



HCSC Annual Enrollment: Highlighting Group Retiree Plans

November 2025

Group Retiree Health & Dental Annual Enrollment for 2026

- November 10 - December 5, 2025
- Retiree annual enrollment packages with rate sheets mailed Nov. 3, 2025.
- Billing Change in January 2026, move to HealthEquity
 - Pre Age 65 enrolled in Traditional Plans (PPO, HSA, HMO), BlueSecureSM and Dental
 - MAPD & PDP billing with remain with HCSC.

Medical

- Retirees currently or who will be age 65+ by Jan. 30, 2026, will be required to make an election into one of two comprehensive group retiree Medicare plan options, both with nationwide access:
 - Blue Cross Group Medicare Advantage Open Access (PPO)SM
 - BlueSecureSM plus Blue Cross Group MedicareRx (PDP)SM
- Call the Medicare Helpline direct to enroll 1-877-842-7564

Dental

- If you have dental coverage, you may continue to participate in your current plan or change plans. There are two plans available to choose from:
 - Enhanced PPO
 - Basic PPO
- Call Employee Services to make changes to dental 1-866-977-7378

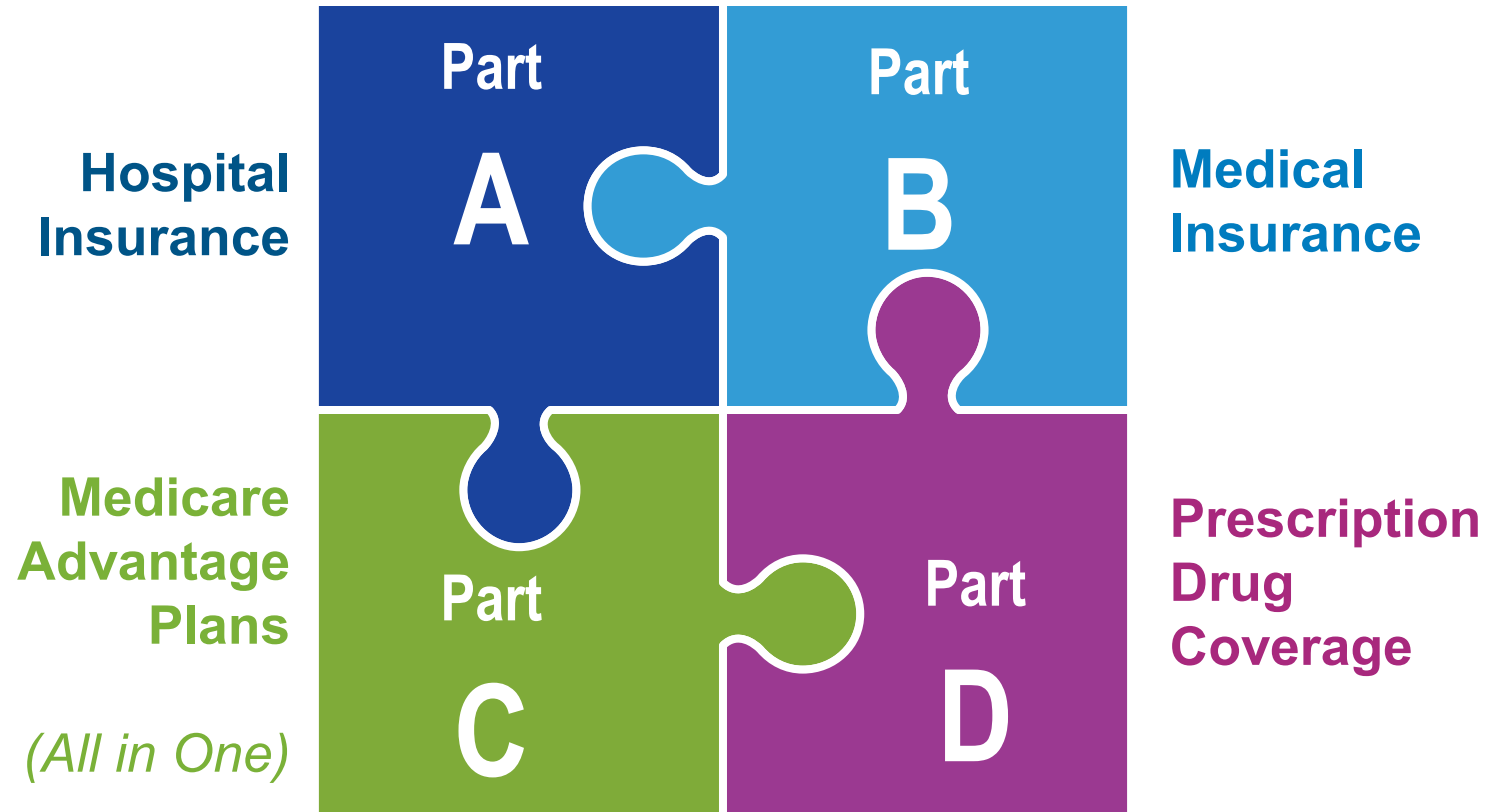
Today's Topics

- Medicare Overview
- Plan Overviews
- Pharmacy Overview
- Supplemental Benefits Overview
- Plan Comparison – Traditional / Medicare
- Important Reminders
- Member Communications
- Questions



