

2025 Blue Cross and Blue Shield of Illinois Sizzle Sheet



Saving with Medicare Select

Medicare Select is a money-saving option for members who live within 30 miles of a contracting hospital. It has all of the same benefits as a standard option, but it costs less. With Medicare Select, the Medicare Part A deductible is covered for non-emergency care at contracting hospitals.

- Medicare Select can save members in premium costs for certain plans
- Over 95 hospitals in the Medicare Select network
- Availability based on ZIP code

Key Benefits

Plan F Plus & Plan N Plus

- Plan F Plus and Plan N Plus provide members responsible for office visit and outpatient copays with these additional benefits:
 - Dental benefits including 2 cleanings, 2 exams and 1 X-ray per year, and expanded restorative and preventive services
 - Vision benefits including a \$0 annual exam and \$130 allowance for glasses or contact lenses
 - FREE Enrollment into the SilverSneakers® Fitness Program

Medicare Supplement Secure Plans

- Four new Medicare Supplement Secure plans: Plan F Plus Secure, Plan N Plus Secure, Plan G Secure Select and Plan G Plus Secure Select
- These plans offer the same benefits and features as other standard Medicare Supplement plans from BCBSIL but offer lower rates for members who pass underwriting
- Members turning 65 or who have a qualified event are guaranteed issue and will be accepted into a Secure Plan without having to go through underwriting

True Blue Producer Program

- Producers that have sold 25 or more Medicare Supplement paid policies in the previous calendar year will receive 2.5% more compensation in the first year on new paid sales
- Refer to the Medicare Supplement Compensation Schedule for more details

Premium Discounts

A BCBSIL Medicare Supplement premium discount may be available. Eligibility criteria are described below. If clients are eligible for a discount, the discount will be applied to their next bill and remain in effect as long as they are enrolled in your BCBSIL Medicare Supplement plan. Discounts cannot be combined; only one type of discount per member is permitted.

Blue Family Discount

Your client may be eligible for a discount if they enrolled in a BCBSIL Medicare Supplement policy issued with an effective date on or after April 1, 2024 and they meet the criteria for both the Household Discount AND the Continue with Blue Discount. The discount is 12%.

Continue with Blue

Your client may be eligible for a discount if they enrolled in a BCBSIL Medicare Supplement policy issued with an effective date on or after April 1, 2022 and they were enrolled in a Blue Cross and Blue Shield commercial group or individual health insurance coverage plan and that coverage was within one year of their BCBSIL Medicare Supplement policy becoming effective. The discount is 7%.

Household Discount

Your client may be eligible for a discount if they reside with a spouse or civil union/domestic partner or have resided with as many as three adults age 60 or older for the last 12 months. Applies to BCBSIL Medicare Supplement policies issued with an effective date on or after May 1, 2019. The discount is 10%.

Medicare Supplement Product Offerings

- Plan A
- Plan A Secure
- Plan F
- Plan F Select
- Plan F High Deductible
- Plan F Plus
- Plan F Secure
- Plan F Plus Secure
- Plan G
- Plan G Select
- Plan G High Deductible
- Plan G Plus
- Plan G Plus Select
- Plan G Plus High Deductible
- Plan G Secure
- Plan G Secure Select
- Plan G Plus Secure
- Plan G Plus Secure Select
- Plan N
- Plan N Select
- Plan N Plus
- Plan N Secure
- Plan N Plus Secure

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Effective 04/01/2024	Plan A	Plan F ⁴	Plan F Plus	Plan G	Plan G Plus	Plan N	Plan N Plus
Medicare Select Option Available ⁷ (eligibility based on ZIP code)		✓		✓	✓	✓	
High Deductible Option Available ³		✓		✓	✓		
Basic Benefits	✓	✓	✓	✓	✓	✓ copay applies ¹	✓ copay applies ²
Skilled Nursing Coinsurance		✓	✓	✓	✓	✓	✓
Part A Deductible		✓	✓	✓	✓	✓	✓
Part B Excess ⁵		✓	✓	✓	✓		
Foreign Travel Emergency Care ⁶		✓	✓	✓	✓	✓	✓
SilverSneakers [®] Fitness Program			✓		✓		✓
24/7 Nurseline	✓	✓	✓	✓	✓	✓	✓
Dental Benefits			✓		✓		✓
Hearing Benefits	✓	✓	✓	✓	✓	✓	✓
Vision Benefits			✓		✓		✓

