

2025 HCSC Retiree Benefit Highlight Comparison

	2024 Traditional PPO Plan	2024 Traditional HSA 1 Plan	2024 Traditional HMO Plan IL	2024 Traditional HMO Plan NM, OK, TX	Blue Cross Group Medicare Advantage Open Access (PPO) SM	BlueSecure ^{SM*}			
Lifetime Comprehensive Major Medical Coverage	Unlimited	Unlimited	Unlimited	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	Individual: \$1,600 Family: \$3,200	Individual: \$500 Family: \$1,000	Individual: \$500 Family: \$1,000	\$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	Individual: \$3,200 Family: \$6,400	Individual: \$1,500 Family: \$3,000	Individual: \$1,800 Family: \$12,700	\$1,500 (Pharmacy not included)	No medical maximum. See Maximum Out-of-Pocket Rx details on page 6			
Hospital Services									
Inpatient Hospital Services	covered at 80%	covered at 80%	covered at 90%	covered at 90%	covered at 95%	covered at 100%			
Outpatient Surgery									
Outpatient Hospital Services			covered at 100%						
Diagnostic Tests									
Hospital Emergency Medical/Accident Care	Emergency Care: \$200 copay (1-3 visits); \$250 copay (4-5 visits); \$300 copay (6 plus visits), then covered at 80% Urgent Care: \$40 copay (Primary Care), \$55 copay (Specialty Care)	Emergency Care and Urgent Care: covered at 80%	Emergency Care: \$200 copay/visit Urgent Care: \$30 copay/visit	Emergency Care: \$200 copay/visit Urgent Care: \$30 copay/visit	Emergency Care and Urgent Care covered at 95% (\$0 copay Virtual Urgent Care Visits)				

*This chart represents the 2024 Medicare amounts. These amounts may change for 2025.

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Physician Services						
Preventive Care	covered at 100%	covered at 100%	covered at 100%	covered at 100%	\$0 copay for Medicare-covered preventive services	covered at 100%
Primary Care Office Visit	\$40 copay	covered at 80%	\$30 copay/visit	\$30 copay/visit	covered at 95%	
Specialty Care Office Visit	\$55 copay		\$45 copay/visit	\$45 copay/visit		
Additional Services						
Chiropractic Services	\$55 copay (50 visit max)	covered at 80% (50 visit max)	\$45 copay/visit	\$45 copay/visit	covered at 95% for Medicare-covered services	covered at 100% for Medicare-covered services
Therapy Services – Speech, Occupational and Physical	Physical therapy: \$55 copay for In-Network; Occupational and Speech Therapy: covered at 80%; no maximum	covered at 80%; unlimited visits	covered at 100%; 60 visits combined for all therapies	\$45 copay/visit; 60 visits combined for all therapies	covered at 95%	covered at 100%
Outpatient Mental Health Services	\$40 copay/office visit; covered at 80% for other outpatient services (\$10 copay Virtual Visits)	covered at 80% (Virtual Visits: Member must pay full amount until the deductible is met, then covered at 80%)	\$30 copay/visit; unlimited visits	\$30 copay/visit; unlimited visits	Individual & Group Visits: covered at 95% (\$0 copay Virtual Visits)	
Cardiac & Pulmonary Rehabilitation Services	covered at 80%	covered at 80%	covered at 100% 60 visits combined for all therapies	covered at 100% 60 visits combined for all therapies	covered at 95%	covered at 100%

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Other Covered Services						
Private Duty Nursing	covered at 80%	covered at 80%	not covered	not covered	not covered	not covered
Ambulance Services			covered at 90%	covered at 90%	covered at 95%	covered at 100%
Medical Supplies			covered at 100%	covered at 100%		
Durable Medical Equipment						
Additional Benefits						
SilverSneakers®	N/A	N/A	N/A	N/A	included	N/A
Hearing Aids	1 hearing aid per ear per year, regardless of age No dollar max	1 hearing aid per ear per year, regardless of age No dollar max	1 hearing aid per ear per year, regardless of age No dollar max	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	included	included	included	Emergency Care and Urgent Care covered at 95%; No annual limit	\$250 deductible, then covered at 80%; \$50,000 lifetime limit**
Rewards Program <i>(For those who get certain preventive procedures completed)</i>	N/A	N/A	N/A	N/A	\$100 worth of gift cards per year	N/A
Pharmacy Benefits	see In-Network Pharmacy Benefits chart on page 4	see In-Network Pharmacy Benefits chart on page 4	see In-Network Pharmacy Benefits chart on page 5	see In-Network Pharmacy Benefits chart on page 5	see Prescription Drug Benefits chart on page 6	see Prescription Drug Benefits chart on page 6
Over-the-Counter Allowance	N/A	N/A	N/A	N/A	\$20 with monthly rollover	N/A

