
Blue Cross Group Medicare Advantage Open Access (PPO)SM
live your Blue life SM
VALUED MEMBER
IL
Important information
about your retiree Open Access PPO plan
Y0096_GRPPPOHMOWG22_C
240677.0721

Table of Contents

Let's Get Started. 4

Step 1: Check Your Member ID Card 4
Step 2: Sign up or Log in to Blue Access for Members℠ (BAM℠) 5
Step 3: Understand Your Plan's Network. 6
Step 4: Review Your Evidence of Coverage Benefit Insert 7
Step 5: Schedule Your Annual Wellness Visit 8
Step 6: How to Get the Most from Your Plan 10
Step 7: Access Wellness Solutions and Member Rewards 12–14

Forms You May Need. 16

Report Fraud. 16

We'll Keep in Touch 17

Glossary of Terms. 18

Important Plan Information. 19

Contact Information. . . . . back cover

When you get information from your **Blue Cross Group Medicare Advantage℠ plan**, look for these helpful icons to get the most out of 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

Thank you for choosing Blue Cross Group Medicare Advantage.

More than 110 million Americans* depend on Blue Cross and Blue Shield for their health insurance needs. We have served residents for over 85 years with health benefits and services designed to meet the needs of the community.

We'll keep in touch.

You may get more attention from your new plan than you're used to. That's because our goal is to help our Medicare members manage their health. It's why we've developed this Welcome Guide. It contains useful information like:

- Using your member ID card.
- Understanding your plan's coverage.
- Exploring your wellness solutions.
- Getting help when you need it.

Where to start.

Please review the information about your coverage and next steps, explained on page 4.

We're here for you.

Contact us before calling Medicare. Blue Cross Group Medicare Advantage is your Medicare plan. You should call us with all your questions. We will let you know if your question can only be answered by Medicare.



Call

We are open 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.



Web

Blue Access for Members

Get information about your plan, claim status and benefits.
www.bluememberil.com

Finder Tools

Search for providers, pharmacies and covered drugs.
www.bcbsil.com/retiree-medicare-tools

**Blue Cross and Blue Shield System. Blue Cross and Blue Shield Association. www.bcbs.com. 10 June 2021*

Let's Get Started

Follow these easy steps to get the most from your plan.



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 Medicare Advantage member ID card whenever you receive a service or benefit covered by your plan, including prescription drugs you get at network pharmacies. Sometimes, you may need your red, white and blue Medicare card as well. Upon receiving your ID card, you will want to review the following:

- **Effective date**
  Your confirmation letter and ID card 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. If you have any questions or concerns, call the Customer Service number located on the back of your card.

Step 2 Sign up or Log in to Blue Access for Members (BAM)

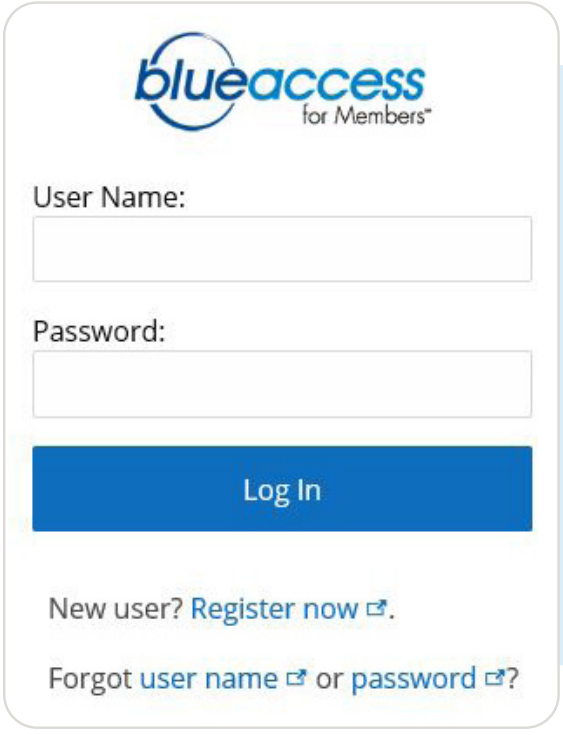
Everything you need to know about your coverage — in one place.

