BlueCross BlueShield of Illinois

Benefit of Blue®

2024 Medicare Plan Review

• CONFIDENTIAL •

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Why Blue?

The **BLUE** Value

A trusted brand name can add tremendous value to your sales efforts. **Blue Cross and Blue Shield** is one of America's most recognized and trusted brands.

Medicare Product Offerings

More than **1 million members** are served in our Medicare Advantage, Group Medicare Advantage, Medicare Supplement and Prescription Drug Plan (individual and group) products.

Our Medicare plans offer:

- Greater flexibility, more enhanced networks and increased access to care to as many people as possible
- Coverage tailored to individual needs
- Help managing health care costs and navigating the complex health care system

Why Blue?

Provider Network

Our strong brand recognition and well-established relationship with Medicare make our Blue Plans an excellent choice for Medicare-eligible individuals.

We maintain and monitor a wide network of participating providers including physicians, hospitals, skilled nursing facilities, ancillary providers and other health care providers that members access for covered services.

Opportunity Year Round
with Our Commercial Group & ACA Markets

- Group Members T65 ~125K per year
- ACA Members T65 ~36K per year

Competitive Compensation

Additional Medicare Supplement Bonus Program – earning up to $100 per sale

Strong MAPD AEP Growth into 2024

Growth in Top Markets

Ranked 6th Nationwide

among MAPD carriers by 2023 enrollment.

Our MAPD membership grew by **11% YoY**, outpacing the 6% YoY growth rate seen across the market.

More than 110,000 members and over two times the membership of the next-largest competitor.

Source: 2023 Medicare Market Share Dashboard as of 6/27/23.

New, Innovative and Competitive MAPD offerings

- **MAPD and PDP options: selling across the Medicare spectrum**
- **Large network of doctors and hospitals**
- **Medicare Supplement offerings**
- **Resources for Producers**

Expanding Medicare Access

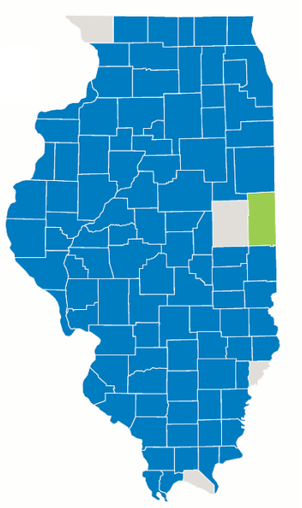
- Expanding access to **99 additional counties** in 2024
- Options for **over 8.1 million** Medicare-eligible seniors

Current Counties

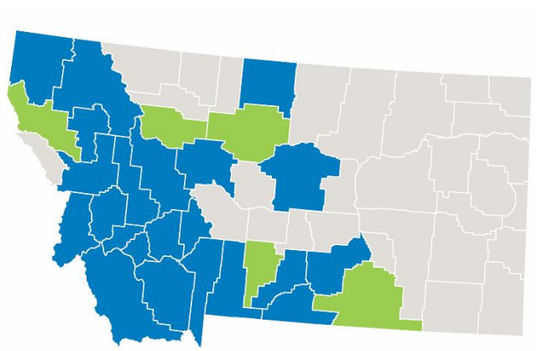
2024 Expansion

Not Covered Counties

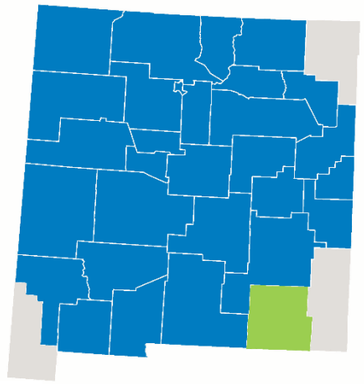
MAPD County Expansion 2023–2024



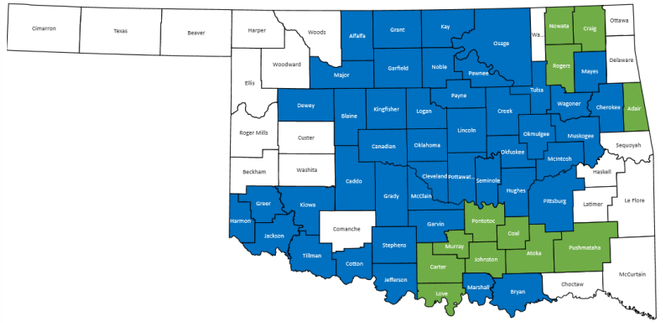
ILLINOIS
98 of 102 Counties
Added 1 County
(4 remaining)
2.3M Eligibles



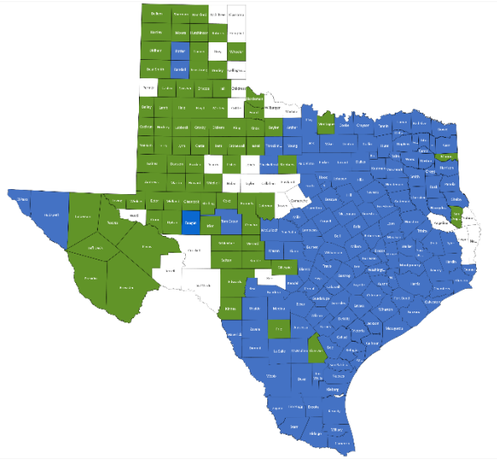
MONTANA
27 of 56 Counties
Added 5 Counties
(29 remaining)
234K Eligibles



NEW MEXICO
30 of 33 Counties
Added 1 County
(3 remaining)
440K Eligibles



OKLAHOMA
56 of 77 Counties
Added 12 Counties
(21 remaining)
669K Eligibles



TEXAS
227 of 254 Counties
Added 80 Counties
(27 remaining)
4.4M Eligibles

Data Source: CMS Enrollment Report (May 2023 Medicare Eligibles)

Strategic Medicare Advantage Plan Investments

Expansion	Increase addressable market via continued **service area** expansions
Improve Part D Benefit	**Transition MAPD** plans from the low-cost enhanced formulary to the new value formulary
Improve Embedded Benefit Offering	**Enrich core benefits** and continue to increase embedded supplementals on many plans; expand flexible spend card to include OTC on all DSNP plans
Targeted Growth	Strategically target markets/products that present an opportunity for growth including **DSNP** and continuing the momentum on **specialty plan offerings**

MAPD Updates at a Glance

Plan Consolidation

Consolidated 26 MAPD plans into existing plans to create a better member experience and **eliminate member confusion** in the marketplace

Pharmacy Benefit

Replaced the low-cost Enhanced formulary with a **Value formulary** that is specifically designed with MAPD members in mind and reduced our Tier 2 copay

Supplemental Benefits

Embedded supplemental benefits in many plans which led to fewer OSB offerings and **embedded the OTC benefit** into the flexible spend card on all DSNP plans

Optional Supplemental Benefits

Two OSB packages are available in 2024. OSB Plus and Basic Gold plans are discontinued.

Premier OSB plan will no longer offer **Hearing benefits**; those are now embedded in the plans.

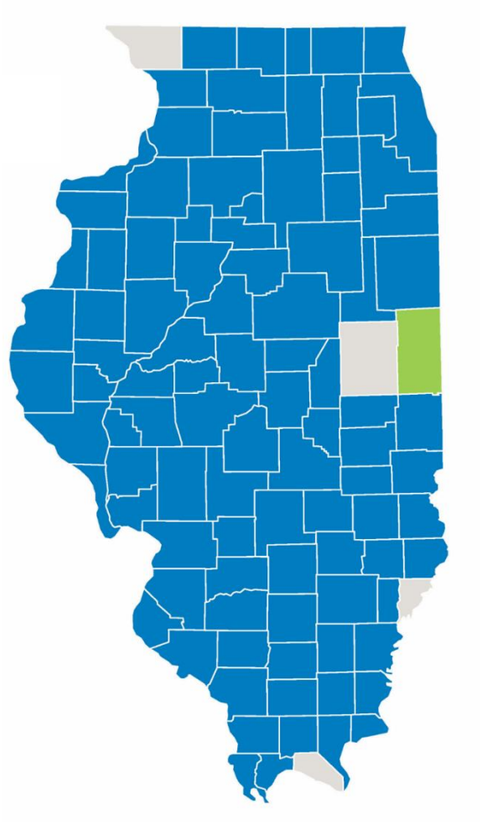
IL Provider Network 2024

- Nearly **13K** Primary Care Providers
- Over **50K** Specialists
- **2.8K** Hospitals and other care facilities

Source: BCBSIL Government VBC Provider Contracts August 2023

2024 MAPD Network

Serving over **98** counties in 2024 with 2.2M Medicare eligibles.

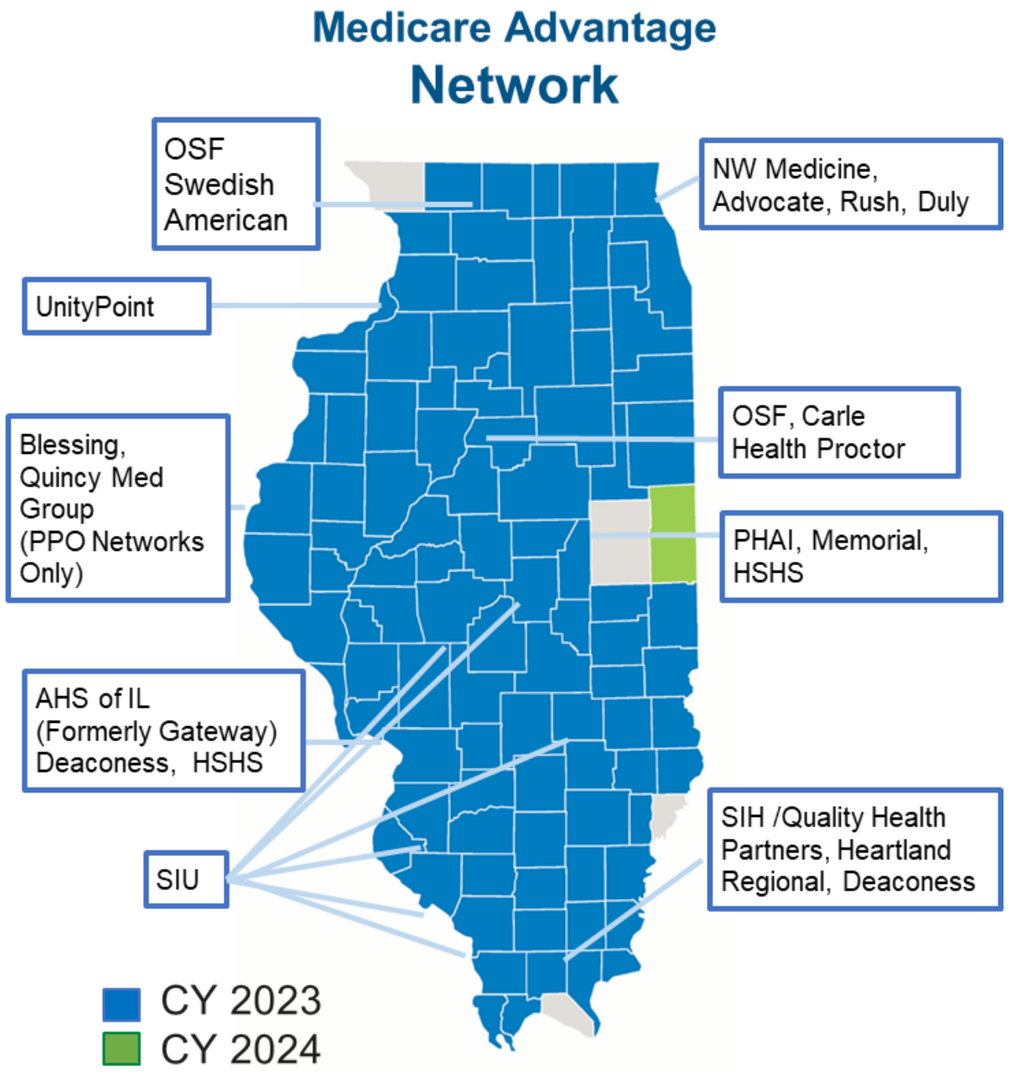


Year Over Year Provider Growth

MAPD - HMO	2023	2024
Hospitals	221	298
Participating Providers	29,523	33,792

MAPD - PPO	2023	2024
Hospitals	230	304
Participating Providers	46,120	50,682

2024 MAPD Network – Provider Partners



Region Covered	Provider Groups	PCPs	Specialists
1) Multiple Regions	OSF	1,377	995
2) Southern IL Region	SIH	265	278
3) Metro East/ and Multiple other Regions	HSHS	245	116
	Deaconess	103	113
4) Quincy	Blessing	118	184
	Quincy Medical Group	84	1,001
5) Rock Island	UnityPoint	163	320
6) Rockford	Beloit	48	274
	Swedish American	237	444
7) Southern IL	SIU	245	485

2024 Blue Cross Medicare Plans

Plan designs and service areas described are pending government approval and subject to change.
For producer use only. Confidential and proprietary.

Illinois

2024 BCBSIL Market Highlights

New Rx Benefits

- Amazon added to preferred **mail-order** pharmacies
- Replaced Low-Cost Enhanced formulary with a Value formulary
- Insulin coverage on Tier 3 for both MAPD formularies; ensures market parity (CMS rule ensures members will pay no more than $35 per month even in the coverage gap)

New Hearing Benefits Now Embedded in Plans

- Hearing benefits on PPO plans will now mirror HMO plans and offer an annual Hearing Aid copay of $699 or $999 per ear per year

Provider-Focused Plans

- Blue Cross Medicare Advantage Elite (PPO) H8634-016
- Blue Cross Medicare Advantage Secure (HMO) H8547-001

Flexible Spend Card

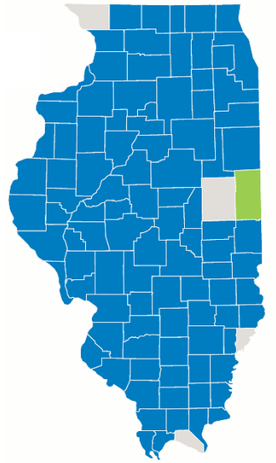
- $1,000 annual allowance to use toward Dental, Vision, and Hearing services

Over the Counter (OTC)

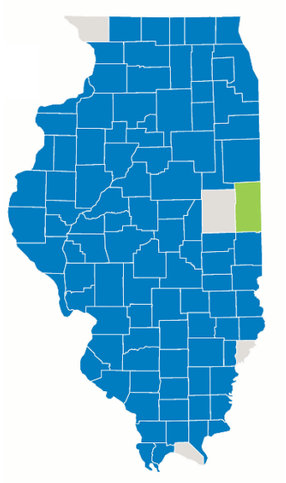
- Quarterly OTC Allowance – Roll overs quarterly, resets annually

Blue Card Program

- Enables members to obtain health care services while traveling or living in another BCBS plan's service area
- Links participating health care providers with independent BCBS plans across the country, and in more than 200 countries and territories worldwide



2024 BCBSIL Market Highlights



New 2024 Service Area Expansion

- Expanded service area to 1 new county (Vermilion)
- Now serving 98 of 102 counties in Illinois
- Options for over 2.3 million Medicare-eligible seniors

New Plan Consolidation

Consolidated 5 MAPD plans into existing plans to create a better member experience and eliminate member confusion in the marketplace

New Plan Name Changes

- Basic (HMO) is now Value
- Classic is now Essential
- Advocate Health is now Secure

Largest Dental Network in IL

- One of the largest dental provider network in Illinois – over 13K providers (Dental Network of America – DNoA)

MAPD 2024

11 PPO Plans:

Blue Cross Medicare Advantage **Choice Plus** (PPO)SM

Blue Cross Medicare Advantage **Choice Premier** (PPO)SM

Blue Cross Medicare Advantage **Classic** (PPO)SM – **2**

Blue Cross Medicare Advantage **Dental Premier** (PPO)SM

Blue Cross Medicare Advantage **Elite** (PPO)SM

Blue Cross Medicare Advantage **Essential** (PPO)SM

Blue Cross Medicare Advantage **Flex** (PPO)SM

Blue Cross Medicare Advantage **Health Choice** (PPO)SM

Blue Cross Medicare Advantage **Protect** (PPO)SM

Blue Cross Medicare Advantage **Saver Plus** (PPO)SM

6 HMO/HMO-POS Plans:

Blue Cross Medicare Advantage **Basic** (HMO)SM – **2**

Blue Cross Medicare Advantage **Basic Plus** (HMO-POS)SM

Blue Cross Medicare Advantage **Premier Plus** (HMO-POS)SM

Blue Cross Medicare Advantage **Value** (HMO)SM

Blue Cross Medicare Advantage **Secure** (HMO)SM

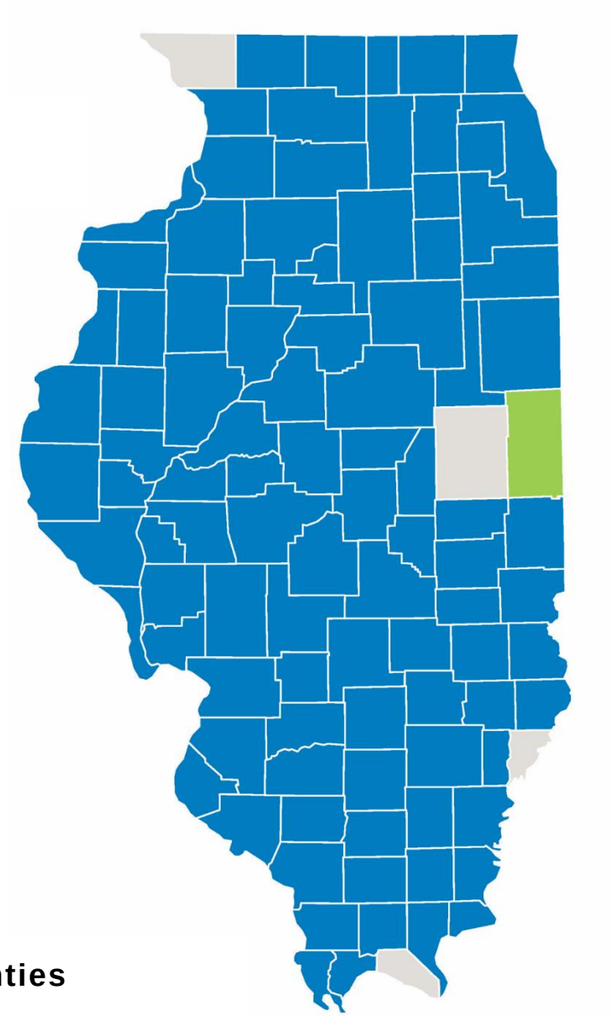
Medicare Advantage Reminder

Able Move Back to Original Medicare

- If you joined a Medicare Advantage Plan during your Initial Enrollment Period, you can change to another Medicare Advantage Plan (with or without drug coverage) or go back to Original Medicare (with or without a drug plan) within the first 3 months you have Medicare Part A & Part B.
- If you're not happy with your Medicare Advantage Plan, you'll have a single 12-month period (your trial right period) to get your Medigap policy back if the same insurance company still sells it once you return to Original Medicare.

Source: https://www.medicare.gov/basics/get-started-with-medicare/get-more-coverage/joining-a-plan#:~:text=If%20you%20joined%20a%20Medicare,Medicare%20Part%20A%20%26%20Part%20B. https://www.medicare.gov/health-drug-plans/medigap/basics/how-medigap-works#:~:text=If%20you're%20not%20happy,you%20return%20to%20Original%20Medicare.

2024 Expansion



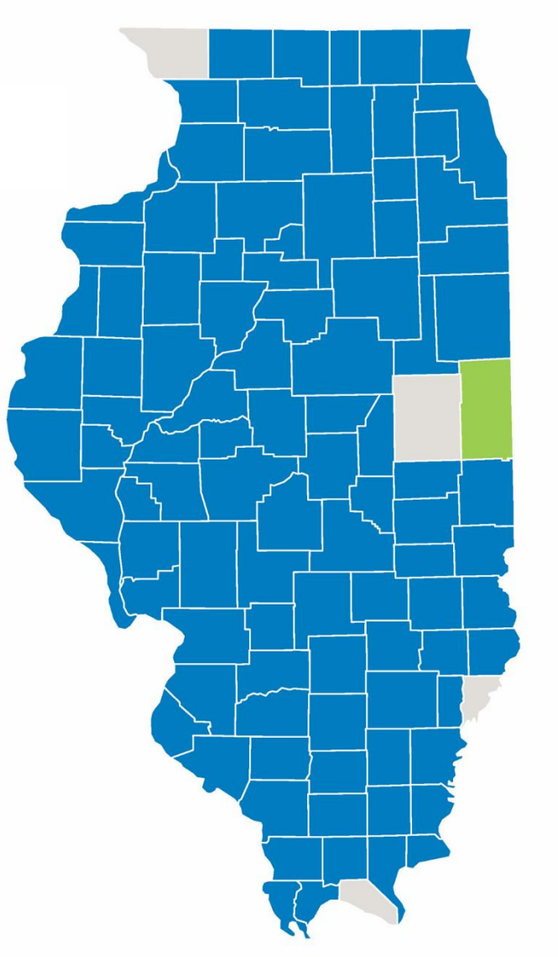
Plan expansion in **1** county
Serving **98** counties in 2024

- **Current Counties**
- **2024 Expansion**
- **Not Covered Counties**

Illinois Counties

Adams - Quincy
Alexander - Cairo
Bond - Greenville
Boone - Belvidere
Brown - Mount Sterling
Bureau - Princeton
Calhoun - Hardin
Carroll - Mount Carroll
Cass - Virginia
Champaign - Urbana
Christian - Taylorville
Clark - Marshall
Clay - Louisville
Clinton - Carlyle
Coles - Charleston
Cook - Chicago
Crawford - Robinson
Cumberland - Toledo
De Witt - Clinton
DeKalb - Sycamore
Douglas - Tuscola
DuPage - Wheaton
Edgar - Paris
Edwards - Albion
Effingham - Effingham
Fayette - Vandalia
Ford - Paxton
Franklin - Benton
Fulton - Lewistown
Gallatin - Shawneetown
Greene - Carrollton
Grundy - Morris
Hamilton - McLeansboro
Hancock - Carthage
Hardin - Elizabethtown
Henderson - Oquawka
Henry - Cambridge
Iroquois - Watseka
Jackson - Murphysboro
Jasper - Newton
Jefferson - Mount Vernon
Jersey – Jerseyville
Jo Daviess - Galena
Johnson - Vienna
Kane - Geneva
Kankakee - Kankakee
Kendall - Yorkville
Knox - Galesburg
La Salle - Ottawa
Lake - Waukegan
Lawrence - Lawrenceville
Lee - Dixon
Livingston - Pontiac
Logan - Lincoln
Macon - Decatur
Macoupin - Carlinville
Madison - Edwardsville
Marion - Salem
Marshall - Lacon
Mason – Havana
Massac - Metropolis
McDonough - Macomb
McHenry - Woodstock
McLean - Bloomington
Menard - Petersburg
Mercer - Aledo
Monroe - Waterloo
Montgomery - Hillsboro
Morgan - Jacksonville
Moultrie - Sullivan
Ogle - Oregon
Peoria – Peoria
Perry - Pinckneyville
Piatt - Monticello
Pike - Pittsfield
Pope - Golconda
Pulaski - Mound City
Putnam - Hennepin
Randolph - Chester
Richland - Olney
Rock Island - Rock Island
Saline - Harrisburg
Sangamon - Springfield
Schuyler - Rushville
Scott - Winchester
Shelby - Shelbyville
St. Clair - Belleville
Stark - Toulon
Stephenson - Freeport
Tazewell - Pekin
Union - Jonesboro
Vermilion – Danville
Wabash - Mount Carmel
Warren - Monmouth
Washington - Nashville
Wayne - Fairfield
White - Carmi
Whiteside - Morrison
Will - Joliet
Williamson - Marion
Winnebago - Rockford
Woodford - Eureka

2024 MAPD Network: Open Access Flex Plan



Flex Highlights

- **Providers that accept Medicare assignment & bill BCBSIL**
- **Provider Flex education outreach**
- **Member Flex letter/card for provider participation/ billing information**
- **Medicare Advantage Network – Flex***

Type	Contract	Name	Counties
PPO	H8634-014	Flex	98 Counties • 1 New in 2024

ADAMS, ALEXANDER, BOND, BOONE, BROWN, BUREAU, CALHOUN, CARROLL, CASS, CHRISTIAN, CLARK, CLAY, CLINTON, COLES, COOK, CRAWFORD, CUMBERLAND, DE WITT, DEKALB, DOUGLAS, DUPAGE, EDGAR, EDWARDS, EFFINGHAM, FAYETTE, FORD, FRANKLIN, FULTON, GALLATIN, GREENE, GRUNDY, HAMILTON, HANCOCK, HARDIN, HENDERSON, HENRY, IROQUOIS, JACKSON, JASPER, JEFFERSON, JERSEY, JOHNSON, KANE, KANKAKEE, KENDALL, KNOX, LA SALLE, LAKE, LAWRENCE, LEE, LIVINGSTON, LOGAN. MACON, MACOUPIN, MADISON, MARION, MARSHALL, MASON, MCDONOUGH, MCHENRY, MCLEAN, MENARD, MERCER, MONROE, MONTGOMERY, MORGAN, MOULTRIE, OGLE, PEORIA, PERRY, PIATT, PIKE, POPE, PULASKI, PUTNAM, RANDOLPH, RICHLAND, ROCK ISLAND, SALINE, SANGAMON, SCHUYLER, SCOTT, SHELBY, ST. CLAIR, STARK, STEPHENSON, TAZEWELL, UNION, **VERMILION**, WARREN, WASHINGTON, WAYNE, WHITE, WHITESIDE, WILL, WILLIAMSON, WINNEBAGO, WOODFORD

*Prospect must reside within MA service area to access this plan.
(All counties in IL except Champaign, Jo Daviess, Massac, Wabash.)

