



Blue Cross Group Medicare Advantage Open Access (PPO)SM

live your **Blue** lifeSM



**Important
information**

about your retiree
Open Access PPO plan

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live your Blue life

Thank you for choosing Blue Cross Group Medicare AdvantageSM.

More than 106 million Americans* depend on Blue Cross and Blue Shield for their health insurance needs. We have served Illinois residents for over 80 years with health benefits and services designed to meet the needs of the community.

We'll keep in touch.

You may get more attention from your new plan than you're used to. That's because our goal is to help our Medicare members manage their health, which is why we've developed this Welcome Guide. It contains useful information like:

- Using your member ID card.
- Understanding your plan's coverage.
- Your wellness solutions, and
- Getting help when you need it.

Where to start.

Please review the information about your coverage and next steps, explained on page 4.

We're here for you.

Contact us before calling Medicare. Blue Cross Group Medicare Advantage is your Medicare plan. You should call us with all your questions. We will let you know if your question can only be answered by Medicare.



Call

Call the Customer Service number listed on the back of your member ID card. We are open 8 a.m. – 8 p.m., local time, 7 days a week. If you are calling from April 1 through September 30, alternate technologies (for example, voicemail) will be used on weekends and holidays.



Web

Blue Access for Members

Get information about your plan, claim status and benefits.

www.bluememberil.com

Finder Tools

Search for providers, pharmacies and covered drugs.

www.bcbsil.com/retiree-medicare-tools

*About Blue Cross Blue Shield Association. Blue Cross Blue Shield Association. www.bcbs.com. 30 May 2018.

Let's Get Started

Follow these seven easy steps to make the most of your plan.



Step 1

Check Your Member ID Card

Please note:
You can use your benefits starting on your effective date, even if your card has not yet arrived in the mail.

Use your Blue Cross Group Medicare Advantage member ID card whenever you receive any service or benefit covered by your plan, including prescription drugs you get at network pharmacies. Sometimes, you may need your red, white and blue Medicare card as well. Upon receiving your ID card, you will want to review the following:

- **Effective date**
Your confirmation letter and ID card will show your effective date—the date your coverage begins.
- **Personal information**
Make sure the information on the member ID card is accurate. If you have any questions or concerns, call the Customer Service number located on the back of your card.

Step 2

Check Out Your Online Tools

Blue Access for MembersSM (BAMSM)

Blue Access for Members (BAM) is your one-stop online resource with access to easy-to-use tools and information about your Medicare benefits.

With BAM, you're able to:

- See your plan information 24/7.
- View your coverage and benefits, and access important documents such as your Explanation of Benefits (EOB).
- Look up claims status and history.
- Request a permanent member ID card or print a temporary one.
- See your prescription history list and much more!

Visit BAM at www.bluememberil.com

Online Retiree Tools

Quickly access finder tools and search for providers, pharmacies, or covered drugs.

Visit www.bcbsil.com/retiree-medicare-tools



Step 3

Understand Your Plan's Network



Selecting a provider from the plan network.

Your Open Access PPO plan gives you the freedom to seek care across the country. You can use network providers but have the flexibility to go outside the network for the same cost. No referral is needed. Your providers must 1) accept Medicare; 2) agree to see you as a patient; and 3) agree to bill the plan. Review the Evidence of Coverage for details.



Call ahead and be prepared.

Calling your provider's office ahead will help make sure:

- All your information is up to date.
- The provider accepts Medicare assignment, agrees to see you as a patient, and will bill the plan.

We work closely with your provider to deliver the best care

Before you can be covered for some medications or certain high-cost medical services, your doctor may need to get authorization from the plan. You may first need to try other clinically appropriate or cost-effective treatments. Quantity limits may be set for some drugs for cost or safety reasons.

Our plans follow government guidelines in this area to ensure you receive the most appropriate, cost-effective care available.

