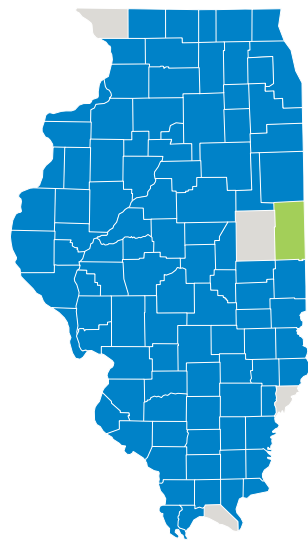


2024

Blue Cross and Blue Shield of Illinois MAPD/MA Sizzle Sheet



- Existing Counties
- Expanded Counties
- Not Covered Counties

We are here to help you succeed this selling season:

- Virtual Selling
- Online Marketing Tools
- Training Certification
- Product and Network Education/Training

Contact your BCBSIL Sales Rep or GA/NMO to learn more

Product Highlights

OTC Benefit

- Quarterly allowance rolls over quarterly and resets annually

NEW Rx Benefits

- Amazon added to preferred mail-order pharmacies
- Replaced low-cost Enhanced formulary with a Value formulary
- Insulin coverage on Tier 3 for both MAPD formularies ensures market parity

NEW Hearing Benefits Now Embedded in Plans

- Hearing benefits on PPO plans will now mirror HMO plans and offer an annual hearing aid copay of \$699 or \$999

Blue Card Program

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

Extensive Dental Network in IL

- We have one of the largest dental networks in IL with 13,152 providers

Provider-Focused Plans

- Blue Cross Medicare Advantage Elite (PPO)
- Blue Medicare Secure (HMO)

Provider Network:

- ~23,000 Primary Care Providers
- ~75,000 Specialists
- ~2,800 Hospitals/Other Care Facilities

Simplified Optional Supplemental Benefits Plans

2 OSB plans; hearing benefits are now embedded in plans

• Premier Plan:

- Vision - includes lenses and annual allowance for frames/contacts
- Dental - Preventive (2 exams, 2 cleanings, 1 X-ray) and Comprehensive Coverage

• Basic Silver Plan:

- Vision - Not Covered
- Dental - Comprehensive Coverage

NEW 2024 Service Area Expansion

- Expanded service area to 1 additional county (Vermilion)
- Now covering 98 of 102 counties in IL

NEW Plan Consolidation

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

NEW Plan Name Changes

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

Special Coverage for U.S. Military Veterans

- Helps to save on health care costs by reducing Medicare Part B premium, which member pays to Social Security Administration

Product Offerings

11 PPO Plans:

- Blue Cross Medicare Advantage **Choice Plus (PPO)**SM
- Blue Cross Medicare Advantage **Choice Premier (PPO)**SM
- Blue Cross Medicare Advantage **Classic (PPO)**^{SM-2}
- Blue Cross Medicare Advantage **Dental Premier (PPO)**SM
- Blue Cross Medicare Advantage **Elite (PPO)**SM
- Blue Cross Medicare Advantage **Essential (PPO)**SM
- Blue Cross Medicare Advantage **Flex (PPO)**SM
- Blue Cross Medicare Advantage **Health Choice (PPO)**SM
- Blue Cross Medicare Advantage **Protect (PPO)**SM
- Blue Cross Medicare Advantage **Saver Plus (PPO)**SM

4 HMO Plans:

- Blue Cross Medicare Advantage **Basic (HMO)**^{SM-2}
- Blue Cross Medicare Advantage **Value (HMO)**SM
- Blue Medicare **Secure (HMO)**SM

2 HMO-POS Plans:

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



PROPRIETARY AND CONFIDENTIAL. NOT FOR DISTRIBUTION.
For Agent training only, not intended for marketing/sales activities.

Plan Premium		Blue Cross Medicare Advantage Classic (PPO) SM H8634-017		Blue Cross Medicare Advantage Dental Premier (PPO) SM H8634-021		Blue Cross Medicare Advantage Essential (PPO) SM H8634-012	
		\$0		\$0		\$0	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Primary Care Provider Visits		\$0 copay	\$30 copay	\$4 copay	\$30 copay	\$0 copay	\$30 copay
Specialist Visits		\$36 copay	\$75 copay	\$45 copay	\$75 copay	\$40 copay	\$75 copay
Maximum Out-of-Pocket		\$5,900	\$8,950	\$7,550	\$13,300	\$5,900	\$8,950
Inpatient Hospital Copay		\$350/day for days 1-6	\$500/day	\$370/day for days 1-6	\$500/day	\$350/day for days 1-6	\$500/day
Preferred Retail Pharmacy Copays		\$0/\$8/\$47/\$100/33%	\$15/\$20/\$47/\$100/33%	\$0/\$8/\$47/\$100/25%	\$15/\$20/\$47/\$100/25%	\$0/\$8/\$47/\$100/33%	\$15/\$20/\$47/\$100/33%
Prescription Drug Deductible		\$0		\$545 (Tiers 3-5)		\$0	
Preferred Pharmacy Network		Jewel-Osco, Mariano's, Walgreens, Walmart and independents		Jewel-Osco, Walgreens		Jewel-Osco, Mariano's, Walgreens, Walmart and independents	
Dental ¹	Routine Preventive	Not Covered		\$0 copay; 2 exams, 2 cleanings, 1 X-ray		\$0 copay; 2 exams, 2 cleanings, 1 X-ray	
	Comprehensive	Not Covered		\$5,000 annually		\$1,000 annually	
Vision	Routine Eye Exam	\$0 copay; 1 exam/year	\$40 allowance	\$0 copay; 1 exam/year	\$40 allowance	\$0 copay; 1 exam/year	\$40 allowance
	Hardware/Contacts Allowance	Not Covered		\$100 annual allowance		\$100 annual allowance	
Hearing	Hearing Exam	\$0 copay; 1 exam/year	Not Covered	\$0 copay; 1 exam/year	Not Covered	\$0 copay; 1 exam/year	Not Covered
	Hearing Aids	\$699 or \$999 copay	Not Covered	\$699 or \$999 copay	Not Covered	\$699 or \$999 copay	Not Covered
Over-the-Counter ²		Not Included		Not Included		\$95 quarterly allowance	Not Covered
SilverSneakers® Fitness Program		Included		Included		Included	
Rewards Program ³		Earn up to \$100 in Gift Cards		Earn up to \$100 in Gift Cards		Earn up to \$100 in Gift Cards	
Transportation		Not Included		Not Included		Not Included	
Telehealth Services		\$0 copay; virtual visits	Not Covered	\$0 copay; virtual visits	Not Covered	\$0 copay; virtual visits	Not Covered
Flexible Spend Card ⁴		Not Included		Not Included		Not Included	
Buy Down		Not Applicable		Not Applicable		Not Applicable	
Optional Supplemental Benefits Plan⁵		Premier		Not Applicable		Basic Silver	
Dental	Annual Allowance	\$1,000				\$1,000	
	Routine Preventive	\$0 copay; 2 exams, 2 cleanings, 1 X-ray				Not Included	
	Basic Restorative Comprehensive	20% coinsurance	50% coinsurance			Not Included	
	Major Restorative Comprehensive	20% coinsurance	50% coinsurance			20% coinsurance	50% coinsurance
Vision	Hardware/Contacts Allowance	\$150 annually				Not Included	

		Blue Cross Medicare Advantage Flex (PPO) SM H8634-014		Blue Cross Medicare Advantage Health Choice (PPO) SM H8634-018		Blue Cross Medicare Advantage Protect (PPO) SM H8634-019	
Plan Premium		\$202		\$0		\$0	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Primary Care Provider Visits		0% coinsurance		\$0 copay	\$30 copay	\$0 copay	\$30 copay
Specialist Visits		0% coinsurance		\$45 copay	\$75 copay	\$50 copay	\$75 copay
Maximum Out-of-Pocket		\$0		\$6,900	\$13,300	\$6,350	\$9,550
Inpatient Hospital Copay		0% coinsurance		\$370/day for days 1-6	\$500/day	\$370/day for days 1-6	\$500/day
Preferred Retail Pharmacy Copays		\$0/\$8/\$47/\$100/25%	\$15/\$20/\$47/\$100/25%	\$0/\$8/\$47/\$100/25%	\$15/\$20/\$47/\$100/25%	Not Covered	
Prescription Drug Deductible		\$545 (Tiers 3-5)		\$545 (Tiers 3-5)			
Preferred Pharmacy Network		Jewel-Osco, Walgreens		Jewel-Osco, Walgreens			
Dental ¹	Routine Preventive	Not Covered		\$0 copay; 2 exams, 2 cleanings, 1 X-ray		\$0 copay; 2 exams, 2 cleanings, 1 X-ray	
	Comprehensive	Not Covered		\$1,000 annually		\$1,000 annually	
Vision	Routine Eye Exam	0% coinsurance; 1 exam/year		\$0 copay; 1 exam/year	\$40 allowance	\$0 copay; 1 exam/year	\$40 allowance
	Hardware/Contacts Allowance	Not Covered		\$100 annual allowance		\$100 annual allowance	
Hearing	Hearing Exam	0% coinsurance; 1 exam/year	Not Covered	\$0 copay; 1 exam/year	Not Covered	\$0 copay; 1 exam/year	Not Covered
	Hearing Aids	\$699 or \$999 copay	Not Covered	\$699 or \$999 copay	Not Covered	\$699 or \$999 copay	Not Covered
Over-the-Counter ²		Not Included		\$50 quarterly allowance	Not Covered	Not Included	
SilverSneakers® Fitness Program		Included		Included		Included	
Rewards Program ³		Earn up to \$100 in Gift Cards		Earn up to \$100 in Gift Cards		Earn up to \$100 in Gift Cards	
Transportation		Not Included		Not Included		Not Included	
Telehealth Services		0% coinsurance; virtual visits	Not Covered	\$0 copay; virtual visits	Not Covered	\$0 copay; virtual visits	Not Covered
Flexible Spend Card ⁴		Not Included		\$1,000 annual allowance; Dental/Vision/Hearing		Not Included	
Buy Down		Not Applicable		Not Applicable		\$50 monthly	
Optional Supplemental Benefits Plan⁵		Premier		Not Applicable		Basic Silver	
Dental	Annual Allowance	\$1,000				\$1,000	
	Routine Preventive	\$0 copay; 2 exams, 2 cleanings, 1 X-ray				Not Included	
	Basic Restorative Comprehensive	20% coinsurance	50% coinsurance			Not Included	
	Major Restorative Comprehensive	20% coinsurance	50% coinsurance			20% coinsurance	50% coinsurance
Vision	Hardware/Contacts Allowance	\$150 annually				Not Included	

