



Blue Cross Group Medicare Advantage Open Access (PPO)SM

The advantage is yours.

Look inside for:

- How a HCSC retiree Medicare plan saves you money
- Details about your retiree Open Access PPO plan
- Getting started
- What happens next



live your
Blue lifeSM



Medicare coverage made easy

Blue Cross Group Medicare AdvantageSM is your all-in-one plan.

HCSC offers Blue Cross Group Medicare Advantage Open Access (PPO) for your retiree Medicare coverage. This plan has no provider network restrictions. It bundles Original Medicare Parts A and B with Part D prescription drug coverage and extra health and wellness benefits. It covers most commonly used services such as provider visits, inpatient hospital and outpatient services, emergency care and prescription medicines.

Here's how your Open Access PPO plan works.



Your Providers

Your Open Access PPO plan does not require the use of a Blue Cross and Blue Shield network provider for coverage. Your benefit levels are the same if you use a network or non-network provider. You may seek care from any providers nationwide that accept Medicare and agree to submit claims to us. Please note: even Medicare-assigned providers can decide what patients they want to see. We recommend that you confirm with providers that they will accept your Open Access PPO plan and will submit claims directly to the plan.

Some high-cost medical services that have more cost-effective alternatives need prior authorization from the plan before your provider can proceed.

Find providers at www.bcbsil.com/retiree-medicare-hcsc.



Your Prescription Drug Coverage

Copay and Deductible

Retirees often have a copay or coinsurance for prescriptions. After spending a government-set amount of money on medications, they may reach or even go past the coverage gap in a year. With this HCSC-sponsored plan, copays and coinsurances will not change during the coverage gap and there is no Part D deductible to pay.

List of Covered Drugs (Formulary)

Within 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.

Pharmacies in the Neighborhood and across the Nation

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



Before you enroll, you can search for your medicines online at www.myprime.com.*

Select 'Medicines,' then:

- 'Find a Medicine,' followed by
- 'Continue without sign in.'

Under 'Select Your Health Plan':

- Select BCBS Illinois.
- Answer 'Yes.'
- Select Blue Cross Group Medicare Advantage (PPO)SM.
- Click 'Continue.'

Type your medicine and dosage.

- Review the drug tier and requirements.
- Refer to the Summary of Benefits for your cost.

* MyPrime.com is a pharmacy benefit website owned and operated by Prime Therapeutics LLC, a separate company providing pharmacy benefit management services for your plan.

Extra health and wellness benefits complete your coverage.



Wellness Solutions

Track your health and keep learning with our wellness and education tools. You can set and track progress towards your health care goals. You can also learn about:

- diabetes self-care.
- managing blood pressure.
- eating well and healthy weight.
- stopping tobacco use.
- stress management and mental health.
- safety concerns.

Rewards Program

Put up to \$100 worth of gift cards in your pocket for choosing healthy activities. Earn gift cards for completing Healthy Actions throughout the year, like having your Annual Wellness Visit, getting your flu shot or taking a Fall Risk Assessment.[†]

Gift card options include major national retailers. They may offer physical and/or eCards. The maximum annual rewards you can earn is \$100 worth of gift cards. *Please note: Healthy Actions are subject to change.*

Fitness Designed for You

The SilverSneakers^{®††} Fitness Program is included in your plan. It helps you achieve your health and fitness goals with access to more than 15,000+ fitness locations and online classes led by certified instructors.

Virtual Visits

Virtual Visits allow you to consult an independently contracted, board-certified doctor or therapist for non-emergency situations by phone, mobile app or online video anytime, anywhere. Speak to a doctor or schedule an appointment at a time that works best for you. Your current provider may offer virtual visits.

24/7 Nurseline

Your call is taken by a registered nurse who can help if you are sick or hurt and not sure what to do.

These extra health and wellness benefits are part of your HCSC retiree group Medicare Advantage plan. Please read the Summary of Benefits for coverage details.

[†] 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.

^{††} Classes and amenities vary by location.

What happens after you enroll?

1. Medicare Approval

Medicare must approve your enrollment in this plan before you are officially a member. This generally takes about 10 business days. Remember, you must be a retiree enrolled in Medicare Part A and Part B to be eligible for this plan.

2. Acknowledgment and Confirmation Letters

These letters let you know the status of your enrollment. Within 10–14 days of receiving your enrollment, we'll send you an acknowledgment letter. It explains that we've received your information and are waiting for Medicare to approve your eligibility. After Medicare approves, you'll get a confirmation letter followed by your member ID card.

3. Member ID Card

Always show your Blue Cross and Blue Shield of Illinois (BCBSIL) ID card when you visit a doctor or pharmacy. Information on the ID card helps them file your claim with us.



Your card will have this information:

- **Your name.**
- **The name of your retiree group Medicare plan.**
- **Member ID number**
This number is unique to you.
- **Plan number**
This number is used by your provider to make claims.
- **Copays**
These are the fixed amounts you may have to pay when you visit a provider.
- **Customer service phone number.**
- **Our website.**

If your ID card hasn't come in the mail by your effective date, you can still use your benefits. Just show your confirmation letter as proof of insurance.

4. Welcome Kit

This usually arrives after your member ID card and contains a welcome guide, formulary, evidence of coverage benefit insert and information to help you get the most from your plan.