Medicare Overview

Medicare Basics





Part A

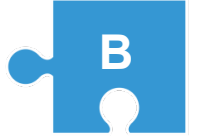
Hospital Insurance/ Original Medicare

HELPS COVER

- Inpatient care in hospitals
- Skilled nursing facility care
- Hospice care
- Home health care

While most Americans are enrolled automatically in Medicare Part A, it alone may not cover all health care costs. Parts B, C, and D are voluntary programs that provide additional coverage.





Part B

Medical Insurance/ Original Medicare

HELPS COVER

- Services from doctors and other health care providers
- Outpatient care
- Durable medical equipment (such as wheelchairs, walkers, hospital beds, and other equipment and supplies)
- Many preventive services (such as screenings, shots, and yearly wellness visits)

If you don't enroll in Part B when you are first eligible for Medicare, you may have to pay a penalty later.





Part C

Medicare Advantage Plan

- Option where members can enroll in a private health plan
- Part C is an alternative to Original Medicare (Parts A+B) and may or may not cover prescription drugs





Part D

Prescription Drug Coverage

HELPS COVER

- Outpatient prescription drugs, through private plans that contract with Medicare

If you don't enroll in Part D when you are first eligible for Medicare, you may have to pay a penalty later.



Plan Overviews

Plan Details

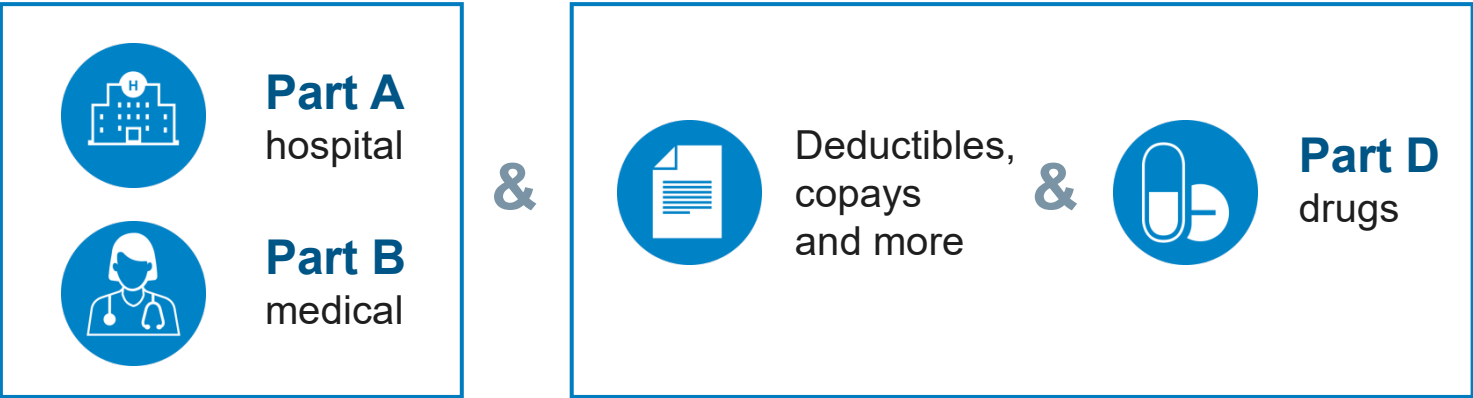
Blue Cross Group Medicare Advantage (PPO)SM | MAPD

This PPO plan bundles prescription drug coverage plus value-added options with medical benefits, all on one card.



BlueSecureSM with Blue Cross Group MedicareRx (PDP)SM

BlueSecure with Part D Prescription Drug Plan. Offered together, these plans provide prescription drug and medical benefits.