2024 MAPD Plans: IL HMO – 1

Plan Type	Contract	Plan Name	Counties
HMO	**H3822-001**	**Basic**	**9 Counties**
COOK, DUPAGE, GRUNDY, KANE, KANKAKEE, KENDALL, LAKE, MCHENRY, WILL			
HMO-POS	**H3822-007**	**Basic Plus**	**9 Counties**
COOK, DUPAGE, GRUNDY, KANE, KANKAKEE, KENDALL, LAKE, MCHENRY, WILL			
HMO-POS	**H3822-008**	**Premier Plus**	**9 Counties**
COOK, DUPAGE, GRUNDY, KANE, KANKAKEE, KENDALL, LAKE, MCHENRY, WILL			
HMO	**H3822-012**	**Basic**	**48 • 1 New in 2024**
ALEXANDER, BROWN, CASS, CHRISTIAN, CLARK, CLAY, COLES, CRAWFORD, CUMBERLAND, DE WITT, DOUGLAS, EDGAR, EDWARDS, EFFINGHAM, FAYETTE, FORD, FRANKLIN, GALLATIN, HAMILTON, HARDIN, IROQUOIS, JACKSON, JASPER, JEFFERSON, JOHNSON, LAWRENCE, LOGAN, MACON, MARION, MASON, MENARD, MONTGOMERY, MORGAN, MOULTRIE, PIATT, PIKE, POPE, PULASKI, RICHLAND, SALINE, SANGAMON, SCHUYLER, SCOTT, SHELBY, UNION, VERMILION, WAYNE, WHITE			

2024 MAPD Plans: IL HMO – 2

Plan Type	Contract	Plan Name	Counties
HMO	**H3822-014**	**Value**	**41 Counties**
ADAMS, BOND, BOONE, BUREAU, CALHOUN, CARROLL, CLINTON, DEKALB, FULTON, GREENE, HANCOCK, HENDERSON, HENRY, JERSEY, KNOX, LA SALLE, LEE, LIVINGSTON, MACOUPIN, MADISON, MARSHALL, MCDONOUGH, MCLEAN, MERCER, MONROE, OGLE, PEORIA, PERRY, PUTNAM, RANDOLPH, ROCK ISLAND, ST. CLAIR, STARK, STEPHENSON, TAZEWELL, WARREN, WASHINGTON, WHITESIDE, WILLIAMSON, WINNEBAGO, WOODFORD			
HMO	**H8547-001**	**Secure**	**7 Counties**
COOK, DUPAGE, KANE, KENDALL, LAKE, MCHENRY, WILL			

2024 MAPD Plans: IL PPO – 1

Plan Type	Contract + PBP	Plan Name	Counties
PPO	**H8634-003**	**Choice Plus**	**9 Counties**
COOK, DUPAGE, GRUNDY, KANE, KANKAKEE, KENDALL, LAKE, MCHENRY, WILL			
PPO	**H8634-004**	**Choice Premier**	**9 Counties**
COOK, DUPAGE, GRUNDY, KANE, KANKAKEE, KENDALL, LAKE, MCHENRY, WILL			
PPO	**H8634-008**	**Classic**	**9 Counties**
COOK, DUPAGE, GRUNDY, KANE, KANKAKEE, KENDALL, LAKE, MCHENRY, WILL			
PPO	**H8634-012**	**Essential**	**62 Counties**
ADAMS, BOND, BOONE, BROWN, BUREAU, CALHOUN, CARROLL, CASS, CHRISTIAN, CLINTON, DE WITT, DEKALB, FULTON, GREENE, GRUNDY, HANCOCK, HENDERSON, HENRY, JERSEY, KANKAKEE, KENDALL, KNOX, LA SALLE, LAKE, LEE, LIVINGSTON, LOGAN, MACON, MACOUPIN, MADISON, MARSHALL, MASON, MCDONOUGH, MCLEAN, MENARD, MERCER, MONROE, MONTGOMERY, MORGAN, MOULTRIE, OGLE, PEORIA, PERRY, PIATT, PIKE, PUTNAM, RANDOLPH, ROCK ISLAND, SANGAMON, SCHUYLER, SCOTT, SHELBY, ST. CLAIR, STARK, STEPHENSON, TAZEWELL, WARREN, WASHINGTON, WHITESIDE, WILLIAMSON, WINNEBAGO, WOODFORD			
PPO	**H8634-014**	**Flex**	**98 • 1 New in 2024**
ADAMS, ALEXANDER, BOND, BOONE, BROWN, BUREAU, CALHOUN, CARROLL, CASS, CHRISTIAN, CLARK, CLAY, CLINTON, COLES, COOK, CRAWFORD, CUMBERLAND, DE WITT, DEKALB, DOUGLAS, DUPAGE, EDGAR, EDWARDS, EFFINGHAM, FAYETTE, FORD, FRANKLIN, FULTON, GALLATIN, GREENE, GRUNDY, HAMILTON, HANCOCK, HARDIN, HENDERSON, HENRY, IROQUOIS, JACKSON, JASPER, JEFFERSON, JERSEY, JOHNSON, KANE, KANKAKEE, KENDALL, KNOX, LA SALLE, LAKE, LAWRENCE, LEE, LIVINGSTON, LOGAN. MACON, MACOUPIN, MADISON, MARION, MARSHALL, MASON, MCDONOUGH, MCHENRY, MCLEAN, MENARD, MERCER, MONROE, MONTGOMERY, MORGAN, MOULTRIE, OGLE, PEORIA, PERRY, PIATT, PIKE, POPE, PULASKI, PUTNAM, RANDOLPH, RICHLAND, ROCK ISLAND, SALINE, SANGAMON, SCHUYLER, SCOTT, SHELBY, ST. CLAIR, STARK, STEPHENSON, TAZEWELL, UNION, VERMILION, WARREN, WASHINGTON, WAYNE, WHITE, WHITESIDE, WILL, WILLIAMSON, WINNEBAGO, WOODFORD			

2024 MAPD Plans: IL PPO – 2

Plan Type	Contract + PBP	Plan Name	Counties
PPO	**H8634-016**	**Elite**	**3 Counties**
COOK, DUPAGE, WILL			
PPO	**H8634-017**	**Classic**	**31 • 1 New in 2024**
ALEXANDER, CLARK, CLAY, COLES, CRAWFORD, CUMBERLAND, DOUGLAS, EDGAR EDWARDS, EFFINGHAM, FAYETTE, FORD, FRANKLIN, GALLATIN, HAMILTON, HARDIN IROQUOIS, JACKSON, JASPER, JEFFERSON, JOHNSON, LAWRENCE, MARION, POPE, PULASKI, RICHLAND, SALINE, UNION, VERMILION, WAYNE, WHITE			
PPO	**H8634-018**	**Health Choice**	**98 Counties**
All counties in IL except CHAMPAIGN, JO DAVIESS, MASSAC, WABASH			
PPO	**H8634-019**	**Protect**	**98 Counties**
All counties in IL except CHAMPAIGN, JO DAVIESS, MASSAC, WABASH			
PPO	**H8634-020**	**Saver Plus**	**31 Counties**
ADAMS, BOND, BOONE, BROWN, CALHOUN, CARROLL, CASS, CHRISTIAN, CLINTON, DEKALB, GREENE, JERSEY, LEE, LOGAN, MACON, MACOUPIN, MASON, MENARD, MONTGOMERY, MORGAN, MOULTRIE, OGLE, PIKE, RANDOLPH, SANGAMON, SCHUYLER, SCOTT, SHELBY, STEPHENSON, WASHINGTON, WINNEBAGO			
PPO	**H8634-021**	**Dental Premier**	**98 Counties**
All counties in IL except CHAMPAIGN, JO DAVIESS, MASSAC, WABASH			

BlueCross BlueShield of Illinois

Optional Supplemental Benefits

For 2024, OSB packages have been reduced from four to two, with Hearing benefits now embedded in plans.

Package Name	Vision Frames/ Contacts	Vision Lenses	Dental Allowance	Routine Dental	Comprehensive Dental Coinsurance
Premier on 2 IL plans	**$150 annually**	**$0 copay**	**$1000**	**$0 copay**	**Basic:** **20%** IIN / **50%** OON
					Major: **20%** IIN / **50%** OON
Basic Silver on 7 IL plans	Not included	Not included	**$1000**	**Embedded in plans**	**Basic:** Not included
					Major: **20%** IIN / **50%** OON

Preventive Dental: 2 oral exams, 2 cleanings, 1 X-ray;
Basic Restorative: Non-routine services, restorative services, extractions;
Major Restorative: Endodontics, periodontics, prosthodontics, other oral/ maxillofacial surgery, other services.

Sales Markets: Champaign-Springfield-Decatur; Cape Girardeau-Harrisburg; Chicagoland; Peoria-Bloomington; Quincy-Hannibal; Rockford-Rock Island-Moline; St. Louis Metro

BlueCross BlueShield of Illinois

Optional Supplemental Benefits

OSB Package	PBP	OSB Premium	Plan Name
Premier	H8634-014	**$34.30**	Blue Cross Medicare Advantage Flex (PPO)
	H8634-017	**$34.30**	Blue Cross Medicare Advantage Classic (PPO)
Basic Silver	H3822-001	**$26.20**	Blue Cross Medicare Advantage Basic (HMO)
	H3822-007	**$20.80**	Blue Cross Medicare Advantage Basic Plus (HMO-POS)
	H8634-003	**$25.10**	Blue Cross Medicare Advantage Choice Plus (PPO)
	H8634-008	**$25.40**	Blue Cross Medicare Advantage Classic (PPO)
	H8634-012	**$26.30**	Blue Cross Medicare Advantage Essential (PPO)
	H8634-019	**$25.40**	Blue Cross Medicare Advantage Protect (PPO)
	H8634-020	**$25.40**	Blue Cross Medicare Advantage Saver Plus (PPO)

Plan Comparisons

MAPD 2024

11 PPO Plans

6 HMO/HMO-POS Plans

BlueCross BlueShield of Illinois

Chicagoland (PPO)

		Blue Cross Medicare Advantage Choice Plus (PPO)℠ H8634-003		Blue Cross Medicare Advantage Choice Premier (PPO)℠ H8634-004		Blue Cross Medicare Advantage Classic (PPO)℠ H8634-008		Blue Cross Medicare Advantage Dental Premier (PPO)℠ H8634-021	
Plan Premium		**$77**		**$135**		**$0**		**$0**	
		In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Primary Care Provider Visits		$0 copay	$30 copay	$0 copay	$30 copay	$0 copay	$30 copay	$4 copay	$30 copay
Specialist Visits		$40 copay	$75 copay	$40 copay	$75 copay	$30 copay	$75 copay	$45 copay	$75 copay
Maximum Out-of-Pocket		$4,500	$8,950	$3,855	$8,950	$4,900	$8,950	$7,550	$13,300
Inpatient Hospital Copay		$295/day for days 1-6	$500/day	$250/day for days 1-7	$500/day	$320/day for days 1-7	$500/day	$370/day for days 1-6	$500/day
Preferred Retail Pharmacy Copays		$0/$8/$47/$100/33%	$15/$20/$47/$100/33%	$0/$8/$47/$100/33%	$15/$20/$47/$100/33%	$0/$8/$47/$100/30%	$15/$20/$47/$100/30%	$0/$8/$47/$100/25%	$15/$20/$47/$100/25%
Prescription Drug Deductible		$0		$0		$200 (Tiers 3-5)		$545 (Tiers 3-5)	
Preferred Pharmacy Network		Jewel-Osco, Mariano's, Walgreens, Walmart and independents		Jewel-Osco, Mariano's, Walgreens, Walmart and independents		Jewel-Osco, Walgreens		Jewel-Osco, Walgreens	
Dental[1]	Routine Preventive	$0 copay; 2 exams, 2 cleanings, 1 X-ray		$0 copay; 2 exams, 2 cleanings, 1 X-ray		$0 copay; 2 exams, 2 cleanings, 1 X-ray		$0 copay; 2 exams, 2 cleanings, 1 X-ray	
	Comprehensive	$1,000 annually		$1,000 annually		$1,000 annually		$5,000 annually	
Vision	Routine Eye Exam	$0 copay; 1 exam/year	$40 allowance	$0 copay; 1 exam/year	$40 allowance	$0 copay; 1 exam/year	$40 allowance	$0 copay; 1 exam/year	$40 allowance
	Hardware/Contacts Allowance	$100 annual allowance		$100 annual allowance		$100 annual allowance		$100 annual allowance	
Hearing	Hearing Exam	$0 copay; 1 exam/year	Not Covered	$0 copay; 1 exam/year	Not Covered	$0 copay; 1 exam/year	Not Covered	$0 copay; 1 exam/year	Not Covered
	Hearing Aids	$699 or $999 copay	Not Covered	$699 or $999 copay	Not Covered	$699 or $999 copay	Not Covered	$699 or $999 copay	Not Covered
Over-the-Counter[2]		$85 quarterly allowance	Not Covered	Not Included		$50 quarterly allowance	Not Covered	Not Included	
SilverSneakers® Fitness Program		Included		Included		Included		Included	
Rewards Program[3]		Earn up to $100 in Gift Cards		Earn up to $100 in Gift Cards		Earn up to $100 in Gift Cards		Earn up to $100 in Gift Cards	
Transportation		Not Included		12 one-way trips		Not Included		Not Included	
Telehealth Services		$0 copay; virtual visits	Not Covered	$0 copay; virtual visits	Not Covered	$0 copay; virtual visits	Not Covered	$0 copay; virtual visits	Not Covered
Flexible Spend Card[4]		Not Included		Not Included		Not Included		Not Included	
Buy Down		Not Applicable		Not Applicable		Not Applicable		Not Applicable	
Optional Supplemental Benefits Plan[5]		Basic Silver		Not Applicable		Basic Silver		Not Applicable	
Dental	Annual Allowance	$1,000				$1,000			
	Routine Preventive	Not Included				Not Included			
	Basic Restorative Comprehensive	Not Included				Not Included			
	Major Restorative Comprehensive	20% coinsurance	50% coinsurance			20% coinsurance	50% coinsurance		
Vision	Hardware/Contacts Allowance	Not Included				Not Included			

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counties

nkakee, Kendall, Lake, McHenry, Will

Brown, Bureau, Calhoun, Carroll, Cass, Christian, Clark, Clay, Clinton, Coles, Cook, Crawford, Cumberland, DeKalb, DeWitt, Douglas, DuPage, Edgar, Edwards, Effingham, Fayette, Ford, Grundy, Hamilton, Hancock, Hardin, Henderson, Henry, Iroquois, Jackson, Jasper, Jefferson, Jersey, Johnson, Kane, Kankakee, Kendall, Knox, Lake, LaSalle, Lawrence, Lee, Livingston, , Marion, Marshall, Mason, McDonough, McHenry, McLean, Menard, Mercer, Monroe, Montgomery, Morgan, Moultrie, Ogle, Peoria, Perry, Piatt, Pike, Pope, Pulaski, Putnam, Randolph, mon, Schuyler, Scott, Shelby, St. Clair, Stark, Stephenson, Tazewell, Union, Vermilion, Warren, Washington, Wayne, White, Whiteside, Will, Williamson, Winnebago, Woodford

, Calhoun, Carroll, Cass, Christian, Clinton, DeKalb, DeWitt, Fulton, Greene, Grundy, Hancock, Henderson, Henry, Jersey, Kankakee, Kendall, Knox, Lake, LaSalle, Lee, Livingston, Marshall, Mason, McDonough, McLean, Menard, Mercer, Monroe, Montgomery, Morgan, Moultrie, Ogle, Peoria, Perry, Piatt, Pike, Putnam, Randolph, Rock Island, Sangamon, , Stephenson, Tazewell, Warren, Washington, Whiteside, Williamson, Winnebago, Woodford

, Carroll, Cass, Christian, Clinton, DeKalb, Greene, Jersey, Lee, Logan, Macon, Macoupin, Mason, Menard, Montgomery, Morgan, Moultrie, Ogle, Pike, Randolph, Sangamon, ashington, Winnebago

nd more information about what we cover and what you pay. Learn more at **www.getblueil.com/mapdisb**

[3] **Rewards Program.** The Rewards Program gives you a healthy and easy way to earn up to $100 in gift cards from major retailers 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 up to $50 in gift cards just for completing your annual wellness visit. Earn rewards with these healthy actions:

- -Annual flu vaccine
- -Annual wellness visit
- -Colorectal cancer screening
- -Bone density screening
- -Mammogram
- -Fall risk assessment
- -Retinal eye exam
- -Diabetic kidney and blood sugar testing

-surgical extractions and

prosthodontics, oral surgery

[4] **Flexible Spend Card.** Pre-loaded flexible spend card with an annual limit of $1,000 to help reduce out-of-pocket expenses for dental, vision and hearing services.

on your plan limit. This includes OTC

[5] **Optional Supplemental Benefits Plan.** For an additional monthly premium, you can add more coverage to your plan. Adding supplemental benefits to your current plan is optional and provides you with additional dental and vision coverage.

n emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

ociation, an association of independent Blue Cross and Blue Shield Plans.

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Mutual Legal Reserve Company (HCSC). HMO plan provided by Illinois Blue Cross Blue Shield Insurance Company (IL BCBSIC). HCSC and IL BCBSIC are Independent Licensees of the Blue Cross and Blue Shield Association. HCSC

contract renewal.

ll us at 1-877-774-8592. Someone who speaks English/Language can help you. This is a free service.

medicamentos. Para hablar con un intérprete, por favor llame al 1-877-774-8592. Alguien que habla español podrá ayudar. Estos es un servicio gratuito.

color, national origin, age, disability, or sex.

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2024 Summary - PPO

Plan Name	Premium	Contract	Formulary	OSB	Benefit Enhancements
Choice Plus	$77	8634-003	Semi-Custom	Basic Silver $25.10	Reduced Primary Care from $5 to $0 Reduced INN T2 Rx Copay from $10 to $8 New Embedded Dental/Hearing/Vision
Choice Premier	$135	8634-004	Semi-Custom	NA	Reduced Premium from $140 to $135 Reduced INN T2 Rx Copay from $10 to $8 Improved Embedded Hearing Aid Copay $699 or $999
Classic	$0	8634-008	Semi-Custom	Basic Silver $25.40	New OTC $50 Qtrly Allowance
Classic	$0	8634-017	Semi-Custom	Premier $34.30	Reduced Primary Care from $5 to $0 Reduced Specialist Copay from $40 to $36 Reduced T2 Rx Copay from $10 to $8 New Embedded Hearing Aid Copay $699 or $999
Dental Premier	$0	8634-021	Value	NA	Reduced PCP Copay from $15 to $4 Improved Embedded Hearing Aid Copay $699 or $999
Elite	$0	8634-016	Semi-Custom	NA	Doubled Comprehensive Dental ($1k to $2k allowance) New OTC $50 Qtrly Allowance Reduced Tier 2 Rx Copay from $10 to $8 Improved Embedded Hearing Aid Copay $699 or $999

2024 Summary – PPO continue

Plan Name	Premium	Contract	Formulary	OSB	Benefit Enhancements
Essential (Formerly Classic)	$0	8634-012	Semi-Custom	Basic Silver $26.30	Reduced PCP Copay from $5 to $0 New Embedded Dental/Vision/Hearing Improved T2 Rx Copay from $10 to $8
Flex	$202	8634-014	Value	Premier $34.30	New Embedded Hearing Aid Copay $699 or $999
Health Choice	$0	8634-018	Value	NA	New OTC $50 Qtrly Allowance Improved Embedded Hearing Aid Copay $699 or $999
Protect (MA Only)	$0	8634-019	N/A	Basic Silver $25.40	Increased Buy-Down - $50 monthly from $40 Improved Embedded Hearing Aid Copay $699 or $999
Saver Plus	$0	8634-020	Value	Basic Silver $25.40	Increased Buy-Down - $45 monthly from $40 Improved Embedded Hearing Aid Copay $699 or $999

2024 Summary - HMO

Plan Name	Premium	Contract	Formulary	OSB	Benefit Enhancements
Basic	$0	3822-001	Semi-Custom	Basic Silver $26.20	Increased OTC Qtrly Allowance from $70 to $100 Decreased Specialist Copay from $25 to $22 Lowered Inpatient Hospital Copay from $195 to $150 Decreased T1/2 from $0-$10/$10-$20 to $0/$8
Basic	$0	3822-012	Semi-Custom	N/A	Increased OTC Qtrly Allowance from $95 to $125 Decreased Specialist Copay from $40 to $25 Decreased T1/2 from $0-$10/$10-$20 to $0/$8
Basic Plus	$0	3822-007	Semi-Custom	Basic Silver $20.80	New Embedded Dental/Vision/Hearing Decreased Specialist Copay from $35 to $26 Decreased T2 Rx Copay from $10 to $8
Premier Plus	$76	3822-008	Semi-Custom	NA	Decreased Premium from $81 to $76 Decreased T2 Rx Copay from $10 to $8
Value (Formerly Basic)	$0	3822-014	Semi-Custom	NA	Increased Qtrly Allowance from $100 to $125 Decreased Specialist Copay from $25 to $18 Decreased T1/2 from $0-$10/$10-$20 to $0/$8
Secure	$0	8547-001	Semi-Custom	NA	Increased Qtrly Allowance from $100 to $125 Decreased Specialist Copay from $25 to $20 Lowered Inpatient Hospital Copay from $225 to $150 Decreased T1/2 from $0-$10/$10-$20 to $0/$8

		Blue Cross Medicare Advantage Choice Plus (PPO)SM H8634-003		Blue Cross Medicare Advantage Choice Premier (PPO)SM H8634-004		Blue Cross Medicare Advantage Classic (PPO)SM H8634-008		Blue Cross Medicare Advantage Dental Premier (PPO)SM H8634-021	
Plan Premium		**$77**		**$135**		**$0**		**$0**	
		In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Primary Care Provider Visits		$0 copay	$30 copay	$0 copay	$30 copay	$0 copay	$30 copay	$4 copay	$30 copay
Specialist Visits		$40 copay	$75 copay	$40 copay	$75 copay	$30 copay	$75 copay	$45 copay	$75 copay
Maximum Out-of-Pocket		$4,500	$8,950	$3,855	$8,950	$4,900	$8,950	$7,550	$13,300
Inpatient Hospital Copay		$295/day for days 1-6	$500/day	$250/day for days 1-7	$500/day	$320/day for days 1-7	$500/day	$370/day for days 1-6	$500/day
Preferred Retail Pharmacy Copays		$0/$8/$47/$100/33%	$15/$20/$47/$100/33%	$0/$8/$47/$100/33%	$15/$20/$47/$100/33%	$0/$8/$47/$100/30%	$15/$20/$47/$100/30%	$0/$8/$47/$100/25%	$15/$20/$47/$100/25%
Prescription Drug Deductible		$0		$0		$200 (Tiers 3-5)		$545 (Tiers 3-5)	
Preferred Pharmacy Network		Jewel-Osco, Mariano's, Walgreens, Walmart and independents		Jewel-Osco, Mariano's, Walgreens, Walmart and independents		Jewel-Osco, Walgreens		Jewel-Osco, Walgreens	
Dental[1]	Routine Preventive	$0 copay; 2 exams, 2 cleanings, 1 X-ray		$0 copay; 2 exams, 2 cleanings, 1 X-ray		$0 copay; 2 exams, 2 cleanings, 1 X-ray		$0 copay; 2 exams, 2 cleanings, 1 X-ray	
	Comprehensive	$1,000 annually		$1,000 annually		$1,000 annually		$5,000 annually	
Vision	Routine Eye Exam	$0 copay; 1 exam/year	$40 allowance	$0 copay; 1 exam/year	$40 allowance	$0 copay; 1 exam/year	$40 allowance	$0 copay; 1 exam/year	$40 allowance
	Hardware/Contacts Allowance	$100 annual allowance		$100 annual allowance		$100 annual allowance		$100 annual allowance	
Hearing	Hearing Exam	$0 copay; 1 exam/year	Not Covered	$0 copay; 1 exam/year	Not Covered	$0 copay; 1 exam/year	Not Covered	$0 copay; 1 exam/year	Not Covered
	Hearing Aids	$699 or $999 copay	Not Covered	$699 or $999 copay	Not Covered	$699 or $999 copay	Not Covered	$699 or $999 copay	Not Covered
Over-the-Counter[2]		$85 quarterly allowance	Not Covered	Not Included		$50 quarterly allowance	Not Covered	Not Included	
SilverSneakers® Fitness Program		Included		Included		Included		Included	
Rewards Program[3]		Earn up to $100 in Gift Cards		Earn up to $100 in Gift Cards		Earn up to $100 in Gift Cards		Earn up to $100 in Gift Cards	
Transportation		Not Included		12 one-way trips		Not Included		Not Included	
Telehealth Services		$0 copay; virtual visits	Not Covered	$0 copay; virtual visits	Not Covered	$0 copay; virtual visits	Not Covered	$0 copay; virtual visits	Not Covered
Flexible Spend Card[4]		Not Included		Not Included		Not Included		Not Included	
Buy Down		Not Applicable		Not Applicable		Not Applicable		Not Applicable	
Optional Supplemental Benefits Plan[5]		Basic Silver		Not Applicable		Basic Silver		Not Applicable	
Dental	Annual Allowance	$1,000				$1,000			
	Routine Preventive	Not Included				Not Included			
	Basic Restorative Comprehensive	Not Included				Not Included			
	Major Restorative Comprehensive	20% coinsurance	50% coinsurance			20% coinsurance	50% coinsurance		
Vision	Hardware/Contacts Allowance	Not Included				Not Included			

