



HCSC

2025 Summary of Benefits

Blue Cross Group MedicareRx (PDP)SM

January 1, 2025 – December 31, 2025

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage."

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Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Customer Service representative at 1-877-688-1795 (TTY: 711). We are open October 1 – March 31, daily, 8 a.m. to 8 p.m., local time, Monday through Friday. If you are calling from April 1 through September 30, alternate technologies (for example, voicemail) will be used on weekends and holidays.

Understanding the Benefits

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit www.bcbsil.com/retiree-medicare-tools or call 1-877-688-1795 (TTY: 711) to request a copy of the EOC.
- ☐ Review the *Provider Finder* (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new provider.
- ☐ Review the *Pharmacy Directory* to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- ☐ You must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2026.

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SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage." You can also see the Evidence of Coverage on our website, www.bcbsil.com/retiree-medicare-tools.

You have choices about how to get your Medicare benefits

- One choice is to get prescription drug coverage through a Medicare Prescription Drug Plan, like **Blue Cross Group MedicareRx (PDP)**.
- Another choice is to get your prescription drug coverage through a Medicare Advantage Plan (like an HMO or PPO) or another Medicare health plan that offers Medicare prescription drug coverage. You get all your Part A and Part B coverage, and prescription drug coverage (Part D), through these plans.

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **Blue Cross Group MedicareRx (PDP)** covers and what you pay.

- If you want to compare our plan with other Prescription Drug Plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on www.medicare.gov.
- If you want to know more about the coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Sections in this booklet

- Things to Know About **Blue Cross Group MedicareRx (PDP)**.
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services.
- Covered Medical and Hospital Benefits.
- Prescription Drug Benefits.

This document is available in other formats such as Braille, large print or audio.

This document may be available in a non-English language. For additional information, call us at 1-877-688-1795 (TTY: 711).

Things to Know About Blue Cross Group MedicareRx (PDP)

Hours of Operation & Contact Information

- From October 1 to March 31 we're open 8 a.m. – 8 p.m., Local Time, 7 days a week.
- From April 1 to September 30, we're open 8 a.m. – 8 p.m., Local Time, Monday through Friday. If you are calling from April 1 through September 30, alternate technologies (for example, voicemail) will be used on weekends and holidays.
- If you are a member of this plan, call us at 1-877-688-1795, (TTY: 711).
- If you are not a member of this plan, call us at 1-877-688-1795, (TTY: 711).
- Our website: www.bcbsil.com/retiree-medicare-tools.

Who can join?

To join **Blue Cross Group MedicareRx (PDP)**, you must have both Medicare Part A and Medicare Part B, meet your employer's eligibility requirements, and be retired. Our service area includes anywhere in the United States.

Which pharmacies can I use?

Blue Cross Group MedicareRx (PDP) has a network of pharmacies and you must generally use these pharmacies to fill your prescriptions for covered Part D drugs.

Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies.

You can see our plan's *Pharmacy Directory* at our website www.bcbsil.com/retiree-medicare-tools.

Or, call us at 1-877-688-1795 (TTY: 711) and we will send you a copy of the *Pharmacy Directory*.

What drugs are covered?

We cover Part D drugs.

- You can see the complete plan *Formulary* (list of Part D prescription drugs) and any restrictions on our website, www.bcbsil.com/retiree-medicare-tools.
- Or, call us at 1-877-688-1795 (TTY: 711) and we will send you a copy of the *Formulary*.

How will I determine my drug costs?

Our plan groups each medication into one of five "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Deductible, Initial Coverage and Catastrophic Coverage.

If you have any questions about this plan's benefits or costs, please contact Blue Cross and Blue Shield of Illinois

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SECTION II - SUMMARY OF BENEFITS

Blue Cross Group MedicareRx (PDP)SM

MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES

Monthly Plan Premium	For information concerning the actual premiums you will pay, please contact your employer or your employer group benefits plan administrator. In addition, you must keep paying your Medicare Part B premium, if you are enrolled.
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PRESCRIPTION DRUG BENEFITS

Deductible

Prescription Drug Deductible: \$50 for Tiers 1, 2, 3, 4 and 5.
Once you have paid \$50 for your Tiers 1, 2, 3, 4 and 5 drugs, you leave the Deductible Stage and move on to the next drug payment stage, which is the Initial Coverage Stage.

Important Message About What You Pay for 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 your deductible.

Initial Coverage

You pay the following until your yearly out-of-pocket drug costs reach \$2,000.

