



Blue Cross Group MedicareRx (PDP)SM



live
your
Blue
lifeSM



Welcome Guide

Important information about your retiree Medicare Part D plan

Keep this information for reference.

Estos materiales están disponibles en español. Póngase en contacto con Servicio al Cliente para obtener ayuda.

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When you get information from your **Blue Cross Group MedicareRxSM plan**, look for these helpful icons to get the most from your plan.



When you see this icon,
TAKE ACTION
to complete a task.



When you see this icon,
SAVE THIS important
information somewhere
you can easily reference it.



When you see this
icon, you have
NEW INFORMATION
to review.

live your Blue life

Welcome to Blue Cross Group MedicareRx.

This is your Welcome Guide. It has details about your prescription drug benefits and tips to help you get more value from your plan. Be sure to review all the content, especially your next steps. Keep this booklet in a safe place. If you have questions or concerns that are not covered here, please call Customer Service at the number listed on the back of your Blue Cross Group MedicareRx member ID card.

We look forward to helping you meet your health care goals.



Get Started

Make the most of your plan by taking the next steps.



Step 1

Check Your Member ID Card.



You can use your benefits starting on your effective date, even if your card has not yet arrived in the mail.

Use your Blue Cross Group MedicareRx member ID card whenever you receive prescription drugs at the pharmacy. When you receive your ID card, review the following:



Effective date

Your confirmation letter will show your effective date — the date your coverage begins. The letter can be used as proof of insurance if you have not received your member ID card by your effective date.

Personal information

Make sure the information on the member ID card is accurate.

- Be sure to show the new card at the pharmacy. Remind them that your old ID and number are no longer valid.
- Keep your ID card safe like you would a credit or debit card.
- Update the Customer Service number you have saved in your phone with the number listed on the back of your new card.
- If something is wrong on your ID card, call us.

Step 2

Sign up for or Log in to Blue Access for Members.



Everything you need to know about your coverage — in one place.

Get the most out of your health care benefits with Blue Access for Members.

BAMSM is a secure website and, along with our mobile app, gives you the health information you need, anytime you need it.

On your computer or tablet, go to **mybam.bcbsil.com**.

Click 'Member Login' to be directed to BAM.

Then, you'll be able to log in or create an account.

If you already have a BAM account, you do not

need to set up a new one. After you set up

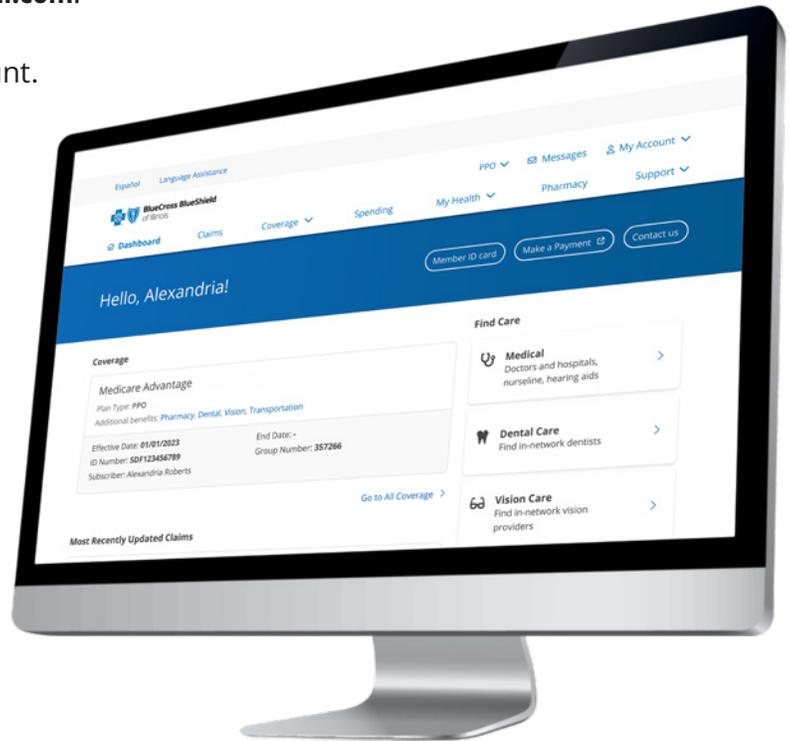
your account and log in, try the 'Guide Me

Through' tool near the bottom right of the

BAM site for a quick tour.

Here are a few things you can do with BAM:

- Access your Evidence of Coverage
- Link directly to the online formulary
- View your claims status and up to 18 months of claims activity
- See your prescription history
- Search for a pharmacy
- Request or print your ID card
- And more!



It's Easy to Get Started!

Go to **mybam.bcbsil.com** or grab your smartphone and your ID card and text* **BCBSILAPP** to **33633** so you can use BAM while you're on the go.

* Message and data rates may apply.

Step 3

Review Your Evidence of Coverage.



The EOC explains:

- Your rights and responsibilities
- What's covered
- Your costs

We encourage you to review your EOC, which can be found on BAM (see Step 2) or you can call Customer Service for a printed copy. It's an important legal document, so keep it in a safe place.

