

Maximize Your Medicare

with BlueSecure[™] and Blue Cross Group MedicareRx (PDP)[™]

What's inside:

- How a Health Care Service Corporation (HCSC) Retiree Medicare plan saves you money
- Details about your custom designed medical and prescription drug benefits
- How BlueSecure and Medicare Part D plans work
- What happens after you enroll



live your Blue life

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

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. The BlueSecure and Blue Cross Group MedicareRx plans are less expensive than individual Medicare plans you could buy on your own because they are retiree group Medicare plans. You can seek care across the country. These two plans work together with Original Medicare to cover your medical, hospital and prescription drug costs.

As you know, 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 the Traditional plan you select and the HCSC Retiree BlueSecure with Prescription Drug Plan Medicare option. This is in addition to your retiree share of the Traditional plan coverage. These costs may be significant. **Now is the time to switch to a custom-designed HCSC Retiree Medicare plan.**

Please note: HCSC Medicare-eligible retirees may stay on a Traditional plan through December 31, 2024. Effective January 1, 2025, you must choose a HCSC Retiree Medicare plan option.

Cover the out-of-pocket medical costs that Medicare doesn't

When you enroll in Medicare, your coverage is divided into parts. Original Medicare Part A and Part B cover about 80% of your hospital and medical costs. **BlueSecure** fills some of the gaps for medical and hospital care that Medicare doesn't cover, like coinsurance, copays, and deductibles. You can see any doctor who accepts Medicare, and you never need a referral to see a specialist. **Blue Cross Group MedicareRx** is a Medicare Part D plan that helps to cover the cost of outpatient prescription drugs. With these two plans, you're covered anywhere you travel in the U.S.

Let's get started.

- 1. You must be a HCSC retiree enrolled in Medicare Part A and Part B. If you haven't signed up yet, contact your local Social Security office or go to www.ssa.gov to enroll online. You must continue to pay any required Part A or Part B premiums. These are usually deducted from your Social Security benefit.
- **2.** Review this brochure and the plan documents.
- **3. It's time to enroll!**Follow the enrollment instructions provided by your benefit administrator.
- **4.** Watch your mailbox for your Part D acknowledgment and confirmation letters, and your member ID cards. There will be one card for each plan; two cards in total.
- **5.** Your Welcome Kit with plan documents and drug list (formulary) will arrive separately from your ID cards.

How Does BlueSecure Work?

BlueSecure is a retiree group supplemental medical plan that works with Medicare Parts A and B.

Medicare will cover its share of your doctor and hospital bills first. BlueSecure will then help cover the remaining deductible and coinsurance.

Each year, Medicare can change the copayments and deductibles it will cover. Depending on your plan, BlueSecure adjusts to cover the remaining deductible and coinsurance. Your BlueSecure plan will renew every year as long as you pay your premium and the plan is available. See the plan documents in this enrollment kit for details about your coverage and any out-of-pocket costs.

Here's what each plan type covers.

| | Medicare Part A | Medicare Part B | BlueSecure |
|----------------------------------|-----------------|-----------------|-----------------------|
| Inpatient Hospital | \checkmark | | \ * |
| Skilled Nursing | \checkmark | | √ [†] |
| Hospice Care | \checkmark | | \checkmark |
| Inpatient Physician Visits | | \checkmark | \checkmark |
| Preventive Care | | \checkmark | \checkmark |
| Blood | | \checkmark | \checkmark |
| X-rays | | \checkmark | \checkmark |
| Laboratory Services | | \checkmark | \checkmark |
| Speech & Physical Therapy | | \checkmark | \checkmark |
| Medical Equipment & Supplies | | ✓ | ✓ |
| Foreign Travel Emergency Care | | | ✓ |
| Part B Excess Charges | | | 100% |
| Part B Deductible | | | \checkmark |

^{*}Covers up to 515 consecutive days of hospitalization

Foreign Country: Pays 80% after \$250 annual deductible up to a Lifetime Max. of \$50,000. Services must be rendered within 60 days of travel outside the U.S.

You must continue to pay any required Part A or Part B premiums which are usually deducted from your Social Security benefit. See the enclosed benefit highlights for plan details.

[†] Covers 21st through 100th day of skilled nursing care

Get help paying for your prescription drugs



Blue Cross Group MedicareRx helps you stay healthy and protects you against high pharmacy costs.

Medicare Part D plans cover commonly used outpatient medications, like those used to treat high blood pressure, high cholesterol, depression and osteoporosis.

Your benefits include:

- A comprehensive drug list (formulary).
- Convenient home delivery and online ordering.
- A nationwide network of pharmacies.
- The confidence of knowing your coverage is backed by a leading member-focused health insurer.

Part D coverage generally has four stages.

Review the Summary of Benefits for details about the retiree group plan available to you.

