



Blue Cross Group Medicare OptionsSM

Maximize your Medicare

with BlueSecureSM and Blue Cross Group MedicareRx (PDP)SM

What's inside:

- How a HCSC retiree Medicare plan saves you money
- Details about your custom designed medical and prescription drug benefits
- How BlueSecure and Medicare Part D plans work
- What happens after you enroll



live your
Blue lifeSM



Pay Less with a HCSC Retiree Medicare Plan

A retiree group Medicare plan is one of your retirement benefits. HCSC has made sure to provide you with flexible options for your health care coverage. The BlueSecure and Blue Cross Group MedicareRxSM plans are different from individual Medicare plans you could buy on your own. The benefits are richer and you can seek care across the country. There are no network restrictions. These two plans work together with Original Medicare to cover your medical, hospital and prescription drug costs. And because it's a group plan, your costs will be lower.

As communicated over the last few years, beginning in 2021 if you enroll or are enrolled in a traditional plan (PPO, HMO or HSA) but are qualified for the Medicare-based plan, you will pay the full cost difference between the traditional plan and the HCSC retiree Medicare plan. These increases may be significant.

Now is the time to switch to a custom-designed HCSC retiree Medicare plan.

Cover the out-of-pocket costs that Medicare doesn't

When you're under 65, health insurance plans usually include medical and prescription drug coverage, and perhaps dental and vision benefits.

With Original Medicare, basic coverage includes hospital and medical benefits from Medicare Parts A and B. But Medicare only covers about 80% of those costs. **BlueSecure** fills some of the gaps for medical and hospital care that Medicare doesn't cover, like coinsurance, copays, and deductibles. And, **Blue Cross Group MedicareRx** helps to cover your outpatient prescription drugs.

You're covered anywhere you travel in the U.S. You can see any doctor who accepts Medicare, and you never need a referral to see a specialist.

Let's get started.

It only takes a few minutes to get covered. Just follow these simple steps:

- 1.** If you haven't signed up for Original Medicare Part A and Part B yet, contact your local Social Security office or go to www.ssa.gov to enroll online.
- 2.** Review this brochure and the plan documents.
- 3. It's time to enroll!** Follow the enrollment instructions provided by your benefit administrator.
- 4.** Watch your mailbox for your acknowledgment and confirmation letters, and your member ID cards. There will be one card for each plan; two cards in total.
- 5.** Your Welcome Kits with plan documents and formulary will arrive after that.
- 6.** Be sure to register for Blue Access for MembersSM (BAMSM) at www.bluememberil.com right away. It is your online portal for benefit and claims information, as well as links to your full formulary, pharmacy locator, and provider finder tool. You can even access your member ID card online via BAM.

How does BlueSecure work?

BlueSecure works with Medicare Parts A and B.

You must be enrolled in Original Medicare (Parts A and B) before you can enroll in BlueSecure retiree supplemental medical coverage.

Medicare will cover its share of your doctor and hospital bills. A BlueSecure plan will cover the remaining deductible and coinsurance. You also may have access to telehealth benefits through your Part B benefit. Learn more at www.medicare.gov/coverage/telehealth.

Each year, Medicare can change the copayments and deductibles it will cover. Depending on the plan you choose, BlueSecure adjusts to cover the remaining deductible and coinsurance. Your BlueSecure plan will renew every year as long as your premium is paid and the plan is available. See the plan documents in this enrollment kit for details about your coverage and any out-of-pocket costs.

	Medicare Part A Pays for	Medicare Part B Pays for	BlueSecure Pays for
Inpatient Hospital	✓		✓*
Skilled Nursing	✓		✓†
Hospice Care	✓		✓
Inpatient Physician Visits		✓	✓
Preventive Care		✓	✓
Blood		✓	✓
X-Rays		✓	✓
Laboratory Services		✓	✓
Speech & Physical Therapy		✓	✓
Medical Equipment & Supplies		✓	✓
Foreign Travel Emergency Care			✓‡
Part B Excess Charges			100%
\$198 Part B Deductible			\$198

This chart represents the 2020 Medicare amounts. These amounts may change for 2021.

* Covers up to 515 consecutive days of hospitalization

† Covers 21st through 100th day of skilled nursing care

‡ Foreign Country: Pays 80% after \$250 annual deductible up to a Lifetime Max. of \$50,000. Services must be rendered within 60 days of travel outside the U.S.

