BlueCross BlueShield of Illinois

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

	Plan 1 (MA Only)	Plan 2 (MA Only)	Plan 3 (MAPD)
Monthly Premium	$344.36*	$126.99*	$0
Annual Medical Deductible	$0	$250	$625
Out-of-Pocket Expense Limit	$1,000	$2,000	$5,000
Hospital Services			
Inpatient Hospital Services	$0 Copay per Stay	$0 Copay per Stay	$250 Copay per Day (Days 1-7) $0 Copay per 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: Physical Therapy and Speech Language Pathology Services	$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, *continued*			
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	Check your Prescription Drug Plan (PDP) materials for pharmacy benefit information.		See page 3.

***PREMIUM INFORMATION:** Refer to your enrollment form for your Medicare Advantage plan premium. For Plans 1 and 2, add your MA and PDP premiums to determine your total monthly premium. Refer to your PDP materials for PDP premium information.

	Plan 3 MAPD The prescription drug benefits on this page apply only to Plan 3.
Monthly Premiums	$0
Annual Part D Deductible	$400 (Tiers 1-5)
Formulary Name	5 Tier **Standard** Formulary
Catastrophic Coverage	**You pay $0 after your Part D maximum out-of-pocket costs reach $2,400. This includes drugs purchased through retail and mail order pharmacies but does not apply to out-of-pocket spending on Part B drugs or your monthly premium.**

Retiree Costs: Plan 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 Drugs	25% Coinsurance			$10 Copay	$20 Copay	$30 Copay
Tier 2 — Generic Drugs						
Tier 3 — Preferred Brand Drugs				25% Coinsurance		

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:

- Maximum 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 **1-877-448-4522** 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 employer/union group plan provided by 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 depends on contract renewal.