1. Annual Deductible

This is the amount retirees usually have to pay for their prescriptions before the plan starts to pay. With this HCSC-sponsored plan, there is no deductible to pay.

2. Initial Coverage Limit

With typical Part D coverage, retirees may pay a copay or coinsurance for each eligible prescription. The plan pays the rest until total costs reach the Initial Coverage Limit. This is an amount determined by the Centers for Medicare and Medicaid Services (CMS). It may change each year. The full retail cost of a prescription drug goes toward the Initial Coverage Limit. So if the retail cost is \$100, and your copay is \$10, the amount that counts toward your Initial Coverage Limit will be the \$100 retail cost. **HCSC shares these costs with you, reducing the amount you pay for deductibles, copays, and coinsurance.**

3. Coverage Gap

Also called the 'donut hole,' this stage starts after the retiree and the plan have spent up to the Initial Coverage Limit. While retirees are in the Coverage Gap, what they pay for drugs may change based on the Part D plan. As an HCSC retiree, what you pay for drugs during this stage will not change. HCSC will continue to share these costs with you.

4. Catastrophic Coverage

When your out-of-pocket costs reach an amount set by CMS each year, you will enter Catastrophic Coverage. During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.

Review the Summary of Benefits for details and how HCSC enhances your benefit coverage.

How does Medicare Part D work?

S Copay and Deductible

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

Important Message About What You Pay for Insulin and Vaccines

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 any required deductible.

Vaccines: Your plan covers most Part D vaccines at no cost to you, even if you haven't paid any required deductible. These vaccines are now covered under Medicare Part D: Shingles, Tetanus/diphtheria (Td), Tetanus, diphtheria, and pertussis (whooping cough) (Tdap), Hepatitis A, Hepatitis B and Respiratory syncytial virus (RSV).

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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 Medicines,' followed by
- 'Continue without sign in.'

Under 'Select Your Health Plan':

- Select BCBS Illinois.
- Answer 'Yes.'
- Select Blue Cross Group MedicareRxSM - Standard, then 'Continue.'

Type your medicine and dosage.

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

Transition Benefit

During your 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 getting your drug.

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.

Blue Access for Members[™]

Register for Blue Access for Members (BAM[™]) at www.bluememberil.com.

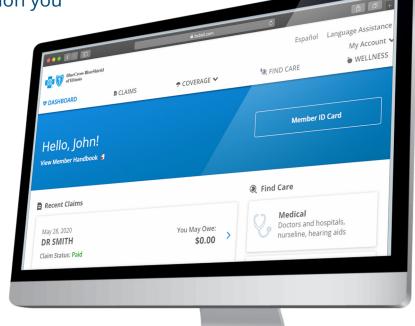
BAM is a secure website designed to give you quick,

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:

- View claims status and up to 18 months of activity.
- See your prescription drug history.
- Access coverage and benefit information.
- · Find a doctor or urgent care facility.
- Search for pharmacies.
- Request an ID card or print a temporary ID.





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.

Here's what you can expect after you enroll

BlueSecure

While Medicare doesn't need to approve your enrollment in this plan, you must be a HCSC retiree enrolled in Medicare Part A and Part B to use it. You will receive your BlueSecure member ID card after your enrollment is complete.

Blue Cross Group MedicareRx

Medicare must approve your Blue Cross Group MedicareRx enrollment before you are officially a member. Within 10–14 days of receiving your enrollment, we'll send you an acknowledgment letter. After your Part D enrollment is approved by Medicare, we'll send you a confirmation letter, followed by your Blue Cross Group MedicareRx member ID card.

You will have two new plan ID cards, *plus* your red, white and blue Medicare card.

- Be sure to take your red, white and blue Medicare card and your new BlueSecure card to visits with your providers.
- Always show your member ID card when you visit a doctor or other place for care. Information on the ID card helps the provider 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 the plan only.
- · Customer Service phone number.
- Our website.

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

You will receive a Welcome Kit in the mail with important information about your new medical and prescription drug benefits.

It will include a Welcome Guide, your Part D Evidence of Coverage Benefit Insert, and Formulary.



Questions about your HCSC retiree group plans?

Talk to the Corporate Benefits Team or refer to the Summary of Benefits for details. Or you can call the Medicare Help Center at **1-877-842-7564** 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 information is a solicitation for insurance. This information is not a complete description of benefits.

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.

BlueSecure[™] Plan Notice:

BlueSecure, a retiree group supplemental medical plan, is offered by Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association. Not connected with or endorsed by the U.S. Government or Federal Medicare Program.

Medicare Part D Plan Notice:

Prescription drug plans provided by HCSC Insurance Services Company (HISC), an Independent Licensee of the Blue Cross and Blue Shield Association. A Medicare-approved Part D sponsor. Enrollment in HISC's plans depends on contract renewal.