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) 'Bch'hc'Yi WYX'Ubm'Uf[Y''ja]H]cb Vmh'Y'A YX]W]FY d'fc[fUa 'cf'g'UHY''Uk "
 * 'D'Ubg'V]j Yf'W]FY'bYYXYX'ja a YX]UH'mVYWi g'Y'cZUb]'bYgg'cZgi XXYb'UbX'i bYI dYVh'X'cbgYh'k \]W' W]FY VY[Ub Xi f]b['h'Y'Z]fgh* \$'V]bgY'W'hj Y'X'Um'g'cZ]fUj Y'ci hg]XY'h'Y'l b]h'Y'G'h'U'g"
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Effective 04/01/2024	Plan A Secure	Plan F Secure³	Plan F Plus Secure⁴	Plan G Secure	Plan G Plus Secure	Plan N Secure	Plan N Plus Secure
Medicare Select Option Available⁷ (eligibility based on ZIP code)				✓	✓		
Basic Benefits	✓	✓	✓	✓	✓	✓ copay applies ¹	✓ copay applies ²
Skilled Nursing Coinsurance		✓	✓	✓	✓	✓	✓
Part A Deductible		✓	✓	✓	✓	✓	✓
Part B Excess⁵		✓	✓	✓	✓		
Foreign Travel Emergency Care⁶		✓	✓	✓	✓	✓	✓
SilverSneakers[®] Fitness Program			✓		✓		✓
24/7 Nurseline	✓	✓	✓	✓	✓	✓	✓
Dental Benefits			✓		✓		✓
Hearing Benefits	✓	✓	✓	✓	✓	✓	✓
Vision Benefits			✓		✓		✓

¹ Plan N requires a copayment of up to \$20 for office visits and a copayment of up to \$50 for Emergency Room visits.

² Plan N Plus requires a copayment of up to \$20 for office visits and a copayment of up to \$50 for Emergency Room visits.

³ This high deductible option requires a member to pay a deductible of \$2,870 before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High Deductible Plan G and Plan G Plus does not cover the Medicare Part B deductible.

⁴ Plan F, Plan F Select and High Deductible F are only available if you are Medicare-eligible prior to 2020.

⁵ Not to exceed any charge limitation by the Medicare program or state law.

⁶ Plans cover care needed immediately because of an illness of sudden and unexpected onset, which care began during the first 60 consecutive days of travel outside the United States.

⁷ Medicare Select Plans require that you use Blue Cross and Blue Shield of Illinois contracting Medicare Select hospitals for non-emergency admissions to receive coverage for the Medicare Part A deductible. In an emergency, the \$1,676 deductible is covered at any hospital from which you receive care.

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NEW

Blue Dental Plus



Important Dates:

- 1/1/2025 Plan Effective Date
- Available to Market & Sell 10/1/2024

Key Benefits

- **New** stand-alone dental plan options for Medicare Eligible applicants
- Dental care is vital to health and is **easy to cross-sell** with Medicare Supplement Plans
- A **choice of two plans** available: Standard and Premier
- **Covers preventive services** like exams, cleanings, X-rays
- Helps clients **save on major dental expenses** like fillings, bridges and crowns
- Large dental network with **nearly 6,000 dental providers** in Illinois. The list of available providers can be found at www.myblueil.com/med-supp/dental-provider
- Available statewide

Added value with hearing benefits

- Offered through TruHearing®
- Includes coverage for free annual hearing exam and hearing aid discounts

Special Savings for BCBSIL Members

- Applicants enrolled in a Medicare Supplement Insurance Plan from BCBSIL may be eligible for a 5% monthly premium discount
- Includes free annual hearing exam and hearing aid discounts

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Blue Dental Plus Product Offerings

Standard
Premier



Covered Services	Premier	Standard
Individual Deductible (per Benefit Period)	\$50	\$75
Benefit Period Maximum	\$2000	\$1000
Diagnostic Evaluations (Deductible waived for Premier)	100%	80%
Preventive Services (Deductible waived for Premier)	100%	80%
Diagnostic Radiographs (Deductible waived for Premier)	100%	80%
Miscellaneous Preventive Services	80%	50%
Basic Restorative Services	80%	50%
Non-Surgical Extractions	80%	50%
Non-Surgical Periodontal Services	80%	50%
Adjunctive Services	80%	50%
Endodontic Services	50%	50%
Oral Surgery Services	50%	50%
Surgical Periodontal Services (12 Month Waiting Period)	50%	50%
Major Restorative Services (12 Month Waiting Period)	50%	50%
Prosthodontic Services (12 Month Waiting Period)	50%	50%
Miscellaneous Restorative and Prosthodontic Services (12 Month Waiting Period)	50%	50%
Hearing Care per Benefit Period	Plan Pays	Beneficiary Pays
Hearing Exam	100%	\$0
Hearing Aids	30%	Remaining Balance
Monthly Premiums	Plan Pays	Beneficiary Pays
Illinois Area 1	\$64.33	\$34.96
Illinois Area 2	\$49.88	\$26.95