Staying Connected

Once you are a member, your plan becomes your partner in health. We will reach out during the year with helpful reminders and health tips. If you have a special medical condition, you may receive personalized communication from our medical professionals who can help you manage your health and find resources just for you. Feel free to reach out to customer service with questions about your plan. And please tell us about any special needs we should know about.

Blue Access for MembersSM

Register for Blue Access for Members (BAMSM) at www.bluememberil.com.

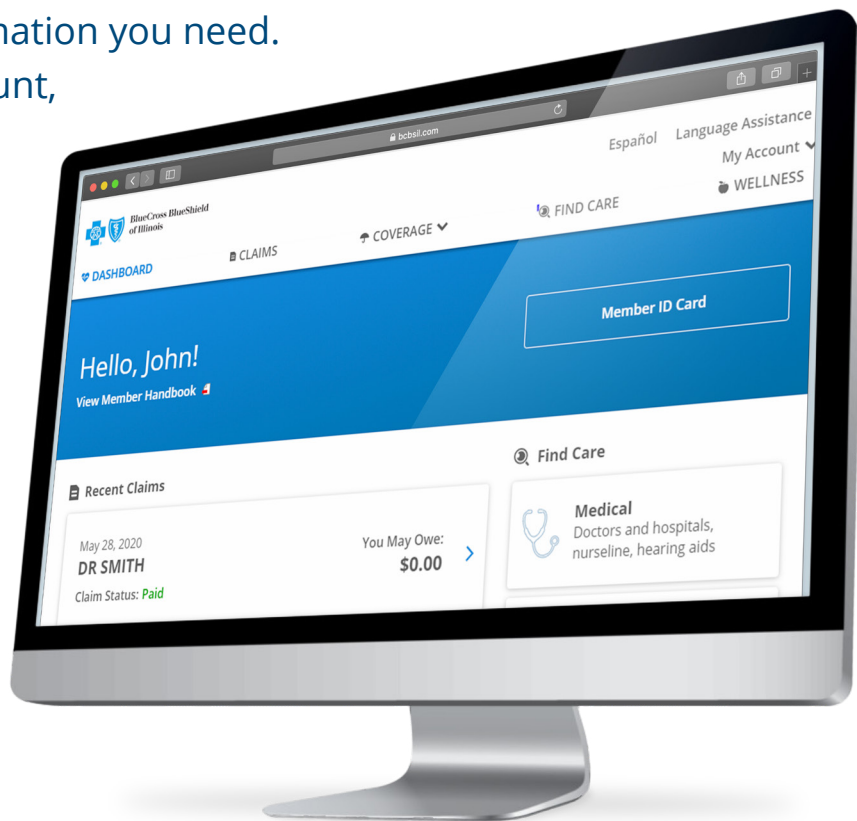
BAM is a secure website designed to give you quick, easy access to the health information you need.

If you already have a BAM account, you can continue to use it.

Bookmark it on your computer or download the easy-to-use mobile app.

You can:

- Search for providers and pharmacies.
- View claims status and up to 18 months of activity.
- Request an ID card or print a temporary ID.
- and much more.



It's Easy to Get Started!

Go to www.bluememberil.com or grab your smartphone and your member ID card and text[†] BCBSILAPP to 33633 so you can use BAM while you're on the go.

[†] Message and data rates may apply.

Pay Less with a HCSC Retiree Medicare Plan

A retiree group Medicare plan is one of your retirement benefits. HCSC has made sure to provide you with flexible options for your health care coverage. This Open Access Medicare Advantage plan is different from an individual Medicare plan you could buy on your own. The benefits are richer and you can seek care across the country. And because it's a group plan, your costs will be lower.

As communicated over the last few years, if you enroll or are enrolled in a traditional plan (PPO, HMO or HSA) but are qualified for the Medicare-based plan, you will pay the FULL COST DIFFERENCE between our HCSC retiree Medicare plan and the traditional plan. And that's in addition to your base premium contribution percentage. That can be a lot of money.

**It's time to switch to a custom-designed HCSC retiree Medicare plan.
Let's get started.**

1. You must be a retiree enrolled in Medicare Part A and Part B. You must continue to pay any required Part A or Part B premiums. These are usually deducted from your Social Security benefit. If you haven't signed up yet, contact your local Social Security office or go to www.ssa.gov to enroll online.

2. Review this brochure and the enclosed Summary of Benefits for details about your plan.

3. It's time to enroll!

Follow the enrollment instructions provided by the HCSC Corporate Benefits Team.

4. Watch the mailbox for your enrollment acknowledgment and confirmation letters, followed by your new member ID card and your Welcome Kit.



Questions about your retiree group Medicare plan?

Visit www.bcbsil.com/retiree-medicare-hcsc or call the Medicare Help Center at 1-866-468-9636 TTY 711.

We are available to discuss 2023 benefits on November 1.

We are open September 1 – January 31: Daily, 8:00 a.m. to 9:00 p.m. CT

February 1 – August 31: 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 information is not a complete description of benefits. The formulary and pharmacy network may change at any time. You will receive notice when necessary.

Out-of-network/non-contracted providers are under no obligation to treat BCBSIL 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.

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

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