		Blue Cross Medicare Advantage Basic (HMO) SM H3822-012	Blue Cross Medicare Advantage Value (HMO) SM H3822-014
Plan Premium		\$0	\$0
		In-Network	In-Network
Primary Care Provider Visits		\$0 copay	\$0 copay
Specialist Visits		\$25 copay	\$18 copay
Maximum Out-of-Pocket		\$4,900	\$2,900
Inpatient Hospital Copay		\$275/day for days 1-7	\$250/day for days 1-7
Preferred Retail Pharmacy Copays		\$0/\$8/\$47/\$100/33%	\$0/\$8/\$47/\$100/33%
Prescription Drug Deductible		\$0	\$0
Preferred Pharmacy Network		Jewel-Osco, Mariano's, Walgreens, Walmart and independents	Jewel-Osco, Mariano's, Walgreens, Walmart and independents
Dental ¹	Routine Preventive	\$0 copay; 2 exams, 2 cleanings, 1 X-ray	\$0 copay; 2 exams, 2 cleanings, 1 X-ray
	Comprehensive	\$1,000 annually	\$2,000 annually
Vision	Routine Eye Exam	\$0 copay; 1 exam/year	\$0 copay; 1 exam/year
	Hardware/Contacts Allowance	\$100 annual allowance	\$200 annual allowance
Hearing	Hearing Exam	\$0 copay; 1 exam/year	\$0 copay; 1 exam/year
	Hearing Aids	\$699 or \$999 copay	\$699 or \$999 copay
Over-the-Counter ²		\$125 quarterly allowance	\$125 quarterly allowance
SilverSneakers® Fitness Program		Included	Included
Rewards Program ³		Earn up to \$100 in Gift Cards	Earn up to \$100 in Gift Cards
Transportation		Not Included	12 one-way trips
Telehealth Services		\$0 copay; virtual visits	\$0 copay; virtual visits
Flexible Spend Card ⁴		Not Included	Not Included
Buy Down		Not Applicable	Not Applicable
Optional Supplemental Benefits Plan⁵			
Dental	Annual Allowance		
	Routine Preventive		
	Basic Restorative Comprehensive	Not Applicable	Not Applicable
	Major Restorative Comprehensive		
Vision	Hardware/Contacts Allowance		

		Blue Cross Medicare Advantage Classic (PPO) SM H8634-017		Blue Cross Medicare Advantage Dental Premier (PPO) SM H8634-021		Blue Cross Medicare Advantage Essential (PPO) SM H8634-012		Blue Cross Medicare Advantage Flex (PPO) SM H8634-014	
Plan Premium		\$0		\$0		\$0		\$202	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Primary Care Provider Visits		\$0 copay	\$30 copay	\$4 copay	\$30 copay	\$0 copay	\$30 copay	0% coinsurance	
Specialist Visits		\$36 copay	\$75 copay	\$45 copay	\$75 copay	\$40 copay	\$75 copay	0% coinsurance	
Maximum Out-of-Pocket		\$5,900	\$8,950	\$7,550	\$13,300	\$5,900	\$8,950	\$0	
Inpatient Hospital Copay		\$350/day for days 1-6	\$500/day	\$370/day for days 1-6	\$500/day	\$350/day for days 1-6	\$500/day	0% coinsurance	
Preferred Retail Pharmacy Copays		\$0/\$8/\$47/\$100/33%	\$15/\$20/\$47/\$100/33%	\$0/\$8/\$47/\$100/25%	\$15/\$20/\$47/\$100/25%	\$0/\$8/\$47/\$100/33%	\$15/\$20/\$47/\$100/33%	\$0/\$8/\$47/\$100/25%	\$15/\$20/\$47/\$100/25%
Prescription Drug Deductible		\$0		\$545 (Tiers 3-5)		\$0		\$545 (Tiers 3-5)	
Preferred Pharmacy Network		Jewel-Osco, Mariano's, Walgreens, Walmart and independents		Jewel-Osco, Walgreens		Jewel-Osco, Mariano's, Walgreens, Walmart and independents		Jewel-Osco, Walgreens	
Dental ¹	Routine Preventive	Not Covered		\$0 copay; 2 exams, 2 cleanings, 1 X-ray		\$0 copay; 2 exams, 2 cleanings, 1 X-ray		Not Covered	
	Comprehensive	Not Covered		\$5,000 annually		\$1,000 annually		Not Covered	
Vision	Routine Eye Exam	\$0 copay; 1 exam/year	\$40 allowance	\$0 copay; 1 exam/year	\$40 allowance	\$0 copay; 1 exam/year	\$40 allowance	0% coinsurance; 1 exam/year	
	Hardware/Contacts Allowance	Not Covered		\$100 annual allowance		\$100 annual allowance		Not Covered	
Hearing	Hearing Exam	\$0 copay; 1 exam/year	Not Covered	\$0 copay; 1 exam/year	Not Covered	\$0 copay; 1 exam/year	Not Covered	0% coinsurance; 1 exam/year	Not Covered
	Hearing Aids	\$699 or \$999 copay	Not Covered	\$699 or \$999 copay	Not Covered	\$699 or \$999 copay	Not Covered	\$699 or \$999 copay	Not Covered
Over-the-Counter ²		Not Included		Not Included		\$95 quarterly allowance	Not Covered	Not Included	
SilverSneakers [®] Fitness Program		Included		Included		Included		Included	
Rewards Program ³		Earn up to \$100 in Gift Cards		Earn up to \$100 in Gift Cards		Earn up to \$100 in Gift Cards		Earn up to \$100 in Gift Cards	
Transportation		Not Included		Not Included		Not Included		Not Included	
Telehealth Services		\$0 copay; virtual visits	Not Covered	\$0 copay; virtual visits	Not Covered	\$0 copay; virtual visits	Not Covered	0% coinsurance; virtual visits	Not Covered
Flexible Spend Card ⁴		Not Included		Not Included		Not Included		Not Included	
Buy Down		Not Applicable		Not Applicable		Not Applicable		Not Applicable	
Optional Supplemental Benefits Plan⁵		Premier		Not Applicable		Basic Silver		Premier	
Dental	Annual Allowance	\$1,000				\$1,000		\$1,000	
	Routine Preventive	\$0 copay; 2 exams, 2 cleanings, 1 X-ray				\$0 copay; 2 exams, 2 cleanings, 1 X-ray			
	Basic Restorative Comprehensive	20% coinsurance	50% coinsurance			Not Included		20% coinsurance	50% coinsurance
	Major Restorative Comprehensive	20% coinsurance	50% coinsurance			20% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance
Vision	Hardware/Contacts Allowance	\$150 annually				Not Included		\$150 annually	