Get help paying for your prescription drugs

Blue Cross Group MedicareRx helps you stay healthy and protects you against high pharmacy costs. Medicare Part D plans cover commonly used outpatient medications, like those used to treat diabetes, high blood pressure, high cholesterol, depression, and osteoporosis.

Your benefits include:

- A comprehensive drug list (formulary)
- Convenient home delivery and online ordering
- A nationwide network of pharmacies
- The confidence of knowing your coverage is backed by one of the state's leading health insurers

How does Medicare Part D work?

You may have a copay or coinsurance for your prescriptions. After spending a government-set amount of money on medications, you may reach or even go past the coverage gap in a year. Copays and coinsurances will not change during the coverage gap with your HCSC retiree plan.

Part D coverage generally has four stages.

Review the Summary of Benefits for details about the retiree group plan available to you.

1. Annual Deductible

This is the amount you have to pay for your prescriptions before the plan starts to pay.

2. Initial Coverage Limit

You may pay a copay or coinsurance for each eligible prescription. The plan pays the rest until your total costs reach the Initial Coverage Limit. This is an amount determined by the Centers for Medicare and Medicaid Services (CMS). It may change each year. Only the retail cost of a prescription drug goes toward the Initial Coverage Limit. So even if the retail cost is \$100, and your copay is \$10, the amount that counts toward your Initial Coverage Limit will be the \$100 retail cost.

3. Coverage Gap

Also called the "donut hole," this stage starts after you and the plan have spent up to the Initial Coverage Limit. While you are in the Coverage Gap, what you pay for drugs will not change with your HCSC retiree plan. Review the Part D Summary of Benefits for details about your prescription drug plan.

4. Catastrophic Coverage

When your out-of-pocket costs reach an amount set by CMS each year, you will enter Catastrophic Coverage. During this phase, you will pay a small copay or coinsurance for covered drugs for the rest of the calendar year.



What medications are covered?

In Medicare Part D plans, prescription drugs in the formulary are placed into tiers. The costs for drugs in each tier may be different. Tier 1 includes drugs used to treat common conditions. These drugs will cost less than drugs in other tiers.

Before you enroll, you can search your medicines and view the standard formulary at www.myprime.com.

- Select 'Medicines,' then
- 'Find a Medicine,' followed by
- 'Continue without sign in.'

Follow the prompts to search your medicines.

MyPrime.com is a pharmacy benefit website owned and operated by Prime Therapeutics LLC, a separate company providing pharmacy benefit management services for your plan.

Here's what you can expect after you enroll

BlueSecure

While Medicare doesn't need to approve your enrollment in this plan, you do need to be enrolled in Medicare Part A and Part B to use it. You should receive your BlueSecure member ID card 7 to 14 days before your eligibility or effective date.

Blue Cross Group MedicareRx

Medicare must approve your Blue Cross Group MedicareRx enrollment before you are officially a member. Within 10–14 days of receiving your enrollment, we'll send you an acknowledgment letter. After your enrollment is approved by Medicare, you'll get a confirmation letter, followed by your Blue Cross Group MedicareRx member ID card.

- You will have two new plan ID cards, plus your red, white and blue Medicare card. Be sure to take your Medicare card and your new BlueSecure card to visits with your providers. Show your new Blue Cross Group MedicareRx card to your pharmacy.
- You will receive a Welcome Kit in the mail with important information about your new medical and prescription drug benefits. It will include a welcome guide, BlueSecure benefit highlights, and your Part D evidence of coverage and formulary.



Questions about your plan?

Talk to the HCSC Corporate Benefits Team or refer to the Summary of Benefits for details.

Or you can call the Medicare Help Center at **1-866-468-9636** TTY 711.

We are available to discuss 2021 benefits on November 1.

We are open September 1 – January 31 - daily, 8:00 a.m. to 9:00 p.m. CT

February 1 – August 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.

Get more from your Medicare.

This information is a solicitation for insurance. This information is not a complete description of benefits.

BlueSecureSM 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 HCSC Insurance Services Company (HISC), an Independent Licensee of the Blue Cross and Blue Shield Association. A Medicare-approved Part D sponsor. Enrollment in HISC's plans depends on contract renewal.