		Blue Cross Medicare Advantage Elite (PPO)SM H8634-016		Blue Cross Medicare Advantage Essential (PPO)SM H8634-012		Blue Cross Medicare Advantage Flex (PPO)SM H8634-014	
Plan Premium		**$0**		**$0**		**$202**	
		In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Primary Care Provider Visits		$0 copay	$30 copay	$0 copay	$30 copay	0% coinsurance	
Specialist Visits		$44 copay	$75 copay	$40 copay	$75 copay	0% coinsurance	
Maximum Out-of-Pocket		$3,900	$8,950	$5,900	$8,950	$0	
Inpatient Hospital Copay		$295/day for days 1-7	$500/day	$350/day for days 1-6	$500/day	0% coinsurance	
Preferred Retail Pharmacy Copays		$0/$8/$47/$100/29%	$15/$20/$47/$100/29%	$0/$8/$47/$100/33%	$15/$20/$47/$100/33%	$0/$8/$47/$100/25%	$15/$20/$47/$100/25%
Prescription Drug Deductible		$250 (Tiers 4-5)		$0		$545 (Tiers 3-5)	
Preferred Pharmacy Network		Jewel-Osco, Mariano's, Walgreens, Walmart and independents		Jewel-Osco, Mariano's, Walgreens, Walmart and independents		Jewel-Osco, Walgreens	
Dental[1]	Routine Preventive	$0 copay; 2 exams, 2 cleanings, 1 X-ray		$0 copay; 2 exams, 2 cleanings, 1 X-ray		Not Covered	
	Comprehensive	$2,000 annually		$1,000 annually		Not Covered	
Vision	Routine Eye Exam	$0 copay; 1 exam/year	$40 allowance	$0 copay; 1 exam/year	$40 allowance	0% coinsurance; 1 exam/year	
	Hardware/Contacts Allowance	$125 annual allowance		$100 annual allowance		Not Covered	
Hearing	Hearing Exam	$0 copay; 1 exam/year	Not Covered	$0 copay; 1 exam/year	Not Covered	0% coinsurance; 1 exam/year	Not Covered
	Hearing Aids	$699 or $999 copay	Not Covered	$699 or $999 copay	Not Covered	$699 or $999 copay	Not Covered
Over-the-Counter[2]		$50 quarterly allowance	Not Covered	$95 quarterly allowance	Not Covered	Not Included	
SilverSneakers® Fitness Program		Included		Included		Included	
Rewards Program[3]		Earn up to $100 in Gift Cards		Earn up to $100 in Gift Cards		Earn up to $100 in Gift Cards	
Transportation		Not Included		Not Included		Not Included	
Telehealth Services		$0 copay; virtual visits	Not Covered	$0 copay; virtual visits	Not Covered	0% coinsurance; virtual visits	Not Covered
Flexible Spend Card[4]		Not Included		Not Included		Not Included	
Buy Down		Not Applicable		Not Applicable		Not Applicable	
Optional Supplemental Benefits Plan[5]		Not Applicable		Basic Silver		Premier	
Dental	Annual Allowance			$1,000		$1,000	
	Routine Preventive			Not Included		$0 copay; 2 exams, 2 cleanings, 1 X-ray	
	Basic Restorative Comprehensive			Not Included		20% coinsurance	50% coinsurance
	Major Restorative Comprehensive			20% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance
Vision	Hardware/Contacts Allowance			Not Included		$150 annually	

		Blue Cross Medicare Advantage Health Choice (PPO)SM H8634-018		Blue Cross Medicare Advantage Protect (PPO)SM H8634-019		Blue Cross Medicare Advantage Saver Plus (PPO)SM H8634-020	
Plan Premium		**$0**		**$0**		**$0**	
		In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Primary Care Provider Visits		$0 copay	$30 copay	$0 copay	$30 copay	$0 copay	$30 copay
Specialist Visits		$45 copay	$75 copay	$50 copay	$75 copay	$45 copay	$75 copay
Maximum Out-of-Pocket		$6,900	$13,300	$6,350	$9,550	$6,900	$13,300
Inpatient Hospital Copay		$370/day for days 1-6	$500/day	$370/day for days 1-6	$500/day	$370/day for days 1-6	$500/day
Preferred Retail Pharmacy Copays		$0/$8/$47/$100/25%	$15/$20/$47/$100/25%	Not Covered		$0/$8/$47/$100/25%	$15/$20/$47/$100/25%
Prescription Drug Deductible		$545 (Tiers 3-5)				$545 (Tiers 3-5)	
Preferred Pharmacy Network		Jewel-Osco, Walgreens				Jewel-Osco, Walgreens	
Dental[1]	Routine Preventive	$0 copay; 2 exams, 2 cleanings, 1 X-ray		$0 copay; 2 exams, 2 cleanings, 1 X-ray		$0 copay; 2 exams, 2 cleanings, 1 X-ray	
	Comprehensive	$1,000 annually		$1,000 annually		$1,000 annually	
Vision	Routine Eye Exam	$0 copay; 1 exam/year	$40 allowance	$0 copay; 1 exam/year	$40 allowance	$0 copay; 1 exam/year	$40 allowance
	Hardware/Contacts Allowance	$100 annual allowance		$100 annual allowance		$100 annual allowance	
Hearing	Hearing Exam	$0 copay; 1 exam/year	Not Covered	$0 copay; 1 exam/year	Not Covered	$0 copay; 1 exam/year	Not Covered
	Hearing Aids	$699 or $999 copay	Not Covered	$699 or $999 copay	Not Covered	$699 or $999 copay	Not Covered
Over-the-Counter[2]		$50 quarterly allowance	Not Covered	Not Included		Not Included	
SilverSneakers® Fitness Program		Included		Included		Included	
Rewards Program[3]		Earn up to $100 in Gift Cards		Earn up to $100 in Gift Cards		Earn up to $100 in Gift Cards	
Transportation		Not Included		Not Included		Not Included	
Telehealth Services		$0 copay; virtual visits	Not Covered	$0 copay; virtual visits	Not Covered	$0 copay; virtual visits	Not Covered
Flexible Spend Card[4]		$1,000 annual allowance; Dental/Vision/Hearing		Not Included		Not Included	
Buy Down		Not Applicable		$50 monthly		$45 monthly	
Optional Supplemental Benefits Plan[5]		Not Applicable		Basic Silver		Basic Silver	
Dental	Annual Allowance			$1,000		$1,000	
	Routine Preventive			Not Included		Not Included	
	Basic Restorative Comprehensive			Not Included		Not Included	
	Major Restorative Comprehensive			20% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance
Vision	Hardware/Contacts Allowance			Not Included		Not Included	

Chicagoland (PPO)

Blue Cross Medicare Advantage℠ plans	Offered in the following counties
Choice Plus (PPO) - H8634-003 **Choice Premier (PPO) - H8634-004** **Classic (PPO) - H8634-008**	Cook, DuPage, Grundy, Kane, Kankakee, Kendall, Lake, McHenry, Will
Dental Premier (PPO) - H8634-021 **Flex (PPO) - H8634-014** **Health Choice (PPO) - H8634-018** **Protect (PPO) - H8634-019**	Adams, Alexander, Bond, Boone, Brown, Bureau, Calhoun, Carroll, Cass, Christian, Clark, Clay, Clinton, Coles, Cook, Crawford, Cumberland, DeKalb, DeWitt, Douglas, DuPage, Edgar, Edwards, Effingham, Fayette, Ford, Franklin, Fulton, Gallatin, Greene, Grundy, Hamilton, Hancock, Hardin, Henderson, Henry, Iroquois, Jackson, Jasper, Jefferson, Jersey, Johnson, Kane, Kankakee, Kendall, Knox, Lake, LaSalle, Lawrence, Lee, Livingston, Logan, Macon, Macoupin, Madison, Marion, Marshall, Mason, McDonough, McHenry, McLean, Menard, Mercer, Monroe, Montgomery, Morgan, Moultrie, Ogle, Peoria, Perry, Piatt, Pike, Pope, Pulaski, Putnam, Randolph, Richland, Rock Island, Saline, Sangamon, Schuyler, Scott, Shelby, St. Clair, Stark, Stephenson, Tazewell, Union, Vermilion, Warren, Washington, Wayne, White, Whiteside, Will, Williamson, Winnebago, Woodford
Elite (PPO) - H8634-016	Cook, DuPage, Will
Essential (PPO) - H8634-012	Adams, Bond, Boone, Brown, Bureau, Calhoun, Carroll, Cass, Christian, Clinton, DeKalb, DeWitt, Fulton, Greene, Grundy, Hancock, Henderson, Henry, Jersey, Kankakee, Kendall, Knox, Lake, LaSalle, Lee, Livingston, Logan, Macon, Macoupin, Madison, Marshall, Mason, McDonough, McLean, Menard, Mercer, Monroe, Montgomery, Morgan, Moultrie, Ogle, Peoria, Perry, Piatt, Pike, Putnam, Randolph, Rock Island, Sangamon, Schuyler, Scott, Shelby, St. Clair, Stark, Stephenson, Tazewell, Warren, Washington, Whiteside, Williamson, Winnebago, Woodford
Saver Plus (PPO) - H8634-020	Adams, Bond, Boone, Brown, Calhoun, Carroll, Cass, Christian, Clinton, DeKalb, Greene, Jersey, Lee, Logan, Macon, Macoupin, Mason, Menard, Montgomery, Morgan, Moultrie, Ogle, Pike, Randolph, Sangamon, Schuyler, Scott, Shelby, Stephenson, Washington, Winnebago

Plans vary by county. Refer to the Summary of Benefits for plan availability and more information about what we cover and what you pay. Learn more at **www.getblueil.com/mapd/sb**

Prescription Drug Tiers:
Tier 1 – Preferred Generic
Tier 2 – Generic
Tier 3 – Preferred Brand
Tier 4 – Non-Preferred
Tier 5 – Specialty

[1] **Dental.** Orthodontics not covered in any package.

- **Routine Preventive** services include exams, cleanings and X-rays.
- **Basic Restorative Comprehensive** services include basic restorative, adjunctive, non-surgical extractions and non-surgical periodontics.
- **Major Restorative Comprehensive** services include major restorative, endodontics, prosthodontics, oral surgery and surgical periodontics.

[2] **Over-the-Counter.** You can purchase approved over-the-counter (OTC) items at no cost based on your plan limit. This includes OTC items like pain relievers and allergy medicine to help with your basic health and medical needs.

[3] **Rewards Program.** The Rewards Program gives you a healthy and easy way to earn up to $100 in gift cards from major retailers 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 up to $50 in gift cards just for completing your annual wellness visit! Earn rewards with these healthy actions:

-Annual flu vaccine
-Annual wellness visit
-Colorectal cancer screening
-Bone density screening
-Mammogram
-Fall risk assessment
-Retinal eye exam
-Diabetic kidney and blood sugar testing

[4] **Flexible Spend Card.** Pre-loaded flexible spend card with an annual limit of $1,000 to help reduce out-of-pocket expenses for dental, vision and hearing services.

[5] **Optional Supplemental Benefits Plan.** For an additional monthly premium, you can add more coverage to your plan. Adding supplemental benefits to your current plan is optional and provides you with additional dental and vision coverage.

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		Blue Cross Medicare Advantage Basic (HMO)SM H3822-001	Blue Cross Medicare Advantage Basic Plus (HMO-POS)SM H3822-007		Blue Cross Medicare Advantage Premier Plus (HMO-POS)SM H3822-008	
Plan Premium		**$0**	**$0**		**$76**	
		In-Network	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Primary Care Provider Visits		$0 copay	$0 copay	$60 copay	$0 copay	$60 copay
Specialist Visits		$22 copay	$26 copay	$75 copay	$30 copay	$75 copay
Maximum Out-of-Pocket		$2,500	$4,500	No Limit	$3,500	No Limit
Inpatient Hospital Copay		$150/day for days 1-7	$300/day for days 1-8	40% per stay	$225/day for days 1-8	40% per stay
Preferred Retail Pharmacy Copays		$0/$8/$47/$100/33%	$0/$8/$47/$100/33%	$15/$20/$47/$100/33%	$0/$8/$47/$100/33%	$15/$20/$47/$100/33%
Prescription Drug Deductible		$0	$0		$0	
Preferred Pharmacy Network		Jewel-Osco, Mariano's, Walgreens, Walmart and independents	Jewel-Osco, Mariano's, Walgreens, Walmart and independents		Jewel-Osco, Mariano's, Walgreens, Walmart and independents	
Dental[1]	Routine Preventive	$0 copay; 2 exams, 2 cleanings, 1 X-ray	$0 copay; 2 exams, 2 cleanings, 1 X-ray		$0 copay; 2 exams, 2 cleanings, 1 X-ray	
	Comprehensive	$2,000 annually	$2,000 annually		$1,000 annually	
Vision	Routine Eye Exam	$0 copay; 1 exam/year	$0 copay; 1 exam/year	Not Covered	$0 copay; 1 exam/year	Not Covered
	Hardware/Contacts Allowance	$200 annual allowance	$100 annual allowance	Not Covered	$200 annual allowance	Not Covered
Hearing	Hearing Exam	$0 copay; 1 exam/year	$0 copay; 1 exam/year	Not Covered	$0 copay; 1 exam/year	Not Covered
	Hearing Aids	$699 or $999 copay	$699 or $999 copay	Not Covered	$699 or $999 copay	Not Covered
Over-the-Counter[2]		$100 quarterly allowance	$105 quarterly allowance	Not Covered	$75 quarterly allowance	Not Covered
SilverSneakers® Fitness Program		Included	Included		Included	
Rewards Program[3]		Earn up to $100 in Gift Cards	Earn up to $100 in Gift Cards		Earn up to $100 in Gift Cards	
Transportation		12 one-way trips	24 one-way trips		12 one-way trips	
Telehealth Services		$0 copay; virtual visits	$0 copay; virtual visits	Not Covered	$0 copay; virtual visits	Not Covered
Flexible Spend Card[4]		Not Included	Not Included		Not Included	
Buy Down		Not Applicable	Not Applicable		Not Applicable	
Optional Supplemental Benefits Plan[5]		Basic Silver	Basic Silver		Not Applicable	
Dental	Annual Allowance	$1,000	$1,000			
	Routine Preventive	Not Included	Not Included			
	Basic Restorative Comprehensive	Not Included	Not Included			
	Major Restorative Comprehensive	20% coinsurance	20% coinsurance	50% coinsurance		
Vision	Hardware/Contacts Allowance	Not Included	Not Included			

		Blue Cross Medicare Advantage Secure (HMO)SM H8547-001	Blue Cross Medicare Advantage Value (HMO)SM H3822-014
Plan Premium		**$0**	**$0**
		In-Network	**In-Network**
Primary Care Provider Visits		$0 copay	$0 copay
Specialist Visits		$20 copay	$18 copay
Maximum Out-of-Pocket		$2,500	$2,900
Inpatient Hospital Copay		$150/day for days 1-7	$250/day for days 1-7
Preferred Retail Pharmacy Copays		$0/$8/$47/$100/33%	$0/$8/$47/$100/33%
Prescription Drug Deductible		$0	$0
Preferred Pharmacy Network		Jewel-Osco, Mariano's, Walgreens, Walmart and independents	Jewel-Osco, Mariano's, Walgreens, Walmart and independents
Dental[1]	Routine Preventive	$0 copay; 2 exams, 2 cleanings, 1 X-ray	$0 copay; 2 exams, 2 cleanings, 1 X-ray
	Comprehensive	$2,000 annually	$2,000 annually
Vision	Routine Eye Exam	$0 copay; 1 exam/year	$0 copay; 1 exam/year
	Hardware/Contacts Allowance	$200 annual allowance	$200 annual allowance
Hearing	Hearing Exam	$0 copay; 1 exam/year	$0 copay; 1 exam/year
	Hearing Aids	$699 or $999 copay	$699 or $999 copay
Over-the-Counter[2]		$125 quarterly allowance	$125 quarterly allowance
SilverSneakers® Fitness Program		Included	Included
Rewards Program[3]		Earn up to $100 in Gift Cards	Earn up to $100 in Gift Cards
Transportation		12 one-way trips	12 one-way trips
Telehealth Services		$0 copay; virtual visits	$0 copay; virtual visits
Flexible Spend Card[4]		Not Included	Not Included
Buy Down		Not Applicable	Not Applicable
Optional Supplemental Benefits Plan[5]		Not Applicable	Not Applicable
Dental	Annual Allowance		
	Routine Preventive		
	Basic Restorative Comprehensive		
	Major Restorative Comprehensive		
Vision	Hardware/Contacts Allowance		

Blue Cross Medicare Advantage℠ plans	Offered in the following counties
Basic (HMO) - H3822-001 **Basic Plus (HMO-POS) - H3822-007** **Premier Plus (HMO-POS) - H3822-008**	Cook, DuPage, Grundy, Kane, Kankakee, Kendall, Lake, McHenry, Will
Secure (HMO) - H8547-001	Cook, DuPage, Kane, Kendall, Lake, McHenry, Will
Value (HMO) - H3822-014	Adams, Bond, Boone, Bureau, Calhoun, Carroll, Clinton, DeKalb, Fulton, Greene, Hancock, Henderson, Henry, Jersey, Knox, LaSalle, Lee, Livingston, Macoupin, Madison, Marshall, McDonough, McLean, Mercer, Monroe, Ogle, Peoria, Perry, Putnam, Randolph, Rock Island, St. Clair, Stark, Stephenson, Tazewell, Warren, Washington, Whiteside, Williamson, Winnebago, Woodford

Plans vary by county. Refer to the Summary of Benefits for plan availability and more information about what we cover and what you pay. Learn more at **www.getblueil.com/mapd/sb**

Prescription Drug Tiers:
Tier 1 – Preferred Generic
Tier 2 – Generic
Tier 3 – Preferred Brand
Tier 4 – Non-Preferred
Tier 5 – Specialty

[1] **Dental.** Orthodontics not covered in any package.

- **Routine Preventive** services include exams, cleanings and X-rays.
- **Basic Restorative Comprehensive** services include basic restorative, adjunctive, non-surgical extractions and non-surgical periodontics.
- **Major Restorative Comprehensive** services include major restorative, endodontics, prosthodontics, oral surgery and surgical periodontics.

[2] **Over-the-Counter.** You can purchase approved over-the-counter (OTC) items at no cost based on your plan limit. This includes OTC items like pain relievers and allergy medicine to help with your basic health and medical needs.

[3] **Rewards Program.** The Rewards Program gives you a healthy and easy way to earn up to $100 in gift cards from major retailers 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 up to $50 in gift cards just for completing your annual wellness visit! Earn rewards with these healthy actions:

-Annual flu vaccine
-Annual wellness visit
-Colorectal cancer screening
-Bone density screening
-Mammogram
-Fall risk assessment
-Retinal eye exam
-Diabetic kidney and blood sugar testing

[4] **Flexible Spend Card.** Pre-loaded flexible spend card with an annual limit of $1,000 to help reduce out-of-pocket expenses for dental, vision and hearing services.

[5] **Optional Supplemental Benefits Plan.** For an additional monthly premium, you can add more coverage to your plan. Adding supplemental benefits to your current plan is optional and provides you with additional dental and vision coverage.

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BlueCross BlueShield of Illinois

Cape Girardeau-Harrisburg (PPO)

		Blue Cross Medicare Advantage Classic (PPO)SM H8634-017		Blue Cross Medicare Advantage Dental Premier (PPO)SM H8634-021		Blue Cross Medicare Advantage Essential (PPO)SM H8634-012	
Plan Premium		**$0**		**$0**		**$0**	
		In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Primary Care Provider Visits		$0 copay	$30 copay	$4 copay	$30 copay	$0 copay	$30 copay
Specialist Visits		$36 copay	$75 copay	$45 copay	$75 copay	$40 copay	$75 copay
Maximum Out-of-Pocket		$5,900	$8,950	$7,550	$13,300	$5,900	$8,950
Inpatient Hospital Copay		$350/day for days 1-6	$500/day	$370/day for days 1-6	$500/day	$350/day for days 1-6	$500/day
Preferred Retail Pharmacy Copays		$0/$8/$47/$100/33%	$15/$20/$47/$100/33%	$0/$8/$47/$100/25%	$15/$20/$47/$100/25%	$0/$8/$47/$100/33%	$15/$20/$47/$100/33%
Prescription Drug Deductible		$0		$545 (Tiers 3-5)		$0	
Preferred Pharmacy Network		Jewel-Osco, Mariano's, Walgreens, Walmart and independents		Jewel-Osco, Walgreens		Jewel-Osco, Mariano's, Walgreens, Walmart and independents	
Dental[1]	Routine Preventive	Not Covered		$0 copay; 2 exams, 2 cleanings, 1 X-ray		$0 copay; 2 exams, 2 cleanings, 1 X-ray	
	Comprehensive	Not Covered		$5,000 annually		$1,000 annually	
Vision	Routine Eye Exam	$0 copay; 1 exam/year	$40 allowance	$0 copay; 1 exam/year	$40 allowance	$0 copay; 1 exam/year	$40 allowance
	Hardware/Contacts Allowance	Not Covered		$100 annual allowance		$100 annual allowance	
Hearing	Hearing Exam	$0 copay; 1 exam/year	Not Covered	$0 copay; 1 exam/year	Not Covered	$0 copay; 1 exam/year	Not Covered
	Hearing Aids	$699 or $999 copay	Not Covered	$699 or $999 copay	Not Covered	$699 or $999 copay	Not Covered
Over-the-Counter[2]		Not Included		Not Included		$95 quarterly allowance	Not Covered
SilverSneakers® Fitness Program		Included		Included		Included	
Rewards Program[3]		Earn up to $100 in Gift Cards		Earn up to $100 in Gift Cards		Earn up to $100 in Gift Cards	
Transportation		Not Included		Not Included		Not Included	
Telehealth Services		$0 copay; virtual visits	Not Covered	$0 copay; virtual visits	Not Covered	$0 copay; virtual visits	Not Covered
Flexible Spend Card[4]		Not Included		Not Included		Not Included	
Buy Down		Not Applicable		Not Applicable		Not Applicable	
Optional Supplemental Benefits Plan[5]		Premier		Not Applicable		Basic Silver	
Dental	Annual Allowance	$1,000				$1,000	
	Routine Preventive	$0 copay; 2 exams, 2 cleanings, 1 X-ray				Not Included	
	Basic Restorative Comprehensive	20% coinsurance	50% coinsurance			Not Included	
	Major Restorative Comprehensive	20% coinsurance	50% coinsurance			20% coinsurance	50% coinsurance
Vision	Hardware/Contacts Allowance	$150 annually				Not Included	

		Blue Cross Medicare Advantage Flex (PPO)SM H8634-014		Blue Cross Medicare Advantage Health Choice (PPO)SM H8634-018		Blue Cross Medicare Advantage Protect (PPO)SM H8634-019	
Plan Premium		**$202**		**$0**		**$0**	
		In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Primary Care Provider Visits		0% coinsurance		$0 copay	$30 copay	$0 copay	$30 copay
Specialist Visits		0% coinsurance		$45 copay	$75 copay	$50 copay	$75 copay
Maximum Out-of-Pocket		$0		$6,900	$13,300	$6,350	$9,550
Inpatient Hospital Copay		0% coinsurance		$370/day for days 1-6	$500/day	$370/day for days 1-6	$500/day
Preferred Retail Pharmacy Copays		$0/$8/$47/$100/25%	$15/$20/$47/$100/25%	$0/$8/$47/$100/25%	$15/$20/$47/$100/25%	Not Covered	
Prescription Drug Deductible		$545 (Tiers 3-5)		$545 (Tiers 3-5)			
Preferred Pharmacy Network		Jewel-Osco, Walgreens		Jewel-Osco, Walgreens			
Dental[1]	Routine Preventive	Not Covered		$0 copay; 2 exams, 2 cleanings, 1 X-ray		$0 copay; 2 exams, 2 cleanings, 1 X-ray	
	Comprehensive	Not Covered		$1,000 annually		$1,000 annually	
Vision	Routine Eye Exam	0% coinsurance; 1 exam/year		$0 copay; 1 exam/year	$40 allowance	$0 copay; 1 exam/year	$40 allowance
	Hardware/Contacts Allowance	Not Covered		$100 annual allowance		$100 annual allowance	
Hearing	Hearing Exam	0% coinsurance; 1 exam/year	Not Covered	$0 copay; 1 exam/year	Not Covered	$0 copay; 1 exam/year	Not Covered
	Hearing Aids	$699 or $999 copay	Not Covered	$699 or $999 copay	Not Covered	$699 or $999 copay	Not Covered
Over-the-Counter[2]		Not Included		$50 quarterly allowance	Not Covered	Not Included	
SilverSneakers® Fitness Program		Included		Included		Included	
Rewards Program[3]		Earn up to $100 in Gift Cards		Earn up to $100 in Gift Cards		Earn up to $100 in Gift Cards	
Transportation		Not Included		Not Included		Not Included	
Telehealth Services		0% coinsurance; virtual visits	Not Covered	$0 copay; virtual visits	Not Covered	$0 copay; virtual visits	Not Covered
Flexible Spend Card[4]		Not Included		$1,000 annual allowance; Dental/Vision/Hearing		Not Included	
Buy Down		Not Applicable		Not Applicable		$50 monthly	
Optional Supplemental Benefits Plan[5]		Premier		Not Applicable		Basic Silver	
Dental	Annual Allowance	$1,000				$1,000	
	Routine Preventive	$0 copay; 2 exams, 2 cleanings, 1 X-ray				Not Included	
	Basic Restorative Comprehensive	20% coinsurance	50% coinsurance			Not Included	
	Major Restorative Comprehensive	20% coinsurance	50% coinsurance			20% coinsurance	50% coinsurance
Vision	Hardware/Contacts Allowance	$150 annually				Not Included	

Cape Girardeau-Harrisburg (PPO)

Blue Cross Medicare Advantage℠ plans	Offered in the following counties
Classic (PPO) - H8634-017	Alexander, Clark, Clay, Coles, Crawford, Cumberland, Douglas, Edgar, Edwards, Effingham, Fayette, Ford, Franklin, Gallatin, Hamilton, Hardin, Iroquois, Jackson, Jasper, Jefferson, Johnson, Lawrence, Marion, Pope, Pulaski, Richland, Saline, Union, Vermilion, Wayne, White
Dental Premier (PPO) - H8634-021 **Flex (PPO) - H8634-014** **Health Choice (PPO) - H8634-018** **Protect (PPO) - H8634-019**	Adams, Alexander, Bond, Boone, Brown, Bureau, Calhoun, Carroll, Cass, Christian, Clark, Clay, Clinton, Coles, Cook, Crawford, Cumberland, DeKalb, DeWitt, Douglas, DuPage, Edgar, Edwards, Effingham, Fayette, Ford, Franklin, Fulton, Gallatin, Greene, Grundy, Hamilton, Hancock, Hardin, Henderson, Henry, Iroquois, Jackson, Jasper, Jefferson, Jersey, Johnson, Kane, Kankakee, Kendall, Knox, Lake, LaSalle, Lawrence, Lee, Livingston, Logan, Macon, Macoupin, Madison, Marion, Marshall, Mason, McDonough, McHenry, McLean, Menard, Mercer, Monroe, Montgomery, Morgan, Moultrie, Ogle, Peoria, Perry, Piatt, Pike, Pope, Pulaski, Putnam, Randolph, Richland, Rock Island, Saline, Sangamon, Schuyler, Scott, Shelby, St. Clair, Stark, Stephenson, Tazewell, Union, Vermilion, Warren, Washington, Wayne, White, Whiteside, Will, Williamson, Winnebago, Woodford
Essential (PPO) - H8634-012	Adams, Bond, Boone, Brown, Bureau, Calhoun, Carroll, Cass, Christian, Clinton, DeKalb, DeWitt, Fulton, Greene, Grundy, Hancock, Henderson, Henry, Jersey, Kankakee, Kendall, Knox, Lake, LaSalle, Lee, Livingston, Logan, Macon, Macoupin, Madison, Marshall, Mason, McDonough, McLean, Menard, Mercer, Monroe, Montgomery, Morgan, Moultrie, Ogle, Peoria, Perry, Piatt, Pike, Putnam, Randolph, Rock Island, Sangamon, Schuyler, Scott, Shelby, St. Clair, Stark, Stephenson, Tazewell, Warren, Washington, Whiteside, Williamson, Winnebago, Woodford

Plans vary by county. Refer to the Summary of Benefits for plan availability and more information about what we cover and what you pay. Learn more at **www.getblueil.com/mapd/sb**

Prescription Drug Tiers:
Tier 1 – Preferred Generic
Tier 2 – Generic
Tier 3 – Preferred Brand
Tier 4 – Non-Preferred
Tier 5 – Specialty

[1] **Dental.** Orthodontics not covered in any package.