Get the most out of your health care benefits with Blue Access for Members. It's the health information you need, anytime you need it.

Here are a few things you can do with BAM:

- View your claims, coverage and benefits.
- See your prescription history.
- Search for a health care provider, hospital, urgent care facility or pharmacy.
- Request or print your ID card.
- View or print Explanation of Benefits statements.
- And more!





It's Easy to Get Started!

Go to **www.bluememberil.com** or grab your smart phone 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 Understand Your Plan's Network

Selecting a provider from the plan network.

Your Open Access PPO plan gives you the freedom to seek care across the country. You can use network providers but have the flexibility to go outside the network for the same cost. No referral is needed. Your providers must 1) accept Medicare; 2) agree to see you as a patient; and 3) agree to bill the plan. Review the Evidence of Coverage for details.



Call ahead and be prepared.

Calling your provider's office ahead will help make sure:

- All your information is up to date.
- The provider is still in-network.

We work closely with your provider to deliver the best care

Before you can be covered for some medications or certain high-cost medical services, your doctor may need to get authorization from the plan. You may first need to try other clinically appropriate or cost-effective treatments. Quantity limits may be set for some drugs for cost or safety reasons.

Our plans follow government guidelines in this area to ensure you receive the most appropriate, cost-effective care available.

Please note: It's important to give your doctor the full name of your specific Medicare Advantage plan and network and not just say you have Blue Cross and Blue Shield, since many physicians are usually part of more than one Blue Cross and Blue Shield network. This information is located on your member ID card.

Step 4 Review Your Evidence of Coverage (EOC) Benefit Insert (EBI)

The EBI in this guide explains:

- Your rights and responsibilities.
- What's covered.
- What you pay as a member of the plan.

We encourage you to review your EBI. It lists your plan benefits, costs and the extra health and wellness benefits that are provided by your retiree Medicare plan. It's an important legal document, so keep it in a safe place. It is part of your complete EOC which can be found on BAM (see Step 2).



Step 5 Schedule Your Annual Wellness Visit

Your Annual Wellness Visit is a great way to take charge of your health, ask questions and get advice from your provider.

There's no copay or cost to you. This Annual Wellness Visit Checklist is designed to help you get the most from your appointment. Schedule your Annual Wellness Visit today and earn rewards through our Rewards Program*. Earn up to $100 in gift cards from national and local retailers for completing your Annual Wellness Visit and additional preventive screenings (as indicated with $). Additional information on our Rewards Program can be found on page 14.

Talk With Your Doctor About	Completion Date / Notes
☐ All your current conditions and treatments	
☐ Prescription and over-the-counter medications	
☐ Any pain you have and what you do for it	
☐ Difficulties with daily activities	
☐ Your level of physical exercise	
☐ Balance issues or recent falls $	
☐ Difficulties with bladder control	
☐ Problems with sleeping or memory loss	
☐ Tobacco, alcohol or drug use	
☐ Hospital or ER visits in the last 90 days	
Complete These Basic Exams	**Completion Date / Notes**
☐ Blood Pressure	
☐ Height, Weight and Body Mass Index (BMI)	
☐ Blood Sugar and Retinal Eye Exam (if applicable) $	
Review Your Screenings and Vaccines	**Completion Date / Notes**
☐ Annual Flu Vaccine $	
☐ Bone Density Exam $	
☐ Colorectal Screening $	
☐ Mammogram $	
☐ Pneumonia Vaccine	



*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 Group Medicare Advantage members. Registration is required to participate. Visit **www.BlueRewardsIL.com** to register and see what Healthy Actions earn rewards. If you do not have internet access, call customer service using the phone number on the back of your insurance card. 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.

Step 6 How To Get The Most From Your Plan

Notify your provider and pharmacy.

