

Blue Cross Group Medicare Advantage Open Access (PPO)[SM] offered by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC)

Annual Notice of Change for 2027

You're enrolled as a member of Blue Cross Group Medicare Advantage Open Access (PPO)[SM] through City of Chicago.

This material describes changes to our plan's costs and benefits next year.

- **During your Group's open enrollment period, you may make changes to your Medicare coverage for next year.**
- To change to a **different plan**, visit Medicare.gov or review the list in the back of your Medicare *&* You 2027 handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at bcbsil.com/retiree-medicare-coc or call Customer Service at 1-866-390-4276 (TTY users call 711) to get a copy by mail.

More Resources

- This material is available for free in Spanish.
- Call Customer Service at 1-866-390-4276 (TTY users call 711). Hours are 8 a.m. - 8 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 weekends and holidays. This call is free.
- Please contact Blue Cross Group Medicare Advantage Open Access (PPO) if you need this information in another language or format (Spanish, braille, large print or alternate format).

About Blue Cross Group Medicare Advantage Open Access (PPO)

- PPO employer/union group plans provided by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC)-H0107 and H8634, and HCSC Insurance Services Company (HISC)-H1666. HCSC and HISC are Independent Licensees of the Blue Cross and Blue Shield Association. HCSC and HISC are Medicare Advantage organizations with Medicare contracts. Enrollment in these plans depends on contract renewal.
- When this material says "we," "us," or "our", it means Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC). When it says "plan" or "our plan," it means Blue Cross Group Medicare Advantage Open Access (PPO).
- This plan doesn't include Medicare Part D drug coverage, and you can't be enrolled in a separate Medicare Part D drug plan and this plan at the same time. Note: If you don't have Medicare drug coverage, or creditable drug coverage (as good as Medicare's), for 63 days or more, you may have to pay a late enrollment penalty that is added to your monthly premium if you enroll in Medicare drug coverage in the future.
- Limitations, copayments, exclusions and restrictions may apply. Individuals must live in the plan service area. Benefits vary by plan. Prior authorization and/or referrals are required for certain services.

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Summary of Important Costs for 2027

	2026 (this year)	2027 (next year)
Monthly plan premium* *Your premium can be higher or lower than this amount. Go to Section 1.1 for details.	$148.70 You can get information regarding your premium by going through your employer group.	**$126.99 You can get information regarding your premium by going through your employer group.**
Deductible	$250 for in-network and out-of-network services, except for insulin furnished through an item of durable medical equipment.	**$250 for in-network and out-of-network services, except for insulin furnished through an item of durable medical equipment.**
Maximum out-of-pocket amount This is the most you'll pay out of pocket for covered services. (Go to Section 1.2 for details.)	From network providers: Not Applicable From network and out-of-network providers combined: $2,000	**From network providers: Not Applicable From network and out-of-network providers combined: $2,000**
Primary care office visits	**In-Network** $25 copay per visit **Out-of-Network** $25 copay per visit	**In-Network** **$25 copay per visit** **Out-of-Network** **$25 copay per visit**

	2026 (this year)	2027 (next year)
Specialist office visits	**In-Network** $30 copay per visit **Out-of-Network** $30 copay per visit	**In-Network** **$30 copay per visit** **Out-of-Network** **$30 copay per visit**
Inpatient hospital stays Includes various inpatient hospital stays such as acute care, rehabilitation and long-term care. An inpatient hospital stay starts the day you're formally admitted with a doctor's order and ends the day before you're discharged.	**In-Network** $0 copay per stay **Out-of-Network** $0 copay per stay	**In-Network** **$0 copay per stay** **Out-of-Network** **$0 copay per stay**

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2026 (this year)	2027 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	You can get information regarding your premium by going through your employer group.	**You can get information regarding your premium by going through your employer group.**

Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you've paid this amount, you generally pay nothing for covered services for the rest of the calendar year.

