

2025

Blue Cross and Blue Shield of Illinois MAPD Sizzle Sheet



- Existing Counties
- Expanded Counties
- Not Covered Counties

Product Highlights

MAPD Product Offerings

10 PPO Plans:

Blue Cross Medicare Advantage Choice Premier (PPO)

Blue Cross Medicare Advantage Choice Plus (PPO)

*Blue Cross Medicare Advantage Classic (PPO) - 2

Blue Cross Medicare Advantage Essential (PPO)

Blue Cross Medicare Advantage Elite (PPO)

Blue Cross Medicare Advantage Health Choice (PPO)

Blue Cross Medicare Advantage Protect (PPO)

Blue Cross Medicare Advantage Saver Plus (PPO)

Blue Cross Medicare Advantage Dental Premier (PPO)

6 HMO/HMO-POS Plans:

* Blue Cross Medicare Advantage Basic (HMO) - 2

Blue Cross Medicare Advantage Basic Plus (HMO-POS)

Blue Cross Medicare Advantage Premier Plus (HMO-POS)

Blue Cross Medicare Advantage Value (HMO)

Blue Cross Medicare Advantage Secure (HMO)

* For Classic Contract 8634-017 New and Renewal Comp

* For Classic Contract 8634-008 Renewal Comp Only

* For Basic Contract 3822-001 New and Renewal Comp

* For Basic Contract 3822-012 Renewal Comp Only

NEW 2025 Service Area Expansion

- Expanded service area to 2 additional counties (Jo Davies & Wabash)
- Now covering 100 of 102 counties in IL
- Options for over 2.3 million Medicare-eligible seniors

MAPD Product Features

- OTC now includes debit card! Allowance for catalog & preferred retail stores
- Dental, Vision, Hearing Coverage
- Transportation
- Optional Supplemental Benefits
 - Verify plan details for availability

Preferred Mail Order Pharmacies

- AllianceRx Walgreens Prime, ESI, Amazon

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2025 Expansion

Plan expansion in **2** counties

Serving **100** of **102** counties in 2025



- Existing Counties
- Expanded Counties
- Not Covered Counties

Illinois Counties

Adams County - Quincy

Alexander County - Cairo

Bond County - Greenville

Boone County - Belvidere

Brown County - Mount Sterling

Bureau County - Princeton

Calhoun County - Hardin

Carroll County - Mount Carroll

Cass County - Virginia

Champaign County - Urbana

Christian County - Taylorville

Clark County - Marshall

Clay County - Louisville

Clinton County - Carlyle

Coles County - Charleston

Cook County - Chicago

Crawford County - Robinson

Cumberland County - Toledo

DeKalb County - Sycamore

De Witt County - Clinton

Douglas County - Tuscola

DuPage County - Wheaton

Edgar County - Paris

Edwards County - Albion

Effingham County - Effingham

Fayette County - Vandalia

Ford County - Paxton

Franklin County - Benton

Fulton County - Lewistown

Gallatin County - Shawneetown

Greene County - Carrollton

Grundy County - Morris

Hamilton County - McLeansboro

Hancock County - Carthage

Hardin County - Elizabethtown

Henderson County - Oquawka

Henry County - Cambridge

Iroquois County - Watseka

Jackson County - Murphysboro

Jasper County - Newton

Jefferson County - Mount Vernon

Jersey County - Jerseyville

Jo Daviess County - Galena

Johnson County - Vienna

Kane County - Geneva

Kankakee County - Kankakee

Kendall County - Yorkville

Knox County - Galesburg

La Salle County - Ottawa

Lake County - Waukegan

Lawrence County - Lawrenceville

Lee County - Dixon

Livingston County - Pontiac

Logan County - Lincoln

Macon County - Decatur

Macoupin County - Carlinville

Madison County - Edwardsville

Marion County - Salem

Marshall County - Lacon

Mason County - Havana

Massac County - Metropolis

McDonough County - Macomb

McHenry County - Woodstock

McLean County - Bloomington

Menard County - Petersburg

Mercer County - Aledo

Monroe County - Waterloo

Montgomery County - Hillsboro

Morgan County - Jacksonville

Moultrie County - Sullivan

Ogle County - Oregon

Peoria County - Peoria

Perry County - Pinckneyville

Piatt County - Monticello

Pike County - Pittsfield

Pope County - Golconda

Pulaski County - Mound City

Putnam County - Hennepin

Randolph County - Chester

Richland County - Olney

Rock Island County - Rock Island

Saline County - Harrisburg

Sangamon County - Springfield

Schuyler County - Rushville

Scott County - Winchester

Shelby County - Shelbyville

St. Clair County - Belleville

Stark County - Toulon

Stephenson County - Freeport

Tazewell County - Pekin

Union County - Jonesboro

Vermilion County - Danville

Wabash County - Mount Carmel

Warren County - Monmouth

Washington County - Nashville

Wayne County - Fair Field

White County - Carmi

Whiteside County - Morrison

Will County - Joliet

Williamson County - Marion

Winnebago County - Rockford

Woodford County - Eureka

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 2025 bids.

| | | Blue Cross Medicare Advantage Dental Premier (PPO) SM H8634-021 | | Blue Cross Medicare Advantage Health Choice (PPO) SM H8634-018 | | Blue Cross Medicare Advantage Protect (PPO) SM H8634-019 | | | |
|--|---------------------------------|--|----------------|---|----------------|---|-----------------|--------------|--|
| Plan Premium | | \$0 | | \$0 | | \$0 | | | |
| | | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network | | |
| Part B Premium Reduction | | \$0 | | \$0 | | \$40 | | | |
| Primary Care Provider Visits | | \$0 copay | \$30 copay | \$0 copay | \$30 copay | \$0 copay | \$30 copay | | |
| Specialist Visits | | \$32 copay | \$75 copay | \$45 copay | \$75 copay | \$50 copay | \$75 copay | | |
| Maximum Out-of-Pocket | | \$7,550 | \$13,300 | \$6,900 | \$13,300 | \$6,750 | \$10,100 | | |
| Inpatient Hospital Copay | | \$370/day for days 1–6 | \$500/day | \$365/day for days 1–7 | \$500/day | \$370/day for days 1–6 | \$500/day | | |
| Outpatient Hospital Copay | | \$375 | \$400 | \$375 | \$400 | \$375 | \$400 | | |
| Labs | | \$5 | \$200 | \$5 | \$200 | \$5 | \$200 | | |
| X-ray | | \$8–\$100 | \$30–\$200 | \$0–\$100 | \$30–\$200 | \$0–\$100 | \$30–\$200 | | |
| CT Scan | | \$0–\$300 | \$0–\$400 | \$0–\$300 | \$0–\$400 | \$0–\$300 | \$0–\$400 | | |
| MRI | | \$0–\$300 | \$0–\$400 | \$0–\$300 | \$0–\$400 | \$0–\$300 | \$0–\$400 | | |
| Ambulance/Air Ambulance | | \$225/20% | | \$225/20% | | \$225/20% | | | |
| 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 | \$5,000 annually | | \$1,000 annually | | \$1,000 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 | | |
| | Glasses/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 | | \$699 or \$999 copay | | \$699 or \$999 copay | | | |
| Preferred Retail Pharmacy Copays | | \$0/\$10/\$47/25%/25% | | \$0/\$10/\$47/25%/25% | | Not Covered | | | |
| Prescription Drug Deductible | | \$590 (Tiers 3–5) | | \$590 (Tiers 3–5) | | Not Covered | | | |
| Preferred Pharmacy Network | | Walgreens, Jewel-Osco, Walmart, Kroger, Mariano's, and independents | | Walgreens, Jewel-Osco, Walmart, Kroger, Mariano's, and independents | | Not Covered | | | |
| Over-the-Counter Items ² | | Not Covered | | \$55 every 3 months | | Not Covered | | | |
| Telehealth Services | | \$0 copay; virtual visits | | \$0 copay; virtual visits | | \$0 copay; virtual visits | | | |
| Flexible Spend Card ³ | | Not Included | | \$1,000/annually for dental, vision, and hearing | | Not Included | | | |
| Transportation | | Not Included | | Not Included | | Not Included | | | |
| Optional Supplemental Benefits Plan ⁴ | | Not Applicable | | Not Applicable | | Basic Silver | | | |
| Plan Premium | | | | | | \$32.40 | | | |
| Dental ¹ | Annual Allowance | | | | | \$1,000 | | | |
| | Routine Preventive | | | | | Not Included | | | |
| | Basic Restorative Comprehensive | | | | | Not Included | | | |
| | Major Restorative Comprehensive | | | | | 20% coinsurance | 50% coinsurance | | |
| Vision | | | | | | Glasses/Contacts Allowance | | Not Included | |

[See reverse for additional benefit details](#)

| | | Blue Cross Medicare Advantage Classic (PPO) SM H8634-017 | | Blue Cross Medicare Advantage Essential (PPO) SM H8634-012 | | 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 |
| Part B Premium Reduction | | \$0 | | \$0 | | \$75 | |
| Primary Care Provider Visits | | \$0 copay | \$30 copay | \$0 copay | \$30 copay | \$0 copay | \$30 copay |
| Specialist Visits | | \$25 copay | \$75 copay | \$35 copay | \$75 copay | \$30 copay | \$75 copay |
| Maximum Out-of-Pocket | | \$5,900 | \$8,950 | \$6,500 | \$10,100 | \$6,900 | \$13,300 |
| Inpatient Hospital Copay | | \$395/day for days 1–7 | \$500/day | \$350/day for days 1–6 | \$500/day | \$370/day for days 1–6 | \$500/day |
| Outpatient Hospital Copay | | \$375 | \$400 | \$350 | \$400 | \$375 | \$400 |
| Labs | | \$5 | \$200 | \$5 | \$200 | \$5 | \$200 |
| X-ray | | \$0–\$100 | \$30–\$200 | \$0–\$100 | \$30–\$200 | \$0–\$100 | \$30–\$200 |
| CT Scan | | \$0–\$300 | \$0–\$400 | \$0–\$300 | \$0–\$400 | \$0–\$300 | \$0–\$400 |
| MRI | | \$0–\$300 | \$0–\$400 | \$0–\$300 | \$0–\$400 | \$0–\$300 | \$0–\$400 |
| Ambulance/Air Ambulance | | \$225/20% | | \$225/20% | | \$225/20% | |
| 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 copay; 1 exam/year | Not Covered | \$0 copay; 1 exam/year | Not Covered | \$0 copay; 1 exam/year | Not Covered |
| | Glasses/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 | | \$699 or \$999 copay | | \$699 or \$999 copay | |
| Preferred Retail Pharmacy Copays | | \$0/\$10/\$47/50%/33% | | \$0/\$10/\$47/50%/33% | | \$0/\$10/\$47/25%/25% | |
| Prescription Drug Deductible | | \$0 | | \$0 | | \$590 (Tiers 3–5) | |
| Preferred Pharmacy Network | | Walgreens, Jewel-Osco, Walmart, Kroger, Mariano's, and independents | | Walgreens, Jewel-Osco, Walmart, Kroger, Mariano's, and independents | | Walgreens, Jewel-Osco, Walmart, Kroger, Mariano's, and independents | |
| Over-the-Counter Items ² | | Not Covered | | \$75 every 3 months | | Not Covered | |
| Telehealth Services | | \$0 copay; virtual visits | | \$0 copay; virtual visits | | \$0 copay; virtual visits | |
| Flexible Spend Card ³ | | Not Included | | Not Included | | Not Included | |
| Transportation | | Not Included | | Not Included | | Not Included | |
| Optional Supplemental Benefits Plan⁴ | | Premier | | Basic Silver | | Basic Silver | |
| Plan Premium | | \$27.40 | | \$30.20 | | \$20.90 | |
| Dental ¹ | Annual Allowance | \$1,000 | | \$1,000 | | \$1,000 | |
| | Routine Preventive | \$0 copay; 2 exams, 2 cleanings, 1 X-ray | | Not Included | | Not Included | |
| | Basic Restorative Comprehensive | 20% coinsurance | 50% coinsurance | Not Included | | Not Included | |
| | Major Restorative Comprehensive | 20% coinsurance | 50% coinsurance | 20% coinsurance | 50% coinsurance | 20% coinsurance | 50% coinsurance |
| Vision | Glasses/Contacts Allowance | \$150 annually | | Not Included | | Not Included | |

[See reverse for additional benefit details](#)

Central East (PPO)

| Blue Cross Medicare Advantage SM plans | Offered in the following counties |
|---|---|
| Dental Premier (PPO) - H8634-021 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, 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, Jo Daviess, 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, Platt, Pike, Pope, Pulaski, Putnam, Randolph, Richland, Rock Island, Saline, Sangamon, Schuyler, Scott, Shelby, St. Clair, Stark, Stephenson, Tazewell, Union, Vermilion, Wabash, Warren, Washington, Wayne, White, Whiteside, Will, Williamson, Winnebago, Woodford |
| 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, Wabash, Wayne, White |
| Essential (PPO) - H8634-012 | Adams, Bond, Boone, Brown, Bureau, Calhoun, Carroll, Cass, Christian, Clinton, De Witt, DeKalb, Fulton, Greene, Grundy, Hancock, Henderson, Henry, Jersey, Jo Daviess, 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, Platt, 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, Jo Daviess, 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](http://www.getblueil.com/mapd/sb)

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 Items.** 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 **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.