Plan Premium		Blue Cross Medicare Advantage Health Choice (PPO) SM H8634-018		Blue Cross Medicare Advantage Protect (PPO) SM H8634-019		Blue Cross Medicare Advantage Saver Plus (PPO) SM H8634-020			
		\$0		\$0		\$0			
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network		
Primary Care Provider Visits		\$0 copay	\$30 copay	\$0 copay	\$30 copay	\$0 copay	\$30 copay		
Specialist Visits		\$45 copay	\$75 copay	\$50 copay	\$75 copay	\$45 copay	\$75 copay		
Maximum Out-of-Pocket		\$6,900	\$13,300	\$6,350	\$9,550	\$6,900	\$13,300		
Inpatient Hospital Copay		\$370/day for days 1-6	\$500/day	\$370/day for days 1-6	\$500/day	\$370/day for days 1-6	\$500/day		
Preferred Retail Pharmacy Copays		\$0/\$8/\$47/\$100/25%	\$15/\$20/\$47/\$100/25%	Not Covered		\$0/\$8/\$47/\$100/25%	\$15/\$20/\$47/\$100/25%		
Prescription Drug Deductible		\$545 (Tiers 3-5)				\$545 (Tiers 3-5)			
Preferred Pharmacy Network		Jewel-Osco, Walgreens				Jewel-Osco, Walgreens			
Dental ¹	Routine Preventive	\$0 copay; 2 exams, 2 cleanings, 1 X-ray		\$0 copay; 2 exams, 2 cleanings, 1 X-ray		\$0 copay; 2 exams, 2 cleanings, 1 X-ray			
	Comprehensive	\$1,000 annually		\$1,000 annually		\$1,000 annually			
Vision	Routine Eye Exam	\$0 copay; 1 exam/year	\$40 allowance	\$0 copay; 1 exam/year	\$40 allowance	\$0 copay; 1 exam/year	\$40 allowance		
	Hardware/Contacts Allowance	\$100 annual allowance		\$100 annual allowance		\$100 annual allowance			
Hearing	Hearing Exam	\$0 copay; 1 exam/year	Not Covered	\$0 copay; 1 exam/year	Not Covered	\$0 copay; 1 exam/year	Not Covered		
	Hearing Aids	\$699 or \$999 copay	Not Covered	\$699 or \$999 copay	Not Covered	\$699 or \$999 copay	Not Covered		
Over-the-Counter ²		\$50 quarterly allowance	Not Covered	Not Included		Not Included			
SilverSneakers® Fitness Program		Included		Included		Included			
Rewards Program ³		Earn up to \$100 in Gift Cards		Earn up to \$100 in Gift Cards		Earn up to \$100 in Gift Cards			
Transportation		Not Included		Not Included		Not Included			
Telehealth Services		\$0 copay; virtual visits	Not Covered	\$0 copay; virtual visits	Not Covered	\$0 copay; virtual visits	Not Covered		
Flexible Spend Card ⁴		\$1,000 annual allowance; Dental/Vision/Hearing		Not Included		Not Included			
Buy Down		Not Applicable		\$50 monthly		\$45 monthly			
Optional Supplemental Benefits Plan⁵		Not Applicable		Basic Silver		Basic Silver			
Dental				Annual Allowance		\$1,000		\$1,000	
				Routine Preventive		Not Included		Not Included	
				Basic Restorative Comprehensive		Not Included		Not Included	
				Major Restorative Comprehensive		20% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance
Vision				Hardware/Contacts Allowance		Not Included		Not Included	

		Blue Cross Medicare Advantage Basic (HMO) SM H3822-012
Plan Premium		\$0
		In-Network
Primary Care Provider Visits		\$0 copay
Specialist Visits		\$25 copay
Maximum Out-of-Pocket		\$4,900
Inpatient Hospital Copay		\$275/day for days 1-7
Preferred Retail Pharmacy Copays		\$0/\$8/\$47/\$100/33%
Prescription Drug Deductible		\$0
Preferred Pharmacy Network		Jewel-Osco, Mariano's, Walgreens, Walmart and independents
Dental ¹	Routine Preventive	\$0 copay; 2 exams, 2 cleanings, 1 X-ray
	Comprehensive	\$1,000 annually
Vision	Routine Eye Exam	\$0 copay; 1 exam/year
	Hardware/Contacts Allowance	\$100 annual allowance
Hearing	Hearing Exam	\$0 copay; 1 exam/year
	Hearing Aids	\$699 or \$999 copay
Over-the-Counter ²		\$125 quarterly allowance
SilverSneakers® Fitness Program		Included
Rewards Program ³		Earn up to \$100 in Gift Cards
Transportation		Not Included
Telehealth Services		\$0 copay; virtual visits
Flexible Spend Card ⁴		Not Included
Buy Down		Not Applicable
Optional Supplemental Benefits Plan⁵		
Dental	Annual Allowance	Not Applicable
	Routine Preventive	
	Basic Restorative Comprehensive	
	Major Restorative Comprehensive	
Vision	Hardware/Contacts Allowance	

Plan Premium		Blue Cross Medicare Advantage Choice Plus (PPO) SM H8634-003		Blue Cross Medicare Advantage Choice Premier (PPO) SM H8634-004		Blue Cross Medicare Advantage Classic (PPO) SM H8634-008		Blue Cross Medicare Advantage Dental Premier (PPO) SM H8634-021	
		\$77		\$135		\$0		\$0	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Primary Care Provider Visits		\$0 copay	\$30 copay	\$0 copay	\$30 copay	\$0 copay	\$30 copay	\$4 copay	\$30 copay
Specialist Visits		\$40 copay	\$75 copay	\$40 copay	\$75 copay	\$30 copay	\$75 copay	\$45 copay	\$75 copay
Maximum Out-of-Pocket		\$4,500	\$8,950	\$3,855	\$8,950	\$4,900	\$8,950	\$7,550	\$13,300
Inpatient Hospital Copay		\$295/day for days 1-6	\$500/day	\$250/day for days 1-7	\$500/day	\$320/day for days 1-7	\$500/day	\$370/day for days 1-6	\$500/day
Preferred Retail Pharmacy Copays		\$0/\$8/\$47/\$100/33%	\$15/\$20/\$47/\$100/33%	\$0/\$8/\$47/\$100/33%	\$15/\$20/\$47/\$100/33%	\$0/\$8/\$47/\$100/30%	\$15/\$20/\$47/\$100/30%	\$0/\$8/\$47/\$100/25%	\$15/\$20/\$47/\$100/25%
Prescription Drug Deductible		\$0		\$0		\$200 (Tiers 3-5)		\$545 (Tiers 3-5)	
Preferred Pharmacy Network		Jewel-Osco, Mariano's, Walgreens, Walmart and independents		Jewel-Osco, Mariano's, Walgreens, Walmart and independents		Jewel-Osco, Walgreens		Jewel-Osco, Walgreens	
Dental ¹	Routine Preventive	\$0 copay; 2 exams, 2 cleanings, 1 X-ray		\$0 copay; 2 exams, 2 cleanings, 1 X-ray		\$0 copay; 2 exams, 2 cleanings, 1 X-ray		\$0 copay; 2 exams, 2 cleanings, 1 X-ray	
	Comprehensive	\$1,000 annually		\$1,000 annually		\$1,000 annually		\$5,000 annually	
Vision	Routine Eye Exam	\$0 copay; 1 exam/year	\$40 allowance	\$0 copay; 1 exam/year	\$40 allowance	\$0 copay; 1 exam/year	\$40 allowance	\$0 copay; 1 exam/year	\$40 allowance
	Hardware/Contacts Allowance	\$100 annual allowance		\$100 annual allowance		\$100 annual allowance		\$100 annual allowance	
Hearing	Hearing Exam	\$0 copay; 1 exam/year	Not Covered	\$0 copay; 1 exam/year	Not Covered	\$0 copay; 1 exam/year	Not Covered	\$0 copay; 1 exam/year	Not Covered
	Hearing Aids	\$699 or \$999 copay	Not Covered	\$699 or \$999 copay	Not Covered	\$699 or \$999 copay	Not Covered	\$699 or \$999 copay	Not Covered
Over-the-Counter ²		\$85 quarterly allowance	Not Covered	Not Included		\$50 quarterly allowance	Not Covered	Not Included	
SilverSneakers [®] Fitness Program		Included		Included		Included		Included	
Rewards Program ³		Earn up to \$100 in Gift Cards		Earn up to \$100 in Gift Cards		Earn up to \$100 in Gift Cards		Earn up to \$100 in Gift Cards	
Transportation		Not Included		12 one-way trips		Not Included		Not Included	
Telehealth Services		\$0 copay; virtual visits	Not Covered	\$0 copay; virtual visits	Not Covered	\$0 copay; virtual visits	Not Covered	\$0 copay; virtual visits	Not Covered
Flexible Spend Card ⁴		Not Included		Not Included		Not Included		Not Included	
Buy Down		Not Applicable		Not Applicable		Not Applicable		Not Applicable	
Optional Supplemental Benefits Plan⁵		Basic Silver		Not Applicable		Basic Silver		Not Applicable	
Dental	Annual Allowance	\$1,000				\$1,000			
	Routine Preventive	Not Included				Not Included			
	Basic Restorative Comprehensive	Not Included				Not Included			
	Major Restorative Comprehensive	20% coinsurance	50% coinsurance			20% coinsurance	50% coinsurance		
Vision	Hardware/Contacts Allowance	Not Included		Not Included					