2026 HCSC Retiree Benefit Highlight Comparison

	Blue Cross Group Medicare Advantage Open Access (PPO) SM	BlueSecure SM *
Lifetime Comprehensive Major Medical Coverage	Unlimited	Unlimited
Deductible (per calendar year) <i>Program deductible does not apply to services that have a copayment.</i>	\$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>	\$1,500 (Pharmacy not included)	No medical maximum. See Maximum Out-of-Pocket Rx details on page 3
Hospital Services		
Inpatient Hospital Services	covered at 95%	covered at 100%
Outpatient Surgery and Diagnostic Tests		
Outpatient Hospital Services		
Hospital Emergency Medical/ Accident Care	Emergency Care and Urgent Care covered at 95% (\$0 copay Virtual Urgent Care Visits)	
Physician Services		
Preventive Care	\$0 copay for Medicare-covered preventive services	covered at 100%
Primary Care Office Visit	covered at 95%	
Specialty Care Office Visit		

* This chart represents the 2025 Medicare amounts. These amounts may change for 2026.

	Blue Cross Group Medicare Advantage Open Access (PPO) SM	BlueSecure SM *
Additional Services		
Chiropractic Services	covered at 95% for Medicare-covered services	covered at 100% for Medicare-covered services
Therapy Services - Speech, Occupational and Physical	covered at 95%	covered at 100%
Outpatient Mental Health Services	Individual & Group Visits: covered at 95% (\$0 copay Virtual Visits)	covered at 100%
Cardiac & Pulmonary Rehabilitation Services	covered at 95%	
Other Covered Services		
Private Duty Nursing	not covered	not covered
Ambulance Services	covered at 95%	covered at 100%
Medical Supplies & Durable Medical Equipment		
Additional Benefits		
SilverSneakers®	included	N/A
Hearing Aids	\$5,000 allowance every 3 years for both ears combined	N/A
Worldwide Emergency Benefit	Emergency Care and Urgent Care covered at 95%; No annual limit	\$250 deductible, then covered at 80%; \$50,000 lifetime limit**
Rewards Program (For those who get certain preventive procedures completed)	\$100 worth of gift cards per year	N/A
Pharmacy Benefits	see Prescription Drug Benefits chart on page 3	see Prescription Drug Benefits chart on page 3
Over-the-Counter Allowance	\$20 with monthly rollover	N/A

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

2026 Medicare Plans Prescription Drug Benefits

Prescription drug benefits for retirees enrolled in the 2026 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 (Tiers 1-5)					
Part D Phase: Initial Coverage — The following copays below will apply up to the maximum out-of-pocket amount of \$2,100						
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						
Tier 4 — Non-Preferred Drugs						
Tier 5 — Specialty Drugs						
Catastrophic Coverage	You pay \$0 after your Part D maximum out-of-pocket costs reach \$2,100. 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, 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

Pharmacy Overview

New in 2026

- Because of Medicare reforms, the most you will pay in 2026 for Part D drugs is **\$2,100**.
 - For 2026, the annual Part D out-of-pocket (OOP) threshold will be **\$2,100**. After meeting this threshold amount, the member will enter the Catastrophic Coverage Phase. Cost sharing is reduced to **\$0** once a member hits the Catastrophic Coverage Phase.
 - Each year, annual limits will be adjusted based on inflation. This cap does not apply to out-of-pocket spending on Part B drugs. Review your plan's Summary of Benefits to understand your costs.

Part D Formulary (Drug List)

- Our Part D Formulary offers comprehensive and robust coverage for most commonly prescribed medications.
- The formulary covers both **brand name** and **generic drugs** as well as **specialty medications**.
- Generic drugs have the same active ingredient as their brand name equivalents and usually cost less than brand name drugs.
- The formulary is set up in **tiers**. A drug in a lower tier will generally cost you less in out-of-pocket expenses than a drug in a higher tier.



Non-Medicare Covered Drugs

The following types of medications are not covered by Medicare.

- Vitamins and mineral products ordered by a doctor
- For cough or cold
- For cosmetic purposes or to aid hair growth
- For care of anorexia, weight loss, or weight gain, erectile dysfunction
- Drugs not approved by the FDA

**No Medicare
pharmacy plans
cover these
medicines**

Important Notes:

Non-Medicare covered drugs are excluded from Medicare Part D coverage per CMS. Your current pharmacy plan also excludes non-FDA approved drugs, over-the-counter drugs, and drugs used for cosmetic purposes.

Pharmacy Transition Benefit

- Members are eligible for a **one time 30-day supply** of non-covered or restricted drugs at the pharmacy during the first 90 days of enrollment.
- **Drugs eligible for transition benefits:**
 - Part D drugs that are not on the formulary
 - Part D drugs that require utilization management (PA, QL, ST)
- Member and provider will receive a letter within 3 days of filling a **transition prescription** highlighting next steps:
 - Discuss formulary alternatives with doctor
 - Submit a Prior Authorization or Formulary Exception request



Call customer service at 1-877-842-7564. An advisor can review if any of the above applies to your medications.