⁴ **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.

Prescription Drug Tiers:

| | |
|-----------------------------------|---------------------------------|
| Tier 1 – Preferred Generic | Tier 3 – Preferred Brand |
| Tier 2 – Generic | Tier 4 – Non-Preferred |
| | Tier 5 – Specialty |

Additional Benefits:

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:

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

SilverSneakers® Fitness Program. The SilverSneakers® Fitness Program is a free fitness program for members enrolled in a Medicare Advantage plan. Membership includes unlimited access to every gym and fitness center in the network—over 10,000 locations nationwide. Weights, treadmills, pools and other amenities are included. Specialized fitness classes are designed for people of all abilities and are led by certified instructors at gyms and other locations.

PPO plans provided by Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association. HCSC is a Medicare Advantage organization with a Medicare contract. Enrollment in HCSC's plans depends on contract renewal.

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We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-774-8592 (TTY/TDD: 711). Someone who speaks English/Language can help you. This is a free service.

Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-774-8592 (TTY/TDD: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

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| | | Blue Cross Medicare Advantage Basic (HMO) SM H3822-012 |
|--|---------------------------------|---|
| Plan Premium | | \$0 |
| | | In-Network |
| Part B Premium Reduction | | \$0 |
| Primary Care Provider Visits | | \$0 copay |
| Specialist Visits | | \$25 copay |
| Maximum Out-of-Pocket | | \$5,500 |
| Inpatient Hospital Copay | | \$325/day for days 1–8 |
| Outpatient Hospital Copay | | \$250 |
| Labs | | \$0 |
| X-ray | | \$0 |
| CT Scan | | \$0–\$250 |
| MRI | | \$0–\$250 |
| Ambulance/Air Ambulance | | \$250/20% |
| 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 |
| | Glasses/Contacts Allowance | \$100 annual allowance |
| Hearing | Hearing Exam | \$0 copay; 1 exam/year |
| | Hearing Aids | \$699 or \$999 copay |
| Preferred Retail Pharmacy Copays | | \$0/\$10/\$47/50%/33% |
| Prescription Drug Deductible | | \$0 |
| Preferred Pharmacy Network | | Walgreens, Jewel-Osco, Walmart, Kroger, Mariano's, and independents |
| Over-the-Counter Items ² | | \$105 every 3 months |
| Telehealth Services | | \$0 copay; virtual visits |
| Flexible Spend Card ³ | | Not Included |
| Transportation | | Not Included |
| Optional Supplemental Benefits Plan⁴ | | |
| Plan Premium | | |
| Dental ¹ | Annual Allowance | |
| | Routine Preventive | |
| | Basic Restorative Comprehensive | |
| | Major Restorative Comprehensive | |
| Vision | Glasses/Contacts Allowance | Not Applicable |

See reverse for additional benefit details


Central East (HMO)

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

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 Items.** 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 **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.

⁴ **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.

Prescription Drug Tiers:

| | |
|-----------------------------------|---------------------------------|
| Tier 1 – Preferred Generic | Tier 3 – Preferred Brand |
| Tier 2 – Generic | Tier 4 – Non-Preferred |
| | Tier 5 – Specialty |

Additional Benefits:

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:

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

SilverSneakers® Fitness Program. The SilverSneakers® Fitness Program is a free fitness program for members enrolled in a Medicare Advantage plan. Membership includes unlimited access to every gym and fitness center in the network—over 10,000 locations nationwide. Weights, treadmills, pools and other amenities are included. Specialized fitness classes are designed for people of all abilities and are led by certified instructors at gyms and other locations.

| | | Blue Cross Medicare Advantage Dental Premier (PPO) SM H8634-021 | | Blue Cross Medicare Advantage Health Choice (PPO) SM H8634-018 | | Blue Cross Medicare Advantage Protect (PPO) SM H8634-019 | |
|--|---------------------------------|--|----------------|---|----------------|---|-----------------|
| Plan Premium | | \$0 | | \$0 | | \$0 | |
| | | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Part B Premium Reduction | | \$0 | | \$0 | | \$40 | |
| Primary Care Provider Visits | | \$0 copay | \$30 copay | \$0 copay | \$30 copay | \$0 copay | \$30 copay |
| Specialist Visits | | \$32 copay | \$75 copay | \$45 copay | \$75 copay | \$50 copay | \$75 copay |
| Maximum Out-of-Pocket | | \$7,550 | \$13,300 | \$6,900 | \$13,300 | \$6,750 | \$10,100 |
| Inpatient Hospital Copay | | \$370/day for days 1–6 | \$500/day | \$365/day for days 1–7 | \$500/day | \$370/day for days 1–6 | \$500/day |
| Outpatient Hospital Copay | | \$375 | \$400 | \$375 | \$400 | \$375 | \$400 |
| Labs | | \$5 | \$200 | \$5 | \$200 | \$5 | \$200 |
| X-ray | | \$8–\$100 | \$30–\$200 | \$0–\$100 | \$30–\$200 | \$0–\$100 | \$30–\$200 |
| CT Scan | | \$0–\$300 | \$0–\$400 | \$0–\$300 | \$0–\$400 | \$0–\$300 | \$0–\$400 |
| MRI | | \$0–\$300 | \$0–\$400 | \$0–\$300 | \$0–\$400 | \$0–\$300 | \$0–\$400 |
| Ambulance/Air Ambulance | | \$225/20% | | \$225/20% | | \$225/20% | |
| 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 | \$5,000 annually | | \$1,000 annually | | \$1,000 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 |
| | Glasses/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 | | \$699 or \$999 copay | | \$699 or \$999 copay | |
| Preferred Retail Pharmacy Copays | | \$0/\$10/\$47/25%/25% | | \$0/\$10/\$47/25%/25% | | Not Covered | |
| Prescription Drug Deductible | | \$590 (Tiers 3–5) | | \$590 (Tiers 3–5) | | Not Covered | |
| Preferred Pharmacy Network | | Walgreens, Jewel-Osco, Walmart, Kroger, Mariano's, and independents | | Walgreens, Jewel-Osco, Walmart, Kroger, Mariano's, and independents | | Not Covered | |
| Over-the-Counter Items ² | | Not Covered | | \$55 every 3 months | | Not Covered | |
| Telehealth Services | | \$0 copay; virtual visits | | \$0 copay; virtual visits | | \$0 copay; virtual visits | |
| Flexible Spend Card ³ | | Not Included | | \$1,000/annually for dental, vision, and hearing | | Not Included | |
| Transportation | | Not Included | | Not Included | | Not Included | |
| Optional Supplemental Benefits Plan⁴ | | | | | | Basic Silver | |
| Plan Premium | | | | | | \$32.40 | |
| Dental ¹ | Annual Allowance | Not Applicable | | Not Applicable | | \$1,000 | |
| | Routine Preventive | | | | | Not Included | |
| | Basic Restorative Comprehensive | | | | | Not Included | |
| | Major Restorative Comprehensive | | | | | 20% coinsurance | 50% coinsurance |
| Vision | Glasses/Contacts Allowance | | | | | Not Included | |

See reverse for additional benefit details

| | | Blue Cross Medicare Advantage Essential (PPO) SM H8634-012 | | Blue Cross Medicare Advantage Saver Plus (PPO) SM H8634-020 | |
|--|---------------------------------|---|-----------------|--|-----------------|
| Plan Premium | | \$0 | | \$0 | |
| | | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Part B Premium Reduction | | \$0 | | \$75 | |
| Primary Care Provider Visits | | \$0 copay | \$30 copay | \$0 copay | \$30 copay |
| Specialist Visits | | \$35 copay | \$75 copay | \$30 copay | \$75 copay |
| Maximum Out-of-Pocket | | \$6,500 | \$10,100 | \$6,900 | \$13,300 |
| Inpatient Hospital Copay | | \$350/day for days 1–6 | \$500/day | \$370/day for days 1–6 | \$500/day |
| Outpatient Hospital Copay | | \$350 | \$400 | \$375 | \$400 |
| Labs | | \$5 | \$200 | \$5 | \$200 |
| X-ray | | \$0–\$100 | \$30–\$200 | \$0–\$100 | \$30–\$200 |
| CT Scan | | \$0–\$300 | \$0–\$400 | \$0–\$300 | \$0–\$400 |
| MRI | | \$0–\$300 | \$0–\$400 | \$0–\$300 | \$0–\$400 |
| Ambulance/Air Ambulance | | \$225/20% | | \$225/20% | |
| 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 | | \$1,000 annually | |
| Vision | Routine Eye Exam | \$0 copay; 1 exam/year | Not Covered | \$0 copay; 1 exam/year | Not Covered |
| | Glasses/Contacts Allowance | \$100 annual allowance | | \$100 annual allowance | |
| Hearing | Hearing Exam | \$0 copay; 1 exam/year | Not Covered | \$0 copay; 1 exam/year | Not Covered |
| | Hearing Aids | \$699 or \$999 copay | | \$699 or \$999 copay | |
| Preferred Retail Pharmacy Copays | | \$0/\$10/\$47/50%/33% | | \$0/\$10/\$47/25%/25% | |
| Prescription Drug Deductible | | \$0 | | \$590 (Tiers 3–5) | |
| Preferred Pharmacy Network | | Walgreens, Jewel-Osco, Walmart, Kroger, Mariano's, and independents | | Walgreens, Jewel-Osco, Walmart, Kroger, Mariano's, and independents | |
| Over-the-Counter Items ² | | \$75 every 3 months | | Not Covered | |
| Telehealth Services | | \$0 copay; virtual visits | | \$0 copay; virtual visits | |
| Flexible Spend Card ³ | | Not Included | | Not Included | |
| Transportation | | Not Included | | Not Included | |
| Optional Supplemental Benefits Plan⁴ | | Basic Silver | | Basic Silver | |
| Plan Premium | | \$30.20 | | \$20.90 | |
| Dental ¹ | 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 | Glasses/Contacts Allowance | Not Included | | Not Included | |

[See reverse for additional benefit details](#)

Central West (PPO)

| Blue Cross Medicare Advantage™ plans | Offered in the following counties |
|---|--|
| Dental Premier (PPO) - H8634-021 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, 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, Jo Daviess, 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, Platt, Pike, Pope, Pulaski, Putnam, Randolph, Richland, Rock Island, Saline, Sangamon, Schuyler, Scott, Shelby, St. Clair, Stark, Stephenson, Tazewell, Union, Vermillion, Wabash, Warren, Washington, Wayne, White, Whiteside, Will, Williamson, Winnebago, Woodford |
| Essential (PPO) - H8634-012 | Adams, Bond, Boone, Brown, Bureau, Calhoun, Carroll, Cass, Christian, Clinton, De Witt, DeKalb, Fulton, Greene, Grundy, Hancock, Henderson, Henry, Jersey, Jo Daviess, Kankakee, Kendall, Knox, La Salle, Lake, Lee, Livingston, Logan, Macon, Macoupin, Madison, Marshall, Mason, McDonough, McHenry, McLean, Menard, Mercer, Monroe, Montgomery, Morgan, Moultrie, Ogle, Peoria, Perry, Platt, 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, Jo Daviess, 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

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 Items.** 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 **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.

⁴ **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.