Please note: It's important to give your doctor the full name of your specific Medicare Advantage plan and network and not just say you have Blue Cross and Blue Shield, since many physicians are usually part of more than one Blue Cross and Blue Shield network.

Step 4

Review Your Evidence of Coverage Benefit Insert (EBI)

The EBI in this guide explains:

- Your rights and responsibilities.
- What's covered.
- What you pay as a member of the plan.

We encourage you to review your EBI — it lists your plan benefits, costs and more. It's an important legal document, so keep it in a safe place. For more information about your EBI, call Customer Service.

Your EBI explains these benefits, too.

In addition to details about your medical and drug coverage, your EBI will include information about these benefits ***if they are provided by your retiree Medicare plan.***

Hearing Services	Hearing can affect your quality of life. Original Medicare doesn't cover hearing aids, or the exams needed to fit them. The savings on hearing services that you can enjoy with your Medicare plan will be music to your ears.
Over-the-Counter (OTC) Program	Your plan includes a monthly OTC benefit. With this allowance, you order everyday products from the comfort of home which are then delivered directly to your door. Items include vitamins, pain relievers, fever reducers, cough syrup, allergy medication, and more. Any unused balance rolls over to the next month. Be sure to use your allowance before the end of the year. Look for your OTC Catalog and easy to follow directions in the mail.

Step 5

Schedule Your Annual Wellness Visit

Your Annual Wellness Visit is a great way to take charge of your health, ask questions and get advice from your provider.

There's no copay or cost to you. This Annual Wellness Visit Checklist is designed to help you get the most out of your appointment. Schedule your Annual Wellness Visit today and earn rewards through our Rewards Program (more information on page 14).

Talk With Your Doctor About

- All your current conditions and treatments
- Prescription and over-the-counter medications
- Any pain you have and what you do for it
- Difficulties with daily activities
- Your level of physical exercise
- Balance issues or recent falls
- Difficulties with bladder control
- Problems with sleeping or memory loss
- Tobacco, alcohol or drug use
- Hospital or ER visits in the last 90 days

Complete These Basic Exams

- Blood pressure
- Height, weight and Body Mass Index (BMI)
- Blood sugar and retinal eye exam (if applicable)

Review Your Screenings and Vaccines

- Annual flu vaccine
- Bone density exam
- Colorectal screening
- Mammogram
- Pneumonia vaccine



Step 6

How To Get The Most From Your Plan

Notify your provider and pharmacy.

Show your providers and pharmacy your new member ID card so they have the most up-to-date information. This can prevent your claim from being denied due to incorrect information.

Your Medical Benefits

Blue Cross Group Medicare Advantage covers most commonly used services such as provider visits, inpatient and outpatient hospital services, emergency care, and prescription medicines. And it bundles these with wellness solutions for comprehensive health coverage. The plan manages claims and benefits, so you have only one call to make when you have questions. As a Medicare Advantage member, you get all the benefits covered by Original Medicare, and more. Read your EBI for details on coverage and member costs.

- Doctor's office visits
- Preventive services
- Emergency care
- Hospitalization
- Health screenings
- Diagnostic services
- Immunizations
- Rehabilitation
- Physical therapy
- Skilled nursing care

Your Formulary and Pharmacies

Your plan covers a broad range of prescription drugs. A formulary is a list of drugs your plan covers. You'll find the costs for your drugs listed in your EBI. Be sure to share the formulary with your providers and discuss any medications you are already taking. If you have questions, call us.

Drugs are placed in tiers.

The costs for drugs in each tier are different. Generally, drugs on lower-number tiers cost less. Tier 1 includes the drugs prescribed for common conditions. The drug list will tell you which tier a drug is in, and your EBI can tell you how much a drug costs.

How to Read the Formulary.

There are two ways to find medications: by medical condition and alphabetically. The formulary includes a table that shows more information about special programs, such as prior authorization, quantity limits or step therapy.