Plan Premium		Blue Cross Medicare Advantage Elite (PPO) SM H8634-016		Blue Cross Medicare Advantage Essential (PPO) SM H8634-012		Blue Cross Medicare Advantage Flex (PPO) SM H8634-014	
		\$0		\$0		\$202	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Primary Care Provider Visits		\$0 copay	\$30 copay	\$0 copay	\$30 copay	0% coinsurance	
Specialist Visits		\$44 copay	\$75 copay	\$40 copay	\$75 copay	0% coinsurance	
Maximum Out-of-Pocket		\$3,900	\$8,950	\$5,900	\$8,950	\$0	
Inpatient Hospital Copay		\$295/day for days 1-7	\$500/day	\$350/day for days 1-6	\$500/day	0% coinsurance	
Preferred Retail Pharmacy Copays		\$0/\$8/\$47/\$100/29%	\$15/\$20/\$47/\$100/29%	\$0/\$8/\$47/\$100/33%	\$15/\$20/\$47/\$100/33%	\$0/\$8/\$47/\$100/25%	\$15/\$20/\$47/\$100/25%
Prescription Drug Deductible		\$250 (Tiers 4-5)		\$0		\$545 (Tiers 3-5)	
Preferred Pharmacy Network		Jewel-Osco, Mariano's, Walgreens, Walmart and independents		Jewel-Osco, Mariano's, Walgreens, Walmart and independents		Jewel-Osco, Walgreens	
Dental ¹	Routine Preventive	\$0 copay; 2 exams, 2 cleanings, 1 X-ray		\$0 copay; 2 exams, 2 cleanings, 1 X-ray		Not Covered	
	Comprehensive	\$2,000 annually		\$1,000 annually		Not Covered	
Vision	Routine Eye Exam	\$0 copay; 1 exam/year	\$40 allowance	\$0 copay; 1 exam/year	\$40 allowance	0% coinsurance; 1 exam/year	
	Hardware/Contacts Allowance	\$125 annual allowance		\$100 annual allowance		Not Covered	
Hearing	Hearing Exam	\$0 copay; 1 exam/year	Not Covered	\$0 copay; 1 exam/year	Not Covered	0% coinsurance; 1 exam/year	Not Covered
	Hearing Aids	\$699 or \$999 copay	Not Covered	\$699 or \$999 copay	Not Covered	\$699 or \$999 copay	Not Covered
Over-the-Counter ²		\$50 quarterly allowance	Not Covered	\$95 quarterly allowance	Not Covered	Not Included	
SilverSneakers [®] Fitness Program		Included		Included		Included	
Rewards Program ³		Earn up to \$100 in Gift Cards		Earn up to \$100 in Gift Cards		Earn up to \$100 in Gift Cards	
Transportation		Not Included		Not Included		Not Included	
Telehealth Services		\$0 copay; virtual visits	Not Covered	\$0 copay; virtual visits	Not Covered	0% coinsurance; virtual visits	Not Covered
Flexible Spend Card ⁴		Not Included		Not Included		Not Included	
Buy Down		Not Applicable		Not Applicable		Not Applicable	
Optional Supplemental Benefits Plan⁵		Not Applicable		Basic Silver		Premier	
Annual Allowance				\$1,000		\$1,000	
Routine Preventive				Not Included		\$0 copay; 2 exams, 2 cleanings, 1 X-ray	
Dental	Basic Restorative Comprehensive			Not Included		20% coinsurance	50% coinsurance
	Major Restorative Comprehensive			20% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance
Vision	Hardware/Contacts Allowance			Not Included		\$150 annually	

Plan Premium		Blue Cross Medicare Advantage Health Choice (PPO) SM H8634-018		Blue Cross Medicare Advantage Protect (PPO) SM H8634-019		Blue Cross Medicare Advantage Saver Plus (PPO) SM H8634-020			
		\$0		\$0		\$0			
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network		
Primary Care Provider Visits		\$0 copay	\$30 copay	\$0 copay	\$30 copay	\$0 copay	\$30 copay		
Specialist Visits		\$45 copay	\$75 copay	\$50 copay	\$75 copay	\$45 copay	\$75 copay		
Maximum Out-of-Pocket		\$6,900	\$13,300	\$6,350	\$9,550	\$6,900	\$13,300		
Inpatient Hospital Copay		\$370/day for days 1-6	\$500/day	\$370/day for days 1-6	\$500/day	\$370/day for days 1-6	\$500/day		
Preferred Retail Pharmacy Copays		\$0/\$8/\$47/\$100/25%	\$15/\$20/\$47/\$100/25%	Not Covered		\$0/\$8/\$47/\$100/25%	\$15/\$20/\$47/\$100/25%		
Prescription Drug Deductible		\$545 (Tiers 3-5)				\$545 (Tiers 3-5)			
Preferred Pharmacy Network		Jewel-Osco, Walgreens				Jewel-Osco, Walgreens			
Dental ¹	Routine Preventive	\$0 copay; 2 exams, 2 cleanings, 1 X-ray		\$0 copay; 2 exams, 2 cleanings, 1 X-ray		\$0 copay; 2 exams, 2 cleanings, 1 X-ray			
	Comprehensive	\$1,000 annually		\$1,000 annually		\$1,000 annually			
Vision	Routine Eye Exam	\$0 copay; 1 exam/year	\$40 allowance	\$0 copay; 1 exam/year	\$40 allowance	\$0 copay; 1 exam/year	\$40 allowance		
	Hardware/Contacts Allowance	\$100 annual allowance		\$100 annual allowance		\$100 annual allowance			
Hearing	Hearing Exam	\$0 copay; 1 exam/year	Not Covered	\$0 copay; 1 exam/year	Not Covered	\$0 copay; 1 exam/year	Not Covered		
	Hearing Aids	\$699 or \$999 copay	Not Covered	\$699 or \$999 copay	Not Covered	\$699 or \$999 copay	Not Covered		
Over-the-Counter ²		\$50 quarterly allowance	Not Covered	Not Included		Not Included			
SilverSneakers [®] Fitness Program		Included		Included		Included			
Rewards Program ³		Earn up to \$100 in Gift Cards		Earn up to \$100 in Gift Cards		Earn up to \$100 in Gift Cards			
Transportation		Not Included		Not Included		Not Included			
Telehealth Services		\$0 copay; virtual visits	Not Covered	\$0 copay; virtual visits	Not Covered	\$0 copay; virtual visits	Not Covered		
Flexible Spend Card ⁴		\$1,000 annual allowance; Dental/Vision/Hearing		Not Included		Not Included			
Buy Down		Not Applicable		\$50 monthly		\$45 monthly			
Optional Supplemental Benefits Plan⁵		Not Applicable		Basic Silver		Basic Silver			
Dental				Annual Allowance		\$1,000		\$1,000	
				Routine Preventive		Not Included		Not Included	
				Basic Restorative Comprehensive		Not Included		Not Included	
				Major Restorative Comprehensive		20% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance
Vision				Hardware/Contacts Allowance		Not Included		Not Included	

		Blue Cross Medicare Advantage Basic (HMO) SM H3822-001	Blue Cross Medicare Advantage Basic Plus (HMO-POS) SM H3822-007		Blue Cross Medicare Advantage Premier Plus (HMO-POS) SM H3822-008	
Plan Premium		\$0	\$0		\$76	
		In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Primary Care Provider Visits		\$0 copay	\$0 copay	\$60 copay	\$0 copay	\$60 copay
Specialist Visits		\$22 copay	\$26 copay	\$75 copay	\$30 copay	\$75 copay
Maximum Out-of-Pocket		\$2,500	\$4,500	No Limit	\$3,500	No Limit
Inpatient Hospital Copay		\$150/day for days 1-7	\$300/day for days 1-8	40% per stay	\$225/day for days 1-8	40% per stay
Preferred Retail Pharmacy Copays		\$0/\$8/\$47/\$100/33%	\$0/\$8/\$47/\$100/33%	\$15/\$20/\$47/\$100/33%	\$0/\$8/\$47/\$100/33%	\$15/\$20/\$47/\$100/33%
Prescription Drug Deductible		\$0	\$0		\$0	
Preferred Pharmacy Network		Jewel-Osco, Mariano's, Walgreens, Walmart and independents	Jewel-Osco, Mariano's, Walgreens, Walmart and independents		Jewel-Osco, Mariano's, Walgreens, Walmart and independents	
Dental ¹	Routine Preventive	\$0 copay; 2 exams, 2 cleanings, 1 X-ray	\$0 copay; 2 exams, 2 cleanings, 1 X-ray		\$0 copay; 2 exams, 2 cleanings, 1 X-ray	
	Comprehensive	\$2,000 annually	\$2,000 annually		\$1,000 annually	
Vision	Routine Eye Exam	\$0 copay; 1 exam/year	\$0 copay; 1 exam/year	Not Covered	\$0 copay; 1 exam/year	Not Covered
	Hardware/Contacts Allowance	\$200 annual allowance	\$100 annual allowance	Not Covered	\$200 annual allowance	Not Covered
Hearing	Hearing Exam	\$0 copay; 1 exam/year	\$0 copay; 1 exam/year	Not Covered	\$0 copay; 1 exam/year	Not Covered
	Hearing Aids	\$699 or \$999 copay	\$699 or \$999 copay	Not Covered	\$699 or \$999 copay	Not Covered
Over-the-Counter ²		\$100 quarterly allowance	\$105 quarterly allowance	Not Covered	\$75 quarterly allowance	Not Covered
SilverSneakers [®] Fitness Program		Included	Included		Included	
Rewards Program ³		Earn up to \$100 in Gift Cards	Earn up to \$100 in Gift Cards		Earn up to \$100 in Gift Cards	
Transportation		12 one-way trips	24 one-way trips		12 one-way trips	
Telehealth Services		\$0 copay; virtual visits	\$0 copay; virtual visits	Not Covered	\$0 copay; virtual visits	Not Covered
Flexible Spend Card ⁴		Not Included	Not Included		Not Included	
Buy Down		Not Applicable	Not Applicable		Not Applicable	
Optional Supplemental Benefits Plan⁵		Basic Silver	Basic Silver		Not Applicable	
Dental	Annual Allowance	\$1,000	\$1,000			
	Routine Preventive	Not Included	Not Included			
	Basic Restorative Comprehensive	Not Included	Not Included			
	Major Restorative Comprehensive	20% coinsurance	20% coinsurance	50% coinsurance		
Vision	Hardware/Contacts Allowance	Not Included	Not Included			