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

Additional Benefits:

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:

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

SilverSneakers® Fitness Program. The SilverSneakers® Fitness Program is a free fitness program for members enrolled in a Medicare Advantage plan. Membership includes unlimited access to every gym and fitness center in the network—over 10,000 locations nationwide. Weights, treadmills, pools and other amenities are included. Specialized fitness classes are designed for people of all abilities and are led by certified instructors at gyms and other locations.

PPO plans provided by Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association. HCSC is a Medicare Advantage organization with a Medicare contract. Enrollment in HCSC's plans depends on contract renewal. SilverSneakers® is a wellness program owned and operated by Twity Health, Inc., an independent company.

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We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-774-8592 (TTY/TDD: 711). Someone who speaks English/Language can help you. This is a free service.

Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-774-8592 (TTY/TDD: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

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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 |
| Part B Premium Reduction | | \$0 | \$0 |
| Primary Care Provider Visits | | \$0 copay | \$0 copay |
| Specialist Visits | | \$25 copay | \$10 copay |
| Maximum Out-of-Pocket | | \$5,500 | \$2,900 |
| Inpatient Hospital Copay | | \$325/day for days 1–8 | \$250/day for days 1–7 |
| Outpatient Hospital Copay | | \$250 | \$250 |
| Labs | | \$0 | \$0 |
| X-ray | | \$0 | \$0 |
| CT Scan | | \$0–\$250 | \$0–\$175 |
| MRI | | \$0–\$250 | \$0–\$175 |
| Ambulance/Air Ambulance | | \$250/20% | \$250/20% |
| 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 | \$1,500 annually |
| Vision | Routine Eye Exam | \$0 copay; 1 exam/year | \$0 copay; 1 exam/year |
| | Glasses/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 |
| Preferred Retail Pharmacy Copays | | \$0/\$10/\$47/50%/33% | \$0/\$10/\$47/50%/33% |
| Prescription Drug Deductible | | \$0 | \$0 |
| Preferred Pharmacy Network | | Walgreens, Jewel-Osco, Walmart, Kroger, Mariano's, and independents | Walgreens, Jewel-Osco, Walmart, Kroger, Mariano's, and independents |
| Over-the-Counter Items ² | | \$105 every 3 months | \$165 every 3 months |
| Telehealth Services | | \$0 copay; virtual visits | \$0 copay; virtual visits |
| Flexible Spend Card ³ | | Not Included | Not Included |
| Transportation | | Not Included | 12 One-Way Trips |
| Optional Supplemental Benefits Plan⁴ | | | |
| Plan Premium | | | |
| Dental ¹ | Annual Allowance | Not Applicable | Not Applicable |
| | Routine Preventive | | |
| | Basic Restorative Comprehensive | | |
| | Major Restorative Comprehensive | | |
| Vision | Glasses/Contacts Allowance | | |

See reverse for additional benefit details

Central West (HMO)

| Blue Cross Medicare Advantage™ plans | Offered in the following counties |
|--------------------------------------|--|
| Basic (HMO) - H3822-012 | Alexander, Brown, Cass, Christian, Clark, Clay, Coles, Crawford, Cumberland, De Witt, Douglas, Edgar, Edwards, Effingham, Fayette, Ford, Franklin, Gallatin, Hamilton, Hardin, Iroquis, Jackson, Jasper, Jefferson, Johnson, Lawrence, Logan, Macon, Marion, Mason, Menard, Montgomery, Morgan, Moultrie, Piatt, Pike, Pope, Pulaski, Richland, Saline, Sangamon, Schuyler, Scott, Shelby, Union, Vermillion, Wabash, Wayne, White |
| Value (HMO) - H3822-014 | Adams, Bond, Boone, Bureau, Calhoun, Carroll, Clinton, DeKalb, Fulton, Greene, Hancock, Henderson, Henry, Jersey, Jo Daviess, 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 |

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

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 Items.** 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 **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.

⁴ **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.

Prescription Drug Tiers:

| | |
|-----------------------------------|---------------------------------|
| Tier 1 – Preferred Generic | Tier 3 – Preferred Brand |
| Tier 2 – Generic | Tier 4 – Non-Preferred |
| | Tier 5 – Specialty |

Additional Benefits:

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:

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

SilverSneakers® Fitness Program. The SilverSneakers® Fitness Program is a free fitness program for members enrolled in a Medicare Advantage plan. Membership includes unlimited access to every gym and fitness center in the network—over 10,000 locations nationwide. Weights, treadmills, pools and other amenities are included. Specialized fitness classes are designed for people of all abilities and are led by certified instructors at gyms and other locations.

HMO and HMO-POS plans provided by Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC). HMO plan provided by Illinois Blue Cross Blue Shield Insurance Company (ILBCBSIC). HCSC and ILBCBSIC are independent licensees of the Blue Cross and Blue Shield Association. HCSC and ILBCBSIC are Medicare Advantage organizations with a Medicare contract. Enrollment in HCSC's and ILBCBSIC's plans depends on contract renewal.

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| | | 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 | |
|--|----------------------------------|---|-----------------|--|----------------|---|-----------------|
| Plan Premium | | \$84 | | \$152 | | \$0 | |
| | | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Part B Premium Reduction | | \$0 | | \$0 | | \$0 | |
| Primary Care Provider Visits | | \$0 copay | \$30 copay | \$0 copay | \$30 copay | \$0 copay | \$30 copay |
| Specialist Visits | | \$48 copay | \$75 copay | \$40 copay | \$75 copay | \$20 copay | \$75 copay |
| Maximum Out-of-Pocket | | \$4,850 | \$10,100 | \$4,200 | \$10,100 | \$4,900 | \$10,100 |
| Inpatient Hospital Copay | | \$350/day for days 1–8 | \$500/day | \$300/day for days 1–7 | \$500/day | \$350/day for days 1–7 | \$500/day |
| Outpatient Hospital Copay | | \$300 | \$400 | \$300 | \$400 | \$375 | \$400 |
| Labs | | \$5 | \$200 | \$5 | \$200 | \$5 | \$200 |
| X-ray | | \$0–\$100 | \$30–\$200 | \$0–\$100 | \$30–\$200 | \$0–\$100 | \$30–\$200 |
| CT Scan | | \$0–\$300 | \$0–\$400 | \$0–\$200 | \$0–\$400 | \$0–\$300 | \$0–\$400 |
| MRI | | \$0–\$300 | \$0–\$400 | \$0–\$200 | \$0–\$400 | \$0–\$300 | \$0–\$400 |
| Ambulance/Air Ambulance | | \$250/20% | | \$225/20% | | \$250/20% | |
| Dental ¹ | Routine Preventive Comprehensive | \$0 copay; 2 exams, 2 cleanings, 1 X-ray \$1,000 annually | | \$0 copay; 2 exams, 2 cleanings, 1 X-ray \$1,000 annually | | \$0 copay; 2 exams, 2 cleanings, 1 X-ray Not Covered | |
| | Routine Eye Exam | \$0 copay; 1 exam/year | Not Covered | \$0 copay; 1 exam/year | Not Covered | \$0 copay; 1 exam/year | Not Covered |
| Vision | Glasses/Contacts Allowance | \$100 annual allowance | | \$100 annual allowance | | \$100 annual allowance | |
| | Hearing Exam | \$0 copay; 1 exam/year | Not Covered | \$0 copay; 1 exam/year | Not Covered | \$0 copay; 1 exam/year | Not Covered |
| Hearing | Hearing Aids | \$699 or \$999 copay | | \$699 or \$999 copay | | \$699 or \$999 copay | |
| | Preferred Retail Pharmacy Copays | \$0/\$10/\$47/42%/33% | | \$0/\$10/\$47/50%/33% | | \$0/\$10/\$47/37%/30% | |
| Prescription Drug Deductible | | \$0 | | \$0 | | \$250 (Tiers 3–5) | |
| Preferred Pharmacy Network | | Walgreens, Jewel-Osco, Walmart, Kroger, Mariano’s, and independents | | Walgreens, Jewel-Osco, Walmart, Kroger, Mariano’s, and independents | | Walgreens, Jewel-Osco, Walmart, Kroger, Mariano’s, and independents | |
| Over-the-Counter Items ² | | Not Covered | | Not Covered | | \$50 every 3 months | |
| Telehealth Services | | \$0 copay; virtual visits | | \$0 copay; virtual visits | | \$0 copay; virtual visits | |
| Flexible Spend Card ³ | | Not Included | | Not Included | | Not Included | |
| Transportation | | Not Included | | 12 One-Way Trips | | Not Included | |
| Optional Supplemental Benefits Plan ⁴ | | Basic Silver | | Not Applicable | | Basic Silver | |
| Plan Premium | | \$23 | | | | \$22.90 | |
| Dental ¹ | 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 | Glasses/Contacts Allowance | Not Included | | | | Not Included | |

See reverse for additional benefit details

| | | Blue Cross Medicare Advantage Dental Premier (PPO) SM H8634-021 | | Blue Cross Medicare Advantage Health Choice (PPO) SM H8634-018 | | Blue Cross Medicare Advantage Protect (PPO) SM H8634-019 | |
|--|---------------------------------|--|----------------|---|----------------|---|-----------------|
| Plan Premium | | \$0 | | \$0 | | \$0 | |
| | | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Part B Premium Reduction | | \$0 | | \$0 | | \$40 | |
| Primary Care Provider Visits | | \$0 copay | \$30 copay | \$0 copay | \$30 copay | \$0 copay | \$30 copay |
| Specialist Visits | | \$32 copay | \$75 copay | \$45 copay | \$75 copay | \$50 copay | \$75 copay |
| Maximum Out-of-Pocket | | \$7,550 | \$13,300 | \$6,900 | \$13,300 | \$6,750 | \$10,100 |
| Inpatient Hospital Copay | | \$370/day for days 1–6 | \$500/day | \$365/day for days 1–7 | \$500/day | \$370/day for days 1–6 | \$500/day |
| Outpatient Hospital Copay | | \$375 | \$400 | \$375 | \$400 | \$375 | \$400 |
| Labs | | \$5 | \$200 | \$5 | \$200 | \$5 | \$200 |
| X-ray | | \$8–\$100 | \$30–\$200 | \$0–\$100 | \$30–\$200 | \$0–\$100 | \$30–\$200 |
| CT Scan | | \$0–\$300 | \$0–\$400 | \$0–\$300 | \$0–\$400 | \$0–\$300 | \$0–\$400 |
| MRI | | \$0–\$300 | \$0–\$400 | \$0–\$300 | \$0–\$400 | \$0–\$300 | \$0–\$400 |
| Ambulance/Air Ambulance | | \$225/20% | | \$225/20% | | \$225/20% | |
| 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 | \$5,000 annually | | \$1,000 annually | | \$1,000 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 |
| | Glasses/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 | | \$699 or \$999 copay | | \$699 or \$999 copay | |
| Preferred Retail Pharmacy Copays | | \$0/\$10/\$47/25%/25% | | \$0/\$10/\$47/25%/25% | | Not Covered | |
| Prescription Drug Deductible | | \$590 (Tiers 3–5) | | \$590 (Tiers 3–5) | | Not Covered | |
| Preferred Pharmacy Network | | Walgreens, Jewel-Osco, Walmart, Kroger, Mariano's, and independents | | Walgreens, Jewel-Osco, Walmart, Kroger, Mariano's, and independents | | Not Covered | |
| Over-the-Counter Items ² | | Not Covered | | \$55 every 3 months | | Not Covered | |
| Telehealth Services | | \$0 copay; virtual visits | | \$0 copay; virtual visits | | \$0 copay; virtual visits | |
| Flexible Spend Card ³ | | Not Included | | \$1,000/annually for dental, vision, and hearing | | Not Included | |
| Transportation | | Not Included | | Not Included | | Not Included | |
| Optional Supplemental Benefits Plan⁴ | | | | | | Basic Silver | |
| Plan Premium | | | | | | \$32.40 | |
| Dental ¹ | Annual Allowance | Not Applicable | | Not Applicable | | \$1,000 | |
| | Routine Preventive | | | | | Not Included | |
| | Basic Restorative Comprehensive | | | | | Not Included | |
| | Major Restorative Comprehensive | | | | | 20% coinsurance | 50% coinsurance |
| Vision | Glasses/Contacts Allowance | | | | | Not Included | |

