

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 6
Hospital Services							
Inpatient Hospital Services	covered at 80%	covered at 80%	covered at 80%	covered at 90%	covered at 90%	covered at 95%	covered at 100%
Outpatient Surgery				covered at 100%			
Outpatient Hospital Services							
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: \$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)	

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

	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%

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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**.
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 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.