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

2024 Traditional PPO Plan — In-Network Pharmacy Benefits

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

2024 Traditional HSA 1 Plan - In-Network Pharmacy Benefits

	Retail 30-day Supply	Home Delivery 90-day Supply
Tier 1 — Preferred Generic Drugs	After deductible is met, \$15 copay	After deductible is met, \$30 copay
Tier 2 — Non-Preferred Generic Drugs	After deductible is met, \$40 copay	After deductible is met, \$80 copay
Tier 3 — Preferred Brand Drugs	After deductible is met, \$60 copay	After deductible is met, \$120 copay
Tier 4 — Non-Preferred Brand Drugs	After deductible is met, \$100 copay	After deductible is met, \$200 copay
Tier 5 — Specialty Drugs	After deductible is met, \$100 copay	N/A
Your Drug List/Formulary	Performance Drug List	

2024 Traditional HMO Plan IL - In-Network Pharmacy Benefits

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

2024 Traditional HMO Plan NM, OK, TX - In-Network Pharmacy Benefits

	Retail 30-day Supply	Home Delivery 90-day Supply
Tier 1 — Preferred Generic Drugs	\$15 copay	\$30 copay
Tier 2 — Non-Preferred Generic Drugs	\$40 copay	\$80 copay
Tier 3 — Preferred Brand Drugs	\$60 copay	\$120 copay
Tier 4 — Non-Preferred Brand Drugs	\$100 copay	\$200 copay
Tier 5 — Specialty Drugs	\$100 copay	N/A
Your Drug List/Formulary	Performance Drug List	
Oklahoma HMO Out-of-Pocket Maximum	Individual: \$500; Family: \$1,000	

2025 Medicare Plans Prescription Drug Benefits

Prescription drug benefits for retirees enrolled in the 2025 Blue Cross Group Medicare Advantage Open Access (PPO) plan or the BlueSecure plan with Blue Cross Group MedicareRx (PDP)SM.

Description of Benefit	Retail Pharmacy Preferred/Standard			Home Delivery Pharmacy Preferred/Standard		
	(30-day supply)	(60-day supply)	(90-day supply)	(30-day supply)	(60-day supply)	(90-day supply)
Part D Phase: Deductible	\$50 deductible (Tiers 1-5)					
Part D Phase: Initial Coverage — The following copays below will apply up to the maximum out-of-pocket amount of \$2,000						
Tier 1 — Preferred Generic Drugs	\$5/\$10 copay	\$10/\$20 copay	\$15/\$30 copay	\$5/\$10 copay	\$10/\$20 copay	\$15/\$30 copay
Tier 2 — Generic Drugs						
Tier 3 — Preferred Brand Drugs	\$25/\$30 copay	\$50/\$60 copay	\$75/\$90 copay	\$25/\$30 copay	\$50/\$60 copay	\$75/\$90 copay
Tier 4 — Non-Preferred Drugs	\$40/\$45 copay	\$80/\$90 copay	\$120/\$135 copay	\$40/\$45 copay	\$80/\$90 copay	\$120/\$135 copay
Tier 5 — Specialty Drugs						
Catastrophic Coverage	You pay \$0 after your Part D maximum out-of-pocket costs reach \$2,000. This includes drugs purchased through retail and mail order pharmacies but does not apply to out-of-pocket spending on Part B drugs or your monthly premium.					
Your Drug List/Formulary	5 Tier Standard Formulary					

PLEASE NOTE:

- Initial coverage and maximum 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 home delivery 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.
- If you have questions about your current medications or the formulary, please call the Education Helpline 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 retirees and their covered dependents who are Medicare-eligible and on a Traditional plan (PPO, HSA or HMO) through Dec. 31, 2024, will have to move to a HCSC Retiree Medicare plan option starting Jan. 1, 2025.

This provides only highlights of the plan benefits. After enrollment, members will receive plan documents that more fully describe the terms of coverage.

Classes and amenities vary by location. 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.

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 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.

Medicare Advantage Plan Notice:

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.