- **Routine Preventive** services include exams, cleanings and X-rays.
- **Basic Restorative Comprehensive** services include basic restorative, adjunctive, non-surgical extractions and non-surgical periodontics.
- **Major Restorative Comprehensive** services include major restorative, endodontics, prosthodontics, oral surgery and surgical periodontics.

[2] **Over-the-Counter.** You can purchase approved over-the-counter (OTC) items at no cost based on your plan limit. This includes OTC items like pain relievers and allergy medicine to help with your basic health and medical needs.

[3] **Rewards Program.** The Rewards Program gives you a healthy and easy way to earn up to $100 in gift cards from major retailers 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 up to $50 in gift cards just for completing your annual wellness visit! Earn rewards with these healthy actions:

-Annual flu vaccine
-Annual wellness visit
-Colorectal cancer screening
-Bone density screening
-Mammogram
-Fall risk assessment
-Retinal eye exam
-Diabetic kidney and blood sugar testing

[4] **Flexible Spend Card.** Pre-loaded flexible spend card with an annual limit of $1,000 to help reduce out-of-pocket expenses for dental, vision and hearing services.

[5] **Optional Supplemental Benefits Plan.** For an additional monthly premium, you can add more coverage to your plan. Adding supplemental benefits to your current plan is optional and provides you with additional dental and vision coverage.

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		Blue Cross Medicare Advantage Basic (HMO)SM H3822-012	Blue Cross Medicare Advantage Value (HMO)SM H3822-014
Plan Premium		**$0**	**$0**
		In-Network	**In-Network**
Primary Care Provider Visits		$0 copay	$0 copay
Specialist Visits		$25 copay	$18 copay
Maximum Out-of-Pocket		$4,900	$2,900
Inpatient Hospital Copay		$275/day for days 1-7	$250/day for days 1-7
Preferred Retail Pharmacy Copays		$0/$8/$47/$100/33%	$0/$8/$47/$100/33%
Prescription Drug Deductible		$0	$0
Preferred Pharmacy Network		Jewel-Osco, Mariano's, Walgreens, Walmart and independents	Jewel-Osco, Mariano's, Walgreens, Walmart and independents
Dental[1]	Routine Preventive	$0 copay; 2 exams, 2 cleanings, 1 X-ray	$0 copay; 2 exams, 2 cleanings, 1 X-ray
	Comprehensive	$1,000 annually	$2,000 annually
Vision	Routine Eye Exam	$0 copay; 1 exam/year	$0 copay; 1 exam/year
	Hardware/Contacts Allowance	$100 annual allowance	$200 annual allowance
Hearing	Hearing Exam	$0 copay; 1 exam/year	$0 copay; 1 exam/year
	Hearing Aids	$699 or $999 copay	$699 or $999 copay
Over-the-Counter[2]		$125 quarterly allowance	$125 quarterly allowance
SilverSneakers® Fitness Program		Included	Included
Rewards Program[3]		Earn up to $100 in Gift Cards	Earn up to $100 in Gift Cards
Transportation		Not Included	12 one-way trips
Telehealth Services		$0 copay; virtual visits	$0 copay; virtual visits
Flexible Spend Card[4]		Not Included	Not Included
Buy Down		Not Applicable	Not Applicable
Optional Supplemental Benefits Plan[5]		Not Applicable	Not Applicable
Dental	Annual Allowance		
	Routine Preventive		
	Basic Restorative Comprehensive		
	Major Restorative Comprehensive		
Vision	Hardware/Contacts Allowance		

Cape Girardeau-Harrisburg (HMO)

Blue Cross Medicare Advantage℠ plans	Offered in the following counties
Basic (HMO) - H3822-012	Alexander, Brown, Cass, Christian, Clark, Clay, Coles, Crawford, Cumberland, DeWitt, Douglas, Edgar, Edwards, Effingham, Fayette, Ford, Franklin, Gallatin, Hamilton, Hardin, Iroquois, Jackson, Jasper, Jefferson, Johnson, Lawrence, Logan, Macon, Marion, Mason, Menard, Montgomery, Morgan, Moultrie, Piatt, Pike, Pope, Pulaski, Richland, Saline, Sangamon, Schuyler, Scott, Shelby, Union, Vermilion, Wayne, White
Value (HMO) - H3822-014	Adams, Bond, Boone, Bureau, Calhoun, Carroll, Clinton, DeKalb, Fulton, Greene, Hancock, Henderson, Henry, Jersey, Knox, LaSalle, Lee, Livingston, Macoupin, Madison, Marshall, McDonough, McLean, Mercer, Monroe, Ogle, Peoria, Perry, Putnam, Randolph, Rock Island, St. Clair, Stark, Stephenson, Tazewell, Warren, Washington, Whiteside, Williamson, Winnebago, Woodford

Plans vary by county. Refer to the Summary of Benefits for plan availability and more information about what we cover and what you pay. Learn more at **www.getblueil.com/mapd/sb**

Prescription Drug Tiers:
Tier 1 – Preferred Generic
Tier 2 – Generic
Tier 3 – Preferred Brand
Tier 4 – Non-Preferred
Tier 5 – Specialty

[1] **Dental.** Orthodontics not covered in any package.

- **Routine Preventive** services include exams, cleanings and X-rays.
- **Basic Restorative Comprehensive** services include basic restorative, adjunctive, non-surgical extractions and non-surgical periodontics.
- **Major Restorative Comprehensive** services include major restorative, endodontics, prosthodontics, oral surgery and surgical periodontics.

[2] **Over-the-Counter.** You can purchase approved over-the-counter (OTC) items at no cost based on your plan limit. This includes OTC items like pain relievers and allergy medicine to help with your basic health and medical needs.

[3] **Rewards Program.** The Rewards Program gives you a healthy and easy way to earn up to $100 in gift cards from major retailers 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 up to $50 in gift cards just for completing your annual wellness visit! Earn rewards with these healthy actions:

-Annual flu vaccine
-Annual wellness visit
-Colorectal cancer screening
-Bone density screening
-Mammogram
-Fall risk assessment
-Retinal eye exam
-Diabetic kidney and blood sugar testing

[4] **Flexible Spend Card.** Pre-loaded flexible spend card with an annual limit of $1,000 to help reduce out-of-pocket expenses for dental, vision and hearing services.

[5] **Optional Supplemental Benefits Plan.** For an additional monthly premium, you can add more coverage to your plan. Adding supplemental benefits to your current plan is optional and provides you with additional dental and vision coverage.

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BlueCross BlueShield of Illinois

Champaign-Springfield-Decatur (PPO)

		Blue Cross Medicare Advantage Classic (PPO)SM H8634-017		Blue Cross Medicare Advantage Dental Premier (PPO)SM H8634-021		Blue Cross Medicare Advantage Essential (PPO)SM H8634-012		Blue Cross Medicare Advantage Flex (PPO)SM H8634-014	
Plan Premium		**$0**		**$0**		**$0**		**$202**	
		In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Primary Care Provider Visits		$0 copay	$30 copay	$4 copay	$30 copay	$0 copay	$30 copay	0% coinsurance	
Specialist Visits		$36 copay	$75 copay	$45 copay	$75 copay	$40 copay	$75 copay	0% coinsurance	
Maximum Out-of-Pocket		$5,900	$8,950	$7,550	$13,300	$5,900	$8,950	$0	
Inpatient Hospital Copay		$350/day for days 1-6	$500/day	$370/day for days 1-6	$500/day	$350/day for days 1-6	$500/day	0% coinsurance	
Preferred Retail Pharmacy Copays		$0/$8/$47/$100/33%	$15/$20/$47/$100/33%	$0/$8/$47/$100/25%	$15/$20/$47/$100/25%	$0/$8/$47/$100/33%	$15/$20/$47/$100/33%	$0/$8/$47/$100/25%	$15/$20/$47/$100/25%
Prescription Drug Deductible		$0		$545 (Tiers 3-5)		$0		$545 (Tiers 3-5)	
Preferred Pharmacy Network		Jewel-Osco, Mariano's, Walgreens, Walmart and independents		Jewel-Osco, Walgreens		Jewel-Osco, Mariano's, Walgreens, Walmart and independents		Jewel-Osco, Walgreens	
Dental[1]	Routine Preventive	Not Covered		$0 copay; 2 exams, 2 cleanings, 1 X-ray		$0 copay; 2 exams, 2 cleanings, 1 X-ray		Not Covered	
	Comprehensive	Not Covered		$5,000 annually		$1,000 annually		Not Covered	
Vision	Routine Eye Exam	$0 copay; 1 exam/year	$40 allowance	$0 copay; 1 exam/year	$40 allowance	$0 copay; 1 exam/year	$40 allowance	0% coinsurance; 1 exam/year	
	Hardware/Contacts Allowance	Not Covered		$100 annual allowance		$100 annual allowance		Not Covered	
Hearing	Hearing Exam	$0 copay; 1 exam/year	Not Covered	$0 copay; 1 exam/year	Not Covered	$0 copay; 1 exam/year	Not Covered	0% coinsurance; 1 exam/ year	Not Covered
	Hearing Aids	$699 or $999 copay	Not Covered	$699 or $999 copay	Not Covered	$699 or $999 copay	Not Covered	$699 or $999 copay	Not Covered
Over-the-Counter[2]		Not Included		Not Included		$95 quarterly allowance	Not Covered	Not Included	
SilverSneakers® Fitness Program		Included		Included		Included		Included	
Rewards Program[3]		Earn up to $100 in Gift Cards		Earn up to $100 in Gift Cards		Earn up to $100 in Gift Cards		Earn up to $100 in Gift Cards	
Transportation		Not Included		Not Included		Not Included		Not Included	
Telehealth Services		$0 copay; virtual visits	Not Covered	$0 copay; virtual visits	Not Covered	$0 copay; virtual visits	Not Covered	0% coinsurance; virtual visits	Not Covered
Flexible Spend Card[4]		Not Included		Not Included		Not Included		Not Included	
Buy Down		Not Applicable		Not Applicable		Not Applicable		Not Applicable	
Optional Supplemental Benefits Plan[5]		Premier		Not Applicable		Basic Silver		Premier	
Dental	Annual Allowance	$1,000				$1,000		$1,000	
	Routine Preventive	$0 copay; 2 exams, 2 cleanings, 1 X-ray				Not Included		$0 copay; 2 exams, 2 cleanings, 1 X-ray	
	Basic Restorative Comprehensive	20% coinsurance	50% coinsurance			Not Included		20% coinsurance	50% coinsurance
	Major Restorative Comprehensive	20% coinsurance	50% coinsurance			20% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance
Vision	Hardware/Contacts Allowance	$150 annually				Not Included		$150 annually	

Champaign-Springfield-Decatur (PPO) cont.

		Blue Cross Medicare Advantage Health Choice (PPO)SM H8634-018		Blue Cross Medicare Advantage Protect (PPO)SM H8634-019		Blue Cross Medicare Advantage Saver Plus (PPO)SM H8634-020	
Plan Premium		**$0**		**$0**		**$0**	
		In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Primary Care Provider Visits		$0 copay	$30 copay	$0 copay	$30 copay	$0 copay	$30 copay
Specialist Visits		$45 copay	$75 copay	$50 copay	$75 copay	$45 copay	$75 copay
Maximum Out-of-Pocket		$6,900	$13,300	$6,350	$9,550	$6,900	$13,300
Inpatient Hospital Copay		$370/day for days 1-6	$500/day	$370/day for days 1-6	$500/day	$370/day for days 1-6	$500/day
Preferred Retail Pharmacy Copays		$0/$8/$47/$100/25%	$15/$20/$47/$100/25%	Not Covered		$0/$8/$47/$100/25%	$15/$20/$47/$100/25%
Prescription Drug Deductible		$545 (Tiers 3-5)				$545 (Tiers 3-5)	
Preferred Pharmacy Network		Jewel-Osco, Walgreens				Jewel-Osco, Walgreens	
Dental[1]	Routine Preventive	$0 copay; 2 exams, 2 cleanings, 1 X-ray		$0 copay; 2 exams, 2 cleanings, 1 X-ray		$0 copay; 2 exams, 2 cleanings, 1 X-ray	
	Comprehensive	$1,000 annually		$1,000 annually		$1,000 annually	
Vision	Routine Eye Exam	$0 copay; 1 exam/year	$40 allowance	$0 copay; 1 exam/year	$40 allowance	$0 copay; 1 exam/year	$40 allowance
	Hardware/Contacts Allowance	$100 annual allowance		$100 annual allowance		$100 annual allowance	
Hearing	Hearing Exam	$0 copay; 1 exam/year	Not Covered	$0 copay; 1 exam/year	Not Covered	$0 copay; 1 exam/year	Not Covered
	Hearing Aids	$699 or $999 copay	Not Covered	$699 or $999 copay	Not Covered	$699 or $999 copay	Not Covered
Over-the-Counter[2]		$50 quarterly allowance	Not Covered	Not Included		Not Included	
SilverSneakers® Fitness Program		Included		Included		Included	
Rewards Program[3]		Earn up to $100 in Gift Cards		Earn up to $100 in Gift Cards		Earn up to $100 in Gift Cards	
Transportation		Not Included		Not Included		Not Included	
Telehealth Services		$0 copay; virtual visits	Not Covered	$0 copay; virtual visits	Not Covered	$0 copay; virtual visits	Not Covered
Flexible Spend Card[4]		$1,000 annual allowance; Dental/Vision/Hearing		Not Included		Not Included	
Buy Down		Not Applicable		$50 monthly		$45 monthly	
Optional Supplemental Benefits Plan[5]		Not Applicable		Basic Silver		Basic Silver	
Dental	Annual Allowance			$1,000		$1,000	
	Routine Preventive			Not Included		Not Included	
	Basic Restorative Comprehensive			Not Included		Not Included	
	Major Restorative Comprehensive			20% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance
Vision	Hardware/Contacts Allowance			Not Included		Not Included	

Champaign-Springfield-Decatur (PPO)

Blue Cross Medicare Advantage℠ plans	Offered in the following counties
Classic (PPO) - H8634-017	Alexander, Clark, Clay, Coles, Crawford, Cumberland, Douglas, Edgar, Edwards, Effingham, Fayette, Ford, Franklin, Gallatin, Hamilton, Hardin, Iroquois, Jackson, Jasper, Jefferson, Johnson, Lawrence, Marion, Pope, Pulaski, Richland, Saline, Union, Vermilion, Wayne, White
Dental Premier (PPO) - H8634-021 **Flex (PPO) - H8634-014** **Health Choice (PPO) - H8634-018** **Protect (PPO) - H8634-019**	Adams, Alexander, Bond, Boone, Brown, Bureau, Calhoun, Carroll, Cass, Christian, Clark, Clay, Clinton, Coles, Cook, Crawford, Cumberland, DeKalb, DeWitt, Douglas, DuPage, Edgar, Edwards, Effingham, Fayette, Ford, Franklin, Fulton, Gallatin, Greene, Grundy, Hamilton, Hancock, Hardin, Henderson, Henry, Iroquois, Jackson, Jasper, Jefferson, Jersey, Johnson, Kane, Kankakee, Kendall, Knox, Lake, LaSalle, Lawrence, Lee, Livingston, Logan, Macon, Macoupin, Madison, Marion, Marshall, Mason, McDonough, McHenry, McLean, Menard, Mercer, Monroe, Montgomery, Morgan, Moultrie, Ogle, Peoria, Perry, Piatt, Pike, Pope, Pulaski, Putnam, Randolph, Richland, Rock Island, Saline, Sangamon, Schuyler, Scott, Shelby, St. Clair, Stark, Stephenson, Tazewell, Union, Vermilion, Warren, Washington, Wayne, White, Whiteside, Will, Williamson, Winnebago, Woodford
Essential (PPO) - H8634-012	Adams, Bond, Boone, Brown, Bureau, Calhoun, Carroll, Cass, Christian, Clinton, DeKalb, DeWitt, Fulton, Greene, Grundy, Hancock, Henderson, Henry, Jersey, Kankakee, Kendall, Knox, Lake, LaSalle, Lee, Livingston, Logan, Macon, Macoupin, Madison, Marshall, Mason, McDonough, McLean, Menard, Mercer, Monroe, Montgomery, Morgan, Moultrie, Ogle, Peoria, Perry, Piatt, Pike, Putnam, Randolph, Rock Island, Sangamon, Schuyler, Scott, Shelby, St. Clair, Stark, Stephenson, Tazewell, Warren, Washington, Whiteside, Williamson, Winnebago, Woodford
Saver Plus (PPO) - H8634-020	Adams, Bond, Boone, Brown, Calhoun, Carroll, Cass, Christian, Clinton, DeKalb, Greene, Jersey, Lee, Logan, Macon, Macoupin, Mason, Menard, Montgomery, Morgan, Moultrie, Ogle, Pike, Randolph, Sangamon, Schuyler, Scott, Shelby, Stephenson, Washington, Winnebago

Plans vary by county. Refer to the Summary of Benefits for plan availability and more information about what we cover and what you pay. Learn more at **www.getblueil.com/mapd/sb**

Prescription Drug Tiers:
Tier 1 – Preferred Generic
Tier 2 – Generic
Tier 3 – Preferred Brand
Tier 4 – Non-Preferred
Tier 5 – Specialty

[1] **Dental.** Orthodontics not covered in any package.

- **Routine Preventive** services include exams, cleanings and X-rays.
- **Basic Restorative Comprehensive** services include basic restorative, adjunctive, non-surgical extractions and non-surgical periodontics.
- **Major Restorative Comprehensive** services include major restorative, endodontics, prosthodontics, oral surgery and surgical periodontics.

[2] **Over-the-Counter.** You can purchase approved over-the-counter (OTC) items at no cost based on your plan limit. This includes OTC items like pain relievers and allergy medicine to help with your basic health and medical needs.

[3] **Rewards Program.** The Rewards Program gives you a healthy and easy way to earn up to $100 in gift cards from major retailers 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 up to $50 in gift cards just for completing your annual wellness visit! Earn rewards with these healthy actions:

-Annual flu vaccine
-Annual wellness visit
-Colorectal cancer screening
-Bone density screening
-Mammogram
-Fall risk assessment
-Retinal eye exam
-Diabetic kidney and blood sugar testing

[4] **Flexible Spend Card.** Pre-loaded flexible spend card with an annual limit of $1,000 to help reduce out-of-pocket expenses for dental, vision and hearing services.

[5] **Optional Supplemental Benefits Plan.** For an additional monthly premium, you can add more coverage to your plan. Adding supplemental benefits to your current plan is optional and provides you with additional dental and vision coverage.

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		Blue Cross Medicare Advantage Basic (HMO)SM H3822-012
Plan Premium		**$0**
		In-Network
Primary Care Provider Visits		$0 copay
Specialist Visits		$25 copay
Maximum Out-of-Pocket		$4,900
Inpatient Hospital Copay		$275/day for days 1-7
Preferred Retail Pharmacy Copays		$0/$8/$47/$100/33%
Prescription Drug Deductible		$0
Preferred Pharmacy Network		Jewel-Osco, Mariano's, Walgreens, Walmart and independents
Dental[1]	Routine Preventive	$0 copay; 2 exams, 2 cleanings, 1 X-ray
	Comprehensive	$1,000 annually
Vision	Routine Eye Exam	$0 copay; 1 exam/year
	Hardware/Contacts Allowance	$100 annual allowance
Hearing	Hearing Exam	$0 copay; 1 exam/year
	Hearing Aids	$699 or $999 copay
Over-the-Counter[2]		$125 quarterly allowance
SilverSneakers® Fitness Program		Included
Rewards Program[3]		Earn up to $100 in Gift Cards
Transportation		Not Included
Telehealth Services		$0 copay; virtual visits
Flexible Spend Card[4]		Not Included
Buy Down		Not Applicable
Optional Supplemental Benefits Plan[5]		Not Applicable
Dental	Annual Allowance	
	Routine Preventive	
	Basic Restorative Comprehensive	
	Major Restorative Comprehensive	
Vision	Hardware/Contacts Allowance	

Champaign-Springfield-Decatur (HMO)

Blue Cross Medicare Advantage℠ plans	Offered in the following counties
Basic (HMO) - H3822-012	Alexander, Brown, Cass, Christian, Clark, Clay, Coles, Crawford, Cumberland, DeWitt, Douglas, Edgar, Edwards, Effingham, Fayette, Ford, Franklin, Gallatin, Hamilton, Hardin, Iroquois, Jackson, Jasper, Jefferson, Johnson, Lawrence, Logan, Macon, Marion, Mason, Menard, Montgomery, Morgan, Moultrie, Piatt, Pike, Pope, Pulaski, Richland, Saline, Sangamon, Schuyler, Scott, Shelby, Union, Vermilion, Wayne, White

Plans vary by county. Refer to the Summary of Benefits for plan availability and more information about what we cover and what you pay. Learn more at **www.getblueil.com/mapd/sb**

Prescription Drug Tiers:
Tier 1 – Preferred Generic
Tier 2 – Generic
Tier 3 – Preferred Brand
Tier 4 – Non-Preferred
Tier 5 – Specialty

[1] **Dental.** Orthodontics not covered in any package.

- **Routine Preventive** services include exams, cleanings and X-rays.
- **Basic Restorative Comprehensive** services include basic restorative, adjunctive, non-surgical extractions and non-surgical periodontics.
- **Major Restorative Comprehensive** services include major restorative, endodontics, prosthodontics, oral surgery and surgical periodontics.

[2] **Over-the-Counter.** You can purchase approved over-the-counter (OTC) items at no cost based on your plan limit. This includes OTC items like pain relievers and allergy medicine to help with your basic health and medical needs.