Standard Retail Cost-Sharing

Tier	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$10 copay	\$30 copay
Tier 2 (Generic)	\$10 copay	\$30 copay
Tier 3 (Preferred Brand)	\$30 copay	\$90 copay
Tier 4 (Non-Preferred Drug)	\$45 copay	\$135 copay
Tier 5 (Specialty)	\$45 copay	\$135 copay

Preferred Retail Cost-Sharing

Tier	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$5 copay	\$15 copay
Tier 2 (Generic)	\$5 copay	\$15 copay
Tier 3 (Preferred Brand)	\$25 copay	\$75 copay
Tier 4 (Non-Preferred Drug)	\$40 copay	\$120 copay
Tier 5 (Specialty)	\$40 copay	\$120 copay

Standard Mail Order

Tier	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$10 copay	\$30 copay
Tier 2 (Generic)	\$10 copay	\$30 copay
Tier 3 (Preferred Brand)	\$30 copay	\$90 copay
Tier 4 (Non-Preferred Drug)	\$45 copay	\$135 copay
Tier 5 (Specialty)	\$45 copay	\$135 copay

PRESCRIPTION DRUG BENEFITS

	Preferred Mail Order		
	Tier	One-month supply	Three-month supply
	Tier 1 (Preferred Generic)	\$5 copay	\$15 copay
	Tier 2 (Generic)	\$5 copay	\$15 copay
	Tier 3 (Preferred Brand)	\$25 copay	\$75 copay
	Tier 4 (Non-Preferred Drug)	\$40 copay	\$120 copay
	Tier 5 (Specialty)	\$40 copay	\$120 copay
Long-term Care Tiers 1-5	If you reside in a long-term facility, you pay the same as at a standard retail pharmacy.		
Out-of-network Tiers 1-5	You may get drugs from an out-of-network pharmacy in specific situations. You generally must use a network pharmacy to fill your prescription.		
Catastrophic Coverage	After your yearly out-of-pocket drug costs reach \$2,000, you pay nothing for covered Part D drugs.		

Please note: Federal law prohibits individuals enrolled in Medicare from using manufacturer coupons or other drug discounts with their drug plan. Financial assistance to help with the costs of prescription drugs may be available through the government's Extra Help/Low Income Subsidy program. You can apply for Extra Help any time before or after you enroll in Part D. For more information or to apply, visit the Social Security website at www.ssa.gov and click "Medicare," then "Apply for Part D Extra Help."

DISCLAIMERS

This document is available in other alternate formats.

We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-688-1795 (TTY: 711). Someone who speaks English can help you. This is a free service.

Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-688-1795 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium.

The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.



Blue Cross and Blue Shield of Illinois complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross and Blue Shield of Illinois does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Illinois:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact a Civil Rights Coordinator.

If you believe that Blue Cross and Blue Shield of Illinois has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, Office of Civil Rights Coordinator, 300 E. Randolph St., 35th floor, Chicago, Illinois 60601, 1-855-664-7270, TTY/TDD: 1-855-661-6965, Fax: 1-855-661-6960. You can file a grievance by phone, mail, or fax. If you need help filing a grievance, a Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at

<https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html>

<https://www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf>

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-688-1795 (TTY/TDD: 711). Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-688-1795 (TTY/TDD: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-877-688-1795 (TTY/TDD: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電1-877-688-1795 (TTY/TDD: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-688-1795 (TTY/TDD: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-688-1795 (TTY/TDD: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-877-688-1795 (TTY/TDD: 711). sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-688-1795 (TTY/TDD: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-688-1795 (TTY/TDD: 711). 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-688-1795 (TTY/TDD: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

TTY/) 1-877-688-1795- أسئلة تتعلق عن أي إجابة المجانية للمترجم الفوري الخدمات المترجم العربية إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق -1-877-688-1795 (TTY/TDD: 711). Arabic 711: بالصحة أو جدول الأدوية لدينا. للحصول بمساعدتك. هذه خدمة مجانية على مترجم فوري، ليس عليك سوى الاتصال بنا على (Arabic 711): بالصحة أو جدول الأدوية لدينا. للحصول :TDD

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-877-688-1795 (TTY/TDD: 711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-688-1795 (TTY/TDD: 711). Un nostro incaricato che parla Italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-688-1795 (TTY/TDD: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal ouwa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-688-1795 (TTY/TDD: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-688-1795 (TTY/TDD: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康健康保険と薬品処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-877-688-1795 (TTY/TDD: 711) にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。



This information is not a complete description of benefits. Call 1-877-688-1795 (TTY: 711) for more information.

Premium, copays, coinsurance, and deductibles may vary based on the level of extra help you receive. Please contact the plan for further details.

Prescription drug plans provided by Blue Cross and Blue Shield of Illinois, which refers to Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association. A Medicare-approved Part D sponsor. Enrollment in HCSC's plans depends on contract renewal.

THANK YOU

Connect with us

Contact Information: 1-877-688-1795, TTY: 711

Organization Name: Blue Cross and Blue Shield of Illinois

Organization website: www.bcbsil.com