



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

	Plan 1 (MA Only)	Plan 2 (MA Only)	Plan 3 (MAPD)
Monthly Premium	\$367.30*	\$148.70*	\$0
Medical Deductible	\$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 (Days 1-7) \$0/Day (Days 8+)
Outpatient Surgery and Diagnostic Tests	\$0 Copay	\$0 Copay	20% Coinsurance
Outpatient Hospital Services			
Emergency Care (Worldwide)	\$0 Copay	\$50 Copay	20% Coinsurance (Max of \$120)
Physician Services			
Preventive Care	\$0 Copay for Medicare-covered services	\$0 Copay for Medicare-covered services	\$0 Copay for Medicare-covered services
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 for Medicare-covered services	\$20 Copay for Medicare-covered services	20% Coinsurance for Medicare-covered services
Therapy Services: Speech, Occupational and Physical	\$0 Copay	20% Coinsurance	20% Coinsurance
Outpatient Mental Health Services: Group & Individual Therapy	\$0 Copay (\$0 Copay Virtual Visits)	20% Coinsurance (\$10 Copay Virtual Visits)	20% Coinsurance (\$20 Copay Virtual Visits)

	Plan 1 (MA Only)	Plan 2 (MA Only)	Plan 3 (MAPD)
Additional Services, <i>continued</i>			
Cardiac & Pulmonary Rehabilitation Services	\$0 Copay	20% Coinsurance	20% Coinsurance
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 for Medicare-covered services (Coverage for chronic low back pain up to 12 visits in 90 days. No more than 20 acupuncture treatments may be administered annually.)	\$0 Copay for Medicare-covered services (Coverage for chronic low back pain up to 12 visits in 90 days. No more than 20 acupuncture treatments may be administered annually.)	\$0 Copay for Medicare-covered services (Coverage for chronic low back pain up to 12 visits in 90 days. No more than 20 acupuncture treatments may be administered annually.)
Other Covered Services			
Ambulance Services	\$0 Copay	20% Coinsurance	20% Coinsurance
Durable Medical Equipment (DME) & Medical Supplies			
Extra Health & Wellness Benefits			
SilverSneakers® Fitness Program	Included	Included	Included
Urgently Needed Services (Worldwide)	\$0 Copay	20% Coinsurance (Max of \$65)	20% Coinsurance (Max of \$60)
Rewards Program	\$100 worth of gift cards per year	\$100 worth of gift cards per year	\$100 worth of gift cards per year
Pharmacy Benefits	See Part D prescription drug benefits chart		

Your Part D Prescription Drug Benefits – Effective 1/1/2026

	Plan 1 (MA Only)	Plan 2 (MA Only)	Plan 3 (MAPD)
Monthly Premiums	\$84.10*	\$53.20*	\$0
Part D Deductible	\$100 (Tiers 1-5)	\$200 (Tiers 1-5)	\$400 (Tiers 1-5)
Formulary Type	5 Tier Premier Formulary	5 Tier Standard Formulary	5 Tier Standard Formulary
True Out-of-Pocket (TrOOP) amount that begins Catastrophic Phase	\$2,100		

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 following cost shares will apply up to the out-of-pocket maximum.						
Tier 1 — Preferred Generic	Plan 1: 20% Coinsurance Plan 2: 20% Coinsurance Plan 3: 25% Coinsurance			\$10 Copay	\$20 Copay	\$30 Copay
Tier 2 — Generic				Plan 1: 20% Coinsurance Plan 2: 20% Coinsurance Plan 3: 25% Coinsurance		
Tier 3 — Preferred Brand						
Tier 4 — Non-Preferred Drug						
Tier 5 — Specialty						

Retiree Costs: Catastrophic Phase Plans 1, 2, & 3	
Plans 1, 2 & 3: The following copays will apply after your total out-of-pocket costs exceed \$2,100	
Beneficiary cost sharing is reduced to \$0 for those who reach the catastrophic spending level.	

*Total monthly premium costs are \$451.40 for Plan 1 and \$201.90 for Plan 2. You will receive separate bills for your Medicare Advantage (MA) and Prescription Drug Plan (PDP) coverage under each plan.

IMPORTANT MESSAGE ABOUT WHAT YOU PAY FOR INSULIN

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.

IMPORTANT MESSAGE ABOUT WHAT YOU PAY FOR VACCINES

Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Customer Service for more information.

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 contact the Education Helpline **1-877-842-7564** TTY 711.

We are open October 1 – March 31: Daily, 8:00 a.m. to 8:00 p.m. local time, April 1 – September 30: Monday through Friday, 8:00 a.m. to 8:00 p.m. local time. Alternate technologies (for example, voicemail) will be used on weekends and holidays.

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 has contracted with Blue Cross and Blue Shield of Illinois to provide digital health and personal clinical engagement tools and services for members with coverage through BCBSIL.

BCBSIL makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.

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.