Manufacturer Coupons

- Federal law prohibits individuals enrolled in Medicare from using manufacturer coupons or other drug discounts with their drug plan.
- Coupons may be used on their own but not in conjunction with Part D plan coverage.



Home Delivery Pharmacy

In addition to in-network pharmacies, you can use one of our home delivery pharmacies and have your medications delivered straight to your home. Our home delivery pharmacies offer:

- Three ways to order refills: online, by phone or through the mail
- Up to a 90-day supply of medications at one time
- Choice of notification by text message, email or phone when your order is received and when your prescriptions are mailed
- Free standard shipping any place in the U.S. and automatic refills

You will need to set up an account using your Member ID. To get started, please call one of our home delivery pharmacies:

Walgreens Mail Service

www.walgreensmailservice.com

1-877-277-7895 TTY 711 (MAPD)

1-888-277-5475 TTY 711 (PDP)

Express Scripts® Pharmacy

www.express-scripts.com/rx

1-833-599-0729 (MAPD)

1-833-715-0944 (PDP)

Amazon Pharmacy

<https://pharmacy.amazon.com>

1-855-393-4279

Specialty Pharmacy

Specialty medications are often prescribed to treat complex and/or chronic conditions. They have unique shipping or handling needs. You may be able to fill specialty prescriptions at certain retail pharmacies, if they stock the medication.

You can use one of two specialty pharmacy options:

Walgreens Specialty Pharmacy

Visit www.walgreensspecialtyrx.com
or call **1-877-627-6337 TTY 711** to get started

Accredo®

Visit www.accredo.com
or call **1-833-721-1619** to get started

National Pharmacy Network

Your plan gives you access to over 63,000 pharmacies.

We make it easy and affordable to get the medications you need, in your neighborhood or across the country. Our national pharmacy network includes over 63,000 retail locations.

All major national retail and grocery pharmacy chains participate in the network.



Preferred Pharmacies - Illinois



Members also have access to independent pharmacies that are in the preferred network. See Pharmacy Directory for complete listing or visit myprime.com.

Preferred Pharmacies – Montana and New Mexico



Members also have access to independent pharmacies that are in the preferred network. See Pharmacy Directory for complete listing or visit myprime.com.

Preferred Pharmacies - Oklahoma



Members also have access to independent pharmacies that are in the preferred network. See Pharmacy Directory for complete listing or visit myprime.com.

Preferred Pharmacies - Texas



Members also have access to independent pharmacies that are in the preferred network. See Pharmacy Directory for complete listing or visit myprime.com.

Supplemental Benefits

(MAPD Plan Only)

Supplemental Benefits Overview

Included in your plan, you will have access to extra health and wellness benefits:

- Over-the-Counter (OTC) Allowance
- Hearing
- Vision – Routine Eye Exam only
- Blue365®
- SilverSneakers® Fitness Program
- Wellness Solutions
- Rewards Program
- Virtual Visits
- 24/7 Nurseline



Over-the-Counter (OTC) Allowance and Wellness Benefit Card

- Your plan includes a Wellness Benefit Card with a monthly allowance that helps cover OTC drugs and other health-related products.
- OTC items include antacids, first aid supplies, pain relievers and more.
- Members can use their Wellness Benefit Card to purchase OTC products in these ways:
 - Register on the OTC website and order online at www.myblueil.com/mapd/otc.
 - Shop at select retailers. For a complete list of retailers visit www.myblueil.com/mapd/otc.
 - Call **1-866-268-2674 TTY 711** Monday – Friday from 7 a.m. to 10 p.m., local time, to order your items or to request an OTC catalog or paper order form.

Over-the-Counter (OTC) Products

Below are examples of the items you can buy:

- Allergy, Cold, Flu and Sinus
- Antacids & Acid Reducers
- Dental & Denture Care
- Ear Care
- First Aid & Medical Supplies
- Incontinence Supplies
- Pain Reliever & Fever Reducers



BCBSIL partners with TruHearing® to provide additional hearing services discounts.

Exams

- A hearing exam plus three follow-up visits for fitting and adjustments
- The convenience of over 6,000 provider locations nationwide
- Hearing solutions for almost all types of hearing loss

Hearing aids

- A worry-free purchase with 60-day trial and 3-year warranty
- 80 free batteries per aid included with non-rechargeable models
- Guides to help you get used to your new hearing aids

SilverSneakers®

What is SilverSneakers?

- SilverSneakers is a fitness and lifestyle benefit that gives you the opportunity to connect with your community, make friends and stay active.

What does SilverSneakers include?

