BlueCross BlueShield of Illinois

HCSC Health Care Service Corporation

2027 HCSC Retiree Benefit Highlight Comparison

	Traditional HSA 1 Plan	Traditional HSA 2 Plan	Blue Cross Group Medicare Advantage Open Access (PPO)℠	BlueSecure℠*
Lifetime Comprehensive Major Medical Coverage	**Unlimited**	**Unlimited**	**Unlimited**	**Unlimited**
Deductible (per calendar year) *Program deductible does not apply to services that have a copayment.*	**Individual: $1,750 Family: $3,500**	**Individual: $2,500 Family: $5,000**	**$350** (Each member has their own deductible)	Medicare Part B deductible covered by plan
Out-of-Pocket Expense Limit *Pharmacy copays will not be applied to the out-of-pocket expense limit.*	**Individual: $3,900 Family: $7,300**	**Individual: $6,250 Family: $12,500**	**$1,500** (Pharmacy not included)	No medical maximum.
Hospital Services, Outpatient Services and Diagnostic Services				
Inpatient Hospital Services	covered at 80%	covered at 80%	covered at 95%	covered at 100%
Outpatient Surgery				
Outpatient Hospital Services				
Diagnostic Tests				
Hospital Emergency Medical/ Accident Care	Emergency Care and Urgent Care: covered at 80%	Emergency Care and Urgent Care: covered at 80%	Emergency Care and Urgent Care: covered at 95%; ($0 copay Virtual Urgent Care Visits)	

*This chart represents the 2026 Medicare amounts. These amounts may change for 2027.

	Traditional HSA 1 Plan	Traditional HSA 2 Plan	Blue Cross Group Medicare Advantage Open Access (PPO)℠	BlueSecure℠*
Physician Services				
Preventive Care	covered at 100%	covered at 100%	$0 copay for Medicare-covered preventive services	covered at 100%
Primary Care Office Visit	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%)	covered at 95%	
Specialty Care Office Visit	covered at 80%	covered at 80%		
Additional Services				
Chiropractic Services	covered at 80% (50 visit max)	covered at 80% (50 visit max)	covered at 95% for Medicare-covered services	covered at 100% for Medicare-covered services
Therapy Services – Speech, Occupational and Physical	covered at 80%; unlimited visits	covered at 80%; unlimited visits	covered at 95%	covered at 100%
Outpatient Mental Health Services	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%)	Individual & Group Visits: covered at 95% ($0 copay Virtual Visits)	
Cardiac & Pulmonary Rehabilitation Services	covered at 80%	covered at 80%	covered at 95%	covered at 100%

*This chart represents the 2026 Medicare amounts. These amounts may change for 2027.

	Traditional HSA 1 Plan	Traditional HSA 2 Plan	Blue Cross Group Medicare Advantage Open Access (PPO)℠	BlueSecure℠*
Other Covered Services				
Private Duty Nursing	covered at 80%	covered at 80%	not covered	not covered
Ambulance Services			covered at 95%	covered at 100%
Medical Supplies				
Durable Medical Equipment				
Additional Benefits				
SilverSneakers®	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	$5,000 allowance every 3 years for both ears combined	N/A
Worldwide Emergency Benefit	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 *(For those who get certain preventive procedures completed)*	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 Prescription Drug Benefits chart on page 5	see note about PDP coverage on page 5
Over-the-Counter Allowance	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.

2027 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	

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2027 Medicare Part D Prescription Drug Benefits

Prescription drug benefits for retirees enrolled in the 2027 Blue Cross Group Medicare Advantage Open Access (PPO) plan.

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 **$2,400**						
Tier 1 — Preferred Generic Drugs Tier 2 — Generic Drugs	$5/$10 copay	$10/$20 copay	$15/$30 copay	$5/$10 copay	$10/$20 copay	$15/$30 copay
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 Tier 5 — Specialty Drugs	$40/$45 copay	$80/$90 copay	$120/$135 copay	$40/$45 copay	$80/$90 copay	$120/$135 copay
Catastrophic Coverage	You pay $0 after your Part D maximum out-of-pocket costs reach $2,400. 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					

Effective January 1, 2027, retirees enrolled in the BlueSecure retiree medical plan will have a separate Medicare Part D Prescription Drug Plan (PDP), HealthSpring℠ Rx (PDP). Blue Cross and Blue Shield of Illinois will still administer the BlueSecure plan and HealthSpring will administer the Medicare Part D Plan. HealthSpring is an HCSC Brand.

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 **1-877-448-4522 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 group retiree 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 Advantage Plan Notice:
PPO employer/union group plan provided by 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 depends on contract renewal.

HealthSpring Part D Plan Notice:
Subsidiaries of Health Care Service Corporation and their affiliates contract with Medicare to offer Part D Prescription Drug Plans (PDP) in select states. Enrollment in these plans depends on contract renewal.