[See reverse for additional benefit details](#)

| | | Blue Cross Medicare Advantage Elite (PPO) SM H8634-016 | | Blue Cross Medicare Advantage Essential (PPO) SM H8634-012 | | 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 |
| Part B Premium Reduction | | \$0 | | \$0 | | \$75 | |
| Primary Care Provider Visits | | \$0 copay | \$30 copay | \$0 copay | \$30 copay | \$0 copay | \$30 copay |
| Specialist Visits | | \$40 copay | \$75 copay | \$35 copay | \$75 copay | \$30 copay | \$75 copay |
| Maximum Out-of-Pocket | | \$4,900 | \$10,100 | \$6,500 | \$10,100 | \$6,900 | \$13,300 |
| Inpatient Hospital Copay | | \$295/day for days 1–9 | \$500/day | \$350/day for days 1–6 | \$500/day | \$370/day for days 1–6 | \$500/day |
| Outpatient Hospital Copay | | \$375 | \$400 | \$350 | \$400 | \$375 | \$400 |
| Labs | | \$5 | \$200 | \$5 | \$200 | \$5 | \$200 |
| X-ray | | \$0–\$100 | \$30–\$200 | \$0–\$100 | \$30–\$200 | \$0–\$100 | \$30–\$200 |
| CT Scan | | \$0–\$300 | \$0–\$400 | \$0–\$300 | \$0–\$400 | \$0–\$300 | \$0–\$400 |
| MRI | | \$0–\$300 | \$0–\$400 | \$0–\$300 | \$0–\$400 | \$0–\$300 | \$0–\$400 |
| Ambulance/Air Ambulance | | \$250/20% | | \$225/20% | | \$225/20% | |
| 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 | \$1,500 annually | | \$1,000 annually | | \$1,000 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 |
| | Glasses/Contacts Allowance | \$125 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 | | \$699 or \$999 copay | | \$699 or \$999 copay | |
| Preferred Retail Pharmacy Copays | | \$0/\$10/\$47/42%/30% | | \$0/\$10/\$47/50%/33% | | \$0/\$10/\$47/25%/25% | |
| Prescription Drug Deductible | | \$250 (Tiers 3–5) | | \$0 | | \$590 (Tiers 3–5) | |
| Preferred Pharmacy Network | | Walgreens, Jewel-Osco, Walmart, Kroger, Mariano's, and independents | | Walgreens, Jewel-Osco, Walmart, Kroger, Mariano's, and independents | | Walgreens, Jewel-Osco, Walmart, Kroger, Mariano's, and independents | |
| Over-the-Counter Items ² | | \$30 every 3 months | | \$75 every 3 months | | Not Covered | |
| Telehealth Services | | \$0 copay; virtual visits | | \$0 copay; virtual visits | | \$0 copay; virtual visits | |
| Flexible Spend Card ³ | | Not Included | | Not Included | | Not Included | |
| Transportation | | Not Included | | Not Included | | Not Included | |
| Optional Supplemental Benefits Plan⁴ | | | | Basic Silver | | Basic Silver | |
| Plan Premium | | | | \$30.20 | | \$20.90 | |
| Dental ¹ | 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 | Glasses/Contacts Allowance | | | Not Included | | Not Included | |

See reverse for additional benefit details

Chicagoland (PPO)

| Blue Cross Medicare Advantage SM 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 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, 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, Jo Daviess, 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, Wabash, 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, De Witt, DeKalb, Fulton, Greene, Grundy, Hancock, Henderson, Henry, Jersey, Jo Daviess, 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 |
| Saver Plus (PPO) - H8634-020 | Adams, Bond, Boone, Brown, Calhoun, Carroll, Cass, Christian, Clinton, DeKalb, Greene, Jersey, Jo Daviess, 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

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 basic restorative, adjunctive, non-surgical extractions and non-surgical periodontics.

² **Over-the-Counter Items.** 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 **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.

⁴ **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.

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

Additional Benefits:

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:

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

SilverSneakers® Fitness Program. The SilverSneakers® Fitness Program is a free fitness program for members enrolled in a Medicare Advantage plan. Membership includes unlimited access to every gym and fitness center in the network—over 10,000 locations nationwide. Weights, treadmills, pools and other amenities are included. Specialized fitness classes are designed for people of all abilities and are led by certified instructors at gyms and other locations.

PPO plans provided by Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association. HCSC is a Medicare Advantage organization with a Medicare contract. Enrollment in HCSC's plans depends on contract renewal. SilverSneakers® is a wellness program owned and operated by Tivity Health, Inc., an independent company.

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We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-774-8592 (TTY/TDD: 711). Someone who speaks English/Language can help you. This is a free service.

Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-774-8592 (TTY/TDD: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

| | | 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 | | \$83 | |
| | | In-Network | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Part B Premium Reduction | | \$0 | \$0 | | \$0 | |
| Primary Care Provider Visits | | \$0 copay | \$0 copay | \$60 copay | \$0 copay | \$60 copay |
| Specialist Visits | | \$20 copay | \$25 copay | \$75 copay | \$30 copay | \$75 copay |
| Maximum Out-of-Pocket | | \$4,500 | \$6,750 | Not Covered | \$3,500 | Not Covered |
| Inpatient Hospital Copay | | \$200/day for days 1–7 | \$300/day for days 1–8 | 40% Coinsurance | \$225/day for days 1–8 | 40% Coinsurance |
| Outpatient Hospital Copay | | \$250 | \$275 | 40% Coinsurance | \$250 | 40% Coinsurance |
| Labs | | \$0 | \$0 | 40% Coinsurance | \$0 | 40% Coinsurance |
| X-ray | | \$0 | \$0 | 40% Coinsurance | \$0 | 40% Coinsurance |
| CT Scan | | \$0–\$175 | \$0–\$225 | 40% Coinsurance | \$0–\$200 | \$60/40% |
| MRI | | \$0–\$175 | \$0–\$225 | 40% Coinsurance | \$0–\$200 | 40% Coinsurance |
| Ambulance/Air Ambulance | | \$250/20% | \$250/20% | Not Covered | \$225/20% | Not Covered |
| 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 | \$1,500 annually | \$1,000 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 |
| | Glasses/Contacts Allowance | \$200 annual allowance | \$100 annual allowance | | \$200 annual allowance | |
| 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 | | \$699 or \$999 copay | |
| Preferred Retail Pharmacy Copays | | \$0/\$10/\$47/50%/33% | \$0/\$10/\$47/50%/33% | | \$0/\$10/\$47/50%/33% | |
| Prescription Drug Deductible | | \$0 | \$0 | | \$0 | |
| Preferred Pharmacy Network | | Walgreens, Jewel-Osco, Walmart, Kroger, Mariano's, and independents | Walgreens, Jewel-Osco, Walmart, Kroger, Mariano's, and independents | | Walgreens, Jewel-Osco, Walmart, Kroger, Mariano's, and independents | |
| Over-the-Counter Items ² | | \$70 every 3 months | \$75 every 3 months | | \$75 every 3 months | |
| Telehealth Services | | \$0 copay; virtual visits | \$0 copay; virtual visits | | \$0 copay; virtual visits | |
| Flexible Spend Card ³ | | Not Included | Not Included | | Not Included | |
| Transportation | | 12 One-Way Trips | 24 One-Way Trips | | 12 One-Way Trips | |
| Optional Supplemental Benefits Plan ⁴ | | Basic Silver | Basic Silver | | Not Applicable | |
| Plan Premium | | \$36.20 | \$20.10 | | | |
| Dental ¹ | 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 | Glasses/Contacts Allowance | Not Included | Not Included | | | |

See reverse for additional benefit details

| | | 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 |
| Part B Premium Reduction | | \$0 | \$0 |
| Primary Care Provider Visits | | \$0 copay | \$0 copay |
| Specialist Visits | | \$15 copay | \$10 copay |
| Maximum Out-of-Pocket | | \$3,500 | \$2,900 |
| Inpatient Hospital Copay | | \$250/day for days 1–7 | \$250/day for days 1–7 |
| Outpatient Hospital Copay | | \$250 | \$250 |
| Labs | | \$0 | \$0 |
| X-ray | | \$0 | \$0 |
| CT Scan | | \$0–\$200 | \$0–\$175 |
| MRI | | \$0–\$200 | \$0–\$175 |
| Ambulance/Air Ambulance | | \$250/20% | \$250/20% |
| Dental ¹ | Routine Preventive | \$0 copay; 2 exams, 2 cleanings, 1 X-ray | \$0 copay; 2 exams, 2 cleanings, 1 X-ray |
| | Comprehensive | \$1,500 annually | \$1,500 annually |
| Vision | Routine Eye Exam | \$0 copay; 1 exam/year | \$0 copay; 1 exam/year |
| | Glasses/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 |
| Preferred Retail Pharmacy Copays | | \$0/\$10/\$47/50%/33% | \$0/\$10/\$47/50%/33% |
| Prescription Drug Deductible | | \$0 | \$0 |
| Preferred Pharmacy Network | | Walgreens, Jewel-Osco, Walmart, Mariano's, and independents | Walgreens, Jewel-Osco, Walmart, Kroger, Mariano's, and independents |
| Over-the-Counter Items ² | | \$80 every 3 months | \$165 every 3 months |
| Telehealth Services | | \$0 copay; virtual visits | \$0 copay; virtual visits |
| Flexible Spend Card ³ | | Not Included | Not Included |
| Transportation | | 12 One-Way Trips | 12 One-Way Trips |
| Optional Supplemental Benefits Plan⁴ | | | |
| Plan Premium | | | |
| Dental ¹ | Annual Allowance | | |
| | Routine Preventive | Not Applicable | Not Applicable |
| | Basic Restorative Comprehensive | | |
| | Major Restorative Comprehensive | | |
| Vision | Glasses/Contacts Allowance | | |

See reverse for additional benefit details

Chicagoland (HMO)

| 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, Jo Daviess, 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 |

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

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 Items.** 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 **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.

⁴ **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.

Prescription Drug Tiers:

| | |
|-----------------------------------|---------------------------------|
| Tier 1 – Preferred Generic | Tier 3 – Preferred Brand |
| Tier 2 – Generic | Tier 4 – Non-Preferred |
| | Tier 5 – Specialty |

Additional Benefits:

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:

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

SilverSneakers® Fitness Program. The SilverSneakers® Fitness Program is a free fitness program for members enrolled in a Medicare Advantage plan. Membership includes unlimited access to every gym and fitness center in the network—over 10,000 locations nationwide. Weights, treadmills, pools and other amenities are included. Specialized fitness classes are designed for people of all abilities and are led by certified instructors at gyms and other locations.

HMO and HMO-POS plans provided by Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC). HMO plan provided by Illinois Blue Cross Blue Shield Insurance Company (ILBCBSIC). HCSC and ILBCBSIC are Independent Licensees of the Blue Cross and Blue Shield Association. HCSC and ILBCBSIC are Medicare Advantage organizations with a Medicare contract. Enrollment in HCSC's and ILBCBSIC's plans depends on contract renewal.