If you have questions about your covered benefits, call us.

Step 4

Discover your Part D Benefits.



The most you'll pay in 2026 for Part D drugs is \$2,100. Each year annual limits will be adjusted based on inflation. This cap does not apply to out-of-pocket spending on Part B drugs or any plan premiums. Review the EOC to understand your costs.

List of Covered Drugs (Formulary)

You can find your formulary by logging into Blue Access for Members (see Step 2). You can search for drugs online or download a copy of the formulary. You will see that prescription drugs are placed into tiers. The costs for drugs in each tier are generally different. Tier 1 includes the drugs prescribed for common conditions and usually cost the least. The formulary also includes information about special programs such as prior authorization, quantity limits or step therapy.

Transition Benefit

During the first 90 days of coverage, you may be able to fill a one-month supply of Part D eligible, non-formulary drugs or drugs that have restrictions. You and your provider will be alerted via mail of the transition fill and the requirements needed to continue receiving your drug. Such requirements include your provider submitting a formulary exception by calling the number on your new member ID card or filling out the formulary exception form found on www.myprime.com. You can easily access this website if you first log in to your BAM account. If the formulary exception is approved, you will pay the Non-Preferred Drug Tier cost-share.



Insulin and Vaccine Costs

Insulin:

You won't pay more than \$35 for a one-month supply of each covered insulin product. It doesn't matter what cost-sharing tier it's on.

Vaccines:

Your plan covers most Part D vaccines at no cost to you.

The following vaccines are covered under Medicare Part D:

- Shingles
- Tetanus/diphtheria (Td)
- Tetanus, diphtheria, and pertussis (whooping cough) (Tdap)
- Hepatitis A
- Hepatitis B
- Other vaccines recommended by Advisory Committee on Immunization Practices.

You don't need to meet any required deductible for these items.

Managing Your Medications

Your prescription drug plan includes programs designed to encourage safe, cost-effective and appropriate use of medications. These include prior authorization, step therapy and quantity limits. If a drug requires one or more of these programs, it will be noted in the formulary.

Medicare Prescription Payment Plan

The Medicare Prescription Payment Plan is a payment option to help you manage your budget when it comes to out-of-pocket drug costs. You'll receive information about the program in the mail.

Do you need financial support for your drugs?

You can apply for Extra Help any time before or after you enroll in Part D. Visit Social Security to learn more at www.ssa.gov. Choose "Medicare," then "Apply for Part D Extra Help."

Please note: Federal law forbids people who have Medicare from using coupons or other discounts with their Part D plan. These may only be used outside of your Part D benefit.

Step 5

Find Pharmacies Near and Far.

Our national pharmacy network includes thousands of locations. All major national retail and grocery pharmacy chains participate in the network*, including:



Visit mybam.bcbsil.com to log in to BAM where you can find information about network pharmacies near you.

Home Delivery

Choose convenience with our mail-order service. A 90-day supply of the medications you take regularly can be delivered directly to your home. This service offers:

- Three ways to order refills: online, by phone or through the mail.
- Up to a 90-day supply of medications at one time.
- A choice to get a text, email or phone call to let you know when your order is received, and your prescriptions are mailed.

You will need to set up an account using your member ID with one of these options:



Walgreens Mail Service

Visit www.walgreensmailservice.com or call 1-888-277-5475 TTY 711.

Amazon Pharmacy

Visit <https://pharmacy.amazon.com> or call 1-855-393-4279 TTY 711.

Express Scripts® Pharmacy

Visit www.express-scripts.com/rx or call 1-833-715-0944 TTY 711.

* Other pharmacies are also available in our network.

Specialty Pharmacy

Specialty medications are often prescribed to treat complex and/or chronic conditions. These drugs have unique shipping or handling needs. You may be able to fill specialty prescriptions at certain retail pharmacies, if they stock the medication.

You can use one of two specialty pharmacy options:

Walgreens Specialty Pharmacy

Visit www.walgreensspecialtyrx.com
or call **1-877-627-6337 TTY 711** to get started.

Accredo®

Visit www.accredo.com or
call **1-833-721-1619 TTY 711** to get started.

Out-of-Network Pharmacies

You can buy covered drugs from out-of-network pharmacies in an emergency or if you are traveling where there is no network pharmacy.

Prime Therapeutics LLC is a pharmacy benefit management company, contracted by Blue Cross and Blue Shield of Illinois (BCBSIL) to provide pharmacy benefit management services. BCBSIL, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Walgreens Mail Service is contracted to provide pharmacy mail services to members of Blue Cross and Blue Shield of Illinois.

Amazon Pharmacy is contracted to provide pharmacy home delivery services to Blue Cross and Blue Shield of Illinois.

Walgreens Specialty Pharmacy is contracted to provide specialty pharmacy services to members of Blue Cross and Blue Shield of Illinois

Accredo is a specialty pharmacy that is contracted to provide services to members of Blue Cross and Blue Shield of Illinois. Accredo is a trademark of Express Scripts Strategic Development, Inc.