Show your new member ID card to your providers and pharmacy so they have the most up-to-date information. This can prevent your claim from being denied due to incorrect information.

Your Medical Benefits

Blue Cross Group Medicare Advantage covers most commonly used services such as provider visits, inpatient and outpatient hospital services, emergency care, and prescription medicines. And it bundles these with wellness solutions for comprehensive health coverage. The plan manages claims and benefits, so you have only one call to make when you have questions. As a Medicare Advantage member, you get all the benefits covered by Original Medicare, and more. Read your EBI for details on coverage and member costs.

- Doctor's office visits
- Preventive services
- Emergency care
- Hospitalization
- Health screenings
- Diagnostic services
- Immunizations
- Rehabilitation
- Physical therapy
- Skilled nursing care

Your Formulary and Pharmacies

Your plan covers a broad range of prescription drugs. A formulary is a list of drugs your plan covers. You'll find the costs for your drugs listed in your EBI. Be sure to share the formulary with your providers and discuss any medications you are already taking. If you have questions, call us.

Drugs are placed in tiers.

The costs for drugs in each tier are different. Generally, drugs on lower-number tiers cost less. Tier 1 includes the drugs prescribed for common conditions. The drug list will tell you which tier a drug is in, and your EBI can tell you how much a drug costs.

How to Read the Formulary.

There are two ways to find medications: by medical condition and alphabetically. The formulary includes a table that shows more information about special programs, such as prior authorization, quantity limits or step therapy.

National Pharmacy Network

We make it easy and affordable to get the medications you need, in your neighborhood or across the country. Our national pharmacy network includes thousands of retail locations. Using an in-network pharmacy may allow you to purchase prescriptions for a lower copay than at an out-of-network pharmacy. All major national retail and grocery pharmacy chains participate in the network, including:

Albertsons · Jewel-Osco Pharmacy · Kroger · Mariano's · Walgreens · Walmart

Visit **www.bcbsil.com/retiree-medicare-tools** to find a network pharmacy near you.

Home Delivery and Specialty Pharmacy

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 two options:

AllianceRx Walgreens Prime

Visit **www.alliancerxwp.com/home-delivery** or call **1-877-277-7895**.

Express Scripts® Pharmacy

Visit **www.express-scripts.com/rx** or call **1-833-599-0729**.

Specialty Pharmacy

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

You also can use one of two specialty pharmacy options:

AllianceRx Walgreens Prime

Visit **www.alliancerxwp.com/specialty-pharmacy** or call **1-877-627-6337** to get started.

Accredo®

Visit **www.accredo.com** or call **1-833-721-1619** 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 has an ownership interest in AllianceRx Walgreens Prime, a central specialty pharmacy and home delivery pharmacy. Prime Therapeutics LLC, provides pharmacy benefit management services for Blue Cross and Blue Shield of Illinois and is owned by 18 Blue Cross and Blue Shield Plans, subsidiaries or affiliates of those plans.

Accredo is a specialty pharmacy that is contracted to provide services to members of BCBSIL. The relationship between Accredo and BCBSIL is that of independent contractors. 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 BCBSIL.

The relationship between Express Scripts® Pharmacy and BCBSIL is that of independent contractors. Express Scripts® Pharmacy is a trademark of Express Scripts Strategic Development, Inc.

Express Scripts is an independent company and is solely responsible for the products and services that it provides.

Step 7 Access Extra Health and Wellness Benefits and Member Rewards

Blue Cross Group Medicare Advantage plans offer a number of benefits above and beyond standard insurance coverage.



Blue365®

Blue365 is just one more advantage of being a Blue Cross and Blue Shield of Illinois member. With this exclusive member program, you may save money on health and wellness products and services from top retailers that are not covered by insurance. There are no claims to file and no referrals or preauthorizations. Once you sign up for Blue365 at **www.blue365deals.com/bcbsil**, weekly 'featured deals' will be emailed to you. These deals offer special savings for a short period of time.

To learn more about Blue365, visit www.blue365deals.com/bcbsil.