[3] **Rewards Program.** The Rewards Program gives you a healthy and easy way to earn up to $100 in gift cards from major retailers 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 up to $50 in gift cards just for completing your annual wellness visit! Earn rewards with these healthy actions:

-Annual flu vaccine
-Annual wellness visit
-Colorectal cancer screening
-Bone density screening
-Mammogram
-Fall risk assessment
-Retinal eye exam
-Diabetic kidney and blood sugar testing

[4] **Flexible Spend Card.** Pre-loaded flexible spend card with an annual limit of $1,000 to help reduce out-of-pocket expenses for dental, vision and hearing services.

[5] **Optional Supplemental Benefits Plan.** For an additional monthly premium, you can add more coverage to your plan. Adding supplemental benefits to your current plan is optional and provides you with additional dental and vision coverage.

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BlueCross BlueShield of Illinois

Peoria-Bloomington (PPO)

		Blue Cross Medicare Advantage Classic (PPO)SM H8634-017		Blue Cross Medicare Advantage Dental Premier (PPO)SM H8634-021		Blue Cross Medicare Advantage Essential (PPO)SM H8634-012		Blue Cross Medicare Advantage Flex (PPO)SM H8634-014	
Plan Premium		**$0**		**$0**		**$0**		**$202**	
		In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Primary Care Provider Visits		$0 copay	$30 copay	$4 copay	$30 copay	$0 copay	$30 copay	0% coinsurance	
Specialist Visits		$36 copay	$75 copay	$45 copay	$75 copay	$40 copay	$75 copay	0% coinsurance	
Maximum Out-of-Pocket		$5,900	$8,950	$7,550	$13,300	$5,900	$8,950	$0	
Inpatient Hospital Copay		$350/day for days 1-6	$500/day	$370/day for days 1-6	$500/day	$350/day for days 1-6	$500/day	0% coinsurance	
Preferred Retail Pharmacy Copays		$0/$8/$47/$100/33%	$15/$20/$47/$100/33%	$0/$8/$47/$100/25%	$15/$20/$47/$100/25%	$0/$8/$47/$100/33%	$15/$20/$47/$100/33%	$0/$8/$47/$100/25%	$15/$20/$47/$100/25%
Prescription Drug Deductible		$0		$545 (Tiers 3-5)		$0		$545 (Tiers 3-5)	
Preferred Pharmacy Network		Jewel-Osco, Mariano's, Walgreens, Walmart and independents		Jewel-Osco, Walgreens		Jewel-Osco, Mariano's, Walgreens, Walmart and independents		Jewel-Osco, Walgreens	
Dental[1]	Routine Preventive	Not Covered		$0 copay; 2 exams, 2 cleanings, 1 X-ray		$0 copay; 2 exams, 2 cleanings, 1 X-ray		Not Covered	
	Comprehensive	Not Covered		$5,000 annually		$1,000 annually		Not Covered	
Vision	Routine Eye Exam	$0 copay; 1 exam/year	$40 allowance	$0 copay; 1 exam/year	$40 allowance	$0 copay; 1 exam/year	$40 allowance	0% coinsurance; 1 exam/year	
	Hardware/Contacts Allowance	Not Covered		$100 annual allowance		$100 annual allowance		Not Covered	
Hearing	Hearing Exam	$0 copay; 1 exam/year	Not Covered	$0 copay; 1 exam/year	Not Covered	$0 copay; 1 exam/year	Not Covered	0% coinsurance; 1 exam/year	Not Covered
	Hearing Aids	$699 or $999 copay	Not Covered	$699 or $999 copay	Not Covered	$699 or $999 copay	Not Covered	$699 or $999 copay	Not Covered
Over-the-Counter[2]		Not Included		Not Included		$95 quarterly allowance	Not Covered	Not Included	
SilverSneakers® Fitness Program		Included		Included		Included		Included	
Rewards Program[3]		Earn up to $100 in Gift Cards		Earn up to $100 in Gift Cards		Earn up to $100 in Gift Cards		Earn up to $100 in Gift Cards	
Transportation		Not Included		Not Included		Not Included		Not Included	
Telehealth Services		$0 copay; virtual visits	Not Covered	$0 copay; virtual visits	Not Covered	$0 copay; virtual visits	Not Covered	0% coinsurance; virtual visits	Not Covered
Flexible Spend Card[4]		Not Included		Not Included		Not Included		Not Included	
Buy Down		Not Applicable		Not Applicable		Not Applicable		Not Applicable	
Optional Supplemental Benefits Plan[5]		Premier		Not Applicable		Basic Silver		Premier	
Dental	Annual Allowance	$1,000				$1,000		$1,000	
	Routine Preventive	$0 copay; 2 exams, 2 cleanings, 1 X-ray				Not Included		$0 copay; 2 exams, 2 cleanings, 1 X-ray	
	Basic Restorative Comprehensive	20% coinsurance	50% coinsurance			Not Included		20% coinsurance	50% coinsurance
	Major Restorative Comprehensive	20% coinsurance	50% coinsurance			20% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance
Vision	Hardware/Contacts Allowance	$150 annually				Not Included		$150 annually	

		Blue Cross Medicare Advantage Health Choice (PPO)℠ H8634-018		Blue Cross Medicare Advantage Protect (PPO)℠ H8634-019		Blue Cross Medicare Advantage Saver Plus (PPO)℠ H8634-020	
Plan Premium		**$0**		**$0**		**$0**	
		In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Primary Care Provider Visits		$0 copay	$30 copay	$0 copay	$30 copay	$0 copay	$30 copay
Specialist Visits		$45 copay	$75 copay	$50 copay	$75 copay	$45 copay	$75 copay
Maximum Out-of-Pocket		$6,900	$13,300	$6,350	$9,550	$6,900	$13,300
Inpatient Hospital Copay		$370/day for days 1-6	$500/day	$370/day for days 1-6	$500/day	$370/day for days 1-6	$500/day
Preferred Retail Pharmacy Copays		$0/$8/$47/$100/25%	$15/$20/$47/$100/25%	Not Covered		$0/$8/$47/$100/25%	$15/$20/$47/$100/25%
Prescription Drug Deductible		$545 (Tiers 3-5)				$545 (Tiers 3-5)	
Preferred Pharmacy Network		Jewel-Osco, Walgreens				Jewel-Osco, Walgreens	
Dental[1]	Routine Preventive	$0 copay; 2 exams, 2 cleanings, 1 X-ray		$0 copay; 2 exams, 2 cleanings, 1 X-ray		$0 copay; 2 exams, 2 cleanings, 1 X-ray	
	Comprehensive	$1,000 annually		$1,000 annually		$1,000 annually	
Vision	Routine Eye Exam	$0 copay; 1 exam/year	$40 allowance	$0 copay; 1 exam/year	$40 allowance	$0 copay; 1 exam/year	$40 allowance
	Hardware/Contacts Allowance	$100 annual allowance		$100 annual allowance		$100 annual allowance	
Hearing	Hearing Exam	$0 copay; 1 exam/year	Not Covered	$0 copay; 1 exam/year	Not Covered	$0 copay; 1 exam/year	Not Covered
	Hearing Aids	$699 or $999 copay	Not Covered	$699 or $999 copay	Not Covered	$699 or $999 copay	Not Covered
Over-the-Counter[2]		$50 quarterly allowance	Not Covered	Not Included		Not Included	
SilverSneakers® Fitness Program		Included		Included		Included	
Rewards Program[3]		Earn up to $100 in Gift Cards		Earn up to $100 in Gift Cards		Earn up to $100 in Gift Cards	
Transportation		Not Included		Not Included		Not Included	
Telehealth Services		$0 copay; virtual visits	Not Covered	$0 copay; virtual visits	Not Covered	$0 copay; virtual visits	Not Covered
Flexible Spend Card[4]		$1,000 annual allowance; Dental/Vision/Hearing		Not Included		Not Included	
Buy Down		Not Applicable		$50 monthly		$45 monthly	
Optional Supplemental Benefits Plan[5]		Not Applicable		Basic Silver		Basic Silver	
Dental	Annual Allowance			$1,000		$1,000	
	Routine Preventive			Not Included		Not Included	
	Basic Restorative Comprehensive			Not Included		Not Included	
	Major Restorative Comprehensive			20% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance
Vision	Hardware/Contacts Allowance			Not Included		Not Included	

Peoria-Bloomington (PPO)

Blue Cross Medicare Advantage℠ plans	Offered in the following counties
Classic (PPO) - H8634-017	Alexander, Clark, Clay, Coles, Crawford, Cumberland, Douglas, Edgar, Edwards, Effingham, Fayette, Ford, Franklin, Gallatin, Hamilton, Hardin, Iroquois, Jackson, Jasper, Jefferson, Johnson, Lawrence, Marion, Pope, Pulaski, Richland, Saline, Union, Vermilion, Wayne, White
Dental Premier (PPO) - H8634-021 **Flex (PPO) - H8634-014** **Health Choice (PPO) - H8634-018** **Protect (PPO) - H8634-019**	Adams, Alexander, Bond, Boone, Brown, Bureau, Calhoun, Carroll, Cass, Christian, Clark, Clay, Clinton, Coles, Cook, Crawford, Cumberland, DeKalb, DeWitt, Douglas, DuPage, Edgar, Edwards, Effingham, Fayette, Ford, Franklin, Fulton, Gallatin, Greene, Grundy, Hamilton, Hancock, Hardin, Henderson, Henry, Iroquois, Jackson, Jasper, Jefferson, Jersey, Johnson, Kane, Kankakee, Kendall, Knox, Lake, LaSalle, Lawrence, Lee, Livingston, Logan, Macon, Macoupin, Madison, Marion, Marshall, Mason, McDonough, McHenry, McLean, Menard, Mercer, Monroe, Montgomery, Morgan, Moultrie, Ogle, Peoria, Perry, Piatt, Pike, Pope, Pulaski, Putnam, Randolph, Richland, Rock Island, Saline, Sangamon, Schuyler, Scott, Shelby, St. Clair, Stark, Stephenson, Tazewell, Union, Vermilion, Warren, Washington, Wayne, White, Whiteside, Will, Williamson, Winnebago, Woodford
Essential (PPO) - H8634-012	Adams, Bond, Boone, Brown, Bureau, Calhoun, Carroll, Cass, Christian, Clinton, DeKalb, DeWitt, Fulton, Greene, Grundy, Hancock, Henderson, Henry, Jersey, Kankakee, Kendall, Knox, Lake, LaSalle, Lee, Livingston, Logan, Macon, Macoupin, Madison, Marshall, Mason, McDonough, McLean, Menard, Mercer, Monroe, Montgomery, Morgan, Moultrie, Ogle, Peoria, Perry, Piatt, Pike, Putnam, Randolph, Rock Island, Sangamon, Schuyler, Scott, Shelby, St. Clair, Stark, Stephenson, Tazewell, Warren, Washington, Whiteside, Williamson, Winnebago, Woodford
Saver Plus (PPO) - H8634-020	Adams, Bond, Boone, Brown, Calhoun, Carroll, Cass, Christian, Clinton, DeKalb, Greene, Jersey, Lee, Logan, Macon, Macoupin, Mason, Menard, Montgomery, Morgan, Moultrie, Ogle, Pike, Randolph, Sangamon, Schuyler, Scott, Shelby, Stephenson, Washington, Winnebago

Plans vary by county. Refer to the Summary of Benefits for plan availability and more information about what we cover and what you pay. Learn more at **www.getblueil.com/mapd/sb**

Prescription Drug Tiers:
Tier 1 – Preferred Generic
Tier 2 – Generic
Tier 3 – Preferred Brand
Tier 4 – Non-Preferred
Tier 5 – Specialty

[1] **Dental.** Orthodontics not covered in any package.

- **Routine Preventive** services include exams, cleanings and X-rays.
- **Basic Restorative Comprehensive** services include basic restorative, adjunctive, non-surgical extractions and non-surgical periodontics.
- **Major Restorative Comprehensive** services include major restorative, endodontics, prosthodontics, oral surgery and surgical periodontics.

[2] **Over-the-Counter.** You can purchase approved over-the-counter (OTC) items at no cost based on your plan limit. This includes OTC items like pain relievers and allergy medicine to help with your basic health and medical needs.

[3] **Rewards Program.** The Rewards Program gives you a healthy and easy way to earn up to $100 in gift cards from major retailers 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 up to $50 in gift cards just for completing your annual wellness visit! Earn rewards with these healthy actions:

-Annual flu vaccine
-Annual wellness visit
-Colorectal cancer screening
-Bone density screening
-Mammogram
-Fall risk assessment
-Retinal eye exam
-Diabetic kidney and blood sugar testing

[4] **Flexible Spend Card.** Pre-loaded flexible spend card with an annual limit of $1,000 to help reduce out-of-pocket expenses for dental, vision and hearing services.

[5] **Optional Supplemental Benefits Plan.** For an additional monthly premium, you can add more coverage to your plan. Adding supplemental benefits to your current plan is optional and provides you with additional dental and vision coverage.

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		Blue Cross Medicare Advantage Basic (HMO)SM H3822-012	Blue Cross Medicare Advantage Value (HMO)SM H3822-014
Plan Premium		**$0**	**$0**
		In-Network	**In-Network**
Primary Care Provider Visits		$0 copay	$0 copay
Specialist Visits		$25 copay	$18 copay
Maximum Out-of-Pocket		$4,900	$2,900
Inpatient Hospital Copay		$275/day for days 1-7	$250/day for days 1-7
Preferred Retail Pharmacy Copays		$0/$8/$47/$100/33%	$0/$8/$47/$100/33%
Prescription Drug Deductible		$0	$0
Preferred Pharmacy Network		Jewel-Osco, Mariano's, Walgreens, Walmart and independents	Jewel-Osco, Mariano's, Walgreens, Walmart and independents
Dental[1]	Routine Preventive	$0 copay; 2 exams, 2 cleanings, 1 X-ray	$0 copay; 2 exams, 2 cleanings, 1 X-ray
	Comprehensive	$1,000 annually	$2,000 annually
Vision	Routine Eye Exam	$0 copay; 1 exam/year	$0 copay; 1 exam/year
	Hardware/Contacts Allowance	$100 annual allowance	$200 annual allowance
Hearing	Hearing Exam	$0 copay; 1 exam/year	$0 copay; 1 exam/year
	Hearing Aids	$699 or $999 copay	$699 or $999 copay
Over-the-Counter[2]		$125 quarterly allowance	$125 quarterly allowance
SilverSneakers® Fitness Program		Included	Included
Rewards Program[3]		Earn up to $100 in Gift Cards	Earn up to $100 in Gift Cards
Transportation		Not Included	12 one-way trips
Telehealth Services		$0 copay; virtual visits	$0 copay; virtual visits
Flexible Spend Card[4]		Not Included	Not Included
Buy Down		Not Applicable	Not Applicable
Optional Supplemental Benefits Plan[5]		Not Applicable	Not Applicable
Dental	Annual Allowance		
	Routine Preventive		
	Basic Restorative Comprehensive		
	Major Restorative Comprehensive		
Vision	Hardware/Contacts Allowance		

Peoria-Bloomington (HMO)

Blue Cross Medicare Advantage℠ plans	Offered in the following counties
Basic (HMO) - H3822-012	Alexander, Brown, Cass, Christian, Clark, Clay, Coles, Crawford, Cumberland, DeWitt, Douglas, Edgar, Edwards, Effingham, Fayette, Ford, Franklin, Gallatin, Hamilton, Hardin, Iroquois, Jackson, Jasper, Jefferson, Johnson, Lawrence, Logan, Macon, Marion, Mason, Menard, Montgomery, Morgan, Moultrie, Piatt, Pike, Pope, Pulaski, Richland, Saline, Sangamon, Schuyler, Scott, Shelby, Union, Vermilion, Wayne, White
Value (HMO) - H3822-014	Adams, Bond, Boone, Bureau, Calhoun, Carroll, Clinton, DeKalb, Fulton, Greene, Hancock, Henderson, Henry, Jersey, Knox, LaSalle, Lee, Livingston, Macoupin, Madison, Marshall, McDonough, McLean, Mercer, Monroe, Ogle, Peoria, Perry, Putnam, Randolph, Rock Island, St. Clair, Stark, Stephenson, Tazewell, Warren, Washington, Whiteside, Williamson, Winnebago, Woodford

Plans vary by county. Refer to the Summary of Benefits for plan availability and more information about what we cover and what you pay. **Learn more at www.getblueil.com/mapd/sb**

Prescription Drug Tiers:
Tier 1 – Preferred Generic
Tier 2 – Generic
Tier 3 – Preferred Brand
Tier 4 – Non-Preferred
Tier 5 – Specialty

[1] **Dental.** Orthodontics not covered in any package.

- **Routine Preventive** services include exams, cleanings and X-rays.
- **Basic Restorative Comprehensive** services include basic restorative, adjunctive, non-surgical extractions and non-surgical periodontics.
- **Major Restorative Comprehensive** services include major restorative, endodontics, prosthodontics, oral surgery and surgical periodontics.

[2] **Over-the-Counter.** You can purchase approved over-the-counter (OTC) items at no cost based on your plan limit. This includes OTC items like pain relievers and allergy medicine to help with your basic health and medical needs.

[3] **Rewards Program.** The Rewards Program gives you a healthy and easy way to earn up to $100 in gift cards from major retailers 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 up to $50 in gift cards just for completing your annual wellness visit! Earn rewards with these healthy actions:

-Annual flu vaccine
-Annual wellness visit
-Colorectal cancer screening
-Bone density screening
-Mammogram
-Fall risk assessment
-Retinal eye exam
-Diabetic kidney and blood sugar testing

[4] **Flexible Spend Card.** Pre-loaded flexible spend card with an annual limit of $1,000 to help reduce out-of-pocket expenses for dental, vision and hearing services.

[5] **Optional Supplemental Benefits Plan.** For an additional monthly premium, you can add more coverage to your plan. Adding supplemental benefits to your current plan is optional and provides you with additional dental and vision coverage.

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		Blue Cross Medicare Advantage Dental Premier (PPO)SM H8634-021		Blue Cross Medicare Advantage Essential (PPO)SM H8634-012		Blue Cross Medicare Advantage Flex (PPO)SM H8634-014	
Plan Premium		**$0**		**$0**		**$202**	
		In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Primary Care Provider Visits		$4 copay	$30 copay	$0 copay	$30 copay	0% coinsurance	
Specialist Visits		$45 copay	$75 copay	$40 copay	$75 copay	0% coinsurance	
Maximum Out-of-Pocket		$7,550	$13,300	$5,900	$8,950	$0	
Inpatient Hospital Copay		$370/day for days 1-6	$500/day	$350/day for days 1-6	$500/day	0% coinsurance	
Preferred Retail Pharmacy Copays		$0/$8/$47/$100/25%	$15/$20/$47/$100/25%	$0/$8/$47/$100/33%	$15/$20/$47/$100/33%	$0/$8/$47/$100/25%	$15/$20/$47/$100/25%
Prescription Drug Deductible		$545 (Tiers 3-5)		$0		$545 (Tiers 3-5)	
Preferred Pharmacy Network		Jewel-Osco, Walgreens		Jewel-Osco, Mariano's, Walgreens, Walmart and independents		Jewel-Osco, Walgreens	
Dental[1]	Routine Preventive	$0 copay; 2 exams, 2 cleanings, 1 X-ray		$0 copay; 2 exams, 2 cleanings, 1 X-ray		Not Covered	
	Comprehensive	$5,000 annually		$1,000 annually		Not Covered	
Vision	Routine Eye Exam	$0 copay; 1 exam/year	$40 allowance	$0 copay; 1 exam/year	$40 allowance	0% coinsurance; 1 exam/year	
	Hardware/Contacts Allowance	$100 annual allowance		$100 annual allowance		Not Covered	
Hearing	Hearing Exam	$0 copay; 1 exam/year	Not Covered	$0 copay; 1 exam/year	Not Covered	0% coinsurance; 1 exam/year	Not Covered
	Hearing Aids	$699 or $999 copay	Not Covered	$699 or $999 copay	Not Covered	$699 or $999 copay	Not Covered
Over-the-Counter[2]		Not Included		$95 quarterly allowance	Not Covered	Not Included	
SilverSneakers® Fitness Program		Included		Included		Included	
Rewards Program[3]		Earn up to $100 in Gift Cards		Earn up to $100 in Gift Cards		Earn up to $100 in Gift Cards	
Transportation		Not Included		Not Included		Not Included	
Telehealth Services		$0 copay; virtual visits	Not Covered	$0 copay; virtual visits	Not Covered	0% coinsurance; virtual visits	Not Covered
Flexible Spend Card[4]		Not Included		Not Included		Not Included	
Buy Down		Not Applicable		Not Applicable		Not Applicable	
Optional Supplemental Benefits Plan[5]		Not Applicable		Basic Silver		Premier	
Dental	Annual Allowance			$1,000		$1,000	
	Routine Preventive			Not Included		$0 copay; 2 exams, 2 cleanings, 1 X-ray	
	Basic Restorative Comprehensive			Not Included		20% coinsurance	50% coinsurance
	Major Restorative Comprehensive			20% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance
Vision	Hardware/Contacts Allowance			Not Included		$150 annually	

		Blue Cross Medicare Advantage Health Choice (PPO)SM H8634-018		Blue Cross Medicare Advantage Protect (PPO)SM H8634-019		Blue Cross Medicare Advantage Saver Plus (PPO)SM H8634-020	
Plan Premium		**$0**		**$0**		**$0**	
		In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Primary Care Provider Visits		$0 copay	$30 copay	$0 copay	$30 copay	$0 copay	$30 copay
Specialist Visits		$45 copay	$75 copay	$50 copay	$75 copay	$45 copay	$75 copay
Maximum Out-of-Pocket		$6,900	$13,300	$6,350	$9,550	$6,900	$13,300
Inpatient Hospital Copay		$370/day for days 1-6	$500/day	$370/day for days 1-6	$500/day	$370/day for days 1-6	$500/day
Preferred Retail Pharmacy Copays		$0/$8/$47/$100/25%	$15/$20/$47/$100/25%	Not Covered		$0/$8/$47/$100/25%	$15/$20/$47/$100/25%
Prescription Drug Deductible		$545 (Tiers 3-5)				$545 (Tiers 3-5)	
Preferred Pharmacy Network		Jewel-Osco, Walgreens				Jewel-Osco, Walgreens	
Dental[1]	Routine Preventive	$0 copay; 2 exams, 2 cleanings, 1 X-ray		$0 copay; 2 exams, 2 cleanings, 1 X-ray		$0 copay; 2 exams, 2 cleanings, 1 X-ray	
	Comprehensive	$1,000 annually		$1,000 annually		$1,000 annually	
Vision	Routine Eye Exam	$0 copay; 1 exam/year	$40 allowance	$0 copay; 1 exam/year	$40 allowance	$0 copay; 1 exam/year	$40 allowance
	Hardware/Contacts Allowance	$100 annual allowance		$100 annual allowance		$100 annual allowance	
Hearing	Hearing Exam	$0 copay; 1 exam/year	Not Covered	$0 copay; 1 exam/year	Not Covered	$0 copay; 1 exam/year	Not Covered
	Hearing Aids	$699 or $999 copay	Not Covered	$699 or $999 copay	Not Covered	$699 or $999 copay	Not Covered
Over-the-Counter[2]		$50 quarterly allowance	Not Covered	Not Included		Not Included	
SilverSneakers® Fitness Program		Included		Included		Included	
Rewards Program[3]		Earn up to $100 in Gift Cards		Earn up to $100 in Gift Cards		Earn up to $100 in Gift Cards	
Transportation		Not Included		Not Included		Not Included	
Telehealth Services		$0 copay; virtual visits	Not Covered	$0 copay; virtual visits	Not Covered	$0 copay; virtual visits	Not Covered
Flexible Spend Card[4]		$1,000 annual allowance; Dental/Vision/Hearing		Not Included		Not Included	
Buy Down		Not Applicable		$50 monthly		$45 monthly	
Optional Supplemental Benefits Plan[5]		Not Applicable		Basic Silver		Basic Silver	
Dental	Annual Allowance			$1,000		$1,000	
	Routine Preventive			Not Included		Not Included	
	Basic Restorative Comprehensive			Not Included		Not Included	
	Major Restorative Comprehensive			20% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance
Vision	Hardware/Contacts Allowance			Not Included		Not Included	

Blue Cross Medicare Advantage℠ plans	Offered in the following counties
Dental Premier (PPO) - H8634-021 Flex (PPO) - H8634-014 Health Choice (PPO) - H8634-018 Protect (PPO) - H8634-019	Adams, Alexander, Bond, Boone, Brown, Bureau, Calhoun, Carroll, Cass, Christian, Clark, Clay, Clinton, Coles, Cook, Crawford, Cumberland, DeKalb, DeWitt, Douglas, DuPage, Edgar, Edwards, Effingham, Fayette, Ford, Franklin, Fulton, Gallatin, Greene, Grundy, Hamilton, Hancock, Hardin, Henderson, Henry, Iroquois, Jackson, Jasper, Jefferson, Jersey, Johnson, Kane, Kankakee, Kendall, Knox, Lake, LaSalle, Lawrence, Lee, Livingston, Logan, Macon, Macoupin, Madison, Marion, Marshall, Mason, McDonough, McHenry, McLean, Menard, Mercer, Monroe, Montgomery, Morgan, Moultrie, Ogle, Peoria, Perry, Piatt, Pike, Pope, Pulaski, Putnam, Randolph, Richland, Rock Island, Saline, Sangamon, Schuyler, Scott, Shelby, St. Clair, Stark, Stephenson, Tazewell, Union, Vermilion, Warren, Washington, Wayne, White, Whiteside, Will, Williamson, Winnebago, Woodford
Essential (PPO) - H8634-012	Adams, Bond, Boone, Brown, Bureau, Calhoun, Carroll, Cass, Christian, Clinton, DeKalb, DeWitt, Fulton, Greene, Grundy, Hancock, Henderson, Henry, Jersey, Kankakee, Kendall, Knox, Lake, LaSalle, Lee, Livingston, Logan, Macon, Macoupin, Madison, Marshall, Mason, McDonough, McLean, Menard, Mercer, Monroe, Montgomery, Morgan, Moultrie, Ogle, Peoria, Perry, Piatt, Pike, Putnam, Randolph, Rock Island, Sangamon, Schuyler, Scott, Shelby, St. Clair, Stark, Stephenson, Tazewell, Warren, Washington, Whiteside, Williamson, Winnebago, Woodford
Saver Plus (PPO) - H8634-020	Adams, Bond, Boone, Brown, Calhoun, Carroll, Cass, Christian, Clinton, DeKalb, Greene, Jersey, Lee, Logan, Macon, Macoupin, Mason, Menard, Montgomery, Morgan, Moultrie, Ogle, Pike, Randolph, Sangamon, Schuyler, Scott, Shelby, Stephenson, Washington, Winnebago

Plans vary by county. Refer to the Summary of Benefits for plan availability and more information about what we cover and what you pay. **Learn more at www.getblueil.com/mapd/sb**

Prescription Drug Tiers:
Tier 1 – Preferred Generic
Tier 2 – Generic
Tier 3 – Preferred Brand
Tier 4 – Non-Preferred
Tier 5 – Specialty

[1] **Dental.** Orthodontics not covered in any package.