- Memberships to thousands of fitness locations
- Group exercise classes designed for all abilities
- SilverSneakers On-Demand® online workout videos that feature tips on fitness and nutrition, and allow you to exercise in the privacy and safety of your own home
- SilverSneakers GO® mobile app with workout programs, location finder and more



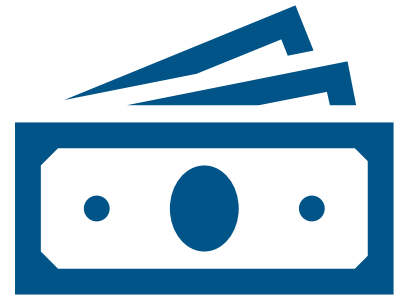
Rewards Program

What is the Rewards Program?

- The Rewards Program gives members a healthy and easy way to earn up to \$100 worth of gift cards from national and local retailers. You receive a gift card of your choice for completing Healthy Actions throughout the year.

How do you get your rewards?

- Annual Wellness Visit
- Annual Flu Vaccine
- Diabetic Screenings



Visit www.BlueRewardsIL.com to learn more about the Rewards Program.

Virtual Visits

What are Virtual Visits?

- Virtual Visits, powered by MDLIVE, allow Blue Cross Group Medicare Advantage plan members to access care for non-emergency situations by phone, mobile app or online video anytime, anywhere.
- Speak to a doctor, a behavioral health specialist, or schedule an appointment at a time that works best for you.

Below are some examples of conditions that an MDLIVE doctor can treat:

- | | | | |
|-------------|-----------------|----------------|---------------------|
| • Allergies | • Depression | • Insect Bites | • Sinus Infection |
| • Anxiety | • Ear Infection | • Nausea | • Stress Management |
| • Asthma | • Fever | • Pink Eye | • And More |
| • Cold/flu | • Headache | • Rash | |

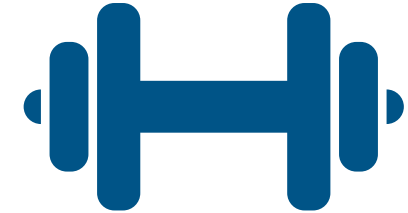
Blue365®

What is Blue365®?

- Blue365 offers premier health and wellness discounts to BCBSIL members and it is free to join.

You can find savings like:

- Discounts on exercise clothes and shoes
- Discounted gym memberships and fitness aids, such as personal fitness trackers
- Savings on eye exams, glasses, contacts, and hearing aids
- And more



To learn more about Blue365, visit www.blue365deals.com/bcbsil

Blue365 is a discount program only for BCBSIL members. This is NOT insurance.

24/7 Nurseline

What is 24/7 Nurseline?

- Blue Cross Group Medicare Advantage plan members can call a registered nurse, 24 hours a day, 7 days a week to get help with health concerns and general health tips.
- Your call is taken by a registered nurse who can help if you are sick or hurt and not sure what to do.



This program is not a substitute for a doctor's care. For medical emergencies, call 911.
Talk to your doctor about any health questions or concerns.

Plan Comparison: Traditional Plans vs Group Retiree Medicare Plans

2026 HCSC Retiree Benefit Highlight Comparison

	Traditional PPO Plan	Traditional HSA 1 Plan	Traditional HSA 2 Plan	Traditional HMO Plan IL	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	Unlimited
Deductible (per calendar year) <i>Program deductible does not apply to services that have a copayment.</i>	Individual: \$1,150 Family: \$2,300	Individual: \$1,700 Family: \$3,400	Individual: \$2,500 Family: \$5,000	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: \$4,600 Family: \$9,200	Individual: \$3,900 Family: \$7,300	Individual: \$6,250 Family: \$12,500	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
Hospital Services							
Inpatient Hospital Services	covered at 80%	covered at 80%	covered at 80%	covered at 90%	covered at 90%	covered at 95%	
Outpatient Surgery							
Outpatient Hospital Services							
Diagnostic Tests				covered at 100%			
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: \$50 copay (Primary Care), \$65 copay (Specialty Care)	Emergency Care and Urgent Care: covered at 80%	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: \$40 copay/visit	Emergency Care and Urgent Care covered at 95% (\$0 copay Virtual Urgent Care Visits)	covered at 100%

*This chart represents the 2025 Medicare amounts. These amounts may change for 2026.