	2026 (this year)	2027 (next year)
In-network maximum out-of-pocket amount Your costs for covered medical services (such as copayments and deductibles) from network providers **count** toward your in-network maximum out-of-pocket amount. Our plan premium **doesn't count** toward your maximum out-of-pocket amount.	Not Applicable	**Not Applicable**

	2026 (this year)	2027 (next year)
Combined maximum out-of-pocket amount Your costs for covered medical services (such as copayments and deductibles) from in-network and out-of-network providers **count** toward your combined maximum out-of-pocket amount. Your plan premium **doesn't count** toward your maximum out-of-pocket amount.	$2,000	**$2,000** **Once you've paid $2,000 out of pocket for covered services, you'll pay nothing for your covered services from network or out-of-network providers for the rest of the calendar year.**

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2027 *Provider Finder* located at bcbsil.com/retiree-medicare-coc to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory*:

- Visit our website at bcbsil.com/retiree-medicare-coc
- Call Customer Service at 1-866-390-4276 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Customer Service at 1-866-390-4276 (TTY users call 711) for help. You may have a special enrollment period if your provider leaves the plan network.

Section 1.4 There are no changes to your benefits or amounts you pay for medical services

Our benefits and what you pay for these covered medical services will be same in 2027 as they are in 2026.

SECTION 2 Administrative Changes

	2026 (this year)	2027 (next year)
MDLive Name Change	MDLive	**MDLive Virtual Care**

SECTION 3 How to Change Plans

To stay in Blue Cross Group Medicare Advantage Open Access (PPO), you don't need to do anything. Unless you sign up for a different Medicare health plan or change to Original Medicare by the open enrollment timeframe as defined by your employer, you'll automatically be enrolled in our Blue Cross Group Medicare Advantage Open Access (PPO).

If you want to change plans for 2027 follow these steps:

- If you no longer wish to be covered by Blue Cross Group Medicare Advantage Open Access (PPO), please contact your employer/union benefits administrator.
- If you want to enroll in an Individual (retail) Medicare Advantage Plan, the Centers for Medicare and Medicaid Services (CMS) will automatically disenroll you from your Blue Cross Group Medicare Advantage Open Access (PPO) plan.
- **To change to Original Medicare without a drug plan,** you can:
    - Contact your current employer or former employer or union.
    - Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 3.2).
- **To learn more about Original Medicare and the different types of Medicare plans**, visit Medicare.gov, check the *Medicare & You 2027* handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (1-800-633-4227).

Your coverage is provided through a contract with your current employer or former employer or union. Please contact your employer/union benefits administrator for more information on opting out.

Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage during your Group's specified Open Enrollment period. Contact your Employer Group Plan Benefit Administrator to understand what happens if you disenroll from the group plan.

If you enrolled in a Medicare Advantage plan for January 1, 2027, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage). Your coverage is provided through a contract with your current employer or former employer or union. Please contact your employer/union benefits administrator for more information.

Section 3.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of your plan's service area

If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 4 Get Help Paying for Prescription Drugs

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly drug plan, yearly deductibles, and coinsurance. Also, those who qualify won't have a late enrollment penalty. To see if you qualify, call:

- 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
- Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday - Friday for a representative. Automated messages are available 24 hours a day. TTY users can call 1-800-325-0778.
- Your State Medicaid Office.

SECTION 5 Questions?

Get Help from Blue Cross Group Medicare Advantage Open Access (PPO)

- **Call Customer Service at 1-866-390-4276 (TTY users call 711).**

  We're available for phone calls 8 a.m. – 8 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 weekends and holidays. Calls to these numbers are free.

- **Read your 2027 *Evidence of Coverage***

  This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2027. For details, look in the 2027 *Evidence of Coverage* for Blue Cross Group Medicare Advantage Open Access (PPO). The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at bcbsil.com/retiree-medicare-coc or call Customer Service at 1-866-390-4276 (TTY users call 711) to ask us to mail you a copy.

- **Visit bcbsil.com/retiree-medicare-coc**

  Our website has the most up-to-date information about our provider network *(Provider Finder)*.

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Illinois, the SHIP is called Illinois Department on Aging.

Call Illinois Department on Aging to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call Illinois Department on Aging at 1-800-252-

8966. Learn more about Illinois Department on Aging by visiting ilaging.illinois.gov/ship.html.

Get Help from Medicare

- **Call 1-800-MEDICARE (1-800-633-4227)**

  You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

- **Chat live with Medicare.gov**

  You can chat live at Medicare.gov/talk-to-someone.

- **Write to Medicare**

  You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit Medicare.gov**

  The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare* & You 2027**

  The *Medicare & You 2027* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

  Out-of-network/non-contracted providers are under no obligation to treat Blue Cross Group Medicare Advantage Open Access (PPO) members, except in emergency situations. Please call our Customer Service number or see your *Evidence of Coverage* for more information, including the cost sharing that applies to out-of-network services.