24/7 Nurseline

Our nurses are available 24 hours a day, seven days a week, 365 days a year. They can help with health concerns and give general health tips. Get trusted guidance on possible emergency care, urgent care and more. You can also access an audio library of more than 1,000 health topics ranging from allergies to women's health. More than 600 topics are available in Spanish.

When should you call 24/7 Nurseline?

Call when you have questions about health problems, such as:

- Asthma, back pain, or chronic health problems
- Cuts or burns
- Dizziness or severe headache
- High fever
- Sore throat

You can access the 24/7 Nurseline at: 1-800-631-7023 (TTY 711). You will find this number on the back of your member ID card.

Blue365 is a discount program only for BCBSIL members. This is NOT insurance. Some of the services offered through this program may be covered under your health plan. Employees should check their benefit booklet or call the Customer Service number on the back of their ID card for specific benefit facts. Use of Blue365 does not change monthly payments, nor do costs of the services or products count toward any maximums and/or plan deductibles. Discounts are only given through vendors that take part in this program. BCBSIL does not guarantee or make any claims or recommendations about the program's services or products. Members should consult their doctor before using these services and products. BCBSIL reserves the right to stop or change this program at any time without notice.



SilverSneakers® Fitness Program

SilverSneakers is a fitness program for seniors and includes unlimited access to over 16,000 fitness centers in the national network. Membership offers a welcoming community where you can have fitness fun with friends and meet new people.

SilverSneakers benefits include:

- Specialized fitness classes designed for people of all abilities and led by certified instructors
- Low-impact classes focused on improving strength and endurance, mobility, flexibility, agility and coordination
- FLEX classes like yoga and dance at parks, recreation centers and clubs

Virtual SilverSneakers classes may also be available.
For more information, call Monday through Friday, 8 a.m. – 8 p.m. ET,
1-866-584-7389 • TTY 711 or visit www.silversneakers.com or email support@silversneakers.com.



Telehealth Services

Your retiree group Medicare Advantage plan covers Virtual Visits, provided by Blue Cross and Blue Shield of Illinois and powered by MDLIVE. With Virtual Visits, your appointment is with an independently contracted, board-certified MDLIVE doctor for minor, non-emergency medical or behavioral health conditions by phone, mobile app or online video anytime, anywhere, 24 hours a day, 7 days a week. Talk to a doctor immediately or schedule an appointment at a time that works best for you.

To activate your account, you can choose what is easiest for you:

- Go to **www.mdlive.com/bcbsil-medicare**
- Text BCBSILMEDICARE to 635-483
- Download the MDLIVE app

To learn more about Virtual Visits benefits call 1-866-954-3584 (TTY 1-800-770-5531) or go to www.mdlive.com.

SilverSneakers® is a wellness program owned and operated by Tivity Health, Inc., an independent company. Tivity Health and SilverSneakers® are registered trademarks or trademarks of Tivity Health, Inc., and/or its subsidiaries and/or affiliates in the USA and/or other countries.

Virtual Visits may not be available on all plans. Non-emergency medical service in Montana and New Mexico is limited to interactive online video. Non-emergency medical service in Arkansas and Idaho is limited to interactive online video for initial consultation. MDLIVE is a separate company that operates and administers Virtual Visits for Blue Cross and Blue Shield of Illinois. MDLIVE is solely responsible for its operations and for those of its contracted providers. MDLIVE® and the MDLIVE logo are registered trademarks of MDLIVE, Inc., and may not be used without permission.



Join the Rewards Program

The Rewards Program gives you a healthy and easy way to earn up to $100 in gift cards from retailers like Amazon, Barnes and Noble, iTunes, Starbucks, Walgreens. Walmart and others. You receive a gift card of your choice for completing Healthy Actions throughout the year.

Visiting your doctor at least once a year can help you catch small health problems before they become big ones. You can earn a gift card for getting qualified wellness visits. Because prevention is better than cure, you can earn $50 in gift cards just for completing your Annual Wellness Visit!