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	Traditional PPO Plan	Traditional HSA 1 Plan	Traditional HSA 2 Plan	Traditional HMO Plan IL	Traditional HMO Plan NM, OK, TX	Blue Cross Group Medicare Advantage Open Access (PPO) SM	BlueSecure SM *
Physician Services							
Preventive Care	covered at 100%	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	\$50 copay (\$25 copay Virtual Visits)	covered at 80% (Virtual Visits: Member must pay full amount until the deductible is met, then covered at 80%)	covered at 80% (Virtual Visits: Member must pay full amount until the deductible is met, then covered at 80%)	\$30 copay/visit	\$30 copay/visit	covered at 95%	
Specialty Care Office Visit	\$65 copay	covered at 80%	covered at 80%	\$45 copay/visit	\$45 copay/visit		
Additional Services							
Chiropractic Services	\$65 copay (50 visit max)	covered at 80% (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: \$65 copay for In-Network; Occupational and Speech Therapy: covered at 80%; unlimited visits	covered at 80%; unlimited visits	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	\$50 copay/office visit; covered at 80% for other outpatient services (\$25 copay Virtual Visits)	covered at 80% (Virtual Visits: Member must pay full amount until the deductible is met, then covered at 80%)	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 80%	covered at 100%; 60 visits combined for all therapies	\$45 copay/visit; 60 visits combined for all therapies	covered at 95%	covered at 100%

*This chart represents the 2025 Medicare amounts. These amounts may change for 2026.

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	Traditional PPO Plan	Traditional HSA 1 Plan	Traditional HSA 2 Plan	Traditional HMO Plan IL	Traditional HMO Plan NM, OK, TX	Blue Cross Group Medicare Advantage Open Access (PPO) SM	BlueSecure SM *
Other Covered Services							
Private Duty Nursing	covered at 80%	covered at 80%	covered at 80%	not covered	not covered	not covered	not covered
Ambulance Services				covered at 90%	\$100 copay/service	covered at 95%	covered at 100%
Medical Supplies				covered at 100%	covered at 80%		
Durable Medical Equipment							
Additional Benefits							
SilverSneakers®	N/A	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	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	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	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 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	N/A	\$20 per month with monthly rollover	N/A

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

2026 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	\$200 copay	N/A
Your Drug List/Formulary	Performance Biosimilar Drug List	

2026 Traditional HSA 1 Plan and HSA 2 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 Biosimilar Drug List	

2026 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	

2026 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 Biosimilar Drug List	
Oklahoma HMO Out-of-Pocket Limit	Individual: \$500; Family: \$1,000	

2026 Medicare Plans Prescription Drug Benefits

Prescription drug benefits for retirees enrolled in the 2026 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 (Tiers 1-5)					
Part D Phase: Initial Coverage — The following copays below will apply up to the maximum out-of-pocket amount of \$2,100						
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 \$2,100. 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, please call the Education Helpline at **1-877-842-7564 TTY 711**.
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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.

Important Reminders

Member ID Cards

Card Needs	BlueSecure + PDP	Blue Cross Group Medicare Advantage Open Access (PPO) – MAPD Plan
Member Cards Needed	<ul style="list-style-type: none">Medicare ID CardTwo Blue Cross and Blue Shield ID Cards:<ol style="list-style-type: none">BlueSecureBlue Cross Group MedicareRx	<ul style="list-style-type: none">Medicare ID CardOne Blue Cross and Blue Shield ID Card:<ol style="list-style-type: none">MAPD
Hospital / Doctor Visits	<ul style="list-style-type: none">Medicare ID CardBlueSecure ID Card	<ul style="list-style-type: none">MAPD ID Card
Pharmacy / Prescription Needs	<ul style="list-style-type: none">Blue Cross Group MedicareRx ID Card	<ul style="list-style-type: none">MAPD ID Card

ID cards will be mailed to members by mid-December



Questions and Assistance

Prior to 1/1/2026:

Education Helpline

1-877-842-7564 / TTY 711

The Enrollment Advisors can answer questions about your Medicare plan options

8 a.m. – 8 p.m. local time, Monday – Friday.
As of October 1 – March 31, the line will be open 8 a.m. – 8 p.m. local time, seven days a week



Member Communications Enrollment Kit

(Representative Samples Shown)

BCBSIL Hybrid Enrollment Kit

Enrollment Kits are scheduled to be available no later than 5 days prior to the start of Annual Enrollment. The kit includes the following:

Hybrid Enrollment Brochure	Details about the medical and prescription drug benefits, how the plan works and what happens after enrollment
PDP Summary of Benefits	A summary of the plan/coverage, such as benefits, cost-sharing provisions, limitations and exceptions
PDP Star Rating	Star Ratings inform members on the Plan’s performance across CMS evaluation criteria
Non-Discrimination Multi Language Insert	Informs on the availability of assistance services in non-English languages
Benefit Highlights for BlueSecure Enhanced Plans	Snapshot that draws attention to benefits offered under the BlueSecure Plan
Plan Comparison Chart	Snapshot that draws attention to benefits offered under the BlueSecure Plan and Open Access (PPO) MAPD Plan
Retiree Checklist / Proof of Insurance	Outlines steps a retiree should take as they go through annual enrollment. It also includes an enrollment timeline.