- **Routine Preventive** services include exams, cleanings and X-rays.
- **Basic Restorative Comprehensive** services include basic restorative, adjunctive, non-surgical extractions and non-surgical periodontics.
- **Major Restorative Comprehensive** services include major restorative, endodontics, prosthodontics, oral surgery and surgical periodontics.

[2] **Over-the-Counter.** You can purchase approved over-the-counter (OTC) items at no cost based on your plan limit. This includes OTC items like pain relievers and allergy medicine to help with your basic health and medical needs.

[3] **Rewards Program.** The Rewards Program gives you a healthy and easy way to earn up to $100 in gift cards from major retailers 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 up to $50 in gift cards just for completing your annual wellness visit! Earn rewards with these healthy actions:

-Annual flu vaccine
-Annual wellness visit
-Colorectal cancer screening
-Bone density screening
-Mammogram
-Fall risk assessment
-Retinal eye exam
-Diabetic kidney and blood sugar testing

[4] **Flexible Spend Card.** Pre-loaded flexible spend card with an annual limit of $1,000 to help reduce out-of-pocket expenses for dental, vision and hearing services.

[5] **Optional Supplemental Benefits Plan.** For an additional monthly premium, you can add more coverage to your plan. Adding supplemental benefits to your current plan is optional and provides you with additional dental and vision coverage.

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		Blue Cross Medicare Advantage Basic (HMO)SM H3822-012	Blue Cross Medicare Advantage Value (HMO)SM H3822-014
Plan Premium		**$0**	**$0**
		In-Network	**In-Network**
Primary Care Provider Visits		$0 copay	$0 copay
Specialist Visits		$25 copay	$18 copay
Maximum Out-of-Pocket		$4,900	$2,900
Inpatient Hospital Copay		$275/day for days 1-7	$250/day for days 1-7
Preferred Retail Pharmacy Copays		$0/$8/$47/$100/33%	$0/$8/$47/$100/33%
Prescription Drug Deductible		$0	$0
Preferred Pharmacy Network		Jewel-Osco, Mariano's, Walgreens, Walmart and independents	Jewel-Osco, Mariano's, Walgreens, Walmart and independents
Dental[1]	Routine Preventive	$0 copay; 2 exams, 2 cleanings, 1 X-ray	$0 copay; 2 exams, 2 cleanings, 1 X-ray
	Comprehensive	$1,000 annually	$2,000 annually
Vision	Routine Eye Exam	$0 copay; 1 exam/year	$0 copay; 1 exam/year
	Hardware/Contacts Allowance	$100 annual allowance	$200 annual allowance
Hearing	Hearing Exam	$0 copay; 1 exam/year	$0 copay; 1 exam/year
	Hearing Aids	$699 or $999 copay	$699 or $999 copay
Over-the-Counter[2]		$125 quarterly allowance	$125 quarterly allowance
SilverSneakers® Fitness Program		Included	Included
Rewards Program[3]		Earn up to $100 in Gift Cards	Earn up to $100 in Gift Cards
Transportation		Not Included	12 one-way trips
Telehealth Services		$0 copay; virtual visits	$0 copay; virtual visits
Flexible Spend Card[4]		Not Included	Not Included
Buy Down		Not Applicable	Not Applicable
Optional Supplemental Benefits Plan[5]		Not Applicable	Not Applicable
Dental	Annual Allowance		
	Routine Preventive		
	Basic Restorative Comprehensive		
	Major Restorative Comprehensive		
Vision	Hardware/Contacts Allowance		

Blue Cross Medicare Advantage℠ plans	Offered in the following counties
Basic (HMO) - H3822-012	Alexander, Brown, Cass, Christian, Clark, Clay, Coles, Crawford, Cumberland, DeWitt, Douglas, Edgar, Edwards, Effingham, Fayette, Ford, Franklin, Gallatin, Hamilton, Hardin, Iroquois, Jackson, Jasper, Jefferson, Johnson, Lawrence, Logan, Macon, Marion, Mason, Menard, Montgomery, Morgan, Moultrie, Piatt, Pike, Pope, Pulaski, Richland, Saline, Sangamon, Schuyler, Scott, Shelby, Union, Vermilion, Wayne, White
Value (HMO) - H3822-014	Adams, Bond, Boone, Bureau, Calhoun, Carroll, Clinton, DeKalb, Fulton, Greene, Hancock, Henderson, Henry, Jersey, Knox, LaSalle, Lee, Livingston, Macoupin, Madison, Marshall, McDonough, McLean, Mercer, Monroe, Ogle, Peoria, Perry, Putnam, Randolph, Rock Island, St. Clair, Stark, Stephenson, Tazewell, Warren, Washington, Whiteside, Williamson, Winnebago, Woodford

Plans vary by county. Refer to the Summary of Benefits for plan availability and more information about what we cover and what you pay. Learn more at **www.getblueil.com/mapd/sb**

Prescription Drug Tiers:
Tier 1 – Preferred Generic
Tier 2 – Generic
Tier 3 – Preferred Brand
Tier 4 – Non-Preferred
Tier 5 – Specialty

[1] **Dental.** Orthodontics not covered in any package.

- **Routine Preventive** services include exams, cleanings and X-rays.
- **Basic Restorative Comprehensive** services include basic restorative, adjunctive, non-surgical extractions and non-surgical periodontics.
- **Major Restorative Comprehensive** services include major restorative, endodontics, prosthodontics, oral surgery and surgical periodontics.

[2] **Over-the-Counter.** You can purchase approved over-the-counter (OTC) items at no cost based on your plan limit. This includes OTC items like pain relievers and allergy medicine to help with your basic health and medical needs.

[3] **Rewards Program.** The Rewards Program gives you a healthy and easy way to earn up to $100 in gift cards from major retailers 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 up to $50 in gift cards just for completing your annual wellness visit! Earn rewards with these healthy actions:

-Annual flu vaccine
-Annual wellness visit
-Colorectal cancer screening
-Bone density screening
-Mammogram
-Fall risk assessment
-Retinal eye exam
-Diabetic kidney and blood sugar testing

[4] **Flexible Spend Card.** Pre-loaded flexible spend card with an annual limit of $1,000 to help reduce out-of-pocket expenses for dental, vision and hearing services.

[5] **Optional Supplemental Benefits Plan.** For an additional monthly premium, you can add more coverage to your plan. Adding supplemental benefits to your current plan is optional and provides you with additional dental and vision coverage.

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		Blue Cross Medicare Advantage Dental Premier (PPO)SM H8634-021		Blue Cross Medicare Advantage Essential (PPO)SM H8634-012		Blue Cross Medicare Advantage Flex (PPO)SM H8634-014	
Plan Premium		**$0**		**$0**		**$202**	
		In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Primary Care Provider Visits		$4 copay	$30 copay	$0 copay	$30 copay	0% coinsurance	
Specialist Visits		$45 copay	$75 copay	$40 copay	$75 copay	0% coinsurance	
Maximum Out-of-Pocket		$7,550	$13,300	$5,900	$8,950	$0	
Inpatient Hospital Copay		$370/day for days 1-6	$500/day	$350/day for days 1-6	$500/day	0% coinsurance	
Preferred Retail Pharmacy Copays		$0/$8/$47/$100/25%	$15/$20/$47/$100/25%	$0/$8/$47/$100/33%	$15/$20/$47/$100/33%	$0/$8/$47/$100/25%	$15/$20/$47/$100/25%
Prescription Drug Deductible		$545 (Tiers 3-5)		$0		$545 (Tiers 3-5)	
Preferred Pharmacy Network		Jewel-Osco, Walgreens		Jewel-Osco, Mariano's, Walgreens, Walmart and independents		Jewel-Osco, Walgreens	
Dental[1]	Routine Preventive	$0 copay; 2 exams, 2 cleanings, 1 X-ray		$0 copay; 2 exams, 2 cleanings, 1 X-ray		Not Covered	
	Comprehensive	$5,000 annually		$1,000 annually		Not Covered	
Vision	Routine Eye Exam	$0 copay; 1 exam/year	$40 allowance	$0 copay; 1 exam/year	$40 allowance	0% coinsurance; 1 exam/year	
	Hardware/Contacts Allowance	$100 annual allowance		$100 annual allowance		Not Covered	
Hearing	Hearing Exam	$0 copay; 1 exam/year	Not Covered	$0 copay; 1 exam/year	Not Covered	0% coinsurance; 1 exam/year	Not Covered
	Hearing Aids	$699 or $999 copay	Not Covered	$699 or $999 copay	Not Covered	$699 or $999 copay	Not Covered
Over-the-Counter[2]		Not Included		$95 quarterly allowance	Not Covered	Not Included	
SilverSneakers® Fitness Program		Included		Included		Included	
Rewards Program[3]		Earn up to $100 in Gift Cards		Earn up to $100 in Gift Cards		Earn up to $100 in Gift Cards	
Transportation		Not Included		Not Included		Not Included	
Telehealth Services		$0 copay; virtual visits	Not Covered	$0 copay; virtual visits	Not Covered	0% coinsurance; virtual visits	Not Covered
Flexible Spend Card[4]		Not Included		Not Included		Not Included	
Buy Down		Not Applicable		Not Applicable		Not Applicable	
Optional Supplemental Benefits Plan[5]		Not Applicable		Basic Silver		Premier	
Dental	Annual Allowance			$1,000		$1,000	
	Routine Preventive			Not Included		$0 copay; 2 exams, 2 cleanings, 1 X-ray	
	Basic Restorative Comprehensive			Not Included		20% coinsurance	50% coinsurance
	Major Restorative Comprehensive			20% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance
Vision	Hardware/Contacts Allowance			Not Included		$150 annually	

		Blue Cross Medicare Advantage Health Choice (PPO)SM H8634-018		Blue Cross Medicare Advantage Protect (PPO)SM H8634-019		Blue Cross Medicare Advantage Saver Plus (PPO)SM H8634-020	
Plan Premium		**$0**		**$0**		**$0**	
		In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Primary Care Provider Visits		$0 copay	$30 copay	$0 copay	$30 copay	$0 copay	$30 copay
Specialist Visits		$45 copay	$75 copay	$50 copay	$75 copay	$45 copay	$75 copay
Maximum Out-of-Pocket		$6,900	$13,300	$6,350	$9,550	$6,900	$13,300
Inpatient Hospital Copay		$370/day for days 1-6	$500/day	$370/day for days 1-6	$500/day	$370/day for days 1-6	$500/day
Preferred Retail Pharmacy Copays		$0/$8/$47/$100/25%	$15/$20/$47/$100/25%	Not Covered		$0/$8/$47/$100/25%	$15/$20/$47/$100/25%
Prescription Drug Deductible		$545 (Tiers 3-5)				$545 (Tiers 3-5)	
Preferred Pharmacy Network		Jewel-Osco, Walgreens				Jewel-Osco, Walgreens	
Dental[1]	Routine Preventive	$0 copay; 2 exams, 2 cleanings, 1 X-ray		$0 copay; 2 exams, 2 cleanings, 1 X-ray		$0 copay; 2 exams, 2 cleanings, 1 X-ray	
	Comprehensive	$1,000 annually		$1,000 annually		$1,000 annually	
Vision	Routine Eye Exam	$0 copay; 1 exam/year	$40 allowance	$0 copay; 1 exam/year	$40 allowance	$0 copay; 1 exam/year	$40 allowance
	Hardware/Contacts Allowance	$100 annual allowance		$100 annual allowance		$100 annual allowance	
Hearing	Hearing Exam	$0 copay; 1 exam/year	Not Covered	$0 copay; 1 exam/year	Not Covered	$0 copay; 1 exam/year	Not Covered
	Hearing Aids	$699 or $999 copay	Not Covered	$699 or $999 copay	Not Covered	$699 or $999 copay	Not Covered
Over-the-Counter[2]		$50 quarterly allowance	Not Covered	Not Included		Not Included	
SilverSneakers® Fitness Program		Included		Included		Included	
Rewards Program[3]		Earn up to $100 in Gift Cards		Earn up to $100 in Gift Cards		Earn up to $100 in Gift Cards	
Transportation		Not Included		Not Included		Not Included	
Telehealth Services		$0 copay; virtual visits	Not Covered	$0 copay; virtual visits	Not Covered	$0 copay; virtual visits	Not Covered
Flexible Spend Card[4]		$1,000 annual allowance; Dental/Vision/Hearing		Not Included		Not Included	
Buy Down		Not Applicable		$50 monthly		$45 monthly	
Optional Supplemental Benefits Plan[5]		Not Applicable		Basic Silver		Basic Silver	
Dental	Annual Allowance			$1,000		$1,000	
	Routine Preventive			Not Included		Not Included	
	Basic Restorative Comprehensive			Not Included		Not Included	
	Major Restorative Comprehensive			20% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance
Vision	Hardware/Contacts Allowance			Not Included		Not Included	

Rockford-Rock Island-Moline (PPO)

Blue Cross Medicare Advantage℠ plans	Offered in the following counties
Dental Premier (PPO) - H8634-021 **Flex (PPO) - H8634-014** **Health Choice (PPO) - H8634-018** **Protect (PPO) - H8634-019**	Adams, Alexander, Bond, Boone, Brown, Bureau, Calhoun, Carroll, Cass, Christian, Clark, Clay, Clinton, Coles, Cook, Crawford, Cumberland, DeKalb, DeWitt, Douglas, DuPage, Edgar, Edwards, Effingham, Fayette, Ford, Franklin, Fulton, Gallatin, Greene, Grundy, Hamilton, Hancock, Hardin, Henderson, Henry, Iroquois, Jackson, Jasper, Jefferson, Jersey, Johnson, Kane, Kankakee, Kendall, Knox, Lake, LaSalle, Lawrence, Lee, Livingston, Logan, Macon, Macoupin, Madison, Marion, Marshall, Mason, McDonough, McHenry, McLean, Menard, Mercer, Monroe, Montgomery, Morgan, Moultrie, Ogle, Peoria, Perry, Piatt, Pike, Pope, Pulaski, Putnam, Randolph, Richland, Rock Island, Saline, Sangamon, Schuyler, Scott, Shelby, St. Clair, Stark, Stephenson, Tazewell, Union, Vermilion, Warren, Washington, Wayne, White, Whiteside, Will, Williamson, Winnebago, Woodford
Essential (PPO) - H8634-012	Adams, Bond, Boone, Brown, Bureau, Calhoun, Carroll, Cass, Christian, Clinton, DeKalb, DeWitt, Fulton, Greene, Grundy, Hancock, Henderson, Henry, Jersey, Kankakee, Kendall, Knox, Lake, LaSalle, Lee, Livingston, Logan, Macon, Macoupin, Madison, Marshall, Mason, McDonough, McLean, Menard, Mercer, Monroe, Montgomery, Morgan, Moultrie, Ogle, Peoria, Perry, Piatt, Pike, Putnam, Randolph, Rock Island, Sangamon, Schuyler, Scott, Shelby, St. Clair, Stark, Stephenson, Tazewell, Warren, Washington, Whiteside, Williamson, Winnebago, Woodford
Saver Plus (PPO) - H8634-020	Adams, Bond, Boone, Brown, Calhoun, Carroll, Cass, Christian, Clinton, DeKalb, Greene, Jersey, Lee, Logan, Macon, Macoupin, Mason, Menard, Montgomery, Morgan, Moultrie, Ogle, Pike, Randolph, Sangamon, Schuyler, Scott, Shelby, Stephenson, Washington, Winnebago

Plans vary by county. Refer to the Summary of Benefits for plan availability and more information about what we cover and what you pay. Learn more at **www.getblueil.com/mapd/sb**

Prescription Drug Tiers:
Tier 1 – Preferred Generic
Tier 2 – Generic
Tier 3 – Preferred Brand
Tier 4 – Non-Preferred
Tier 5 – Specialty

[1] **Dental.** Orthodontics not covered in any package.

- **Routine Preventive** services include exams, cleanings and X-rays.
- **Basic Restorative Comprehensive** services include basic restorative, adjunctive, non-surgical extractions and non-surgical periodontics.
- **Major Restorative Comprehensive** services include major restorative, endodontics, prosthodontics, oral surgery and surgical periodontics.

[2] **Over-the-Counter.** You can purchase approved over-the-counter (OTC) items at no cost based on your plan limit. This includes OTC items like pain relievers and allergy medicine to help with your basic health and medical needs.

[3] **Rewards Program.** The Rewards Program gives you a healthy and easy way to earn up to $100 in gift cards from major retailers 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 up to $50 in gift cards just for completing your annual wellness visit! Earn rewards with these healthy actions:

-Annual flu vaccine
-Annual wellness visit
-Colorectal cancer screening
-Bone density screening
-Mammogram
-Fall risk assessment
-Retinal eye exam
-Diabetic kidney and blood sugar testing

[4] **Flexible Spend Card.** Pre-loaded flexible spend card with an annual limit of $1,000 to help reduce out-of-pocket expenses for dental, vision and hearing services.

[5] **Optional Supplemental Benefits Plan.** For an additional monthly premium, you can add more coverage to your plan. Adding supplemental benefits to your current plan is optional and provides you with additional dental and vision coverage.

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		Blue Cross Medicare Advantage Value (HMO)SM H3822-014
Plan Premium		**$0**
		In-Network
Primary Care Provider Visits		$0 copay
Specialist Visits		$18 copay
Maximum Out-of-Pocket		$2,900
Inpatient Hospital Copay		$250/day for days 1-7
Preferred Retail Pharmacy Copays		$0/$8/$47/$100/33%
Prescription Drug Deductible		$0
Preferred Pharmacy Network		Jewel-Osco, Mariano's, Walgreens, Walmart and independents
Dental[1]	Routine Preventive	$0 copay; 2 exams, 2 cleanings, 1 X-ray
	Comprehensive	$2,000 annually
Vision	Routine Eye Exam	$0 copay; 1 exam/year
	Hardware/Contacts Allowance	$200 annual allowance
Hearing	Hearing Exam	$0 copay; 1 exam/year
	Hearing Aids	$699 or $999 copay
Over-the-Counter[2]		$125 quarterly allowance
SilverSneakers® Fitness Program		Included
Rewards Program[3]		Earn up to $100 in Gift Cards
Transportation		12 one-way trips
Telehealth Services		$0 copay; virtual visits
Flexible Spend Card[4]		Not Included
Buy Down		Not Applicable
Optional Supplemental Benefits Plan[5]		Not Applicable
Dental	Annual Allowance	
	Routine Preventive	
	Basic Restorative Comprehensive	
	Major Restorative Comprehensive	
Vision	Hardware/Contacts Allowance	

Rockford-Rock Island-Moline (HMO)

Blue Cross Medicare Advantage℠ plans	Offered in the following counties
Value (HMO) - H3822-014	Adams, Bond, Boone, Bureau, Calhoun, Carroll, Clinton, DeKalb, Fulton, Greene, Hancock, Henderson, Henry, Jersey, Knox, LaSalle, Lee, Livingston, Macoupin, Madison, Marshall, McDonough, McLean, Mercer, Monroe, Ogle, Peoria, Perry, Putnam, Randolph, Rock Island, St. Clair, Stark, Stephenson, Tazewell, Warren, Washington, Whiteside, Williamson, Winnebago, Woodford

Plans vary by county. Refer to the Summary of Benefits for plan availability and more information about what we cover and what you pay. Learn more at **www.getblueil.com/mapd/sb**

Prescription Drug Tiers:
Tier 1 – Preferred Generic
Tier 2 – Generic
Tier 3 – Preferred Brand
Tier 4 – Non-Preferred
Tier 5 – Specialty

[1] **Dental.** Orthodontics not covered in any package.

- **Routine Preventive** services include exams, cleanings and X-rays.
- **Basic Restorative Comprehensive** services include basic restorative, adjunctive, non-surgical extractions and non-surgical periodontics.
- **Major Restorative Comprehensive** services include major restorative, endodontics, prosthodontics, oral surgery and surgical periodontics.

[2] **Over-the-Counter.** You can purchase approved over-the-counter (OTC) items at no cost based on your plan limit. This includes OTC items like pain relievers and allergy medicine to help with your basic health and medical needs.

[3] **Rewards Program.** The Rewards Program gives you a healthy and easy way to earn up to $100 in gift cards from major retailers 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 up to $50 in gift cards just for completing your annual wellness visit! Earn rewards with these healthy actions:

-Annual flu vaccine
-Annual wellness visit
-Colorectal cancer screening
-Bone density screening
-Mammogram
-Fall risk assessment
-Retinal eye exam
-Diabetic kidney and blood sugar testing

[4] **Flexible Spend Card.** Pre-loaded flexible spend card with an annual limit of $1,000 to help reduce out-of-pocket expenses for dental, vision and hearing services.

[5] **Optional Supplemental Benefits Plan.** For an additional monthly premium, you can add more coverage to your plan. Adding supplemental benefits to your current plan is optional and provides you with additional dental and vision coverage.