These Healthy Actions earn you rewards:

- Complete your Annual Wellness Visit or other qualified wellness visits
- Annual flu vaccine
- Colorectal cancer screening
- Bone density screening
- Mammogram
- Fall Risk Assessment
- Retinal eye exam
- Diabetic kidney and blood sugar testing

To get started with the program:

1. Go to **www.BlueRewardsIL.com**. You will need your member ID card, date of birth and email address. After you register, we will send you an email letting you know that your account has been set up.
2. If you don't have an email address or have difficulty going online, you can call the number on the back of your member ID card to register.

It may take up to 90 days for Healthy Actions to show as completed in the system. As soon as this happens, you can select your gift card from a list of national and local retailers.

Things to remember:

- Registration is required to participate.
- You can earn one reward per Healthy Action per year.
- Healthy Action dates of service must be in the current plan year.
- The maximum annual rewards is $100 in gift cards.
- Healthy Actions that earn rewards are subject to change.

Expect More from Your Medicare Advantage Plan

Learn how we go above and beyond to make sure you get access to your benefits and coverage.



Forms You May Need

These are some of the forms you may need during the year. All forms can be found on BAM at **www.bluememberil.com**.

- **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 Explanation of Benefits and bills (if you have a premium). This form may also be used to let the plan share your health information with a third party such as another health plan or provider. Having this completed form on file is vital for caregivers.
- **Prescription Mail Order**
  Be sure to take advantage of the mail-order program for eligible maintenance medicines. You'll enjoy the ease of home delivery and the chance to save money.
- **Authorization to Disclose Protected Health Information**
  Use this form to allow the plan to share your Protected Health Information (PHI) with a person or entity you choose.
- **Coverage Determination**
  If the plan will not cover a prescription drug or medical service, 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

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.

Provide your email address!

Be sure to update your email address and phone number by going to **www.bluememberil.com** or by calling the number on the back of your member ID card.

When you provide your email address and phone number, we'll send you communications about health plan benefits and programs throughout the year. We never share your information outside of the plan. Once you begin receiving communications via email or text messages, you can always opt out or ask us to stop sending them to you.



We will contact you.

You can expect to hear from us occasionally to check in. We will be available to:

- Help you schedule an Annual Wellness Visit — a valuable part of your plan.
- Discuss the Rewards Program that can earn you up to $100 in gift cards.
- Answer any questions you have.



Annual Notice of Change

Near the end of the year, you'll receive an Annual Notice of Change from Blue Cross Group Medicare Advantage. This notice outlines the premium/benefit changes (if any) for your plan. These changes will begin January 1 of the following calendar year. Review this document carefully.



Explanation of Benefits (EOB)

You'll receive a statement called Explanation of Benefits. How often you receive it depends on how often you fill your prescriptions or see your provider. 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 Customer Service at the number on the back of your member ID card. If you think you are the victim of fraud, report it immediately.

Glossary of Terms

We have described some commonly used terms to help you understand more about your plan. Refer to your benefit plan materials if you have questions.

Allowed Amount

The maximum amount a plan will pay for a covered health care service. If you are charged more than the plan's allowed amount, you may have to pay the difference.

Amount Billed

The amount your provider billed for the service(s) rendered.

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.

Non-Participating Provider

An out-of-network provider who does not accept rates for services we set to keep your costs down.

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.

Participating Provider

An in-network or out-of-network provider who accepts Medicare and the agreed-upon rates for services.

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 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.

