



## Blue Cross Group Medicare Advantage Open Access (PPO)<sup>SM</sup> Plan Options for City of Chicago Medicare-eligible Retirees

	Plan 1	Plan 2	Plan 3
<b>Monthly Premium</b>	\$440.40	\$200	\$0
<b>Deductible (per calendar year)</b>	\$0	\$250	\$625
<b>Out-of-Pocket Expense Limit</b>	\$1,000	\$2,000	\$5,000
<b>Hospital Services</b>			
<b>Inpatient Hospital Services</b>	\$0/Stay	\$0/Stay	\$250/Day (Days 1-7) \$0/Day (Days 8+)
<b>Outpatient Surgery and Diagnostic Tests</b>	\$0 Copay	\$0 Copay	20% Coinsurance
<b>Outpatient Hospital Services</b>		\$50 Copay	20% Coinsurance (Max of \$120)
<b>Emergency Care</b>			
<b>Physician Services</b>			
<b>Preventive Care</b>	\$0 Copay for Medicare-covered services	\$0 Copay for Medicare-covered services	\$0 Copay for Medicare-covered services
<b>Primary Care Office Visit</b>	\$20 Copay	\$25 Copay	\$25 Copay
<b>Specialty Care Office Visit</b>	\$30 Copay	\$30 Copay	\$50 Copay
<b>Additional Services</b>			
<b>Chiropractic Services</b>	\$0 Copay for Medicare-covered services	\$20 Copay for Medicare-covered services	20% Coinsurance for Medicare-covered services
<b>Therapy Services — Speech, Occupational and Physical</b>	\$0 Copay	20% Coinsurance	20% Coinsurance
<b>Outpatient Mental Health Services: Group &amp; Individual Therapy</b>	\$0 Copay (\$0 Copay Virtual Visits)	20% Coinsurance (\$10 Copay Virtual Visits)	20% Coinsurance (\$20 Copay Virtual Visits)

	Plan 1	Plan 2	Plan 3
<b>Additional Services, <i>continued</i></b>			
<b>Cardiac &amp; Pulmonary Rehabilitation Services</b>	\$0 Copay	20% Coinsurance	20% Coinsurance
<b>Outpatient Substance Abuse: Group &amp; Individual Therapy</b>	\$0 Copay (\$0 Copay Opioid Treatment Services)	20% Coinsurance (\$0 Copay Opioid Treatment Services)	20% Coinsurance (\$0 Copay Opioid Treatment Services)
<b>Acupuncture</b>	\$0 Copay for Medicare-covered services (Coverage for chronic low back pain up to 12 visits in 90 days. No more than 20 acupuncture treatments may be administered annually.)	\$0 Copay for Medicare-covered services (Coverage for chronic low back pain up to 12 visits in 90 days. No more than 20 acupuncture treatments may be administered annually.)	\$0 Copay for Medicare-covered services (Coverage for chronic low back pain up to 12 visits in 90 days. No more than 20 acupuncture treatments may be administered annually.)
<b>Other Covered Services</b>			
<b>Ambulance Services</b>	\$0 Copay	20% Coinsurance	20% Coinsurance
<b>Durable Medical Equipment (DME) &amp; Medical Supplies</b>			
<b>Extra Health &amp; Wellness Benefits</b>			
<b>SilverSneakers®</b>	Included	Included	Included
<b>Worldwide Emergency Care</b>	No Annual Limit; \$0 Copay	No Annual Limit; \$50 Copay	No Annual Limit; 20% Coinsurance (Max of \$120)
<b>Rewards Program</b>	\$100 worth of gift cards per year	\$100 worth of gift cards per year	\$100 worth of gift cards per year
<b>Pharmacy Benefits</b>	See prescription drug benefits chart		

**Your Prescription Drug Plan – Effective 1/1/2024**

Description of Benefit	Plan 1	Plan 2	Plan 3
<b>Part D: Deductible</b>	\$100 (Tiers 1-5)	\$200 (Tiers 1-5)	\$400 (Tiers 1-5)
<b>Formulary Type</b>	Premier Formulary	Standard Formulary	Standard Formulary
<b>True Out-of-Pocket (TrOOP) amount that begins Catastrophic Phase</b>	<b>\$8,000</b>		
<b>Catastrophic Phase cost-sharing amounts</b>	Beneficiary cost sharing is reduced to \$0 for those who reach the catastrophic spending level.		

Retiree Costs: Initial Coverage Limit (ICL) Plans 1, 2, & 3	Retail (30-day)	Retail (60-day)	Retail (90-day)	Mail Order (30-day)	Mail Order (60-day)	Mail Order (90-day)
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The copays below will apply up to the ICL amount of \$5,030

Tier 1 — Preferred Generic	Plan 1: 20% / Plan 2: 20% / Plan 3: 25%			\$10	\$20	\$30
Tier 2 — Generic				Plan 1: 20% / Plan 2: 20% / Plan 3: 25%		
Tier 3 — Preferred Brand						
Tier 4 — Non-Preferred Brand						
Tier 5 — Specialty						

Retiree Costs: Coverage Gap Plans 1 & 2	Retail (30-day)	Retail (60-day)	Retail (90-day)	Mail Order (30-day)	Mail Order (60-day)	Mail Order (90-day)
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Plans 1 & 2: The following copays will apply for the Coverage Gap until member reaches the True Out-of-Pocket (TrOOP) amount of \$8,000

Tier 1 — Preferred Generic	20%			\$10	\$20	\$30
Tier 2 — Generic				20%		
Tier 3 — Preferred Brand						
Tier 4 — Non-Preferred Brand						
Tier 5 — Specialty					15%	15%

Retiree Costs: Coverage Gap Plan 3	Retail (30-day)	Retail (60-day)	Retail (90-day)	Mail Order (30-day)	Mail Order (60-day)	Mail Order (90-day)
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Plan 3: The following cost sharing will apply for the Coverage Gap until member reaches the True Out-of-Pocket (TrOOP) amount of \$8,000

Tier 1 — Preferred Generic	Members will pay 25% of the cost on Generic Drugs, Brand Name Drugs and Specialty Drugs for tiers 1-5.					
Tier 2 — Generic						
Tier 3 — Preferred Brand						
Tier 4 — Non-Preferred Brand						
Tier 5 — Specialty						

**Retiree Costs: Catastrophic  
Phase Plans 1, 2, & 3**

Plans 1, 2 & 3: The following copays will apply after your total out-of-pocket costs exceed \$8,000

Beneficiary cost sharing is reduced to \$0 for those who reach the catastrophic spending level.

## **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.

If you have questions about your current medications or the formulary, please contact the Education Helpline **1-877-842-7564** 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.

## **IMPORTANT MESSAGE ABOUT WHAT YOU PAY FOR INSULIN**

You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

## **IMPORTANT MESSAGE ABOUT WHAT YOU PAY FOR VACCINES**

Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Customer Service for more information.

This provides only highlights of the plan benefits. Please refer to the accompanying 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 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](http://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.

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.