Express Scripts® Pharmacy is a pharmacy that is contracted to provide mail pharmacy services to members of Blue Cross and Blue Shield of Illinois. Express Scripts® Pharmacy is a trademark of Express Scripts Strategic Development, Inc.

We'll Keep in Touch.

Because we care about your well-being and want you to get the most from your Medicare plan, we'll be in touch with you throughout the year.



TAKE ACTION: Provide your email address!

Scan this **QR code** with your smartphone camera or go online at www.bcbsil.com/preferences.



Annual Notice of Change

Near the end of the plan year, you'll receive an ANOC from Blue Cross Group MedicareRx. This notice outlines the premium/benefit changes (if any) for your plan. These changes will begin at the start of the new plan year. Review this document carefully.



Explanation of Benefits

You'll receive a statement called an EOB. How often you receive it depends on how often you fill your prescriptions. This statement is not a bill. It simply details what you have paid and indicates the level of benefits you've used. Review these details to be sure they are correct. If you think there are errors, call the number on the back of your member ID card. If you think you are the victim of fraud, report it immediately.

Forms You May Need

You may need these forms during the year. All forms can be found on BAM at mybam.bcbsil.com.

- **Home Delivery Prescription Order Form**

Take advantage of the mail-order program for eligible maintenance medications. It's easy to use and may save money. When you have a new prescription, use the online form from the website of the home delivery pharmacy of your choice. **See page 8 for more information.**

- **Appointment of Representative**

This form lets you choose someone to make decisions on your behalf. It also lets them get your health information such as EOBs. This form may also be used to allow the plan to disclose your health information to a third party such as another health plan or provider. Having this completed form on file is vital for caregivers.

- **Authorization to Disclose Protected Health Information**

Use this form to authorize the plan to disclose your PHI to a specific person or entity.

- **Coverage Determination**

If the plan will not cover a prescription drug, you may ask for a coverage determination. Choose the form that matches your request.

Report Fraud

Medicare fraud costs billions of dollars each year.

Here are some ways you can help stop it:

- Keep your member ID card safe. Treat it like you would a debit or credit card.
- Make a copy of your member ID card and keep it in a safe place.
- If your member ID card is lost or stolen, call us right away.
- Be sure the pharmacy has your correct information.
- Look at your EOB carefully to be sure that you have been properly charged. If you think you may have been the victim of fraud, report it to our Fraud Hotline right away.



To report fraud,

call **1-800-543-0867 TTY 711** 24 hours a day, 7 days a week

Common Terms

Coinsurance

An amount you pay after any deductibles. This is usually a percentage of the cost. For example, if the plan pays 80% of the allowed amount, then 20% would be your coinsurance.

Copayment (Copay)

Your share of the cost for each provider visit, service or prescription drug. This is usually a set dollar amount (for example: \$10).

Deductible

An amount, if any, you pay before a plan begins to share the cost of covered drugs and services.

Formulary (Drug List)

A list of drugs covered by your plan.

IRMAA: Income-Related Monthly Adjustment Amount.

A Part B and Part D surcharge based on the modified adjusted gross income reported on your IRS tax return from two years ago. A notice from Medicare will be mailed to those who will pay the IRMAA surcharge(s).

Out-of-Pocket Limit

Once you pay this amount in deductibles, copays and coinsurance for covered services, the plan pays 100% of the allowed amount for covered services for the rest of the benefit period.

Pharmacy Network

Pharmacies that contract with a Part D plan to fill prescriptions for its members. In most cases, your prescriptions are covered only if they are filled at one of our network pharmacies.

Prior Authorization (PA)*

Some drugs or services may need to be approved by the plan before they are covered.

Quantity Limits (QL)*

A limit to how much of a medication will be covered in a certain time period. Limits may be applied on select drugs.

Step Therapy (ST)*

You may need to try less expensive options before 'stepping up' to certain high-cost drugs.

* Your formulary will indicate if a drug is subject to one of these special programs. Look for the abbreviation for the program to the right of the drug name and tier.

Important Plan Information



Contact Information



Have questions or concerns? We can help! Call us first.

We will let you know if your question can only be answered by Medicare or your benefit administrator.



Call

Call Customer Service at the number listed on the back of your member ID card. We are open 8 a.m. – 8 p.m., local time, 7 days a week. If you are calling from April 1 through Sept. 30, alternate technologies (for example, voicemail) will be used on weekends and holidays.



Web

Blue Access for Members

Get information about your plan, claim status and benefits.
Search for pharmacies and covered drugs.
mybam.bcbsil.com



Connect Community

Connect is a fun way to interact with other members through our online blog-style format. Learn about health and wellness, benefits and coverage, how health insurance works and much more.

Learn more at **<http://connect.bcbsil.com/medicare>**.

This information is not a complete description of benefits. The formulary and pharmacy network may change at any time. You will receive notice when necessary.

Prescription drug plans provided by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association. A Medicare-approved Part D sponsor. Enrollment in HCSC's plans depends on contract renewal.