National Pharmacy Network

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 61,000 retail locations. Using an in-network pharmacy may allow you to purchase prescriptions for a lower copay than at an out-of-network pharmacy. All major national retail and grocery pharmacy chains participate in the network, including:



Visit www.bcbsil.com/retiree-medicare-tools to find a network pharmacy near you.

Home Delivery and Specialty Pharmacy

AllianceRx Walgreens Prime is one of the nation's largest specialty and home delivery pharmacies.

Home Delivery

Choose convenience with our mail-order service. A 90-day supply of the medications you take regularly can be delivered directly to your home. This service offers:

- Three ways to order refills: online, by phone or through the mail.
- Up to a 90-day supply of medications at one time.
- Email or phone notifications when your order is received, and your prescriptions are mailed.

You'll need to set up a new account to use the service at www.alliancerxwp.com.

Specialty Pharmacy

AllianceRx Walgreens Prime is also our Specialty Pharmacy, offering expertise in handling specialty and compound medications. You may be able to fill specialty prescriptions at certain retail pharmacies instead, if they stock the medication.

Out-of-Network Pharmacies

You can buy covered drugs from out-of-network pharmacies in an emergency or if you are traveling where there is no network pharmacy.

Prime Therapeutics LLC has an ownership interest in AllianceRx Walgreens Prime, a central specialty pharmacy and home delivery pharmacy. Prime Therapeutics LLC, provides pharmacy benefit management services for Blue Cross and Blue Shield of Illinois and is owned by 18 Blue Cross and Blue Shield Plans, subsidiaries or affiliates of those plans.



Step 7

Access Wellness Solutions and Member Rewards

Blue Cross Group Medicare Advantage plans offer a number of benefits above and beyond standard insurance coverage.



Blue365[®]

Blue365 is just one more advantage of being a Blue Cross and Blue Shield of Illinois member. With this exclusive member program, you may save money on health and wellness products and services from top retailers that are not covered by insurance. There are no claims to file and no referrals or preauthorizations. Once you sign up for Blue365 at www.blue365deals.com/bcsil, weekly 'featured deals' will be emailed to you. These deals offer special savings for a short period of time.

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



24/7 Nurseline

Our nurses are available 24 hours a day, seven days a week, 365 days a year. They can help with health concerns and give general health tips. Get trusted guidance on possible emergency care, urgent care and more. You can also access an audio library of more than 1,000 health topics ranging from allergies to women's health. More than 600 topics are available in Spanish.

When should you call 24/7 Nurseline?

Call when you have questions about health problems, such as:

- Asthma, back pain, or chronic health problems
- Cuts or burns
- Dizziness or severe headache
- High fever
- Sore throat

You can access the 24/7 Nurseline at: 1-800-631-7023 (TTY 711). You will find this number on the back of your member ID card.

The relationship between these vendors and Blue Cross and Blue Shield of Illinois is that of independent contractors. BCBSIL makes no endorsement, representations or warranties regarding any products or services offered by the above-mentioned vendors.

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.



SilverSneakers® Fitness Program

SilverSneakers is a fitness program for seniors and includes unlimited access to over 16,000 fitness centers in the national network. Membership offers a welcoming community where you can have fitness fun with friends and meet new people.

SilverSneakers benefits include:

- Specialized fitness classes designed for people of all abilities and led by certified instructors
- Low-impact classes focused on improving strength and endurance, mobility, flexibility, agility and coordination
- FLEX classes like yoga and dance at parks, recreation centers and clubs

Virtual SilverSneakers classes may also be available.

For more information, call Monday through Friday, 8 a.m. – 8 p.m. ET,

1-866-584-7389 • TTY 711 or visit www.silversneakers.com or email support@silversneakers.com.