BCBSIL Open Access (PPO) Enrollment Kit

Enrollment Kits are scheduled to be available no later than 5 days prior to the start of Annual Enrollment. The kit includes the following:

Enrollment Brochure	Details about the medical and prescription drug benefits, how the benefit plan works and what happens after enrollment
Summary of Benefits	A summary of the plan/coverage, such as the benefits, cost-sharing provisions, limitations and exceptions
Star Rating	Star Ratings inform members on the Plan's performance across CMS evaluation criteria
Non-Discrimination Multi Language Insert	Informs on the availability of assistance services in non-English languages
Plan Comparison Chart	Snapshot that draws attention to benefits offered under the Open Access (PPO) MAPD Plan and BlueSecure Plan
Health and Wellness Benefits Information	Offers an overview of the supplemental offerings included in your plan
Retiree Checklist / Proof of Insurance	Outlines steps a retiree should take as they go through annual enrollment. It also includes an enrollment timeline.



Member Communications Welcome Kit

(Representative Samples Shown)

BCBSIL Hybrid Welcome Kit

Welcome Kits will be mailed to new enrollees in mid to late December.

The kit includes the following:

Welcome Brochure	Information about how to use the Plans and details about benefit coverage
Star Rating	Star Ratings inform members on the Plan’s performance across CMS evaluation criteria
Directory Notice	Member instructions for accessing Plan documents online that includes Provider and Pharmacy directory and complete Evidence of Coverage, which gives you details about what the plan covers, how much you pay and more
Non-Discrimination Multi Language Insert	Informs on the availability of language assistance services





Welcome Guide

Important information about your retiree Medicare plans

Keep this information for reference.

Estos materiales están disponibles en español. Póngase en contacto con Servicio al Cliente para obtener ayuda.

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

BCBSIL Open Access (PPO) Welcome Kit

Welcome Kits will be mailed to new enrollees in mid to late December. The kit includes the following:

Welcome Brochure	Information about how to use the Plan and details about benefit coverage
Star Rating	Star Ratings inform members on the Plan’s performance across CMS evaluation criteria
Directory Notice	Member instructions for accessing Plan documents online that includes Provider and Pharmacy directory and complete Evidence of Coverage, which gives you details about what the plan covers, how much you pay and more
Non-Discrimination Multi Language Insert	Informs on the availability of language assistance services
Open Access Provider Notice	A document that explains the Blue Cross Group Medicare Advantage Open Access (PPO) plan and how it works to members and providers.



Ongoing Communication

- Once you are a member, your plan becomes **your partner in health**.
- We'll send helpful health reminders for preventive actions such as immunizations and screenings throughout the year.
- We'll also send you holiday, birthday and courtesy cards as we continue to stay connected.
- 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.



Questions?

Thank You!

Disclaimers

Important Plan Information

Blue Cross®, Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

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.

Important Plan Information

Accredo: Accredo is a specialty pharmacy that is contracted to provide services to members of Blue Cross and Blue Shield of Illinois. Accredo is a trademark of Express Scripts Strategic Development, Inc.

Amazon: Amazon Pharmacy is contracted to provide pharmacy home delivery services to Blue Cross and Blue Shield of Illinois.

Blue365: Blue365 is a discount program only for BCBSIL members. This is NOT insurance. Some of the services offered through this program may be covered under your health plan. Employees should check their benefit booklet or call the Customer Service number on the back of their ID card for specific benefit facts. Use of Blue365 does not change monthly payments, nor do costs of the services or products count toward any maximums and/or plan deductibles. Discounts are only given through vendors that take part in this program. BCBSIL does not guarantee or make any claims or recommendations about the program's services or products. Members should consult their doctor before using these services and products. BCBSIL reserves the right to stop or change this program at any time without notice.

Convey: Convey Health Solutions, Inc. is an independent company that offers supplemental OTC benefits such as non-prescription medications and other medical supplies on behalf of BCBSIL.

Express Scripts® Pharmacy: Express Scripts® Pharmacy is a pharmacy that is contracted to provide mail pharmacy services to members of Blue Cross and Blue Shield of Illinois. Express Scripts® Pharmacy is a trademark of Express Scripts Strategic Development, Inc.

EyeMed: EyeMed Vision Care, LLC, an independent company, provides customer service and network administration services for BCBSIL. BCBSIL has contracted with First American Administrators (FAA), an independent company, to provide claims administration. The relationship between BCBSIL, FAA, and EyeMed is that of independent contractors.