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| | | Blue Cross Medicare Advantage Dental Premier (PPO) SM H8634-021 | | Blue Cross Medicare Advantage Health Choice (PPO) SM H8634-018 | | Blue Cross Medicare Advantage Protect (PPO) SM H8634-019 | |
|--|---------------------------------|--|----------------|---|----------------|---|-----------------|
| Plan Premium | | \$0 | | \$0 | | \$0 | |
| | | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Part B Premium Reduction | | \$0 | | \$0 | | \$40 | |
| Primary Care Provider Visits | | \$0 copay | \$30 copay | \$0 copay | \$30 copay | \$0 copay | \$30 copay |
| Specialist Visits | | \$32 copay | \$75 copay | \$45 copay | \$75 copay | \$50 copay | \$75 copay |
| Maximum Out-of-Pocket | | \$7,550 | \$13,300 | \$6,900 | \$13,300 | \$6,750 | \$10,100 |
| Inpatient Hospital Copay | | \$370/day for days 1–6 | \$500/day | \$365/day for days 1–7 | \$500/day | \$370/day for days 1–6 | \$500/day |
| Outpatient Hospital Copay | | \$375 | \$400 | \$375 | \$400 | \$375 | \$400 |
| Labs | | \$5 | \$200 | \$5 | \$200 | \$5 | \$200 |
| X-ray | | \$8–\$100 | \$30–\$200 | \$0–\$100 | \$30–\$200 | \$0–\$100 | \$30–\$200 |
| CT Scan | | \$0–\$300 | \$0–\$400 | \$0–\$300 | \$0–\$400 | \$0–\$300 | \$0–\$400 |
| MRI | | \$0–\$300 | \$0–\$400 | \$0–\$300 | \$0–\$400 | \$0–\$300 | \$0–\$400 |
| Ambulance/Air Ambulance | | \$225/20% | | \$225/20% | | \$225/20% | |
| 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 | \$5,000 annually | | \$1,000 annually | | \$1,000 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 |
| | Glasses/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 | | \$699 or \$999 copay | | \$699 or \$999 copay | |
| Preferred Retail Pharmacy Copays | | \$0/\$10/\$47/25%/25% | | \$0/\$10/\$47/25%/25% | | Not Covered | |
| Prescription Drug Deductible | | \$590 (Tiers 3–5) | | \$590 (Tiers 3–5) | | Not Covered | |
| Preferred Pharmacy Network | | Walgreens, Jewel-Osco, Walmart, Kroger, Mariano's, and independents | | Walgreens, Jewel-Osco, Walmart, Kroger, Mariano's, and independents | | Not Covered | |
| Over-the-Counter Items ² | | Not Covered | | \$55 every 3 months | | Not Covered | |
| Telehealth Services | | \$0 copay; virtual visits | | \$0 copay; virtual visits | | \$0 copay; virtual visits | |
| Flexible Spend Card ³ | | Not Included | | \$1,000/annually for dental, vision, and hearing | | Not Included | |
| Transportation | | Not Included | | Not Included | | Not Included | |
| Optional Supplemental Benefits Plan⁴ | | | | | | Basic Silver | |
| Plan Premium | | | | | | \$32.40 | |
| Dental ¹ | Annual Allowance | Not Applicable | | Not Applicable | | \$1,000 | |
| | Routine Preventive | | | | | Not Included | |
| | Basic Restorative Comprehensive | | | | | Not Included | |
| | Major Restorative Comprehensive | | | | | 20% coinsurance | 50% coinsurance |
| Vision | Glasses/Contacts Allowance | | | | | Not Included | |

See reverse for additional benefit details

| | | Blue Cross Medicare Advantage Classic (PPO) SM H8634-017 | | Blue Cross Medicare Advantage Essential (PPO) SM H8634-012 | | 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 |
| Part B Premium Reduction | | \$0 | | \$0 | | \$75 | |
| Primary Care Provider Visits | | \$0 copay | \$30 copay | \$0 copay | \$30 copay | \$0 copay | \$30 copay |
| Specialist Visits | | \$25 copay | \$75 copay | \$35 copay | \$75 copay | \$30 copay | \$75 copay |
| Maximum Out-of-Pocket | | \$5,900 | \$8,950 | \$6,500 | \$10,100 | \$6,900 | \$13,300 |
| Inpatient Hospital Copay | | \$395/day for days 1–7 | \$500/day | \$350/day for days 1–6 | \$500/day | \$370/day for days 1–6 | \$500/day |
| Outpatient Hospital Copay | | \$375 | \$400 | \$350 | \$400 | \$375 | \$400 |
| Labs | | \$5 | \$200 | \$5 | \$200 | \$5 | \$200 |
| X-ray | | \$0–\$100 | \$30–\$200 | \$0–\$100 | \$30–\$200 | \$0–\$100 | \$30–\$200 |
| CT Scan | | \$0–\$300 | \$0–\$400 | \$0–\$300 | \$0–\$400 | \$0–\$300 | \$0–\$400 |
| MRI | | \$0–\$300 | \$0–\$400 | \$0–\$300 | \$0–\$400 | \$0–\$300 | \$0–\$400 |
| Ambulance/Air Ambulance | | \$225/20% | | \$225/20% | | \$225/20% | |
| 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 copay; 1 exam/year | Not Covered | \$0 copay; 1 exam/year | Not Covered | \$0 copay; 1 exam/year | Not Covered |
| | Glasses/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 | | \$699 or \$999 copay | | \$699 or \$999 copay | |
| Preferred Retail Pharmacy Copays | | \$0/\$10/\$47/50%/33% | | \$0/\$10/\$47/50%/33% | | \$0/\$10/\$47/25%/25% | |
| Prescription Drug Deductible | | \$0 | | \$0 | | \$590 (Tiers 3–5) | |
| Preferred Pharmacy Network | | Walgreens, Jewel-Osco, Walmart, Kroger, Mariano's, and independents | | Walgreens, Jewel-Osco, Walmart, Kroger, Mariano's, and independents | | Walgreens, Jewel-Osco, Walmart, Kroger, Mariano's, and independents | |
| Over-the-Counter Items ² | | Not Covered | | \$75 every 3 months | | Not Covered | |
| Telehealth Services | | \$0 copay; virtual visits | | \$0 copay; virtual visits | | \$0 copay; virtual visits | |
| Flexible Spend Card ³ | | Not Included | | Not Included | | Not Included | |
| Transportation | | Not Included | | Not Included | | Not Included | |
| Optional Supplemental Benefits Plan⁴ | | Premier | | Basic Silver | | Basic Silver | |
| Plan Premium | | \$27.40 | | \$30.20 | | \$20.90 | |
| Dental ¹ | Annual Allowance | \$1,000 | | \$1,000 | | \$1,000 | |
| | Routine Preventive | \$0 copay; 2 exams, 2 cleanings, 1 X-ray | | Not Included | | Not Included | |
| | Basic Restorative Comprehensive | 20% coinsurance | 50% coinsurance | Not Included | | Not Included | |
| | Major Restorative Comprehensive | 20% coinsurance | 50% coinsurance | 20% coinsurance | 50% coinsurance | 20% coinsurance | 50% coinsurance |
| Vision | Glasses/Contacts Allowance | \$150 annually | | Not Included | | Not Included | |

[See reverse for additional benefit details](#)

Peoria-Bloomington-Springfield (PPO)

| Blue Cross Medicare Advantage™ plans | Offered in the following counties |
|---|---|
| Dental Premier (PPO) - H8634-021 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, 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, Jo Daviess, 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, Wabash, Warren, Washington, Wayne, White, Whiteside, Will, Williamson, Winnebago, Woodford |
| 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, Wabash, Wayne, White |
| Essential (PPO) - H8634-012 | Adams, Bond, Boone, Brown, Bureau, Calhoun, Carroll, Cass, Christian, Clinton, De Witt, DeKalb, Fulton, Greene, Grundy, Hancock, Henderson, Henry, Jersey, Jo Daviess, 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 |
| Saver Plus (PPO) - H8634-020 | Adams, Bond, Boone, Brown, Calhoun, Carroll, Cass, Christian, Clinton, DeKalb, Greene, Jersey, Jo Daviess, 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

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 Items.** 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 **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.

⁴ **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.

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

Additional Benefits:

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:

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

SilverSneakers® Fitness Program. The SilverSneakers® Fitness Program is a free fitness program for members enrolled in a Medicare Advantage plan. Membership includes unlimited access to every gym and fitness center in the network—over 10,000 locations nationwide. Weights, treadmills, pools and other amenities are included. Specialized fitness classes are designed for people of all abilities and are led by certified instructors at gyms and other locations.

PPO plans provided by Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association. HCSC is a Medicare Advantage organization with a Medicare contract. Enrollment in HCSC's plans depends on contract renewal. SilverSneakers® is a wellness program owned and operated by Tivity Health, Inc., an independent company.

Tivity Health and SilverSneakers® are registered trademarks or trademarks of Tivity Health, Inc., and/or its subsidiaries and/or affiliates in the USA and/or other countries.

We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-774-8592 (TTY/TDD: 711). Someone who speaks English/Language can help you. This is a free service.

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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 |
| Part B Premium Reduction | | \$0 | \$0 |
| Primary Care Provider Visits | | \$0 copay | \$0 copay |
| Specialist Visits | | \$25 copay | \$10 copay |
| Maximum Out-of-Pocket | | \$5,500 | \$2,900 |
| Inpatient Hospital Copay | | \$325/day for days 1–8 | \$250/day for days 1–7 |
| Outpatient Hospital Copay | | \$250 | \$250 |
| Labs | | \$0 | \$0 |
| X-ray | | \$0 | \$0 |
| CT Scan | | \$0–\$250 | \$0–\$175 |
| MRI | | \$0–\$250 | \$0–\$175 |
| Ambulance/Air Ambulance | | \$250/20% | \$250/20% |
| 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 | \$1,500 annually |
| Vision | Routine Eye Exam | \$0 copay; 1 exam/year | \$0 copay; 1 exam/year |
| | Glasses/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 |
| Preferred Retail Pharmacy Copays | | \$0/\$10/\$47/50%/33% | \$0/\$10/\$47/50%/33% |
| Prescription Drug Deductible | | \$0 | \$0 |
| Preferred Pharmacy Network | | Walgreens, Jewel-Osco, Walmart, Kroger, Mariano's, and independents | Walgreens, Jewel-Osco, Walmart, Kroger, Mariano's, and independents |
| Over-the-Counter Items ² | | \$105 every 3 months | \$165 every 3 months |
| Telehealth Services | | \$0 copay; virtual visits | \$0 copay; virtual visits |
| Flexible Spend Card ³ | | Not Included | Not Included |
| Transportation | | Not Included | 12 One-Way Trips |
| Optional Supplemental Benefits Plan⁴ | | | |
| Plan Premium | | | |
| Dental ¹ | Annual Allowance | Not Applicable | Not Applicable |
| | Routine Preventive | | |
| | Basic Restorative Comprehensive | | |
| | Major Restorative Comprehensive | | |
| Vision | Glasses/Contacts Allowance | | |

See reverse for additional benefit details

Peoria-Bloomington-Springfield (HMO)

| Blue Cross Medicare Advantage™ plans | Offered in the following counties |
|--------------------------------------|--|
| Basic (HMO) - H3822-012 | Alexander, Brown, Cass, Christian, Clark, Clay, Coles, Crawford, Cumberland, De Witt, Douglas, Edgar, Edwards, Effingham, Fayette, Ford, Franklin, Gallatin, Hamilton, Hardin, Iroquis, Jackson, Jasper, Jefferson, Johnson, Lawrence, Logan, Macon, Marion, Mason, Menard, Montgomery, Morgan, Moultrie, Platt, Pike, Pope, Pulaski, Richland, Saline, Sangamon, Schuyler, Scott, Shelby, Union, Vermillion, Wabash, Wayne, White |
| Value (HMO) - H3822-014 | Adams, Bond, Boone, Bureau, Calhoun, Carroll, Clinton, DeKalb, Fulton, Greene, Hancock, Henderson, Henry, Jersey, Jo Daviess, 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 |

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

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 Items.** 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 **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.

⁴ **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.

Prescription Drug Tiers:

| | |
|-----------------------------------|---------------------------------|
| Tier 1 – Preferred Generic | Tier 3 – Preferred Brand |
| Tier 2 – Generic | Tier 4 – Non-Preferred |
| | Tier 5 – Specialty |

Additional Benefits:

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:

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

SilverSneakers® Fitness Program. The SilverSneakers® Fitness Program is a free fitness program for members enrolled in a Medicare Advantage plan. Membership includes unlimited access to every gym and fitness center in the network—over 10,000 locations nationwide. Weights, treadmills, pools and other amenities are included. Specialized fitness classes are designed for people of all abilities and are led by certified instructors at gyms and other locations.

HMO and HMO-POS plans provided by Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC). HMO plan provided by Illinois Blue Cross Blue Shield Insurance Company (ILBCBSIC). HCSC and ILBCBSIC are Independent Licensees of the Blue Cross and Blue Shield Association. HCSC and ILBCBSIC are Medicare Advantage organizations with a Medicare contract. Enrollment in HCSC's and ILBCBSIC's plans depends on contract renewal.

SilverSneakers® is a wellness program owned and operated by Tivity Health, Inc., an independent company.