Telehealth Services

Your retiree group Medicare Advantage plan covers Virtual Visits, provided by Blue Cross and Blue Shield of Illinois and powered by MDLIVE. With Virtual Visits, your appointment is with an independently contracted, board-certified MDLIVE doctor for minor, non-emergency medical or behavioral health conditions by phone, mobile app or online video anytime, anywhere, 24 hours a day, 7 days a week. Talk to a doctor immediately or schedule an appointment at a time that works best for you.

To learn more about Virtual Visits benefits call 1-888-680-8646 (TTY 1-800-770-5531) or go to www.mdlive.com.

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.

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.

Virtual Visits may not be available on all plans. Non-emergency medical service in Montana and New Mexico is limited to interactive online video. Non-emergency medical service in Arkansas and Idaho is limited to interactive online video for initial consultation. 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.



Rewards Program

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

Visiting your doctor at least once a year can help you catch small health problems before they become big ones. You can earn a gift card for getting qualified wellness visits. Because prevention is better than cure, you can earn \$50 in gift cards just for doing your Annual Wellness Visit in 2021!

These Healthy Actions also earn you rewards:

- Complete your Annual Wellness Visit or other qualified wellness visits
- Annual flu vaccine
- Colorectal cancer screening
- Bone density screening
- Mammogram
- Fall Risk Assessment
- Retinal eye exam
- Diabetic kidney and blood sugar testing

Gift card options include retailers like Amazon, Barnes and Noble, iTunes, Starbucks, Walgreens and Walmart.

To get started with the program:

1. Go to **www.BlueRewardsIL.com**. You will need your member ID card, date of birth and email address. After you register, we will send you an email letting you know that your account has been set up.
2. If you don't have a computer or have difficulty going online, a family member or friend can help you register. Together you can set it up so you receive Healthy Action benefits automatically without needing to manage your account on a regular basis.
3. You can also call the number on the back of your member ID card.

It may take up to 90 days for Healthy Actions to show as completed in the system. As soon as this happens, you can select your gift card from a list of national and local retailers.

Things to remember:

- Registration is required to participate
- One reward per Healthy Action per year
- Healthy Action dates of service must be in the current plan year
- Maximum annual rewards of \$100 in gift cards
- Healthy Actions that earn rewards are subject to change

* 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. 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.

Expect More from Your Medicare Advantage Plan

Learn how we go above and beyond to make sure you get access to the benefits and coverage that come with it.



Forms You May Need

These are some of the forms you may need during the year. All forms can be found on BAM at www.bluememberil.com or at www.bcbsil.com/retiree-medicare-tools.

- **Appointment of Representative**

This form lets you choose someone to make decisions on your behalf. It also lets them get your health information such as Explanation of Benefits (EOB) forms and bills (if you have a premium). This form may also be used to let the plan share your health information with a third party such as another health plan or provider. Having this completed form on file is vital for caregivers.

- **Prescription Mail Order**

Be sure to take advantage of the mail-order program for eligible maintenance medicines. You'll enjoy the ease of home delivery and the chance to save money. When you have a new prescription, use the online form at www.alliancerxwp.com.

- **Authorization to Disclose Protected Health Information**

Use this form to allow the plan to share your Protected Health Information (PHI) with a person or entity you choose.

- **Coverage Determination**

If the plan will not cover a prescription drug or medical service, you may ask for a coverage determination. Choose the form that matches your request.

Report Fraud

Medicare fraud costs billions of dollars each year.

Here are some ways you can help stop it:

- Keep your member ID card safe. Treat it like you would a debit or credit card.
- Make a copy of your member ID card and keep it in a safe place.
- If your member ID card is lost or stolen, call us right away.
- Be sure the pharmacy has your correct information.
- Look at your EOB carefully to be sure that you have been properly charged. If you think you may have been the victim of fraud, report it to our Fraud Hotline right away.



To report fraud,

call **1-800-543-0867** • TTY 711 24 hours a day, 7 days a week

We'll Keep in Touch

Because we care about your well-being and want you to get the most from your Medicare plan, we'll be in touch with you throughout the year.