Important Plan Information

Healthy Activity Portal: 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.

MDLIVE: Virtual Visits may be limited by plan. For providers licensed in New Mexico and the District of Columbia, Urgent Care service is limited to interactive online video; Behavioral Health service requires video for the initial visit but may use video or audio for follow-up visits, based on the provider's clinical judgment. Behavioral Health is not available on all plans.

MDLIVE is a separate company that operates and administers Virtual Visits for Blue Cross and Blue Shield of Illinois. MDLIVE is solely responsible for its operations and for those of its contracted providers. MDLIVE® and the MDLIVE logo are registered trademarks of MDLIVE, Inc., and may not be used without permission.

MyPrime.com: MyPrime.com is a pharmacy benefit website owned and operated by Prime Therapeutics LLC, an independent company providing pharmacy solutions for your plan.

Important Plan Information

SilverSneakers: 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.

TruHearing: TruHearing® is a registered trademark of TruHearing, Inc., which is an independent company providing discounts on hearing aids.

Walgreens Mail Service: Walgreens Mail Service is contracted to provide mail pharmacy services to members of Blue Cross and Blue Shield of Illinois.

Walgreens Specialty Pharmacy: Walgreens Specialty Pharmacy is contracted to provide specialty pharmacy services to members of Blue Cross and Blue Shield of Illinois.

Notice of Non-Discrimination (MAPD Plan)

Health Care Coverage Is Important For Everyone

We do not discriminate on the basis of race, color, national origin (including limited English knowledge and first language), age, disability, or sex (as understood in the applicable regulation). We provide people with disabilities with reasonable modifications and free communication aids to allow for effective communication with us. We also provide free language assistance services to people whose first language is not English.

To receive reasonable modifications, communication aids or language assistance free of charge, please call us at 1-877-397-7129 (TTY: 711).

If you believe we have failed to provide a service, or think we have discriminated in another way, you can file a grievance with:

Office of Civil Rights Coordinator	Phone:	1-855-664-7270 (voicemail)
Attn: Office of Civil Rights Coordinator	TTY/TDD:	1-855-661-6965
300 E. Randolph St., 35th Floor	Fax:	1-855-661-6960
Chicago, IL 60601	Email:	civilrightscoordinator@bcbsil.com

You can file a grievance by mail, fax or email. If you need help filing a grievance, please call the toll-free phone number listed on the back of your ID card (TTY: 711).

You may file a civil rights complaint with the US Department of Health and Human Services, Office for Civil Rights, at:

US Dept of Health & Human Services	Phone:	1-800-368-1019
200 Independence Avenue SW	TTY/TDD:	1-800-537-7697
Room 509F, HHH Building	Complaint Portal:	
Washington, DC 20201		ocrportal.hhs.gov/ocr/smartscreen/main.jsf
	Complaint Forms:	
		hhs.gov/civil-rights/filing-a-complaint/index.html

Notice of Non-Discrimination (PDP Plan)

Health Care Coverage Is Important For Everyone

We do not discriminate on the basis of race, color, national origin (including limited English knowledge and first language), age, disability, or sex (as understood in the applicable regulation). We provide people with disabilities with reasonable modifications and free communication aids to allow for effective communication with us. We also provide free language assistance services to people whose first language is not English.

To receive reasonable modifications, communication aids or language assistance free of charge, please call us at 1-877-688-1795 (TTY: 711).

If you believe we have failed to provide a service, or think we have discriminated in another way, you can file a grievance with:

Office of Civil Rights Coordinator	Phone:	1-855-664-7270 (voicemail)
Attn: Office of Civil Rights Coordinator	TTY/TDD:	1-855-661-6965
300 E. Randolph St., 35th Floor	Fax:	1-855-661-6960
Chicago, IL 60601	Email:	civilrightscoordinator@bcbsil.com

You can file a grievance by mail, fax or email. If you need help filing a grievance, please call the toll-free phone number listed on the back of your ID card (TTY: 711).

You may file a civil rights complaint with the US Department of Health and Human Services, Office for Civil Rights, at:

US Dept of Health & Human Services	Phone:	1-800-368-1019
200 Independence Avenue SW	TTY/TDD:	1-800-537-7697
Room 509F, HHH Building	Complaint Portal:	
Washington, DC 20201		ocrportal.hhs.gov/ocr/smartscreen/main.jsf
	Complaint Forms:	
		hhs.gov/civil-rights/filing-a-complaint/index.html

Translation Services (MAPD Plan)

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 1-877-397-7129. Someone who speaks English/Language 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 1-877-397-7129. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Translation Services (PDP Plan)

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. Someone who speaks English/Language can help you. This is a free service.

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