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| | | Blue Cross Medicare Advantage Dental Premier (PPO) SM H8634-021 | | Blue Cross Medicare Advantage Health Choice (PPO) SM H8634-018 | | Blue Cross Medicare Advantage Protect (PPO) SM H8634-019 | |
|--|---------------------------------|--|----------------|---|----------------|---|-----------------|
| Plan Premium | | \$0 | | \$0 | | \$0 | |
| | | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Part B Premium Reduction | | \$0 | | \$0 | | \$40 | |
| Primary Care Provider Visits | | \$0 copay | \$30 copay | \$0 copay | \$30 copay | \$0 copay | \$30 copay |
| Specialist Visits | | \$32 copay | \$75 copay | \$45 copay | \$75 copay | \$50 copay | \$75 copay |
| Maximum Out-of-Pocket | | \$7,550 | \$13,300 | \$6,900 | \$13,300 | \$6,750 | \$10,100 |
| Inpatient Hospital Copay | | \$370/day for days 1–6 | \$500/day | \$365/day for days 1–7 | \$500/day | \$370/day for days 1–6 | \$500/day |
| Outpatient Hospital Copay | | \$375 | \$400 | \$375 | \$400 | \$375 | \$400 |
| Labs | | \$5 | \$200 | \$5 | \$200 | \$5 | \$200 |
| X-ray | | \$8–\$100 | \$30–\$200 | \$0–\$100 | \$30–\$200 | \$0–\$100 | \$30–\$200 |
| CT Scan | | \$0–\$300 | \$0–\$400 | \$0–\$300 | \$0–\$400 | \$0–\$300 | \$0–\$400 |
| MRI | | \$0–\$300 | \$0–\$400 | \$0–\$300 | \$0–\$400 | \$0–\$300 | \$0–\$400 |
| Ambulance/Air Ambulance | | \$225/20% | | \$225/20% | | \$225/20% | |
| 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 | \$5,000 annually | | \$1,000 annually | | \$1,000 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 |
| | Glasses/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 | | \$699 or \$999 copay | | \$699 or \$999 copay | |
| Preferred Retail Pharmacy Copays | | \$0/\$10/\$47/25%/25% | | \$0/\$10/\$47/25%/25% | | Not Covered | |
| Prescription Drug Deductible | | \$590 (Tiers 3–5) | | \$590 (Tiers 3–5) | | Not Covered | |
| Preferred Pharmacy Network | | Walgreens, Jewel-Osco, Walmart, Kroger, Mariano's, and independents | | Walgreens, Jewel-Osco, Walmart, Kroger, Mariano's, and independents | | Not Covered | |
| Over-the-Counter Items ² | | Not Covered | | \$55 every 3 months | | Not Covered | |
| Telehealth Services | | \$0 copay; virtual visits | | \$0 copay; virtual visits | | \$0 copay; virtual visits | |
| Flexible Spend Card ³ | | Not Included | | \$1,000/annually for dental, vision, and hearing | | Not Included | |
| Transportation | | Not Included | | Not Included | | Not Included | |
| Optional Supplemental Benefits Plan ⁴ | | Not Applicable | | Not Applicable | | Basic Silver | |
| Plan Premium | | | | | | \$32.40 | |
| Dental ¹ | Annual Allowance | | | | | \$1,000 | |
| | Routine Preventive | | | | | Not Included | |
| | Basic Restorative Comprehensive | | | | | Not Included | |
| | Major Restorative Comprehensive | | | | | 20% coinsurance | 50% coinsurance |
| Vision | Glasses/Contacts Allowance | | | | | Not Included | |

See reverse for additional benefit details

| | | Blue Cross Medicare Advantage Essential (PPO) SM H8634-012 | | Blue Cross Medicare Advantage Saver Plus (PPO) SM H8634-020 | |
|--|---------------------------------|---|-----------------|--|-----------------|
| Plan Premium | | \$0 | | \$0 | |
| | | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Part B Premium Reduction | | \$0 | | \$75 | |
| Primary Care Provider Visits | | \$0 copay | \$30 copay | \$0 copay | \$30 copay |
| Specialist Visits | | \$35 copay | \$75 copay | \$30 copay | \$75 copay |
| Maximum Out-of-Pocket | | \$6,500 | \$10,100 | \$6,900 | \$13,300 |
| Inpatient Hospital Copay | | \$350/day for days 1–6 | \$500/day | \$370/day for days 1–6 | \$500/day |
| Outpatient Hospital Copay | | \$350 | \$400 | \$375 | \$400 |
| Labs | | \$5 | \$200 | \$5 | \$200 |
| X-ray | | \$0–\$100 | \$30–\$200 | \$0–\$100 | \$30–\$200 |
| CT Scan | | \$0–\$300 | \$0–\$400 | \$0–\$300 | \$0–\$400 |
| MRI | | \$0–\$300 | \$0–\$400 | \$0–\$300 | \$0–\$400 |
| Ambulance/Air Ambulance | | \$225/20% | | \$225/20% | |
| 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 | | \$1,000 annually | |
| Vision | Routine Eye Exam | \$0 copay; 1 exam/year | Not Covered | \$0 copay; 1 exam/year | Not Covered |
| | Glasses/Contacts Allowance | \$100 annual allowance | | \$100 annual allowance | |
| Hearing | Hearing Exam | \$0 copay; 1 exam/year | Not Covered | \$0 copay; 1 exam/year | Not Covered |
| | Hearing Aids | \$699 or \$999 copay | | \$699 or \$999 copay | |
| Preferred Retail Pharmacy Copays | | \$0/\$10/\$47/50%/33% | | \$0/\$10/\$47/25%/25% | |
| Prescription Drug Deductible | | \$0 | | \$590 (Tiers 3–5) | |
| Preferred Pharmacy Network | | Walgreens, Jewel-Osco, Walmart, Kroger, Mariano's, and independents | | Walgreens, Jewel-Osco, Walmart, Kroger, Mariano's, and independents | |
| Over-the-Counter Items ² | | \$75 every 3 months | | Not Covered | |
| Telehealth Services | | \$0 copay; virtual visits | | \$0 copay; virtual visits | |
| Flexible Spend Card ³ | | Not Included | | Not Included | |
| Transportation | | Not Included | | Not Included | |
| Optional Supplemental Benefits Plan⁴ | | Basic Silver | | Basic Silver | |
| Plan Premium | | \$30.20 | | \$20.90 | |
| Dental ¹ | 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 | Glasses/Contacts Allowance | Not Included | | Not Included | |

[See reverse for additional benefit details](#)

Rockford-Rock Island-Moline (PPO)

| Blue Cross Medicare Advantage™ plans | Offered in the following counties |
|---|--|
| Dental Premier (PPO) - H8634-021 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, 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, Jo Daviess, 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, Platt, Pike, Pope, Pulaski, Putnam, Randolph, Richland, Rock Island, Saline, Sangamon, Schuyler, Scott, Shelby, St. Clair, Stark, Stephenson, Tazewell, Union, Vermillion, Wabash, Warren, Washington, Wayne, White, Whiteside, Will, Williamson, Winnebago, Woodford |
| Essential (PPO) - H8634-012 | Adams, Bond, Boone, Brown, Bureau, Calhoun, Carroll, Cass, Christian, Clinton, De Witt, DeKalb, Fulton, Greene, Grundy, Hancock, Henderson, Henry, Jersey, Jo Daviess, 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, Platt, 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, Jo Daviess, 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](http://www.getblueil.com/mapd/sb)

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 Items.** 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 **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.

⁴ **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.

Prescription Drug Tiers:

| | |
|-----------------------------------|---------------------------------|
| Tier 1 – Preferred Generic | Tier 3 – Preferred Brand |
| Tier 2 – Generic | Tier 4 – Non-Preferred |
| | Tier 5 – Specialty |

Additional Benefits:

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:

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

SilverSneakers® Fitness Program. The SilverSneakers® Fitness Program is a free fitness program for members enrolled in a Medicare Advantage plan. Membership includes unlimited access to every gym and fitness center in the network—over 10,000 locations nationwide. Weights, treadmills, pools and other amenities are included. Specialized fitness classes are designed for people of all abilities and are led by certified instructors at gyms and other locations.

PPO plans provided by Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association. HCSC is a Medicare Advantage organization with a Medicare contract. Enrollment in HCSC's plans depends on contract renewal. SilverSneakers® is a wellness program owned and operated by Tivity Health, Inc., an independent company.

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| | | Blue Cross Medicare Advantage Value (HMO) SM H3822-014 |
|--|---------------------------------|---|
| Plan Premium | | \$0 |
| | | In-Network |
| Part B Premium Reduction | | \$0 |
| Primary Care Provider Visits | | \$0 copay |
| Specialist Visits | | \$10 copay |
| Maximum Out-of-Pocket | | \$2,900 |
| Inpatient Hospital Copay | | \$250/day for days 1–7 |
| Outpatient Hospital Copay | | \$250 |
| Labs | | \$0 |
| X-ray | | \$0 |
| CT Scan | | \$0–\$175 |
| MRI | | \$0–\$175 |
| Ambulance/Air Ambulance | | \$250/20% |
| Dental ¹ | Routine Preventive | \$0 copay; 2 exams, 2 cleanings, 1 X-ray |
| | Comprehensive | \$1,500 annually |
| Vision | Routine Eye Exam | \$0 copay; 1 exam/year |
| | Glasses/Contacts Allowance | \$200 annual allowance |
| Hearing | Hearing Exam | \$0 copay; 1 exam/year |
| | Hearing Aids | \$699 or \$999 copay |
| Preferred Retail Pharmacy Copays | | \$0/\$10/\$47/50%/33% |
| Prescription Drug Deductible | | \$0 |
| Preferred Pharmacy Network | | Walgreens, Jewel-Osco, Walmart, Kroger, Mariano's, and independents |
| Over-the-Counter Items ² | | \$165 every 3 months |
| Telehealth Services | | \$0 copay; virtual visits |
| Flexible Spend Card ³ | | Not Included |
| Transportation | | 12 One-Way Trips |
| Optional Supplemental Benefits Plan⁴ | | |
| Plan Premium | | |
| Dental ¹ | Annual Allowance | |
| | Routine Preventive | |
| | Basic Restorative Comprehensive | |
| | Major Restorative Comprehensive | |
| Vision | Glasses/Contacts Allowance | Not Applicable |

See reverse for additional benefit details


Rockford-Rock Island-Moline (HMO)

| Blue Cross Medicare Advantage SM plans | Offered in the following counties |
|---|---|
| Value (HMO) - H3822-014 | Adams, Bond, Boone, Bureau, Calhoun, Carroll, Clinton, DeKalb, Fulton, Greene, Hancock, Henderson, Henry, Jersey, Jo Daviess, 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 |

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

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 Items.** 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 **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.

⁴ **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.

Prescription Drug Tiers:

| | |
|-----------------------------------|---------------------------------|
| Tier 1 – Preferred Generic | Tier 3 – Preferred Brand |
| Tier 2 – Generic | Tier 4 – Non-Preferred |
| | Tier 5 – Specialty |

Additional Benefits:

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:

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

SilverSneakers® Fitness Program. The SilverSneakers® Fitness Program is a free fitness program for members enrolled in a Medicare Advantage plan. Membership includes unlimited access to every gym and fitness center in the network—over 10,000 locations nationwide. Weights, treadmills, pools and other amenities are included. Specialized fitness classes are designed for people of all abilities and are led by certified instructors at gyms and other locations.

HMO and HMO-POS plans provided by Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC). HMO plan provided by Illinois Blue Cross Blue Shield Insurance Company (ILBCBSIC). HCSC and ILBCBSIC are Independent Licensees of the Blue Cross and Blue Shield Association. HCSC and ILBCBSIC are Medicare Advantage organizations with a Medicare contract. Enrollment in HCSC's and ILBCBSIC's plans depends on contract renewal.

