



2024 HCSC Retiree Benefit Highlight Comparison

	Traditional PPO Plan	Blue Cross Group Medicare Advantage Open Access (PPO) SM	BlueSecure SM *
Lifetime Comprehensive Major Medical Coverage	Unlimited	Unlimited	Unlimited
Deductible (per calendar year) <i>Program deductible does not apply to services that have a copayment.</i>	Individual: \$750 Family: \$1,500	\$350 (Each member has their own deductible)	Medicare Part B deductible covered by plan
Out-of-Pocket Expense Limit <i>Pharmacy copays will not be applied to the out-of-pocket expense limit.</i>	Individual: \$4,000 Family: \$8,000	\$1,500 (Pharmacy not included)	No medical maximum. See True Out-of-Pocket (TrOOP) Rx details on page 3
Hospital Services			
Inpatient Hospital Services	covered at 80%	covered at 96%	covered at 100%
Outpatient Surgery and Diagnostic Tests			
Outpatient Hospital Services			
Hospital Emergency Medical/Accident Care	\$200 copay (1-3 visits); \$250 copay (4-5 visits); \$300 copay (6 plus visits), then covered at 80%	\$0 Emergency copay; \$0 Urgent Care copay (\$0 Virtual Visits copay)	
Physician Services			
Preventive Care	covered at 100%	\$0 copay for Medicare-covered services	covered at 100%
Primary Care Office Visit	\$40 copay	covered at 96%	
Specialty Care Office Visit	\$55 copay		

* This chart represents the 2023 Medicare amounts. These amounts may change for 2024.

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Additional Services			
Chiropractic Services	\$55 copay (50 visit max)	covered at 96% for Medicare-covered services	covered at 100% for Medicare-covered services
Therapy Services - Speech, Occupational and Physical	Physical therapy: \$55 copay; Occupational and Speech Therapy: covered at 80%; no maximum	covered at 96%	covered at 100%
Outpatient Mental Health Services	\$40 copay/office visit; covered at 80% for other outpatient services (\$10 copay Virtual Visits)	Individual & Group Visits: covered at 96% (\$0 copay Virtual Visits)	covered at 100%
Cardiac & Pulmonary Rehabilitation Services	covered at 80%	covered at 96%	
Other Covered Services			
Private Duty Nursing (PDN)	covered at 80%	not covered	not covered
Ambulance Services		covered at 96%	covered at 100%
Medical Supplies & Durable Medical Equipment (DME)			
Additional Benefits			
SilverSneakers [®]	N/A	included	N/A
Hearing Aids	1 hearing aid per ear per year, regardless of age No dollar max	\$5,000 allowance every 3 years for both ears combined	N/A
Worldwide Emergency Benefit	included	\$0 copay; Urgent/ Emergent Care only; No annual limit	\$250 deductible, then 80% coinsurance; \$50,000 lifetime limit*
Rewards Program (For those who get certain preventive procedures completed)	N/A	\$100 worth of gift cards per year	N/A
Pharmacy Benefits	see Network Pharmacy Benefits chart on page 3	see Prescription Drug Benefits chart on page 3	see Prescription Drug Benefits chart on page 3
Over-the-Counter (OTC) Allowance	N/A	\$20 with monthly rollover	N/A

* Services must be rendered within 60 days of travel outside the U.S.

2024 Traditional PPO — Network Pharmacy Benefits

	Retail 30-day supply	Home Delivery 90-day Supply
Tier 1 — Preferred Generic	\$15 copay	\$30 copay
Tier 2 — Generic	\$40 copay	\$80 copay
Tier 3 — Preferred Brand	\$60 copay	\$120 copay
Tier 4 — Non-Preferred Drug	\$100 copay	\$200 copay
Tier 5 — Specialty	\$100 copay	N/A

2024 Medicare Plans Prescription Drug Benefits

Prescription drug benefits for retirees enrolled in the 2024 Blue Cross Group Medicare Advantage Open Access (PPO) plan or the BlueSecure plan with Blue Cross Group MedicareRx (PDP)SM.

Description of Benefit	Pharmacy (30-day)	Pharmacy (60-day)	Pharmacy (90-day)	Mail Order (30-day)	Mail Order (60-day)	Mail Order (90-day)
Part D Phase: Deductible	\$0 deductible					
Part D Phase: Initial Coverage Limit (ICL) — The following copays below will apply up to the ICL amount of \$5,030						
Tier 1 — Preferred Generic	\$0/\$5 copay	\$0/\$10 copay	\$0/\$15 copay	\$0/\$5 copay	\$0/\$10 copay	\$0/\$15 copay
Tier 2 — Generic						
Tier 3 — Preferred Brand	\$25/\$30 copay	\$50/\$60 copay	\$75/\$90 copay	\$25/\$30 copay	\$50/\$60 copay	\$75/\$90 copay
Tier 4 — Non-Preferred Drug	\$40/\$45 copay	\$80/\$90 copay	\$120/\$135 copay	\$40/\$45 copay	\$80/\$90 copay	\$120/\$135 copay
Tier 5 — Specialty						
Part D Phase: Coverage Gap - The following copays will apply for the Coverage Gap until member reaches the TrOOP amount of \$8,000						
Part D Phase: Coverage Gap	Tiers 1-5					
Tier 1 — Preferred Generic	\$0/\$5 copay	\$0/\$10 copay	\$0/\$15 copay	\$0/\$5 copay	\$0/\$10 copay	\$0/\$15 copay
Tier 2 — Generic						
Tier 3 — Preferred Brand	\$25/\$30 copay	\$50/\$60 copay	\$75/\$90 copay	\$25/\$30 copay	\$50/\$60 copay	\$75/\$90 copay
Tier 4 — Non-Preferred Drug	\$40/\$45 copay	\$80/\$90 copay	\$120/\$135 copay	\$40/\$45 copay	\$80/\$90 copay	\$120/\$135 copay
Tier 5 — Specialty						
TrOOP amount that begins Catastrophic Phase	\$8,000					
Catastrophic Phase cost-sharing amounts	Beneficiary cost sharing is reduced to \$0 for those who reach the catastrophic spending level.					

PLEASE NOTE:

- Initial coverage limit and true 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.
- HCSC retirees have the Medicare Advantage Prescription Drug plan Standard Formulary.
- If you have questions about your current medications or the formulary, please call Customer Service 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

Reminder: HCSC Medicare-eligible retirees may stay on a Traditional plan (PPO, HMO or HSA) through December 31, 2024. You will have to switch to a HCSC Retiree Medicare plan option in 2025.

This provides only highlights of the plan benefits. After enrollment, members will receive 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.

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 Blue Cross and Blue Shield of Illinois, which refers to 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.

Medicare Advantage Disclaimer:

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.