		Blue Cross Medicare Advantage Secure (HMO) SM H8547-001	Blue Cross Medicare Advantage Value (HMO) SM H3822-014
Plan Premium		\$0	\$0
		In-Network	In-Network
Primary Care Provider Visits		\$0 copay	\$0 copay
Specialist Visits		\$20 copay	\$18 copay
Maximum Out-of-Pocket		\$2,500	\$2,900
Inpatient Hospital Copay		\$150/day for days 1-7	\$250/day for days 1-7
Preferred Retail Pharmacy Copays		\$0/\$8/\$47/\$100/33%	\$0/\$8/\$47/\$100/33%
Prescription Drug Deductible		\$0	\$0
Preferred Pharmacy Network		Jewel-Osco, Mariano's, Walgreens, Walmart and independents	Jewel-Osco, Mariano's, Walgreens, Walmart and independents
Dental ¹	Routine Preventive	\$0 copay; 2 exams, 2 cleanings, 1 X-ray	\$0 copay; 2 exams, 2 cleanings, 1 X-ray
	Comprehensive	\$2,000 annually	\$2,000 annually
Vision	Routine Eye Exam	\$0 copay; 1 exam/year	\$0 copay; 1 exam/year
	Hardware/Contacts Allowance	\$200 annual allowance	\$200 annual allowance
Hearing	Hearing Exam	\$0 copay; 1 exam/year	\$0 copay; 1 exam/year
	Hearing Aids	\$699 or \$999 copay	\$699 or \$999 copay
Over-the-Counter ²		\$125 quarterly allowance	\$125 quarterly allowance
SilverSneakers® Fitness Program		Included	Included
Rewards Program ³		Earn up to \$100 in Gift Cards	Earn up to \$100 in Gift Cards
Transportation		12 one-way trips	12 one-way trips
Telehealth Services		\$0 copay; virtual visits	\$0 copay; virtual visits
Flexible Spend Card ⁴		Not Included	Not Included
Buy Down		Not Applicable	Not Applicable
Optional Supplemental Benefits Plan⁵			
Dental	Annual Allowance		
	Routine Preventive		
	Basic Restorative Comprehensive	Not Applicable	Not Applicable
	Major Restorative Comprehensive		
Vision	Hardware/Contacts Allowance		

Plan Premium		Blue Cross Medicare Advantage Classic (PPO) SM H8634-017		Blue Cross Medicare Advantage Dental Premier (PPO) SM H8634-021		Blue Cross Medicare Advantage Essential (PPO) SM H8634-012		Blue Cross Medicare Advantage Flex (PPO) SM H8634-014	
		\$0		\$0		\$0		\$202	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Primary Care Provider Visits		\$0 copay	\$30 copay	\$4 copay	\$30 copay	\$0 copay	\$30 copay	0% coinsurance	
Specialist Visits		\$36 copay	\$75 copay	\$45 copay	\$75 copay	\$40 copay	\$75 copay	0% coinsurance	
Maximum Out-of-Pocket		\$5,900	\$8,950	\$7,550	\$13,300	\$5,900	\$8,950	\$0	
Inpatient Hospital Copay		\$350/day for days 1-6	\$500/day	\$370/day for days 1-6	\$500/day	\$350/day for days 1-6	\$500/day	0% coinsurance	
Preferred Retail Pharmacy Copays		\$0/\$8/\$47/\$100/33%	\$15/\$20/\$47/\$100/33%	\$0/\$8/\$47/\$100/25%	\$15/\$20/\$47/\$100/25%	\$0/\$8/\$47/\$100/33%	\$15/\$20/\$47/\$100/33%	\$0/\$8/\$47/\$100/25%	\$15/\$20/\$47/\$100/25%
Prescription Drug Deductible		\$0		\$545 (Tiers 3-5)		\$0		\$545 (Tiers 3-5)	
Preferred Pharmacy Network		Jewel-Osco, Mariano's, Walgreens, Walmart and independents		Jewel-Osco, Walgreens		Jewel-Osco, Mariano's, Walgreens, Walmart and independents		Jewel-Osco, Walgreens	
Dental ¹	Routine Preventive	Not Covered		\$0 copay; 2 exams, 2 cleanings, 1 X-ray		\$0 copay; 2 exams, 2 cleanings, 1 X-ray		Not Covered	
	Comprehensive	Not Covered		\$5,000 annually		\$1,000 annually		Not Covered	
Vision	Routine Eye Exam	\$0 copay; 1 exam/year	\$40 allowance	\$0 copay; 1 exam/year	\$40 allowance	\$0 copay; 1 exam/year	\$40 allowance	0% coinsurance; 1 exam/year	
	Hardware/Contacts Allowance	Not Covered		\$100 annual allowance		\$100 annual allowance		Not Covered	
Hearing	Hearing Exam	\$0 copay; 1 exam/year	Not Covered	\$0 copay; 1 exam/year	Not Covered	\$0 copay; 1 exam/year	Not Covered	0% coinsurance; 1 exam/year	Not Covered
	Hearing Aids	\$699 or \$999 copay	Not Covered	\$699 or \$999 copay	Not Covered	\$699 or \$999 copay	Not Covered	\$699 or \$999 copay	Not Covered
Over-the-Counter ²		Not Included		Not Included		\$95 quarterly allowance	Not Covered	Not Included	
SilverSneakers® Fitness Program		Included		Included		Included		Included	
Rewards Program ³		Earn up to \$100 in Gift Cards		Earn up to \$100 in Gift Cards		Earn up to \$100 in Gift Cards		Earn up to \$100 in Gift Cards	
Transportation		Not Included		Not Included		Not Included		Not Included	
Telehealth Services		\$0 copay; virtual visits	Not Covered	\$0 copay; virtual visits	Not Covered	\$0 copay; virtual visits	Not Covered	0% coinsurance; virtual visits	Not Covered
Flexible Spend Card ⁴		Not Included		Not Included		Not Included		Not Included	
Buy Down		Not Applicable		Not Applicable		Not Applicable		Not Applicable	
Optional Supplemental Benefits Plan⁵		Premier		Not Applicable		Basic Silver		Premier	
Dental	Annual Allowance	\$1,000				\$1,000		\$1,000	
	Routine Preventive	\$0 copay; 2 exams, 2 cleanings, 1 X-ray				Not Included		\$0 copay; 2 exams, 2 cleanings, 1 X-ray	
	Basic Restorative Comprehensive	20% coinsurance	50% coinsurance			Not Included		20% coinsurance	50% coinsurance
	Major Restorative Comprehensive	20% coinsurance	50% coinsurance			20% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance
Vision	Hardware/Contacts Allowance	\$150 annually				Not Included		\$150 annually	

		Blue Cross Medicare Advantage Health Choice (PPO) SM H8634-018		Blue Cross Medicare Advantage Protect (PPO) SM H8634-019		Blue Cross Medicare Advantage Saver Plus (PPO) SM H8634-020	
Plan Premium		\$0		\$0		\$0	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Primary Care Provider Visits		\$0 copay	\$30 copay	\$0 copay	\$30 copay	\$0 copay	\$30 copay
Specialist Visits		\$45 copay	\$75 copay	\$50 copay	\$75 copay	\$45 copay	\$75 copay
Maximum Out-of-Pocket		\$6,900	\$13,300	\$6,350	\$9,550	\$6,900	\$13,300
Inpatient Hospital Copay		\$370/day for days 1-6	\$500/day	\$370/day for days 1-6	\$500/day	\$370/day for days 1-6	\$500/day
Preferred Retail Pharmacy Copays		\$0/\$8/\$47/\$100/25%	\$15/\$20/\$47/\$100/25%	Not Covered		\$0/\$8/\$47/\$100/25%	\$15/\$20/\$47/\$100/25%
Prescription Drug Deductible		\$545 (Tiers 3-5)				\$545 (Tiers 3-5)	
Preferred Pharmacy Network		Jewel-Osco, Walgreens				Jewel-Osco, Walgreens	
Dental ¹	Routine Preventive	\$0 copay; 2 exams, 2 cleanings, 1 X-ray		\$0 copay; 2 exams, 2 cleanings, 1 X-ray		\$0 copay; 2 exams, 2 cleanings, 1 X-ray	
	Comprehensive	\$1,000 annually		\$1,000 annually		\$1,000 annually	
Vision	Routine Eye Exam	\$0 copay; 1 exam/year	\$40 allowance	\$0 copay; 1 exam/year	\$40 allowance	\$0 copay; 1 exam/year	\$40 allowance
	Hardware/Contacts Allowance	\$100 annual allowance		\$100 annual allowance		\$100 annual allowance	
Hearing	Hearing Exam	\$0 copay; 1 exam/year	Not Covered	\$0 copay; 1 exam/year	Not Covered	\$0 copay; 1 exam/year	Not Covered
	Hearing Aids	\$699 or \$999 copay	Not Covered	\$699 or \$999 copay	Not Covered	\$699 or \$999 copay	Not Covered
Over-the-Counter ²		\$50 quarterly allowance	Not Covered	Not Included		Not Included	
SilverSneakers [®] Fitness Program		Included		Included		Included	
Rewards Program ³		Earn up to \$100 in Gift Cards		Earn up to \$100 in Gift Cards		Earn up to \$100 in Gift Cards	
Transportation		Not Included		Not Included		Not Included	
Telehealth Services		\$0 copay; virtual visits	Not Covered	\$0 copay; virtual visits	Not Covered	\$0 copay; virtual visits	Not Covered
Flexible Spend Card ⁴		\$1,000 annual allowance; Dental/Vision/Hearing		Not Included		Not Included	
Buy Down		Not Applicable		\$50 monthly		\$45 monthly	
Optional Supplemental Benefits Plan⁵		Not Applicable		Basic Silver		Basic Silver	
Dental	Annual Allowance			\$1,000		\$1,000	
	Routine Preventive			Not Included		Not Included	
	Basic Restorative Comprehensive			Not Included		Not Included	
	Major Restorative Comprehensive			20% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance
Vision	Hardware/Contacts Allowance			Not Included		Not Included	