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Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-774-8592 (TTY/TDD: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

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| | | Blue Cross Medicare Advantage Essential (PPO) SM H8634-012 | | Blue Cross Medicare Advantage Classic (PPO) SM H8634-017 | |
|--|---------------------------------|---|-----------------|---|-----------------|
| Plan Premium | | \$0 | | \$0 | |
| | | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Part B Premium Reduction | | \$0 | | \$0 | |
| Primary Care Provider Visits | | \$0 copay | \$30 copay | \$0 copay | \$30 copay |
| Specialist Visits | | \$35 copay | \$75 copay | \$25 copay | \$75 copay |
| Maximum Out-of-Pocket | | \$6,500 | \$10,100 | \$5,900 | \$8,950 |
| Inpatient Hospital Copay | | \$350/day for days 1–6 | \$500/day | \$395/day for days 1–7 | \$500/day |
| Outpatient Hospital Copay | | \$350 | \$400 | \$375 | \$400 |
| Labs | | \$5 | \$200 | \$5 | \$200 |
| X-ray | | \$0–\$100 | \$30–\$200 | \$0–\$100 | \$30–\$200 |
| CT Scan | | \$0–\$300 | \$0–\$400 | \$0–\$300 | \$0–\$400 |
| MRI | | \$0–\$300 | \$0–\$400 | \$0–\$300 | \$0–\$400 |
| Ambulance/Air Ambulance | | \$225/20% | | \$225/20% | |
| Dental ¹ | Routine Preventive | \$0 copay; 2 exams, 2 cleanings, 1 X-ray | | Not Covered | |
| | Comprehensive | \$1,000 annually | | Not Covered | |
| Vision | Routine Eye Exam | \$0 copay; 1 exam/year | Not Covered | \$0 copay; 1 exam/year | Not Covered |
| | Glasses/Contacts Allowance | \$100 annual allowance | | Not Covered | |
| Hearing | Hearing Exam | \$0 copay; 1 exam/year | Not Covered | \$0 copay; 1 exam/year | Not Covered |
| | Hearing Aids | \$699 or \$999 copay | | \$699 or \$999 copay | |
| Preferred Retail Pharmacy Copays | | \$0/\$10/\$47/50%/33% | | \$0/\$10/\$47/50%/33% | |
| Prescription Drug Deductible | | \$0 | | \$0 | |
| Preferred Pharmacy Network | | Walgreens, Jewel-Osco, Walmart, Kroger, Mariano's, and independents | | Walgreens, Jewel-Osco, Walmart, Kroger, Mariano's, and independents | |
| Over-the-Counter Items ² | | \$75 every 3 months | | Not Covered | |
| Telehealth Services | | \$0 copay; virtual visits | | \$0 copay; virtual visits | |
| Flexible Spend Card ³ | | Not Included | | Not Included | |
| Transportation | | Not Included | | Not Included | |
| Optional Supplemental Benefits Plan⁴ | | Basic Silver | | Premier | |
| Plan Premium | | \$30.20 | | \$27.40 | |
| Dental ¹ | 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 | Glasses/Contacts Allowance | Not Included | | \$150 annually | |

[See reverse for additional benefit details](#)

| | | Blue Cross Medicare Advantage Dental Premier (PPO) SM H8634-021 | | Blue Cross Medicare Advantage Health Choice (PPO) SM H8634-018 | | Blue Cross Medicare Advantage Protect (PPO) SM H8634-019 | |
|--|---------------------------------|--|----------------|---|----------------|---|-----------------|
| Plan Premium | | \$0 | | \$0 | | \$0 | |
| | | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Part B Premium Reduction | | \$0 | | \$0 | | \$40 | |
| Primary Care Provider Visits | | \$0 copay | \$30 copay | \$0 copay | \$30 copay | \$0 copay | \$30 copay |
| Specialist Visits | | \$32 copay | \$75 copay | \$45 copay | \$75 copay | \$50 copay | \$75 copay |
| Maximum Out-of-Pocket | | \$7,550 | \$13,300 | \$6,900 | \$13,300 | \$6,750 | \$10,100 |
| Inpatient Hospital Copay | | \$370/day for days 1–6 | \$500/day | \$365/day for days 1–7 | \$500/day | \$370/day for days 1–6 | \$500/day |
| Outpatient Hospital Copay | | \$375 | \$400 | \$375 | \$400 | \$375 | \$400 |
| Labs | | \$5 | \$200 | \$5 | \$200 | \$5 | \$200 |
| X-ray | | \$8–\$100 | \$30–\$200 | \$0–\$100 | \$30–\$200 | \$0–\$100 | \$30–\$200 |
| CT Scan | | \$0–\$300 | \$0–\$400 | \$0–\$300 | \$0–\$400 | \$0–\$300 | \$0–\$400 |
| MRI | | \$0–\$300 | \$0–\$400 | \$0–\$300 | \$0–\$400 | \$0–\$300 | \$0–\$400 |
| Ambulance/Air Ambulance | | \$225/20% | | \$225/20% | | \$225/20% | |
| 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 | \$5,000 annually | | \$1,000 annually | | \$1,000 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 |
| | Glasses/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 | | \$699 or \$999 copay | | \$699 or \$999 copay | |
| Preferred Retail Pharmacy Copays | | \$0/\$10/\$47/25%/25% | | \$0/\$10/\$47/25%/25% | | Not Covered | |
| Prescription Drug Deductible | | \$590 (Tiers 3–5) | | \$590 (Tiers 3–5) | | Not Covered | |
| Preferred Pharmacy Network | | Walgreens, Jewel-Osco, Walmart, Kroger, Mariano's, and independents | | Walgreens, Jewel-Osco, Walmart, Kroger, Mariano's, and independents | | Not Covered | |
| Over-the-Counter Items ² | | Not Covered | | \$55 every 3 months | | Not Covered | |
| Telehealth Services | | \$0 copay; virtual visits | | \$0 copay; virtual visits | | \$0 copay; virtual visits | |
| Flexible Spend Card ³ | | Not Included | | \$1,000/annually for dental, vision, and hearing | | Not Included | |
| Transportation | | Not Included | | Not Included | | Not Included | |
| Optional Supplemental Benefits Plan⁴ | | | | | | Basic Silver | |
| Plan Premium | | | | | | \$32.40 | |
| Dental ¹ | Annual Allowance | Not Applicable | | Not Applicable | | \$1,000 | |
| | Routine Preventive | | | | | Not Included | |
| | Basic Restorative Comprehensive | | | | | Not Included | |
| | Major Restorative Comprehensive | | | | | 20% coinsurance | 50% coinsurance |
| Vision | Glasses/Contacts Allowance | | | | | Not Included | |

See reverse for additional benefit details

Southern Illinois (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, Vermillion, Wabash, Wayne, White |
| Essential (PPO) - H8634-012 | Adams, Bond, Boone, Brown, Bureau, Calhoun, Carroll, Cass, Christian, Clinton, De Witt, DeKalb, Fulton, Greene, Grundy, Hancock, Henderson, Henry, Jersey, Jo Daviess, 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 |
| Dental Premier (PPO) - H8634-021 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, 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, Jo Daviess, 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, Vermillion, Wabash, Warren, Washington, Wayne, White, Whiteside, Will, 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

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 Items.** 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 **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.

⁴ **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.

Prescription Drug Tiers:

| | |
|-----------------------------------|---------------------------------|
| Tier 1 – Preferred Generic | Tier 3 – Preferred Brand |
| Tier 2 – Generic | Tier 4 – Non-Preferred |
| | Tier 5 – Specialty |

Additional Benefits:

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:

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

SilverSneakers® Fitness Program. The SilverSneakers® Fitness Program is a free fitness program for members enrolled in a Medicare Advantage plan. Membership includes unlimited access to every gym and fitness center in the network—over 10,000 locations nationwide. Weights, treadmills, pools and other amenities are included. Specialized fitness classes are designed for people of all abilities and are led by certified instructors at gyms and other locations.

PPO plans provided by Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association. HCSC is a Medicare Advantage organization with a Medicare contract. Enrollment in HCSC's plans depends on contract renewal.

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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 |
| Part B Premium Reduction | | \$0 | \$0 |
| Primary Care Provider Visits | | \$0 copay | \$0 copay |
| Specialist Visits | | \$25 copay | \$10 copay |
| Maximum Out-of-Pocket | | \$5,500 | \$2,900 |
| Inpatient Hospital Copay | | \$325/day for days 1–8 | \$250/day for days 1–7 |
| Outpatient Hospital Copay | | \$250 | \$250 |
| Labs | | \$0 | \$0 |
| X-ray | | \$0 | \$0 |
| CT Scan | | \$0–\$250 | \$0–\$175 |
| MRI | | \$0–\$250 | \$0–\$175 |
| Ambulance/Air Ambulance | | \$250/20% | \$250/20% |
| 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 | \$1,500 annually |
| Vision | Routine Eye Exam | \$0 copay; 1 exam/year | \$0 copay; 1 exam/year |
| | Glasses/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 |
| Preferred Retail Pharmacy Copays | | \$0/\$10/\$47/50%/33% | \$0/\$10/\$47/50%/33% |
| Prescription Drug Deductible | | \$0 | \$0 |
| Preferred Pharmacy Network | | Walgreens, Jewel-Osco, Walmart, Kroger, Mariano's, and independents | Walgreens, Jewel-Osco, Walmart, Kroger, Mariano's, and independents |
| Over-the-Counter Items ² | | \$105 every 3 months | \$165 every 3 months |
| Telehealth Services | | \$0 copay; virtual visits | \$0 copay; virtual visits |
| Flexible Spend Card ³ | | Not Included | Not Included |
| Transportation | | Not Included | 12 One-Way Trips |
| Optional Supplemental Benefits Plan⁴ | | | |
| Plan Premium | | | |
| Dental ¹ | Annual Allowance | Not Applicable | Not Applicable |
| | Routine Preventive | | |
| | Basic Restorative Comprehensive | | |
| | Major Restorative Comprehensive | | |
| Vision | Glasses/Contacts Allowance | | |

See reverse for additional benefit details


Southern Illinois (HMO)

| Blue Cross Medicare Advantage SM plans | Offered in the following counties |
|---|--|
| Basic (HMO) - H3822-012 | 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, Wabash, Wayne, White |
| Value (HMO) - H3822-014 | Adams, Bond, Boone, Bureau, Calhoun, Carroll, Clinton, DeKalb, Fulton, Greene, Hancock, Henderson, Henry, Jersey, Jo Daviess, 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 |

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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 Items.** 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 **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.

⁴ **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.

Prescription Drug Tiers:

| | |
|-----------------------------------|---------------------------------|
| Tier 1 – Preferred Generic | Tier 3 – Preferred Brand |
| Tier 2 – Generic | Tier 4 – Non-Preferred |
| | Tier 5 – Specialty |

Additional Benefits:

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:

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

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| | | Blue Cross Medicare Advantage Dental Premier (PPO) SM H8634-021 | | Blue Cross Medicare Advantage Health Choice (PPO) SM H8634-018 | | Blue Cross Medicare Advantage Protect (PPO) SM H8634-019 | |
|--|---------------------------------|--|----------------|---|----------------|---|-----------------|
| Plan Premium | | \$0 | | \$0 | | \$0 | |
| | | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Part B Premium Reduction | | \$0 | | \$0 | | \$40 | |
| Primary Care Provider Visits | | \$0 copay | \$30 copay | \$0 copay | \$30 copay | \$0 copay | \$30 copay |
| Specialist Visits | | \$32 copay | \$75 copay | \$45 copay | \$75 copay | \$50 copay | \$75 copay |
| Maximum Out-of-Pocket | | \$7,550 | \$13,300 | \$6,900 | \$13,300 | \$6,750 | \$10,100 |
| Inpatient Hospital Copay | | \$370/day for days 1–6 | \$500/day | \$365/day for days 1–7 | \$500/day | \$370/day for days 1–6 | \$500/day |
| Outpatient Hospital Copay | | \$375 | \$400 | \$375 | \$400 | \$375 | \$400 |
| Labs | | \$5 | \$200 | \$5 | \$200 | \$5 | \$200 |
| X-ray | | \$8–\$100 | \$30–\$200 | \$0–\$100 | \$30–\$200 | \$0–\$100 | \$30–\$200 |
| CT Scan | | \$0–\$300 | \$0–\$400 | \$0–\$300 | \$0–\$400 | \$0–\$300 | \$0–\$400 |
| MRI | | \$0–\$300 | \$0–\$400 | \$0–\$300 | \$0–\$400 | \$0–\$300 | \$0–\$400 |
| Ambulance/Air Ambulance | | \$225/20% | | \$225/20% | | \$225/20% | |
| 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 | \$5,000 annually | | \$1,000 annually | | \$1,000 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 |
| | Glasses/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 | | \$699 or \$999 copay | | \$699 or \$999 copay | |
| Preferred Retail Pharmacy Copays | | \$0/\$10/\$47/25%/25% | | \$0/\$10/\$47/25%/25% | | Not Covered | |
| Prescription Drug Deductible | | \$590 (Tiers 3–5) | | \$590 (Tiers 3–5) | | Not Covered | |
| Preferred Pharmacy Network | | Walgreens, Jewel-Osco, Walmart, Kroger, Mariano's, and independents | | Walgreens, Jewel-Osco, Walmart, Kroger, Mariano's, and independents | | Not Covered | |
| Over-the-Counter Items ² | | Not Covered | | \$55 every 3 months | | Not Covered | |
| Telehealth Services | | \$0 copay; virtual visits | | \$0 copay; virtual visits | | \$0 copay; virtual visits | |
| Flexible Spend Card ³ | | Not Included | | \$1,000/annually for dental, vision, and hearing | | Not Included | |
| Transportation | | Not Included | | Not Included | | Not Included | |
| Optional Supplemental Benefits Plan⁴ | | | | | | Basic Silver | |
| Plan Premium | | | | | | \$32.40 | |
| Dental ¹ | Annual Allowance | Not Applicable | | Not Applicable | | \$1,000 | |
| | Routine Preventive | | | | | Not Included | |
| | Basic Restorative Comprehensive | | | | | Not Included | |
| | Major Restorative Comprehensive | | | | | 20% coinsurance | 50% coinsurance |
| Vision | Glasses/Contacts Allowance | | | | | Not Included | |

