



2021 HCSC Retiree Benefit Highlight Comparison

	Traditional PPO Plan	Blue Cross Group Medicare Advantage Open Access (PPO) SM	BlueSecure ^{SM*}
Lifetime Comprehensive Major Medical Coverage	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	\$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	\$1,500 (Pharmacy not included)	No medical maximum. See True Out-of-Pocket (TrOOP) Rx details on page 3
Hospital Services			
Inpatient Hospital Services	covered at 80%	covered at 96%	covered at 100%
Outpatient Surgery and Diagnostic Tests			
Outpatient Hospital Services			
Hospital Emergency Medical/Accident Care	\$200 copay	\$0 Emergency copay; \$0 Urgent Care copay (includes Virtual Visits)	
Physician Services			
Preventive Care	covered at 100%	covered at 96%	covered at 100%
Primary Care Office Visit	\$40 copay		
Specialty Care Office Visit	\$55 copay		

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

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Additional Services			
Chiropractic Services	\$55 copay (50 visit max)	covered at 96% for Medicare-approved services	covered at 100%
Therapy Services - Speech, Occupational and Physical	Physical therapy: \$55 copay; Occupational and Physical Therapy: covered at 80%; no maximum	covered at 96%; no maximum	covered at 100%; no maximum
Outpatient Mental Health Services	covered the same as any other illness	Office visit/Other Services: covered at 96% (\$0 copay Virtual Visits)	covered at 100%
Cardiac & Pulmonary Rehabilitation Services	covered at 80%	covered at 96%	
Other Covered Services			
Private Duty Nursing (PDN)	covered at 80%	not covered	not covered
Ambulance Services		covered at 96%	covered at 100%
Medical Supplies Durable Medical Equipment (DME)			
Additional Benefits			
SilverSneakers®	N/A	included	N/A
Hearing Aids	N/A	\$5,000 allowance every 3 years	N/A
Worldwide Emergency Benefit	included	\$0 copay; Urgent/ Emergent Care only; No annual limit	\$250 deductible, then 80% coinsurance; \$50,000 lifetime limit*
Rewards Program (For those who get certain preventive procedures completed)	N/A	\$25 worth of gift cards (up to 4X per year)	N/A
Pharmacy Benefits	see Network Pharmacy Benefits chart on page 3	see Prescription Drug Benefits chart on page 3	see Prescription Drug Benefits chart on page 3
Over-the-Counter (OTC)	N/A	\$20 copay with monthly rollover	N/A

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

2021 Traditional PPO - Network Pharmacy Benefits

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

2021 Medicare Plans Prescription Drug Benefits

Prescription drug benefits for retirees enrolled in the 2021 Blue Cross Group Medicare Advantage Open Access (PPO) plan or the BlueSecure plan with Blue Cross Group MedicareRx (PDP).

Description of Benefit	Standard/ Preferred Pharmacy (30-day)	Standard/ Preferred Pharmacy (60-day)	Standard/ Preferred Pharmacy (90-day)	Standard/ Preferred Mail Order (30-day)	Standard/ Preferred Mail Order (60-day)	Standard/ Preferred Mail Order (90-day)
Part D Phase: Deductible	\$0 deductible					
Part D Phase: Initial Coverage Limit (ICL) — The following copays below will apply up to the ICL amount of \$4,130						
Tier 1 — Preferred Generic	\$0/\$5 copay	\$0/\$10 copay	\$0/\$15 copay	\$0/\$5 copay	\$0/\$10 copay	\$0/\$15 copay
Tier 2 — Generic						
Tier 3 — Preferred Brand	\$25/\$30 copay	\$50/60 copay	\$75/\$90 copay	\$25/\$30 copay	\$50/60 copay	\$75/\$90 copay
Tier 4 — Non-Preferred Brand	\$40/\$45 copay	\$80/\$90 copay	\$120/\$135 copay	\$40/\$45 copay	\$80/\$90 copay	\$120/\$135 copay
Tier 5 — Specialty						
Part D Phase: Coverage Gap - The following copays will apply for the Coverage Gap until member reaches the TrOOP amount of \$6,550						
Part D Phase: Coverage Gap	Tiers 1-5					
Tier 1 — Preferred Generic	\$0/\$5 copay	\$0/\$10 copay	\$0/\$15 copay	\$0/\$5 copay	\$0/\$10 copay	\$0/\$15 copay
Tier 2 — Generic						
Tier 3 — Preferred Brand	\$25/\$30 copay	\$50/60 copay	\$75/\$90 copay	\$25/\$30 copay	\$50/60 copay	\$75/\$90 copay
Tier 4 — Non-Preferred Brand	\$40/\$45 copay	\$80/\$90 copay	\$120/\$135 copay	\$40/\$45 copay	\$80/\$90 copay	\$120/\$135 copay
Tier 5 — Specialty						
TrOOP amount that begins Catastrophic phase	\$6,550					
Catastrophic phase cost-sharing amounts	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$6,550 you pay the greater of: 5% of the cost, or \$3.70 copay for generic (including brand drugs treated as generic and a \$9.20 copayment for all other drugs					

PLEASE NOTE:

- Initial coverage limit and true 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 mail-order 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.
- Medicare Advantage Prescription Drug plan semi-custom formulary with supplemental drug list
- If you have questions about your current medications or the formulary, please call Customer Service at **1-866-468-9636 TTY 711**, 8 a.m. - 8 p.m., CT, 7 days a week

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

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The Healthy Activity Portal is a website owned and operated by HealthMine, Inc., an independent company that provides digital health and personal clinical engagement tools and services for Blue Cross and Blue Shield of Illinois members. Registration is required to participate. Visit www.BlueRewardsIL.com to register and see what Healthy Actions earn rewards. If you do not have internet access, call customer service using the phone number on the back of your insurance card. 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 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.

Medicare Advantage Disclaimer

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.