		Blue Cross Medicare Advantage Basic (HMO) SM H3822-012	Blue Cross Medicare Advantage Value (HMO) SM H3822-014
Plan Premium		\$0	\$0
		In-Network	In-Network
Primary Care Provider Visits		\$0 copay	\$0 copay
Specialist Visits		\$25 copay	\$18 copay
Maximum Out-of-Pocket		\$4,900	\$2,900
Inpatient Hospital Copay		\$275/day for days 1-7	\$250/day for days 1-7
Preferred Retail Pharmacy Copays		\$0/\$8/\$47/\$100/33%	\$0/\$8/\$47/\$100/33%
Prescription Drug Deductible		\$0	\$0
Preferred Pharmacy Network		Jewel-Osco, Mariano's, Walgreens, Walmart and independents	Jewel-Osco, Mariano's, Walgreens, Walmart and independents
Dental ¹	Routine Preventive	\$0 copay; 2 exams, 2 cleanings, 1 X-ray	\$0 copay; 2 exams, 2 cleanings, 1 X-ray
	Comprehensive	\$1,000 annually	\$2,000 annually
Vision	Routine Eye Exam	\$0 copay; 1 exam/year	\$0 copay; 1 exam/year
	Hardware/Contacts Allowance	\$100 annual allowance	\$200 annual allowance
Hearing	Hearing Exam	\$0 copay; 1 exam/year	\$0 copay; 1 exam/year
	Hearing Aids	\$699 or \$999 copay	\$699 or \$999 copay
Over-the-Counter ²		\$125 quarterly allowance	\$125 quarterly allowance
SilverSneakers [®] Fitness Program		Included	Included
Rewards Program ³		Earn up to \$100 in Gift Cards	Earn up to \$100 in Gift Cards
Transportation		Not Included	12 one-way trips
Telehealth Services		\$0 copay; virtual visits	\$0 copay; virtual visits
Flexible Spend Card ⁴		Not Included	Not Included
Buy Down		Not Applicable	Not Applicable
Optional Supplemental Benefits Plan⁵			
Dental	Annual Allowance		
	Routine Preventive		
	Basic Restorative Comprehensive	Not Applicable	Not Applicable
	Major Restorative Comprehensive		
Vision	Hardware/Contacts Allowance		

		Blue Cross Medicare Advantage Dental Premier (PPO) SM H8634-021		Blue Cross Medicare Advantage Essential (PPO) SM H8634-012		Blue Cross Medicare Advantage Flex (PPO) SM H8634-014	
Plan Premium		\$0		\$0		\$202	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Primary Care Provider Visits		\$4 copay	\$30 copay	\$0 copay	\$30 copay	0% coinsurance	
Specialist Visits		\$45 copay	\$75 copay	\$40 copay	\$75 copay	0% coinsurance	
Maximum Out-of-Pocket		\$7,550	\$13,300	\$5,900	\$8,950	\$0	
Inpatient Hospital Copay		\$370/day for days 1-6	\$500/day	\$350/day for days 1-6	\$500/day	0% coinsurance	
Preferred Retail Pharmacy Copays		\$0/\$8/\$47/\$100/25%	\$15/\$20/\$47/\$100/25%	\$0/\$8/\$47/\$100/33%	\$15/\$20/\$47/\$100/33%	\$0/\$8/\$47/\$100/25%	\$15/\$20/\$47/\$100/25%
Prescription Drug Deductible		\$545 (Tiers 3-5)		\$0		\$545 (Tiers 3-5)	
Preferred Pharmacy Network		Jewel-Osco, Walgreens		Jewel-Osco, Mariano's, Walgreens, Walmart and independents		Jewel-Osco, Walgreens	
Dental ¹	Routine Preventive	\$0 copay; 2 exams, 2 cleanings, 1 X-ray		\$0 copay; 2 exams, 2 cleanings, 1 X-ray		Not Covered	
	Comprehensive	\$5,000 annually		\$1,000 annually		Not Covered	
Vision	Routine Eye Exam	\$0 copay; 1 exam/year	\$40 allowance	\$0 copay; 1 exam/year	\$40 allowance	0% coinsurance; 1 exam/year	
	Hardware/Contacts Allowance	\$100 annual allowance		\$100 annual allowance		Not Covered	
Hearing	Hearing Exam	\$0 copay; 1 exam/year	Not Covered	\$0 copay; 1 exam/year	Not Covered	0% coinsurance; 1 exam/year	Not Covered
	Hearing Aids	\$699 or \$999 copay	Not Covered	\$699 or \$999 copay	Not Covered	\$699 or \$999 copay	Not Covered
Over-the-Counter ²		Not Included		\$95 quarterly allowance	Not Covered	Not Included	
SilverSneakers [®] Fitness Program		Included		Included		Included	
Rewards Program ³		Earn up to \$100 in Gift Cards		Earn up to \$100 in Gift Cards		Earn up to \$100 in Gift Cards	
Transportation		Not Included		Not Included		Not Included	
Telehealth Services		\$0 copay; virtual visits	Not Covered	\$0 copay; virtual visits	Not Covered	0% coinsurance; virtual visits	Not Covered
Flexible Spend Card ⁴		Not Included		Not Included		Not Included	
Buy Down		Not Applicable		Not Applicable		Not Applicable	
Optional Supplemental Benefits Plan⁵				Basic Silver		Premier	
				\$1,000		\$1,000	
				Not Included		\$0 copay; 2 exams, 2 cleanings, 1 X-ray	
Dental	Basic Restorative Comprehensive	Not Applicable		Not Included		20% coinsurance	50% coinsurance
	Major Restorative Comprehensive			20% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance
Vision	Hardware/Contacts Allowance			Not Included		\$150 annually	

Plan Premium		Blue Cross Medicare Advantage Health Choice (PPO) SM H8634-018		Blue Cross Medicare Advantage Protect (PPO) SM H8634-019		Blue Cross Medicare Advantage Saver Plus (PPO) SM H8634-020	
		\$0		\$0		\$0	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Primary Care Provider Visits		\$0 copay	\$30 copay	\$0 copay	\$30 copay	\$0 copay	\$30 copay
Specialist Visits		\$45 copay	\$75 copay	\$50 copay	\$75 copay	\$45 copay	\$75 copay
Maximum Out-of-Pocket		\$6,900	\$13,300	\$6,350	\$9,550	\$6,900	\$13,300
Inpatient Hospital Copay		\$370/day for days 1-6	\$500/day	\$370/day for days 1-6	\$500/day	\$370/day for days 1-6	\$500/day
Preferred Retail Pharmacy Copays		\$0/\$8/\$47/\$100/25%	\$15/\$20/\$47/\$100/25%	Not Covered		\$0/\$8/\$47/\$100/25%	\$15/\$20/\$47/\$100/25%
Prescription Drug Deductible		\$545 (Tiers 3-5)				\$545 (Tiers 3-5)	
Preferred Pharmacy Network		Jewel-Osco, Walgreens				Jewel-Osco, Walgreens	
Dental ¹	Routine Preventive	\$0 copay; 2 exams, 2 cleanings, 1 X-ray		\$0 copay; 2 exams, 2 cleanings, 1 X-ray		\$0 copay; 2 exams, 2 cleanings, 1 X-ray	
	Comprehensive	\$1,000 annually		\$1,000 annually		\$1,000 annually	
Vision	Routine Eye Exam	\$0 copay; 1 exam/year	\$40 allowance	\$0 copay; 1 exam/year	\$40 allowance	\$0 copay; 1 exam/year	\$40 allowance
	Hardware/Contacts Allowance	\$100 annual allowance		\$100 annual allowance		\$100 annual allowance	
Hearing	Hearing Exam	\$0 copay; 1 exam/year	Not Covered	\$0 copay; 1 exam/year	Not Covered	\$0 copay; 1 exam/year	Not Covered
	Hearing Aids	\$699 or \$999 copay	Not Covered	\$699 or \$999 copay	Not Covered	\$699 or \$999 copay	Not Covered
Over-the-Counter ²		\$50 quarterly allowance	Not Covered	Not Included		Not Included	
SilverSneakers [®] Fitness Program		Included		Included		Included	
Rewards Program ³		Earn up to \$100 in Gift Cards		Earn up to \$100 in Gift Cards		Earn up to \$100 in Gift Cards	
Transportation		Not Included		Not Included		Not Included	
Telehealth Services		\$0 copay; virtual visits	Not Covered	\$0 copay; virtual visits	Not Covered	\$0 copay; virtual visits	Not Covered
Flexible Spend Card ⁴		\$1,000 annual allowance; Dental/Vision/Hearing		Not Included		Not Included	
Buy Down		Not Applicable		\$50 monthly		\$45 monthly	
Optional Supplemental Benefits Plan⁵		Not Applicable		Basic Silver		Basic Silver	
Annual Allowance				\$1,000		\$1,000	
Routine Preventive				Not Included		Not Included	
Dental	Basic Restorative Comprehensive			Not Included		Not Included	
	Major Restorative Comprehensive			20% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance
Vision	Hardware/Contacts Allowance			Not Included		Not Included	

