3

Plans 1, 2 & 3: The following copays will apply after your total out-of-pocket costs exceed \$7,400

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$7,400, you pay the greater of:

- *5% of the cost, or
- *\$4.15 copay for generic (including brand drugs treated as a generic) and a
- \$10.35 copayment for all other drugs.

* Amounts required by the federal government to all 2023 Medicare Part D programs and not subject to negotiation

PLEASE NOTE:

- Initial coverage limit and true out-of-pocket amounts are required by the federal government for all Medicare Part D programs and are not subject to negotiation.
- All cost-sharing presumes eligible prescriptions filled at a network pharmacy or our mail-order vendor.
- The formulary is reviewed and approved annually by the Centers for Medicare & Medicaid Services (CMS), but is subject to change as maintenance updates are made throughout the year.
- If you have questions about your current medications or the formulary, please call Customer Service at **1-877-566-8520 TTY 711**. 8 a.m. to 8 p.m., CT, 7 days a week.

This provides only highlights of the plan benefits. Please refer to the accompanying plan documents that more fully describe the terms of coverage.

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The Healthy Activity Portal is a website owned and operated by HealthMine, Inc., an independent company that provides digital health and personal clinical engagement tools and services for Blue Cross and Blue Shield of Illinois members. Registration is required to participate. Visit www.BlueRewardsIL.com to register and see what Healthy Actions earn rewards. Maximum annual rewards of \$100 in gift cards. One reward per Healthy Action per year. Healthy Action dates of service must be in the current plan year. Healthy Actions that earn rewards are subject to change.

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.