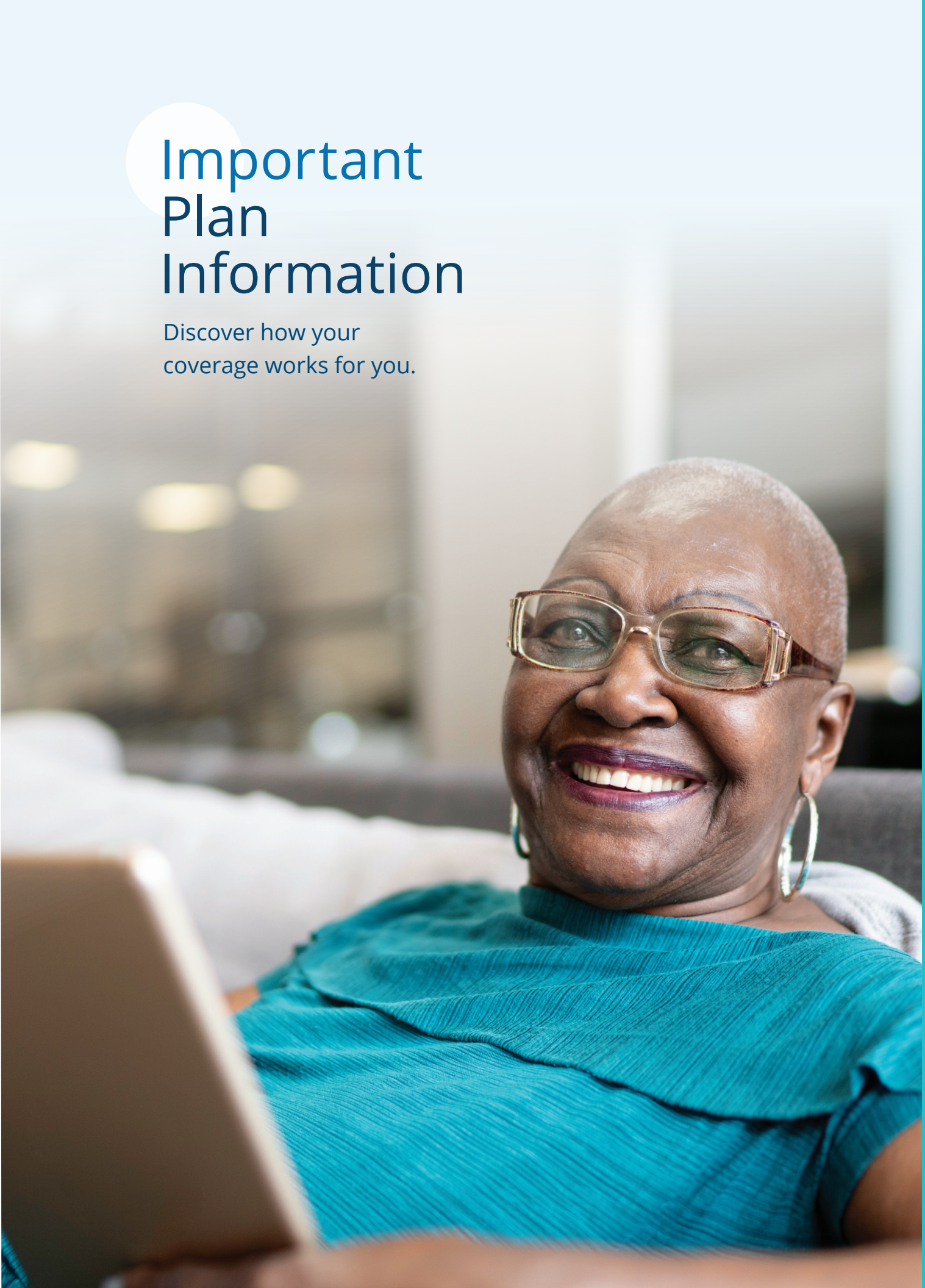
Step Therapy*

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

Discover how your coverage works for you.



Contact Information

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

Call

Call the Customer Service 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 September 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.
www.bluememberil.com

Finder Tools

Search for providers, pharmacies and covered drugs.
www.bcbsil.com/retiree-medicare-tools

Rewards Program

www.bluerewardsil.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.

Connect at **http://connect.bcbsil.com/medicare**.

COVID-19

The health, safety and well-being of our members, staff and the communities we serve is our top priority. Learn more at www.bcbsil.com/covid-19.

Blue Cross®, Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

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

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.