		Blue Cross Medicare Advantage Basic (HMO) SM H3822-012	Blue Cross Medicare Advantage Value (HMO) SM H3822-014
Plan Premium		\$0	\$0
		In-Network	In-Network
Primary Care Provider Visits		\$0 copay	\$0 copay
Specialist Visits		\$25 copay	\$18 copay
Maximum Out-of-Pocket		\$4,900	\$2,900
Inpatient Hospital Copay		\$275/day for days 1-7	\$250/day for days 1-7
Preferred Retail Pharmacy Copays		\$0/\$8/\$47/\$100/33%	\$0/\$8/\$47/\$100/33%
Prescription Drug Deductible		\$0	\$0
Preferred Pharmacy Network		Jewel-Osco, Mariano's, Walgreens, Walmart and independents	Jewel-Osco, Mariano's, Walgreens, Walmart and independents
Dental ¹	Routine Preventive	\$0 copay; 2 exams, 2 cleanings, 1 X-ray	\$0 copay; 2 exams, 2 cleanings, 1 X-ray
	Comprehensive	\$1,000 annually	\$2,000 annually
Vision	Routine Eye Exam	\$0 copay; 1 exam/year	\$0 copay; 1 exam/year
	Hardware/Contacts Allowance	\$100 annual allowance	\$200 annual allowance
Hearing	Hearing Exam	\$0 copay; 1 exam/year	\$0 copay; 1 exam/year
	Hearing Aids	\$699 or \$999 copay	\$699 or \$999 copay
Over-the-Counter ²		\$125 quarterly allowance	\$125 quarterly allowance
SilverSneakers® Fitness Program		Included	Included
Rewards Program ³		Earn up to \$100 in Gift Cards	Earn up to \$100 in Gift Cards
Transportation		Not Included	12 one-way trips
Telehealth Services		\$0 copay; virtual visits	\$0 copay; virtual visits
Flexible Spend Card ⁴		Not Included	Not Included
Buy Down		Not Applicable	Not Applicable
Optional Supplemental Benefits Plan⁵			
Dental	Annual Allowance	Not Applicable	Not Applicable
	Routine Preventive		
	Basic Restorative Comprehensive		
	Major Restorative Comprehensive		
Vision	Hardware/Contacts Allowance		

Plan Premium		Blue Cross Medicare Advantage Dental Premier (PPO) SM H8634-021		Blue Cross Medicare Advantage Essential (PPO) SM H8634-012		Blue Cross Medicare Advantage Flex (PPO) SM H8634-014	
		\$0		\$0		\$202	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Primary Care Provider Visits		\$4 copay	\$30 copay	\$0 copay	\$30 copay	0% coinsurance	
Specialist Visits		\$45 copay	\$75 copay	\$40 copay	\$75 copay	0% coinsurance	
Maximum Out-of-Pocket		\$7,550	\$13,300	\$5,900	\$8,950	\$0	
Inpatient Hospital Copay		\$370/day for days 1-6	\$500/day	\$350/day for days 1-6	\$500/day	0% coinsurance	
Preferred Retail Pharmacy Copays		\$0/\$8/\$47/\$100/25%	\$15/\$20/\$47/\$100/25%	\$0/\$8/\$47/\$100/33%	\$15/\$20/\$47/\$100/33%	\$0/\$8/\$47/\$100/25%	\$15/\$20/\$47/\$100/25%
Prescription Drug Deductible		\$545 (Tiers 3-5)		\$0		\$545 (Tiers 3-5)	
Preferred Pharmacy Network		Jewel-Osco, Walgreens		Jewel-Osco, Mariano's, Walgreens, Walmart and independents		Jewel-Osco, Walgreens	
Dental ¹	Routine Preventive	\$0 copay; 2 exams, 2 cleanings, 1 X-ray		\$0 copay; 2 exams, 2 cleanings, 1 X-ray		Not Covered	
	Comprehensive	\$5,000 annually		\$1,000 annually		Not Covered	
Vision	Routine Eye Exam	\$0 copay; 1 exam/year	\$40 allowance	\$0 copay; 1 exam/year	\$40 allowance	0% coinsurance; 1 exam/year	
	Hardware/Contacts Allowance	\$100 annual allowance		\$100 annual allowance		Not Covered	
Hearing	Hearing Exam	\$0 copay; 1 exam/year	Not Covered	\$0 copay; 1 exam/year	Not Covered	0% coinsurance; 1 exam/year	Not Covered
	Hearing Aids	\$699 or \$999 copay	Not Covered	\$699 or \$999 copay	Not Covered	\$699 or \$999 copay	Not Covered
Over-the-Counter ²		Not Included		\$95 quarterly allowance	Not Covered	Not Included	
SilverSneakers [®] Fitness Program		Included		Included		Included	
Rewards Program ³		Earn up to \$100 in Gift Cards		Earn up to \$100 in Gift Cards		Earn up to \$100 in Gift Cards	
Transportation		Not Included		Not Included		Not Included	
Telehealth Services		\$0 copay; virtual visits	Not Covered	\$0 copay; virtual visits	Not Covered	0% coinsurance; virtual visits	Not Covered
Flexible Spend Card ⁴		Not Included		Not Included		Not Included	
Buy Down		Not Applicable		Not Applicable		Not Applicable	
Optional Supplemental Benefits Plan⁵		Not Applicable		Basic Silver		Premier	
Annual Allowance				\$1,000		\$1,000	
Routine Preventive				Not Included		\$0 copay; 2 exams, 2 cleanings, 1 X-ray	
Dental	Basic Restorative Comprehensive			Not Included		20% coinsurance	50% coinsurance
	Major Restorative Comprehensive			20% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance
Vision	Hardware/Contacts Allowance			Not Included		\$150 annually	

Plan Premium		Blue Cross Medicare Advantage Health Choice (PPO) SM H8634-018		Blue Cross Medicare Advantage Protect (PPO) SM H8634-019		Blue Cross Medicare Advantage Saver Plus (PPO) SM H8634-020	
		\$0		\$0		\$0	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Primary Care Provider Visits		\$0 copay	\$30 copay	\$0 copay	\$30 copay	\$0 copay	\$30 copay
Specialist Visits		\$45 copay	\$75 copay	\$50 copay	\$75 copay	\$45 copay	\$75 copay
Maximum Out-of-Pocket		\$6,900	\$13,300	\$6,350	\$9,550	\$6,900	\$13,300
Inpatient Hospital Copay		\$370/day for days 1-6	\$500/day	\$370/day for days 1-6	\$500/day	\$370/day for days 1-6	\$500/day
Preferred Retail Pharmacy Copays		\$0/\$8/\$47/\$100/25%	\$15/\$20/\$47/\$100/25%	Not Covered		\$0/\$8/\$47/\$100/25%	\$15/\$20/\$47/\$100/25%
Prescription Drug Deductible		\$545 (Tiers 3-5)				\$545 (Tiers 3-5)	
Preferred Pharmacy Network		Jewel-Osco, Walgreens				Jewel-Osco, Walgreens	
Dental ¹	Routine Preventive	\$0 copay; 2 exams, 2 cleanings, 1 X-ray		\$0 copay; 2 exams, 2 cleanings, 1 X-ray		\$0 copay; 2 exams, 2 cleanings, 1 X-ray	
	Comprehensive	\$1,000 annually		\$1,000 annually		\$1,000 annually	
Vision	Routine Eye Exam	\$0 copay; 1 exam/year	\$40 allowance	\$0 copay; 1 exam/year	\$40 allowance	\$0 copay; 1 exam/year	\$40 allowance
	Hardware/Contacts Allowance	\$100 annual allowance		\$100 annual allowance		\$100 annual allowance	
Hearing	Hearing Exam	\$0 copay; 1 exam/year	Not Covered	\$0 copay; 1 exam/year	Not Covered	\$0 copay; 1 exam/year	Not Covered
	Hearing Aids	\$699 or \$999 copay	Not Covered	\$699 or \$999 copay	Not Covered	\$699 or \$999 copay	Not Covered
Over-the-Counter ²		\$50 quarterly allowance	Not Covered	Not Included		Not Included	
SilverSneakers [®] Fitness Program		Included		Included		Included	
Rewards Program ³		Earn up to \$100 in Gift Cards		Earn up to \$100 in Gift Cards		Earn up to \$100 in Gift Cards	
Transportation		Not Included		Not Included		Not Included	
Telehealth Services		\$0 copay; virtual visits	Not Covered	\$0 copay; virtual visits	Not Covered	\$0 copay; virtual visits	Not Covered
Flexible Spend Card ⁴		\$1,000 annual allowance; Dental/Vision/Hearing		Not Included		Not Included	
Buy Down		Not Applicable		\$50 monthly		\$45 monthly	
Optional Supplemental Benefits Plan⁵		Not Applicable		Basic Silver		Basic Silver	
Dental	Annual Allowance			\$1,000		\$1,000	
	Routine Preventive			Not Included		Not Included	
	Basic Restorative Comprehensive			Not Included		Not Included	
	Major Restorative Comprehensive			20% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance
Vision	Hardware/Contacts Allowance			Not Included		Not Included	