See reverse for additional benefit details

| | | Blue Cross Medicare Advantage Essential (PPO) SM H8634-012 | | Blue Cross Medicare Advantage Saver Plus (PPO) SM H8634-020 | |
|--|---------------------------------|---|-----------------|--|-----------------|
| Plan Premium | | \$0 | | \$0 | |
| | | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Part B Premium Reduction | | \$0 | | \$75 | |
| Primary Care Provider Visits | | \$0 copay | \$30 copay | \$0 copay | \$30 copay |
| Specialist Visits | | \$35 copay | \$75 copay | \$30 copay | \$75 copay |
| Maximum Out-of-Pocket | | \$6,500 | \$10,100 | \$6,900 | \$13,300 |
| Inpatient Hospital Copay | | \$350/day for days 1–6 | \$500/day | \$370/day for days 1–6 | \$500/day |
| Outpatient Hospital Copay | | \$350 | \$400 | \$375 | \$400 |
| Labs | | \$5 | \$200 | \$5 | \$200 |
| X-ray | | \$0–\$100 | \$30–\$200 | \$0–\$100 | \$30–\$200 |
| CT Scan | | \$0–\$300 | \$0–\$400 | \$0–\$300 | \$0–\$400 |
| MRI | | \$0–\$300 | \$0–\$400 | \$0–\$300 | \$0–\$400 |
| Ambulance/Air Ambulance | | \$225/20% | | \$225/20% | |
| 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 | | \$1,000 annually | |
| Vision | Routine Eye Exam | \$0 copay; 1 exam/year | Not Covered | \$0 copay; 1 exam/year | Not Covered |
| | Glasses/Contacts Allowance | \$100 annual allowance | | \$100 annual allowance | |
| Hearing | Hearing Exam | \$0 copay; 1 exam/year | Not Covered | \$0 copay; 1 exam/year | Not Covered |
| | Hearing Aids | \$699 or \$999 copay | | \$699 or \$999 copay | |
| Preferred Retail Pharmacy Copays | | \$0/\$10/\$47/50%/33% | | \$0/\$10/\$47/25%/25% | |
| Prescription Drug Deductible | | \$0 | | \$590 (Tiers 3–5) | |
| Preferred Pharmacy Network | | Walgreens, Jewel-Osco, Walmart, Kroger, Mariano's, and independents | | Walgreens, Jewel-Osco, Walmart, Kroger, Mariano's, and independents | |
| Over-the-Counter Items ² | | \$75 every 3 months | | Not Covered | |
| Telehealth Services | | \$0 copay; virtual visits | | \$0 copay; virtual visits | |
| Flexible Spend Card ³ | | Not Included | | Not Included | |
| Transportation | | Not Included | | Not Included | |
| Optional Supplemental Benefits Plan⁴ | | Basic Silver | | Basic Silver | |
| Plan Premium | | \$30.20 | | \$20.90 | |
| Dental ¹ | 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 | Glasses/Contacts Allowance | Not Included | | Not Included | |

[See reverse for additional benefit details](#)

Southwest Illinois (PPO)

| Blue Cross Medicare Advantage™ plans | Offered in the following counties |
|---|---|
| Dental Premier (PPO) - H8634-021 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, 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, Jo Daviess, 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, Platt, Pike, Pope, Pulaski, Putnam, Randolph, Richland, Rock Island, Saline, Sangamon, Schuyler, Scott, Shelby, St. Clair, Stark, Stephenson, Tazewell, Union, Vermilion, Wabash, Warren, Washington, Wayne, White, Whiteside, Will, Williamson, Winnebago, Woodford |
| Essential (PPO) - H8634-012 | Adams, Bond, Boone, Brown, Bureau, Calhoun, Carroll, Cass, Christian, Clinton, De Witt, DeKalb, Fulton, Greene, Grundy, Hancock, Henderson, Henry, Jersey, Jo Daviess, 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, Platt, 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, Jo Daviess, 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](http://www.getblueil.com/mapd/sb)

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 Items.** 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 **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.

⁴ **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.

Prescription Drug Tiers:

| | |
|-----------------------------------|---------------------------------|
| Tier 1 – Preferred Generic | Tier 3 – Preferred Brand |
| Tier 2 – Generic | Tier 4 – Non-Preferred |
| | Tier 5 – Specialty |

Additional Benefits:

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:

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

SilverSneakers® Fitness Program. The SilverSneakers® Fitness Program is a free fitness program for members enrolled in a Medicare Advantage plan. Membership includes unlimited access to every gym and fitness center in the network—over 10,000 locations nationwide. Weights, treadmills, pools and other amenities are included. Specialized fitness classes are designed for people of all abilities and are led by certified instructors at gyms and other locations.

PPO plans provided by Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association. HCSC is a Medicare Advantage organization with a Medicare contract. Enrollment in HCSC's plans depends on contract renewal. SilverSneakers® is a wellness program owned and operated by Tivity Health, Inc., an independent company.

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We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-774-8592 (TTY/TDD: 711). Someone who speaks English/Language can help you. This is a free service.

Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-774-8592 (TTY/TDD: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

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| | | Blue Cross Medicare Advantage Value (HMO) SM H3822-014 |
|--|---------------------------------|---|
| Plan Premium | | \$0 |
| | | In-Network |
| Part B Premium Reduction | | \$0 |
| Primary Care Provider Visits | | \$0 copay |
| Specialist Visits | | \$10 copay |
| Maximum Out-of-Pocket | | \$2,900 |
| Inpatient Hospital Copay | | \$250/day for days 1–7 |
| Outpatient Hospital Copay | | \$250 |
| Labs | | \$0 |
| X-ray | | \$0 |
| CT Scan | | \$0–\$175 |
| MRI | | \$0–\$175 |
| Ambulance/Air Ambulance | | \$250/20% |
| Dental ¹ | Routine Preventive | \$0 copay; 2 exams, 2 cleanings, 1 X-ray |
| | Comprehensive | \$1,500 annually |
| Vision | Routine Eye Exam | \$0 copay; 1 exam/year |
| | Glasses/Contacts Allowance | \$200 annual allowance |
| Hearing | Hearing Exam | \$0 copay; 1 exam/year |
| | Hearing Aids | \$699 or \$999 copay |
| Preferred Retail Pharmacy Copays | | \$0/\$10/\$47/50%/33% |
| Prescription Drug Deductible | | \$0 |
| Preferred Pharmacy Network | | Walgreens, Jewel-Osco, Walmart, Kroger, Mariano's, and independents |
| Over-the-Counter Items ² | | \$165 every 3 months |
| Telehealth Services | | \$0 copay; virtual visits |
| Flexible Spend Card ³ | | Not Included |
| Transportation | | 12 One-Way Trips |
| Optional Supplemental Benefits Plan⁴ | | |
| Plan Premium | | |
| Dental ¹ | Annual Allowance | |
| | Routine Preventive | |
| | Basic Restorative Comprehensive | |
| | Major Restorative Comprehensive | |
| Vision | Glasses/Contacts Allowance | Not Applicable |

See reverse for additional benefit details


Southwest Illinois (HMO)

| Blue Cross Medicare Advantage SM plans | Offered in the following counties |
|---|---|
| Value (HMO) - H3822-014 | Adams, Bond, Boone, Bureau, Calhoun, Carroll, Clinton, DeKalb, Fulton, Greene, Hancock, Henderson, Henry, Jersey, Jo Daviess, 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 |

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

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 Items.** 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 **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.

⁴ **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.

Prescription Drug Tiers:

| | |
|-----------------------------------|---------------------------------|
| Tier 1 – Preferred Generic | Tier 3 – Preferred Brand |
| Tier 2 – Generic | Tier 4 – Non-Preferred |
| | Tier 5 – Specialty |

Additional Benefits:

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:

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

SilverSneakers® Fitness Program. The SilverSneakers® Fitness Program is a free fitness program with limited access to every gym and fitness center in the network—over 10,000 locations nationwide. Weights, treadmills, pools and other amenities are included. Specialized fitness classes are designed for people of all abilities and are led by certified instructors at gyms and other locations.

HMO and HMO-POS plans provided by Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC). HMO plan provided by Illinois Blue Cross Blue Shield Insurance Company (ILBCBSIC). HCSC and ILBCBSIC are Independent Licensees of the Blue Cross and Blue Shield Association. HCSC and ILBCBSIC are Medicare Advantage organizations with a Medicare contract. Enrollment in HCSC's and ILBCBSIC's plans depends on contract renewal.

SilverSneakers® is a wellness program owned and operated by Tivity Health, Inc., an independent company.

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2025 Blue Cross and Blue Shield of Illinois PDP Sizzle Sheet

- Fixed copayments and coinsurances
- A comprehensive drug list
- Convenience of nationwide coverage at thousands of pharmacies and mail-order choices
- Save on copays when a preferred pharmacy is used

PDP Product Highlights

NEW Medicare Part D OOP & Redesign

- Part D out-of-pocket (OOP) prescription costs to \$2,000
- The new defined standard Part D benefit design will have 3 phases:
 - Annual Deductible phase
 - Initial Coverage phase
 - Catastrophic phase
- Eliminates the Coverage Gap Discount Program (CGDP) and establishes the Manufacturer Discount Program.

Preferred Mail Order Pharmacies

- AllianceRx Walgreens Prime, ESI, Amazon

| PDP Plans | Preferred Pharmacies |
|--|---|
| Blue Cross MedicareRx Choice (PDP) SM | Jewel-Osco (Albertsons), Walgreens |
| Blue Cross MedicareRx Value (PDP) SM | Walgreens, Jewel-Osco (Albertsons), Walmart, Mariano's (Kroger), and independents |

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PDP Product Offerings

Blue Cross MedicareRx
Choice (PDP)SM

Blue Cross MedicareRx
Value (PDP)SM

2025 PDP Products – Illinois



| | Choice | Value |
|--|-------------------------|-------------------------|
| Premium | \$51.30 | \$81.40 |
| Contract Number | S5715-019 | S5715-001 |
| Plan Type | Enhanced Alternative | Enhanced Alternative |
| Rx Deductible | \$590 | \$590 |
| Deductible Applied to | Tiers 3-5 | Tiers 3-5 |
| Formulary | Low-Cost Enhanced | Low-Cost Enhanced |
| Retail Preferred Cost Share – Tier 1 | \$0 | \$1 |
| Retail Preferred Cost Share – Tier 2 | \$6 | \$8 |
| Retail Preferred Cost Share – Tier 3 | 21% | \$45 |
| Retail Preferred Cost Share – Tier 4 | 30% | 39% |
| Retail Preferred Cost Share – Tier 5 | 25% | 25% |
| Retail Non-Preferred Cost Share – Tier 1 | \$15 | \$10 |
| Retail Non-Preferred Cost Share – Tier 2 | \$20 | \$20 |
| Retail Non-Preferred Cost Share – Tier 3 | 17% | \$47 |
| Retail Non-Preferred Cost Share – Tier 4 | 41% | 50% |
| Retail Non-Preferred Cost Share – Tier 5 | 25% | 25% |
| Mail Order | 3x (Tier 5 Not Covered) | 3x (Tier 5 Not Covered) |