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		Blue Cross Medicare Advantage Dental Premier (PPO)SM H8634-021		Blue Cross Medicare Advantage Essential (PPO)SM H8634-012		Blue Cross Medicare Advantage Flex (PPO)SM H8634-014	
Plan Premium		**$0**		**$0**		**$202**	
		In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Primary Care Provider Visits		$4 copay	$30 copay	$0 copay	$30 copay	0% coinsurance	
Specialist Visits		$45 copay	$75 copay	$40 copay	$75 copay	0% coinsurance	
Maximum Out-of-Pocket		$7,550	$13,300	$5,900	$8,950	$0	
Inpatient Hospital Copay		$370/day for days 1-6	$500/day	$350/day for days 1-6	$500/day	0% coinsurance	
Preferred Retail Pharmacy Copays		$0/$8/$47/$100/25%	$15/$20/$47/$100/25%	$0/$8/$47/$100/33%	$15/$20/$47/$100/33%	$0/$8/$47/$100/25%	$15/$20/$47/$100/25%
Prescription Drug Deductible		$545 (Tiers 3-5)		$0		$545 (Tiers 3-5)	
Preferred Pharmacy Network		Jewel-Osco, Walgreens		Jewel-Osco, Mariano's, Walgreens, Walmart and independents		Jewel-Osco, Walgreens	
Dental[1]	Routine Preventive	$0 copay; 2 exams, 2 cleanings, 1 X-ray		$0 copay; 2 exams, 2 cleanings, 1 X-ray		Not Covered	
	Comprehensive	$5,000 annually		$1,000 annually		Not Covered	
Vision	Routine Eye Exam	$0 copay; 1 exam/year	$40 allowance	$0 copay; 1 exam/year	$40 allowance	0% coinsurance; 1 exam/year	
	Hardware/Contacts Allowance	$100 annual allowance		$100 annual allowance		Not Covered	
Hearing	Hearing Exam	$0 copay; 1 exam/year	Not Covered	$0 copay; 1 exam/year	Not Covered	0% coinsurance; 1 exam/year	Not Covered
	Hearing Aids	$699 or $999 copay	Not Covered	$699 or $999 copay	Not Covered	$699 or $999 copay	Not Covered
Over-the-Counter[2]		Not Included		$95 quarterly allowance	Not Covered	Not Included	
SilverSneakers® Fitness Program		Included		Included		Included	
Rewards Program[3]		Earn up to $100 in Gift Cards		Earn up to $100 in Gift Cards		Earn up to $100 in Gift Cards	
Transportation		Not Included		Not Included		Not Included	
Telehealth Services		$0 copay; virtual visits	Not Covered	$0 copay; virtual visits	Not Covered	0% coinsurance; virtual visits	Not Covered
Flexible Spend Card[4]		Not Included		Not Included		Not Included	
Buy Down		Not Applicable		Not Applicable		Not Applicable	
Optional Supplemental Benefits Plan[5]		Not Applicable		Basic Silver		Premier	
Dental	Annual Allowance			$1,000		$1,000	
	Routine Preventive			Not Included		$0 copay; 2 exams, 2 cleanings, 1 X-ray	
	Basic Restorative Comprehensive			Not Included		20% coinsurance	50% coinsurance
	Major Restorative Comprehensive			20% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance
Vision	Hardware/Contacts Allowance			Not Included		$150 annually	

		Blue Cross Medicare Advantage Health Choice (PPO)SM H8634-018		Blue Cross Medicare Advantage Protect (PPO)SM H8634-019		Blue Cross Medicare Advantage Saver Plus (PPO)SM H8634-020	
Plan Premium		**$0**		**$0**		**$0**	
		In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Primary Care Provider Visits		$0 copay	$30 copay	$0 copay	$30 copay	$0 copay	$30 copay
Specialist Visits		$45 copay	$75 copay	$50 copay	$75 copay	$45 copay	$75 copay
Maximum Out-of-Pocket		$6,900	$13,300	$6,350	$9,550	$6,900	$13,300
Inpatient Hospital Copay		$370/day for days 1-6	$500/day	$370/day for days 1-6	$500/day	$370/day for days 1-6	$500/day
Preferred Retail Pharmacy Copays		$0/$8/$47/$100/25%	$15/$20/$47/$100/25%	Not Covered		$0/$8/$47/$100/25%	$15/$20/$47/$100/25%
Prescription Drug Deductible		$545 (Tiers 3-5)				$545 (Tiers 3-5)	
Preferred Pharmacy Network		Jewel-Osco, Walgreens				Jewel-Osco, Walgreens	
Dental[1]	Routine Preventive	$0 copay; 2 exams, 2 cleanings, 1 X-ray		$0 copay; 2 exams, 2 cleanings, 1 X-ray		$0 copay; 2 exams, 2 cleanings, 1 X-ray	
	Comprehensive	$1,000 annually		$1,000 annually		$1,000 annually	
Vision	Routine Eye Exam	$0 copay; 1 exam/year	$40 allowance	$0 copay; 1 exam/year	$40 allowance	$0 copay; 1 exam/year	$40 allowance
	Hardware/Contacts Allowance	$100 annual allowance		$100 annual allowance		$100 annual allowance	
Hearing	Hearing Exam	$0 copay; 1 exam/year	Not Covered	$0 copay; 1 exam/year	Not Covered	$0 copay; 1 exam/year	Not Covered
	Hearing Aids	$699 or $999 copay	Not Covered	$699 or $999 copay	Not Covered	$699 or $999 copay	Not Covered
Over-the-Counter[2]		$50 quarterly allowance	Not Covered	Not Included		Not Included	
SilverSneakers® Fitness Program		Included		Included		Included	
Rewards Program[3]		Earn up to $100 in Gift Cards		Earn up to $100 in Gift Cards		Earn up to $100 in Gift Cards	
Transportation		Not Included		Not Included		Not Included	
Telehealth Services		$0 copay; virtual visits	Not Covered	$0 copay; virtual visits	Not Covered	$0 copay; virtual visits	Not Covered
Flexible Spend Card[4]		$1,000 annual allowance; Dental/Vision/Hearing		Not Included		Not Included	
Buy Down		Not Applicable		$50 monthly		$45 monthly	
Optional Supplemental Benefits Plan[5]		Not Applicable		Basic Silver		Basic Silver	
Dental	Annual Allowance			$1,000		$1,000	
	Routine Preventive			Not Included		Not Included	
	Basic Restorative Comprehensive			Not Included		Not Included	
	Major Restorative Comprehensive			20% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance
Vision	Hardware/Contacts Allowance			Not Included		Not Included	

Blue Cross Medicare Advantage℠ plans	Offered in the following counties
Dental Premier (PPO) - H8634-021 Flex (PPO) - H8634-014 Health Choice (PPO) - H8634-018 Protect (PPO) - H8634-019	Adams, Alexander, Bond, Boone, Brown, Bureau, Calhoun, Carroll, Cass, Christian, Clark, Clay, Clinton, Coles, Cook, Crawford, Cumberland, DeKalb, DeWitt, Douglas, DuPage, Edgar, Edwards, Effingham, Fayette, Ford, Franklin, Fulton, Gallatin, Greene, Grundy, Hamilton, Hancock, Hardin, Henderson, Henry, Iroquois, Jackson, Jasper, Jefferson, Jersey, Johnson, Kane, Kankakee, Kendall, Knox, Lake, LaSalle, Lawrence, Lee, Livingston, Logan, Macon, Macoupin, Madison, Marion, Marshall, Mason, McDonough, McHenry, McLean, Menard, Mercer, Monroe, Montgomery, Morgan, Moultrie, Ogle, Peoria, Perry, Piatt, Pike, Pope, Pulaski, Putnam, Randolph, Richland, Rock Island, Saline, Sangamon, Schuyler, Scott, Shelby, St. Clair, Stark, Stephenson, Tazewell, Union, Vermilion, Warren, Washington, Wayne, White, Whiteside, Will, Williamson, Winnebago, Woodford
Essential (PPO) - H8634-012	Adams, Bond, Boone, Brown, Bureau, Calhoun, Carroll, Cass, Christian, Clinton, DeKalb, DeWitt, Fulton, Greene, Grundy, Hancock, Henderson, Henry, Jersey, Kankakee, Kendall, Knox, Lake, LaSalle, Lee, Livingston, Logan, Macon, Macoupin, Madison, Marshall, Mason, McDonough, McLean, Menard, Mercer, Monroe, Montgomery, Morgan, Moultrie, Ogle, Peoria, Perry, Piatt, Pike, Putnam, Randolph, Rock Island, Sangamon, Schuyler, Scott, Shelby, St. Clair, Stark, Stephenson, Tazewell, Warren, Washington, Whiteside, Williamson, Winnebago, Woodford
Saver Plus (PPO) - H8634-020	Adams, Bond, Boone, Brown, Calhoun, Carroll, Cass, Christian, Clinton, DeKalb, Greene, Jersey, Lee, Logan, Macon, Macoupin, Mason, Menard, Montgomery, Morgan, Moultrie, Ogle, Pike, Randolph, Sangamon, Schuyler, Scott, Shelby, Stephenson, Washington, Winnebago

Plans vary by county. Refer to the Summary of Benefits for plan availability and more information about what we cover and what you pay. **Learn more at www.getblueil.com/mapd/sb**

Prescription Drug Tiers:
Tier 1 – Preferred Generic
Tier 2 – Generic
Tier 3 – Preferred Brand
Tier 4 – Non-Preferred
Tier 5 – Specialty

[1] **Dental.** Orthodontics not covered in any package.

- **Routine Preventive** services include exams, cleanings and X-rays.
- **Basic Restorative Comprehensive** services include basic restorative, adjunctive, non-surgical extractions and non-surgical periodontics.
- **Major Restorative Comprehensive** services include major restorative, endodontics, prosthodontics, oral surgery and surgical periodontics.

[2] **Over-the-Counter.** You can purchase approved over-the-counter (OTC) items at no cost based on your plan limit. This includes OTC items like pain relievers and allergy medicine to help with your basic health and medical needs.

[3] **Rewards Program.** The Rewards Program gives you a healthy and easy way to earn up to $100 in gift cards from major retailers 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 up to $50 in gift cards just for completing your annual wellness visit! Earn rewards with these healthy actions:

-Annual flu vaccine
-Annual wellness visit
-Colorectal cancer screening
-Bone density screening
-Mammogram
-Fall risk assessment
-Retinal eye exam
-Diabetic kidney and blood sugar testing

[4] **Flexible Spend Card.** Pre-loaded flexible spend card with an annual limit of $1,000 to help reduce out-of-pocket expenses for dental, vision and hearing services.

[5] **Optional Supplemental Benefits Plan.** For an additional monthly premium, you can add more coverage to your plan. Adding supplemental benefits to your current plan is optional and provides you with additional dental and vision coverage.

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		Blue Cross Medicare Advantage Value (HMO)SM H3822-014
Plan Premium		**$0**
		In-Network
Primary Care Provider Visits		$0 copay
Specialist Visits		$18 copay
Maximum Out-of-Pocket		$2,900
Inpatient Hospital Copay		$250/day for days 1-7
Preferred Retail Pharmacy Copays		$0/$8/$47/$100/33%
Prescription Drug Deductible		$0
Preferred Pharmacy Network		Jewel-Osco, Mariano's, Walgreens, Walmart and independents
Dental[1]	Routine Preventive	$0 copay; 2 exams, 2 cleanings, 1 X-ray
	Comprehensive	$2,000 annually
Vision	Routine Eye Exam	$0 copay; 1 exam/year
	Hardware/Contacts Allowance	$200 annual allowance
Hearing	Hearing Exam	$0 copay; 1 exam/year
	Hearing Aids	$699 or $999 copay
Over-the-Counter[2]		$125 quarterly allowance
SilverSneakers® Fitness Program		Included
Rewards Program[3]		Earn up to $100 in Gift Cards
Transportation		12 one-way trips
Telehealth Services		$0 copay; virtual visits
Flexible Spend Card[4]		Not Included
Buy Down		Not Applicable
Optional Supplemental Benefits Plan[5]		Not Applicable
Dental	Annual Allowance	
	Routine Preventive	
	Basic Restorative Comprehensive	
	Major Restorative Comprehensive	
Vision	Hardware/Contacts Allowance	

Blue Cross Medicare Advantage℠ plans	Offered in the following counties
Value (HMO) - H3822-014	Adams, Bond, Boone, Bureau, Calhoun, Carroll, Clinton, DeKalb, Fulton, Greene, Hancock, Henderson, Henry, Jersey, Knox, LaSalle, Lee, Livingston, Macoupin, Madison, Marshall, McDonough, McLean, Mercer, Monroe, Ogle, Peoria, Perry, Putnam, Randolph, Rock Island, St. Clair, Stark, Stephenson, Tazewell, Warren, Washington, Whiteside, Williamson, Winnebago, Woodford

Plans vary by county. Refer to the Summary of Benefits for plan availability and more information about what we cover and what you pay. **Learn more at www.getblueil.com/mapd/sb**

Prescription Drug Tiers:
Tier 1 – Preferred Generic
Tier 2 – Generic
Tier 3 – Preferred Brand
Tier 4 – Non-Preferred
Tier 5 – Specialty

[1] **Dental.** Orthodontics not covered in any package.

- **Routine Preventive** services include exams, cleanings and X-rays.
- **Basic Restorative Comprehensive** services include basic restorative, adjunctive, non-surgical extractions and non-surgical periodontics.
- **Major Restorative Comprehensive** services include major restorative, endodontics, prosthodontics, oral surgery and surgical periodontics.

[2] **Over-the-Counter.** You can purchase approved over-the-counter (OTC) items at no cost based on your plan limit. This includes OTC items like pain relievers and allergy medicine to help with your basic health and medical needs.

[3] **Rewards Program.** The Rewards Program gives you a healthy and easy way to earn up to $100 in gift cards from major retailers 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 up to $50 in gift cards just for completing your annual wellness visit! Earn rewards with these healthy actions:

-Annual flu vaccine
-Annual wellness visit
-Colorectal cancer screening
-Bone density screening
-Mammogram
-Fall risk assessment
-Retinal eye exam
-Diabetic kidney and blood sugar testing

[4] **Flexible Spend Card.** Pre-loaded flexible spend card with an annual limit of $1,000 to help reduce out-of-pocket expenses for dental, vision and hearing services.

[5] **Optional Supplemental Benefits Plan.** For an additional monthly premium, you can add more coverage to your plan. Adding supplemental benefits to your current plan is optional and provides you with additional dental and vision coverage.

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Part D

2024 Part D Product Benefits

- 2024 annual CMS standard deductible is **$545**
- Rx drug deductibles on our plans range from **$0** (10 MAPDs) to **$200/$250** (2 MAPDs) and **$545** (4 MAPDs and all 3 Part D PDPs)
- Comprehensive drug lists
  - PDP - LCE Custom **3,123**; Enhanced HC **3,432**
  - MAPD - Value **3,437**; Semi Custom **3,814**
- Convenience of nationwide coverage at thousands of pharmacies and mail-order choices
- Members save on prescription drug copays when using a Preferred Pharmacy

BlueCross BlueShield of Illinois

PDP Highlights

Plan Name	Premium	Deductible	Preferred Pharmacies	Formulary	Gap Coverage
Blue Cross MedicareRx **Choice (PDP)**SM S5715-019	**$27.70**	**$545 (Tiers 3–5)**	Walgreens, Jewel-Osco	LCE Custom	Defined Standard
Blue Cross MedicareRx **Value (PDP)**SM S5715-001	**$78.10**	**$545 (Tiers 3–5)**	Walgreens, Jewel-Osco, Walmart, Mariano's and independents	Enhanced HC	Full on Tier 1

Drug list sizes: LCE Custom 3,123; Enhanced HC 3,432;

Medicare Supplement

Medicare Supplement Plan
Key Points

- Every policy is backed by **80+** years of experience
- Multiple Discounts for eligible members
  - No-Tobacco Discount
  - Household Discount
  - Continue with Blue
- Enrolling in a Medicare Supplement plan is optional
  - Each policy covers one person
  - Spouses can each pick a different plan to match their individual coverage needs

Medicare Supplement Plan
Key Points

- Extras
  - Routine eye exam
  - TruHearing discounts
  - Blue 365
  - 24/7 Nurseline
- Original Medicare does NOT cover everything
- May lower your out-of-pocket costs
- Get more health insurance coverage
- Choose any doctor who accepts Medicare

Medicare Supplement
Plan G Plus

Plan G Plus offers additional benefits and programs:

- **Dental coverage** with enhanced preventive dental benefits
- **Vision coverage** including annual routine exam with dilation and allowance for contacts/glasses
- **Hearing coverage** including annual routine exam and enhanced discounts on hearing aids
- **SilverSneakers** Fitness Program with nationwide gym network
- **24/7 Nurseline** access

Medicare Supplement Insurance Plan G Plus is not available in Texas.
High Deductible G Plus plan is available in Illinois and Montana only.

Medicare Select℠

Medicare Select is a money-saving option that is NOT an HMO

- Offers the same benefits as our standard option, but costs less when Med-Select hospitals are used for non-emergency care.
- To qualify for Med-Select, you must live in the approved service area **within 30 miles** of any Med-Select network hospital.
- With Med-Select, you are covered for urgent and emergency care at any hospital.

Med-Select Plans require that you use BCBSIL contracting Med-Select hospitals for non-emergency admissions to receive coverage for the Medicare Part A deductible. In an emergency, the $1,600 Part A deductible is covered at any hospital from which you receive care. Note: Med-Select is available only in certain Illinois counties.

Medicare Supplement Plan Overview

Medicare Supplement Plan Overview

	IL – 4/1	MT – 5/1	NM – 4/1	OK – 1/1	TX – 7/1
Products	**Standard Plans** A, G, N, G Plus* **Secure Plans** A, G, G Plus*, N **Select Plans** G, G Plus*, N **High Deductible** G, G Plus*	**Standard Plans** A, G, N, G Plus* **High Deductible** G, G Plus*	**Standard Plans** A, G, G Plus*, N	**Standard Plans** A, G, G Plus*, N **Select Plans** G, G Plus*, N **High Deductible** G	**Standard Plans** A, G, N **Select Plans** G, N **High Deductible** G
Discounts	**Household Discount** – 10% **Continue with Blue** – 7%	**Household Discount** – 10% **Continue with Blue** – 7%	**Household Discount** – 10% **Continue with Blue** – 7%	**Household Discount** – 10% **Continue with Blue** – 7% **NEW Blue Family Discount** – 12%	**Household Discount** – 10% **Continue with Blue** – 7%
Value-Added Benefits	**TruHearing** – $0 exam discounts on hearing aids **24/7 Nurseline** **Blue 365** – healthy living discounts **Blue Access for Members**	**TruHearing** – $0 exam discounts on hearing aids **24/7 Nurseline** **Blue 365** – healthy living discounts **Blue Access for Members**	**TruHearing** – $0 exam discounts on hearing aids **24/7 Nurseline** **Blue 365** – healthy living discounts **Blue Access for Members**	**TruHearing** – $0 exam discounts on hearing aids **24/7 Nurseline** **Blue 365** – healthy living discounts **Blue Access for Members**	**TruHearing** – $0 exam discounts on hearing aids **24/7 Nurseline** **Blue 365** – healthy living discounts **Blue Access for Members**
Rates	**Stable Rates – reliable, with no teaser rates or gimmicks. Only modest rate fluctuations over the past 10 Years.**				

Medicare Supplement Discounts

Expanded *Continue with Blue* Discount 7%

Any members who had commercial group or individual health coverage with **any BCBS Plan** within 1 year of their BCBS Medicare Supplement insurance policy becoming effective.

Household Discount 10%

Any members who live with their spouse or civil union / domestic partner, as well as members who live with up to 3 adults who are **at least 60 years** of age for the last 12 months.

Medicare Supplement Commission - Earn More with “True Blue”

True Blue

- Sell 25 or more policies
- Earn an additional 2.5% commission
- Top Comp
  - MS 12.5%
  - MS Secure 20.5%

BlueCross BlueShield of Illinois

Compensation Schedule

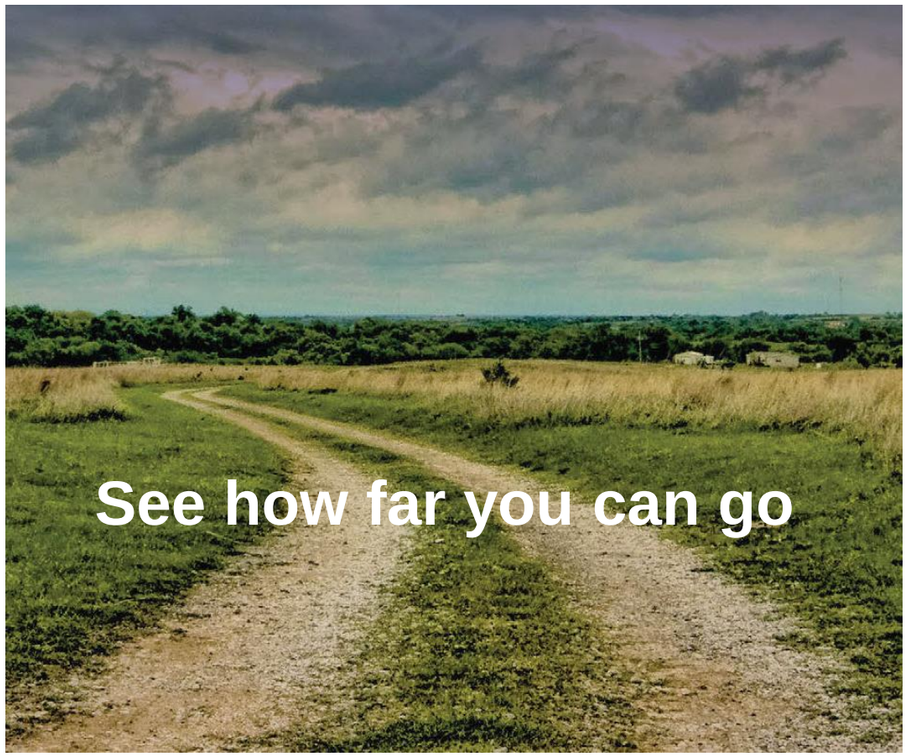
Medicare Supplement Product Lines, Effective April 1, 2023

This Blue Cross and Blue Shield of Illinois (BCBSIL) Compensation Schedule is effective April 1, 2023, and replaces any existing Medicare Supplement Compensation Schedule in effect prior to the effective date of this schedule and shall apply to all new and existing policies effective on or after the effective date of this Compensation Schedule.

MEDICARE SUPPLEMENT PRODUCT				
PRODUCT TYPE	**COMPENSATION RATE FIRST YEAR**	**COMPENSATION RATE YEARS 2-6**	**COMPENSATION RATE YEARS 7-10**	**COMPENSATION RATE YEARS 11+**
Persons Aged 65-79	10% / 12.5%[1, 2]	10%	5%	2.5%
Persons Aged 80 and Older and Under 65 Medicare	5% / 6.25%[1, 2]	5%	2.5%	1.25%

MEDICARE SUPPLEMENT SECURE PRODUCT				
PRODUCT TYPE	**COMPENSATION RATE FIRST YEAR**	**COMPENSATION RATE YEARS 2-6**	**COMPENSATION RATE YEARS 7-10**	**COMPENSATION RATE YEARS 11+ S**
Persons Aged 65-79	18% /20.5%[1, 2, 3, 4]	18%	5%	2.5%
Persons Aged 80 and Older and Under 65 Medicare	9%	9%	2.5%	1.25%

[1] First year compensation is based upon the level of production of new paid sales in each product line during the previous calendar year. Producers that have sold 25 or more paid policies in the previous calendar year will receive compensation at the higher level in the first year on new paid sales, in that respective product category.
[2] No product lines other than Medicare Supplements will be considered in the paid policy count.
[3] External replacements moving to the Secure product, will be considered the first-year compensation rate.
[4] New Secure paid sales as well as external replacements moving to the Secure product that have sold 25 or more paid policies the higher compensation rate will be applied during annual production review.



2023–2024 MS Bonus

- The Medicare Supplement Insurance Plan Bonus Program includes **a tiered bonus schedule** based on your production level.
- If you sell **up to 50** policies, your bonus per policy is **$50**.
- If you sell **up to 100** policies, your bonus per policy is **$75**.
- Selling **101 or more** grows your bonus per policy to **$100**.
- Sell a minimum of five new policies during the program period to qualify for the bonus. There is no maximum!
- It's our way of saying **thank you for all you do**.

Illinois Bonus Period Details

The 2023 Medicare Supplement Insurance Plan Bonus Program runs **May 1, 2023** to **Jan. 31, 2024**. Policies must be issued, in effect and current during the bonus program period (including May 1, 2023 effective date). Renewals or rewrites do not count.