Welcome Call

We'll call to welcome you to the plan. We'd like to know if you have questions about your benefits or if you have other special needs that require immediate attention. During your welcome call, we'll take a few minutes to:

- Help you schedule an Annual Wellness Visit — a valuable part of your plan.
- Discuss the Rewards Program.
- Ask you a few questions from a Health Questionnaire.

You may have caller ID on your phone and might not recognize that your plan is calling you. Remember we'll be calling, so be sure to pick up the phone!



Annual Notice of Change

Near the end of the year, you'll receive an Annual Notice of Change from Blue Cross Group Medicare Advantage. This notice outlines the premium/benefit changes (if any) for your plan. These changes will begin January 1 of the following calendar year. Review this document carefully.



Explanation of Benefits

You'll receive a statement called Explanation of Benefits. How often you receive it depends on how often you fill your prescriptions or see your provider. This statement is not a bill. It simply details what you have paid and indicates the level of benefits you've used. Review these details to be sure they are correct. If you think there are errors, call Customer Service. If you think you are the victim of fraud, report it immediately.



Did you provide your email address?

When you provide your email address, we'll send you communications about health plan benefits and programs throughout the year. We never share your email address outside the plan. If you haven't shared your email address with us, and would like to receive these communications, please call Customer Service. Once you begin receiving emails, you can always opt out or ask us to stop sending them to you.



Connect Community

Connect is a fun way to interact with other members through our online blog-style format. Learn more at <http://connect.bcbsil.com/medicare>.

Glossary of Terms

We have described some of the terms used here to help you understand them but you should read your benefit plan materials if you have questions.

Allowed Amount

The maximum amount a plan will pay for a covered health care service. If you are charged more than the plan's allowed amount, you may have to pay the difference.

Amount Billed

The amount your provider billed for the service(s) rendered.

Coinsurance

An amount you pay after any deductibles. This is usually a percentage of the cost. For example, if the plan pays 80% of the allowed amount, then 20% would be your coinsurance.

Copayment (Copay)

Your share of the cost for each provider visit, service or prescription drug. This is usually a set dollar amount (for example: \$10).

Deductible

An amount, if any, you pay before a plan begins to share the cost of covered drugs and services.

Formulary (Drug List)

A list of drugs covered by your plan.

Non-Participating Provider

An out-of-network provider who does not accept rates for services we set to keep your costs down.

Out-of-Pocket Limit

Once you pay this amount in deductibles, copays and coinsurance for covered services, the plan pays 100% of the allowed amount for covered services for the rest of the benefit period.

Participating Provider

An in-network or out-of-network provider who accepts Medicare and the agreed-upon rates for services.

Pharmacy Network

Pharmacies that with a Part D plan to fill prescriptions for its members. In most cases, your prescriptions are covered only if they are filled at one of our network pharmacies.

Prior Authorization (PA)*

Some drugs may need to be approved by the plan before they are covered.

Quantity Limits (QL)*

A limit how much of a medication will be covered in a certain time period. Limits may be applied on select drugs.

Step Therapy*

You may need to try less expensive options before "stepping up" to certain high-cost drugs.

*Your formulary will indicate if a drug is subject to one of these special programs. Look for the abbreviation for the program to the right of the drug name and tier.

Your Plan Fits Your Needs

Discover how your
coverage works for you.



mandated materials will go here

Contact Information

We're here for you.

Contact us before calling Medicare. Blue Cross Group Medicare Advantage is your Medicare plan. You should call us with all your questions. We will let you know if your question can only be answered by Medicare.



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COVID-19

As news about COVID-19 continues to evolve, the safety and well-being of our members remains our top priority. Go to www.bcbsil.com/covid-19 for the most recent updates from Blue Cross and Blue Shield of Illinois.



Blue Cross Group Medicare Advantage Open Access (PPO)SM

c/o Member Services • P.O. Box 4555 • Scranton, PA 18505

Important Medicare Advantage Plan Information

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