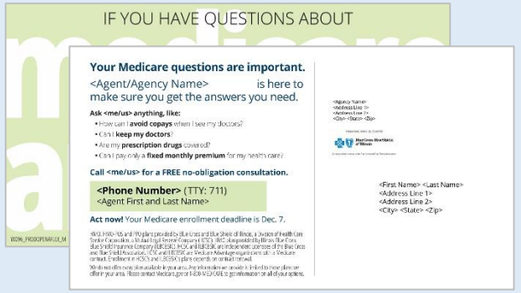
AEP Marketing

2024 AEP Sales Enablement

Resources and communications designed to **enhance selling effectiveness and ease of business**

Sales Enablement

Marketing Templates



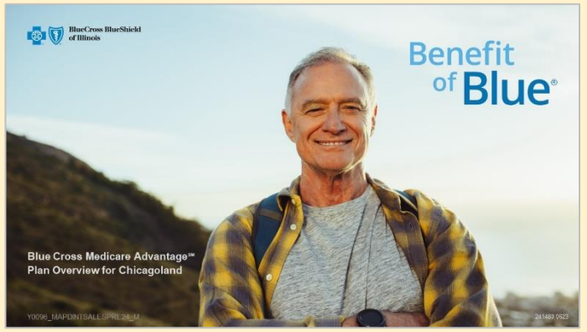
Selling Support

Producer Communications

Digital Options

Display, Social Ads & Email

eFlip Plan Option Guides



MP4 Video Presentations

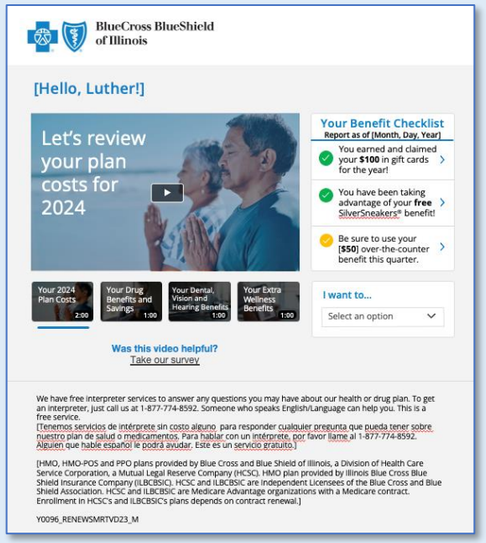
Representative samples shown

2024 AEP Member Retention Communications

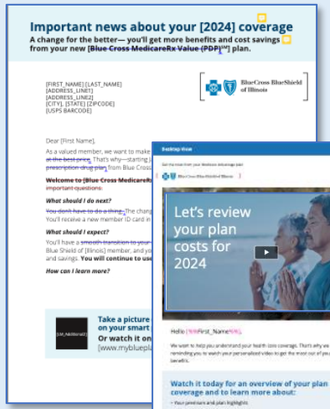
Communications designed to help members **understand plan changes** and to get the **most out of their benefits** in **2024**

MAPD Renewal Campaign

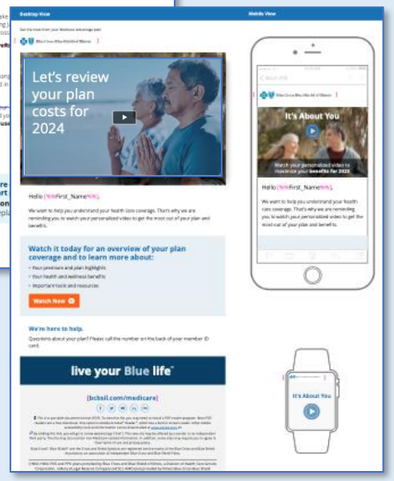
2023/2024 Renewal Personalized Smart Video



Direct Mail



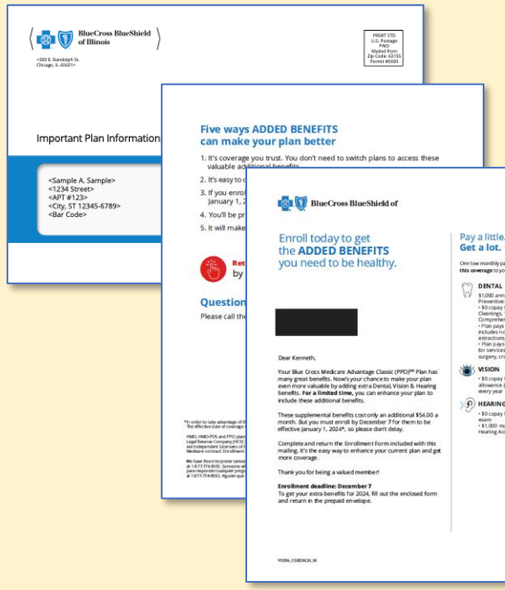
Email



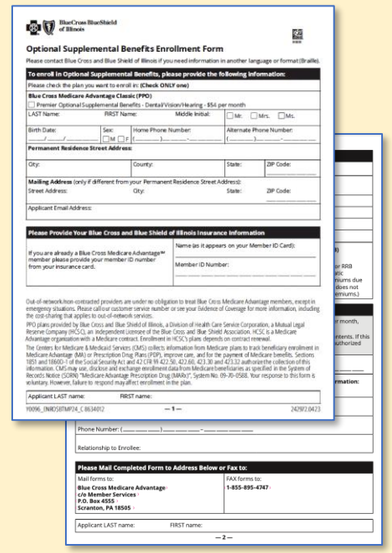
In-Market Timing: 10/2

OSB Enrollment Package

Direct Mail



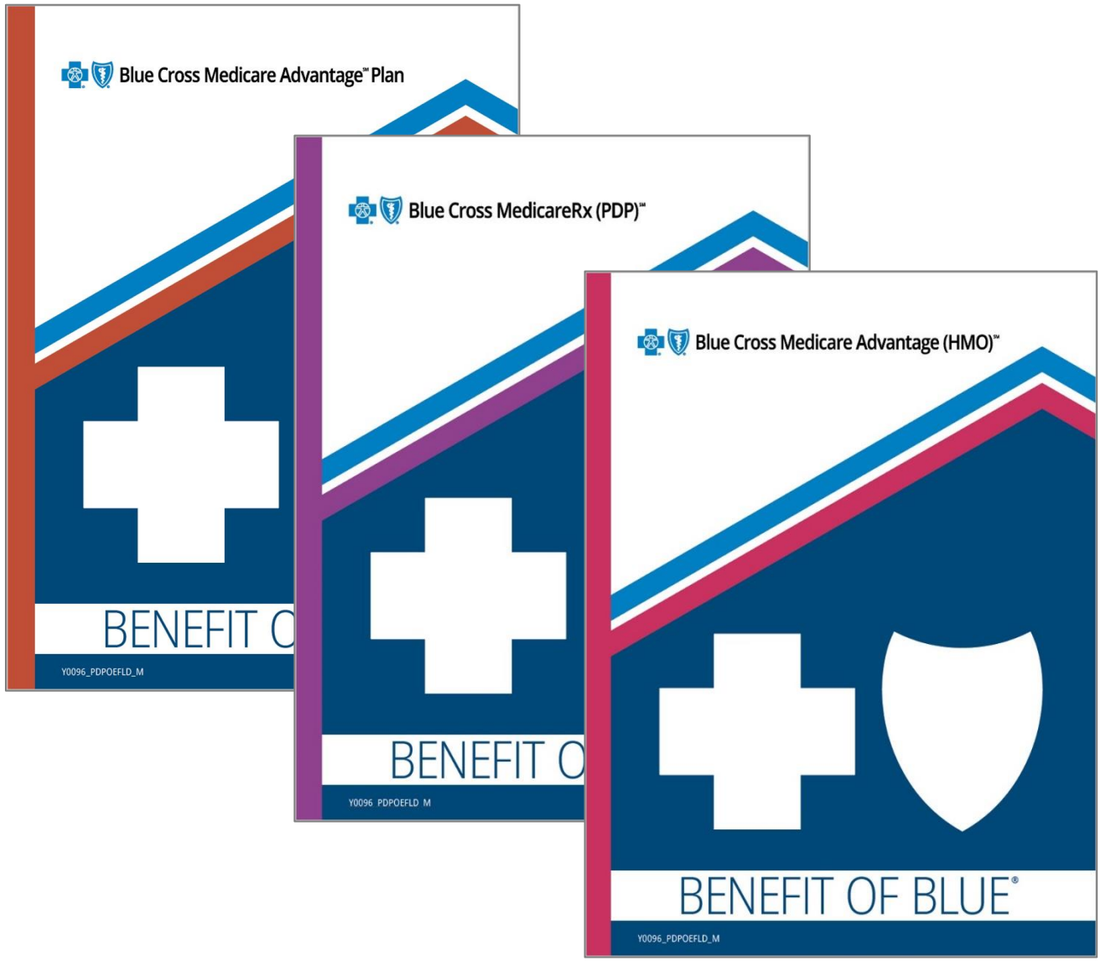
Enrollment Form

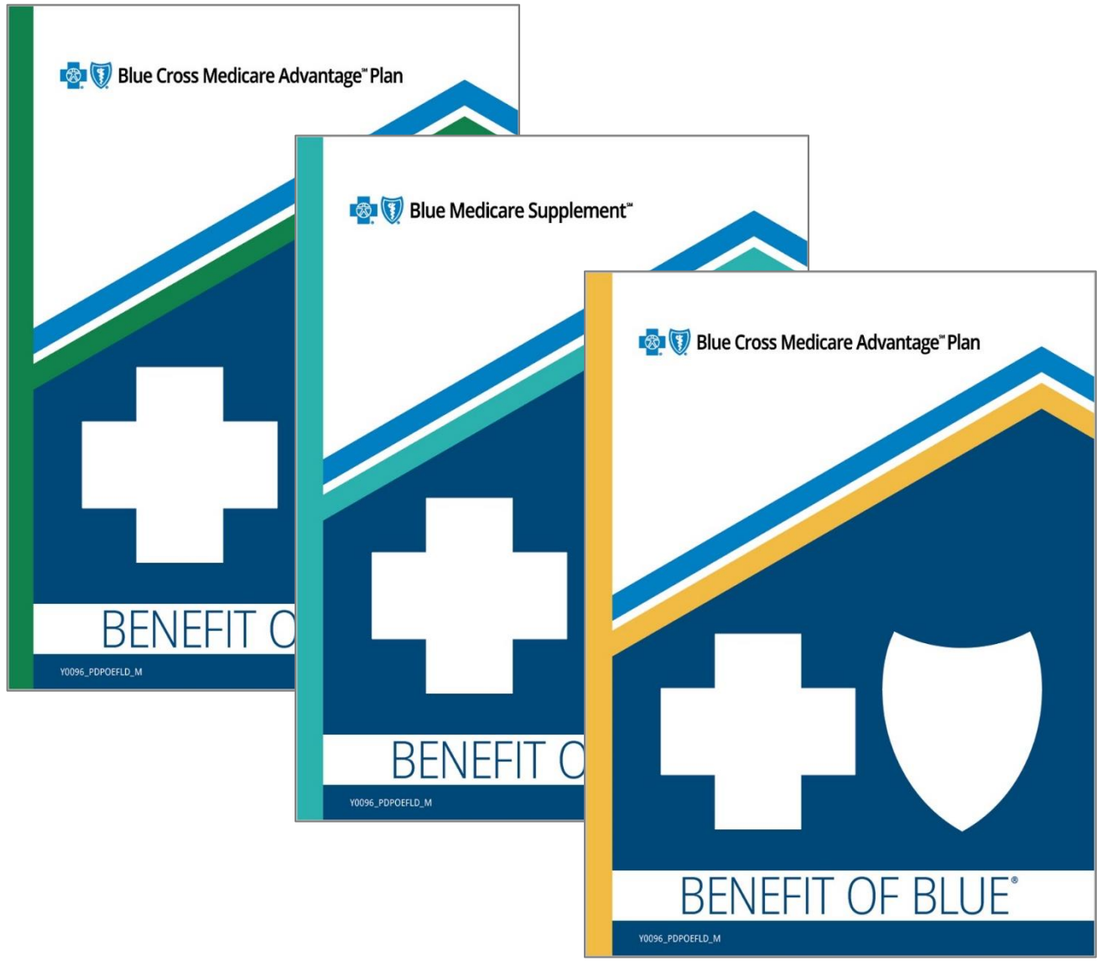


In-Market Timing: 10/6

Representative samples shown

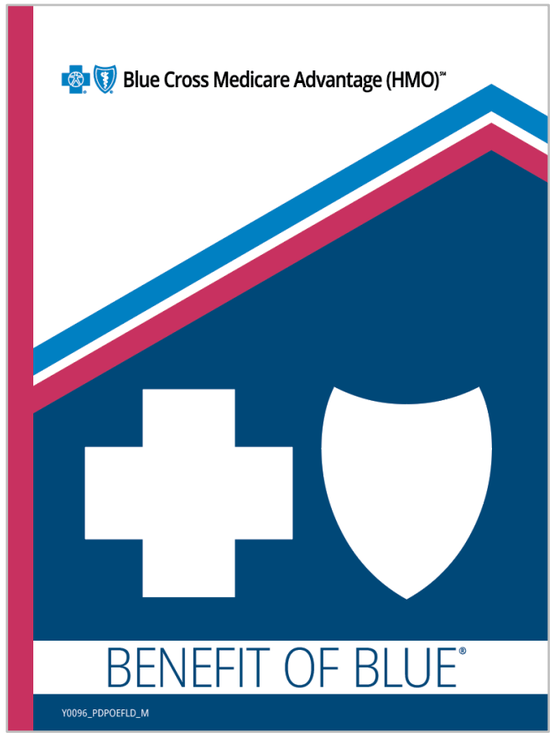
2024 AEP Sales Enablement – Kit Enhancements





Representative samples shown

2024 AEP Sales Enablement



Enrollment Kit Folder

Plan Options Guide

BlueCross BlueShield of Illinois

Chicagoland Market cont.

		Blue Cross Medicare Advantage Premier Plus (HMO-POS)℠ H3822-008		Blue Medicare Secure (HMO)℠ H8547-001		Blue Cross Medicare Advantage Value (HMO)℠ H3822-014	
Plan Premium		$81		$0		$0	
		In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Primary Care Provider Visits		$0 copay	$60 copay	$0 copay		$0 copay	
Specialist Visits		$30 copay	$75 copay	$25 copay		$25 copay	
Maximum Out-of-Pocket		$3,500	$0	$2,500	$0	$2,900	$0
Inpatient Hospital Copay		$225/day for days 1-8	40% per stay	$150/day for days 1-7		$250/day for days 1-7	
Retail Pharmacy Copays		$0/$8/$47/$100/33%	$15/$20/$47/$100/33%	$0/$8/$47/$100/33%	$15/$20/$47/$100/33%	$0/$8/$47/$100/33%	$15/$20/$47/$100/33%
Prescription Drug Deductible		$0		$0		$0	
Preferred Pharmacy Network		Jewel-Osco, Mariano's, Walgreens, Walmart and independents		Jewel-Osco, Mariano's, Walgreens, Walmart and independents		Jewel-Osco, Mariano's, Walgreens, Walmart and independents	
Dental	Routine Preventive	$0 copay; 2 exams, 2 cleanings, 1 X-ray		$0 copay; 2 exams, 2 cleanings, 1 X-ray		$0 copay; 2 exams, 2 cleanings, 1 X-ray	
	Comprehensive	$1,000 annually		$2,000 annually		$2,000 annually	
Vision	Routine Eye Exam	$0 copay; 1 exam/year	Not Covered	$0 copay; 1 exam/year	Not Covered	$0 copay; 1 exam/year	Not Covered
	Hardware/ Contacts Allowance	$200 annual allowance	Not Covered	$200 annual allowance	Not Covered	$200 annual allowance	Not Covered
Hearing	Hearing Exam	$0 copay; 1 exam/year	Not Covered	$0 copay; 1 exam/year	Not Covered	$0 copay; 1 exam/year	Not Covered
	Hearing Aids	$699-$999 copay	Not Covered	$699-$999 copay	Not Covered	$699-$999 copay	Not Covered
Over-the-Counter		$75 quarterly allowance		$100 quarterly allowance		$100 quarterly allowance	
SilverSneakers® Fitness Program		Included		Included		Included	
Rewards Program		Earn up to $100 in Gift Cards		Earn up to $100 in Gift Cards		Earn up to $100 in Gift Cards	
Transportation		12 one-way trips		12 one-way trips		12 one-way trips	
Telehealth Services		$0 copay; virtual visits	Not Covered	$0 copay; virtual visits	Not Covered	$0 copay; virtual visits	Not Covered
Flexible Spend Card		Not Included		Not Included		Not Included	
Buy Down		N/A		N/A		N/A	
Optional Supplemental Benefits Plan		N/A		N/A		N/A	

PROPRIETARY AND CONFIDENTIAL. NOT FOR DISTRIBUTION. For Agent training only, not intended for marketing/ sales activities. Information provided as of 6/21/2023 subject to change post CMS approval of the 2024 bids.

Plan Comparison Chart

PDP MAPD HMO MED SUPP MAPD PPO MA ONLY DSNP

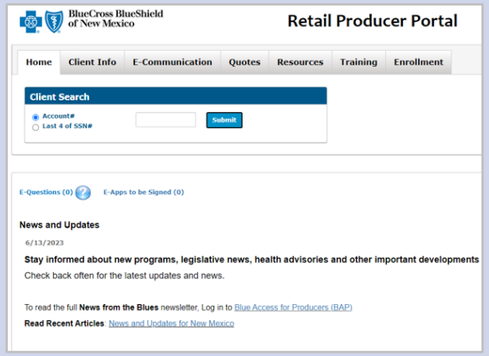
Representative samples shown

Resources for You

Producer Resources

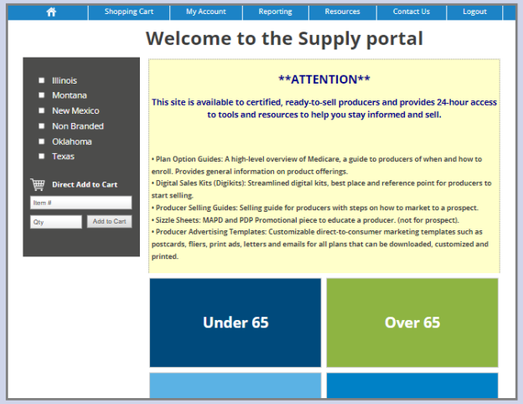
Retail Producer Portal

- Boot Camp Schedules
- Online Enrollment
- Plan Documents
- Book of Business Management



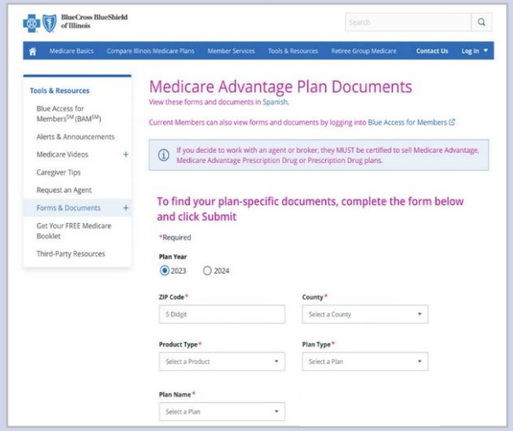
Supply Portal

- Digital Sales Kits
- Order Supplies
- Download Marketing Materials



BCBS Website

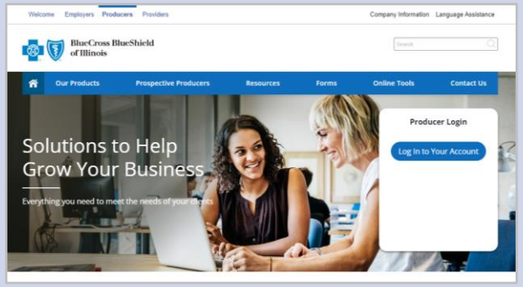
- Updated search capabilities
- Enhanced user interface
- New version goes live **10/1**



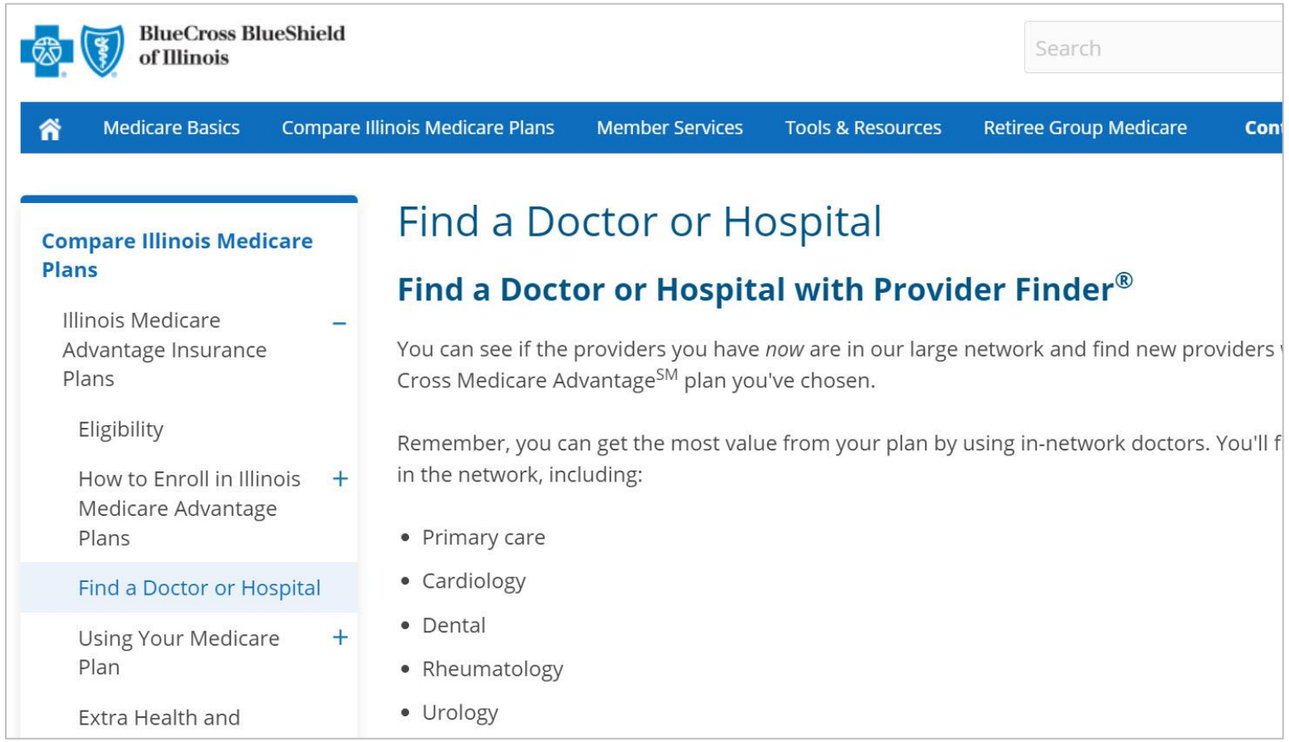
GetBlueIL.com/MAPD

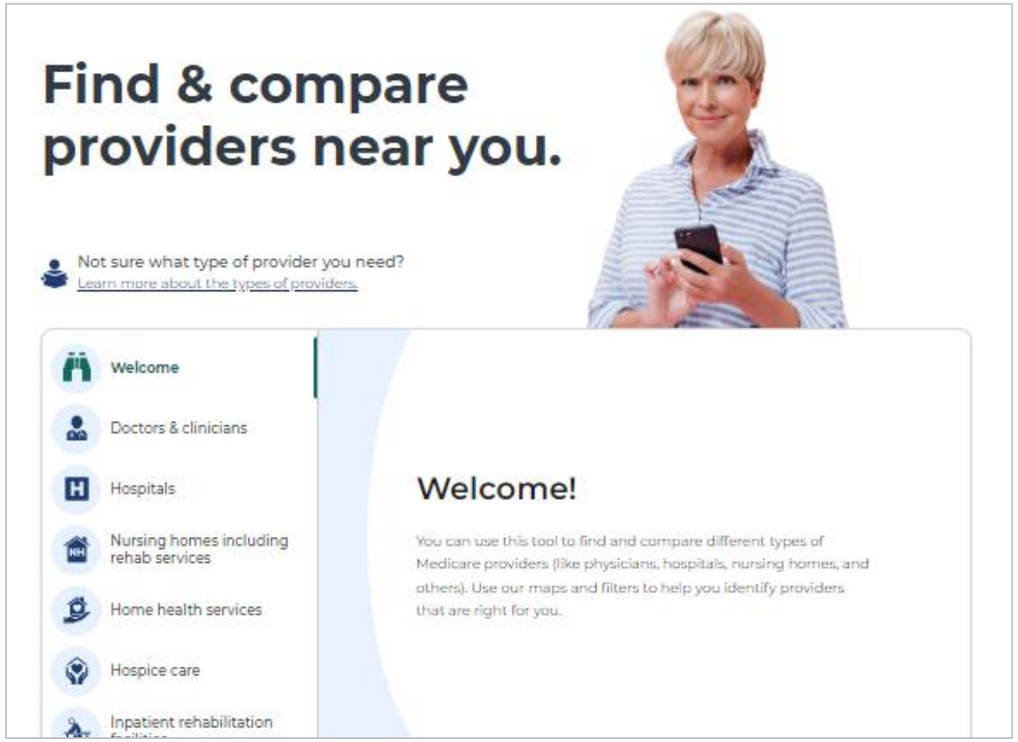
Blue Access for Producers

- Online Quoting
- Commissions Statements
- Product Information
- Downloadable Forms
- Maintain your contact information
- News & Updates



2024 MAPD Network: Provider Search Tools





BCBSIL Provider Tool

www.getblueil.com/mapd

Provider Finder • Rx Look-Up Tool • Plan Documents

CMS Provider Tool

www.medicare.gov/care-compare/

Geo Blue - *Travel Medical & International Health Insurance*

GeoBlue Products for Individuals and Families

GEOBLUE VOYAGER

Short-term travel medical plan
for single trips

Coverage for travel up to 182 days per trip, for US citizens/residents traveling outside the US

- ✓ Guaranteed issue, up to age 95
- ✓ Covers acute sickness, accidents, injuries
- ✓ Coverage for pre-existing conditions available
- ✓ No excluded countries
- ✓ Premium based on age and length of trip
- ✓ Coverage for medically necessary evacuation
- ✓ Includes medically necessary testing & treatment for COVID-19
- ✓ 24/7/365 support
- ✓ Global telemedicine services included

GEOBLUE TREKKER

Short-term travel medical plan
for multiple trips

Annual trip insurance for frequent travelers, outside the US

- ✓ Unlimited trips per year (70 days max per trip)
- ✓ Guaranteed issue, available up to age 95
- ✓ Average premiums of $275
- ✓ US health plan required
- ✓ Includes medically necessary testing & treatment for COVID-19
- ✓ 24/7/365 support
- ✓ Global telemedicine services included

GEOBLUE EXPLORER

Long-term medical plan
for expats

Comprehensive coverage for international living

- ✓ Available to US citizens/residents, foreign nationals, up to age 74
- ✓ Primary, comprehensive medical plan
- ✓ Unlimited lifetime max
- ✓ Options for no, basic, or comprehensive U.S. coverage
- ✓ Medically underwritten
- ✓ Includes medically necessary testing & treatment for COVID-19
- ✓ 24/7/365 support
- ✓ Global telemedicine services included

GEOBLUE NAVIGATOR

Long-term medical plan
for specific needs

Comprehensive coverage designed for marine/crew, non-profits, NGOs, missionaries, students and faculty

- ✓ Affordable monthly premium
- ✓ Up to age 74
- ✓ Includes U.S. coverage
- ✓ Includes medically necessary testing & treatment for COVID-19
- ✓ 24/7/365 support
- ✓ Global telemedicine services included

- Learn more – Contact your Illinois General Agent

2024 CMS Rules and Regulation Changes

1. **Events** Prohibits Sales/Marketing events that directly follow an Educational event – cannot have sales event **within 12 hours of an educational event** in the same location. Prohibits use of **scope of appointment forms** at an educational event. Prohibits agents from setting up **future marketing appointments** at educational events.

2. **Scope of Appointment + 48 Hour Rule** Prohibit personal marketing appointments from taking place until **after 48 hours have passed** since the time the SOA was completed by the beneficiary

For more details of this final rule, see **https://tinyurl.com/CMS-rules-24**

Source: CMS 42 CFR § 422.2264(c), 423.2264(c)

Certification

Program Details

- The producer must use the designated training link between **6/28 and 10/1**
- The producer must sell a minimum of **10 new policies** (MAPD or PDP) during AEP
- The policies must stay active for three months

Reward Period

- Qualifying producers will receive a unique AHIP coupon code next year for the 2025 AHIP test

Terms and Conditions

- MAPD/PDP policy must remain on the books for three months; a paid sales report provided in April will give the final data on qualified producers
- Policies qualify for new members and Med Supp to MAPD conversions
- The effective date of the applicable policy is 1/1/2024
- For assistance with the program, email **bcmrxcertification@bcbsil.com** or call 1-855-782-4272

Be part of the Training On Us program!

BlueCross BlueShield of Illinois

Benefit of Blue®

Questions & Discussion