		Blue Cross Medicare Advantage Value (HMO) SM H3822-014
Plan Premium		\$0
		In-Network
Primary Care Provider Visits		\$0 copay
Specialist Visits		\$18 copay
Maximum Out-of-Pocket		\$2,900
Inpatient Hospital Copay		\$250/day for days 1-7
Preferred Retail Pharmacy Copays		\$0/\$8/\$47/\$100/33%
Prescription Drug Deductible		\$0
Preferred Pharmacy Network		Jewel-Osco, Mariano's, Walgreens, Walmart and independents
Dental ¹	Routine Preventive	\$0 copay; 2 exams, 2 cleanings, 1 X-ray
	Comprehensive	\$2,000 annually
Vision	Routine Eye Exam	\$0 copay; 1 exam/year
	Hardware/Contacts Allowance	\$200 annual allowance
Hearing	Hearing Exam	\$0 copay; 1 exam/year
	Hearing Aids	\$699 or \$999 copay
Over-the-Counter ²		\$125 quarterly allowance
SilverSneakers® Fitness Program		Included
Rewards Program ³		Earn up to \$100 in Gift Cards
Transportation		12 one-way trips
Telehealth Services		\$0 copay; virtual visits
Flexible Spend Card ⁴		Not Included
Buy Down		Not Applicable
Optional Supplemental Benefits Plan⁵		
Dental	Annual Allowance	Not Applicable
	Routine Preventive	
	Basic Restorative Comprehensive	
	Major Restorative Comprehensive	
Vision	Hardware/Contacts Allowance	

Plan Premium		Blue Cross Medicare Advantage Dental Premier (PPO) SM H8634-021		Blue Cross Medicare Advantage Essential (PPO) SM H8634-012		Blue Cross Medicare Advantage Flex (PPO) SM H8634-014	
		\$0		\$0		\$202	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Primary Care Provider Visits		\$4 copay	\$30 copay	\$0 copay	\$30 copay	0% coinsurance	
Specialist Visits		\$45 copay	\$75 copay	\$40 copay	\$75 copay	0% coinsurance	
Maximum Out-of-Pocket		\$7,550	\$13,300	\$5,900	\$8,950	\$0	
Inpatient Hospital Copay		\$370/day for days 1-6	\$500/day	\$350/day for days 1-6	\$500/day	0% coinsurance	
Preferred Retail Pharmacy Copays		\$0/\$8/\$47/\$100/25%	\$15/\$20/\$47/\$100/25%	\$0/\$8/\$47/\$100/33%	\$15/\$20/\$47/\$100/33%	\$0/\$8/\$47/\$100/25%	\$15/\$20/\$47/\$100/25%
Prescription Drug Deductible		\$545 (Tiers 3-5)		\$0		\$545 (Tiers 3-5)	
Preferred Pharmacy Network		Jewel-Osco, Walgreens		Jewel-Osco, Mariano's, Walgreens, Walmart and independents		Jewel-Osco, Walgreens	
Dental ¹	Routine Preventive	\$0 copay; 2 exams, 2 cleanings, 1 X-ray		\$0 copay; 2 exams, 2 cleanings, 1 X-ray		Not Covered	
	Comprehensive	\$5,000 annually		\$1,000 annually		Not Covered	
Vision	Routine Eye Exam	\$0 copay; 1 exam/year	\$40 allowance	\$0 copay; 1 exam/year	\$40 allowance	0% coinsurance; 1 exam/year	
	Hardware/Contacts Allowance	\$100 annual allowance		\$100 annual allowance		Not Covered	
Hearing	Hearing Exam	\$0 copay; 1 exam/year	Not Covered	\$0 copay; 1 exam/year	Not Covered	0% coinsurance; 1 exam/year	Not Covered
	Hearing Aids	\$699 or \$999 copay	Not Covered	\$699 or \$999 copay	Not Covered	\$699 or \$999 copay	Not Covered
Over-the-Counter ²		Not Included		\$95 quarterly allowance	Not Covered	Not Included	
SilverSneakers [®] Fitness Program		Included		Included		Included	
Rewards Program ³		Earn up to \$100 in Gift Cards		Earn up to \$100 in Gift Cards		Earn up to \$100 in Gift Cards	
Transportation		Not Included		Not Included		Not Included	
Telehealth Services		\$0 copay; virtual visits	Not Covered	\$0 copay; virtual visits	Not Covered	0% coinsurance; virtual visits	Not Covered
Flexible Spend Card ⁴		Not Included		Not Included		Not Included	
Buy Down		Not Applicable		Not Applicable		Not Applicable	
Optional Supplemental Benefits Plan⁵		Not Applicable		Basic Silver		Premier	
Annual Allowance				\$1,000		\$1,000	
Routine Preventive				Not Included		\$0 copay; 2 exams, 2 cleanings, 1 X-ray	
Dental	Basic Restorative Comprehensive			Not Included		20% coinsurance	50% coinsurance
	Major Restorative Comprehensive			20% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance
Vision	Hardware/Contacts Allowance			Not Included		\$150 annually	

		Blue Cross Medicare Advantage Health Choice (PPO) SM H8634-018		Blue Cross Medicare Advantage Protect (PPO) SM H8634-019		Blue Cross Medicare Advantage Saver Plus (PPO) SM H8634-020	
Plan Premium		\$0		\$0		\$0	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Primary Care Provider Visits		\$0 copay	\$30 copay	\$0 copay	\$30 copay	\$0 copay	\$30 copay
Specialist Visits		\$45 copay	\$75 copay	\$50 copay	\$75 copay	\$45 copay	\$75 copay
Maximum Out-of-Pocket		\$6,900	\$13,300	\$6,350	\$9,550	\$6,900	\$13,300
Inpatient Hospital Copay		\$370/day for days 1-6	\$500/day	\$370/day for days 1-6	\$500/day	\$370/day for days 1-6	\$500/day
Preferred Retail Pharmacy Copays		\$0/\$8/\$47/\$100/25%	\$15/\$20/\$47/\$100/25%	Not Covered		\$0/\$8/\$47/\$100/25%	\$15/\$20/\$47/\$100/25%
Prescription Drug Deductible		\$545 (Tiers 3-5)				\$545 (Tiers 3-5)	
Preferred Pharmacy Network		Jewel-Osco, Walgreens				Jewel-Osco, Walgreens	
Dental ¹	Routine Preventive	\$0 copay; 2 exams, 2 cleanings, 1 X-ray		\$0 copay; 2 exams, 2 cleanings, 1 X-ray		\$0 copay; 2 exams, 2 cleanings, 1 X-ray	
	Comprehensive	\$1,000 annually		\$1,000 annually		\$1,000 annually	
Vision	Routine Eye Exam	\$0 copay; 1 exam/year	\$40 allowance	\$0 copay; 1 exam/year	\$40 allowance	\$0 copay; 1 exam/year	\$40 allowance
	Hardware/Contacts Allowance	\$100 annual allowance		\$100 annual allowance		\$100 annual allowance	
Hearing	Hearing Exam	\$0 copay; 1 exam/year	Not Covered	\$0 copay; 1 exam/year	Not Covered	\$0 copay; 1 exam/year	Not Covered
	Hearing Aids	\$699 or \$999 copay	Not Covered	\$699 or \$999 copay	Not Covered	\$699 or \$999 copay	Not Covered
Over-the-Counter ²		\$50 quarterly allowance	Not Covered	Not Included		Not Included	
SilverSneakers [®] Fitness Program		Included		Included		Included	
Rewards Program ³		Earn up to \$100 in Gift Cards		Earn up to \$100 in Gift Cards		Earn up to \$100 in Gift Cards	
Transportation		Not Included		Not Included		Not Included	
Telehealth Services		\$0 copay; virtual visits	Not Covered	\$0 copay; virtual visits	Not Covered	\$0 copay; virtual visits	Not Covered
Flexible Spend Card ⁴		\$1,000 annual allowance; Dental/Vision/Hearing		Not Included		Not Included	
Buy Down		Not Applicable		\$50 monthly		\$45 monthly	
Optional Supplemental Benefits Plan⁵		Not Applicable		Basic Silver		Basic Silver	
				\$1,000		\$1,000	
				Not Included		Not Included	
Dental	Basic Restorative Comprehensive			Not Included		Not Included	
	Major Restorative Comprehensive			20% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance
Vision	Hardware/Contacts Allowance			Not Included		Not Included	

		Blue Cross Medicare Advantage Value (HMO) SM H3822-014
Plan Premium		\$0
		In-Network
Primary Care Provider Visits		\$0 copay
Specialist Visits		\$18 copay
Maximum Out-of-Pocket		\$2,900
Inpatient Hospital Copay		\$250/day for days 1-7
Preferred Retail Pharmacy Copays		\$0/\$8/\$47/\$100/33%
Prescription Drug Deductible		\$0
Preferred Pharmacy Network		Jewel-Osco, Mariano's, Walgreens, Walmart and independents
Dental ¹	Routine Preventive	\$0 copay; 2 exams, 2 cleanings, 1 X-ray
	Comprehensive	\$2,000 annually
Vision	Routine Eye Exam	\$0 copay; 1 exam/year
	Hardware/Contacts Allowance	\$200 annual allowance
Hearing	Hearing Exam	\$0 copay; 1 exam/year
	Hearing Aids	\$699 or \$999 copay
Over-the-Counter ²		\$125 quarterly allowance
SilverSneakers [®] Fitness Program		Included
Rewards Program ³		Earn up to \$100 in Gift Cards
Transportation		12 one-way trips
Telehealth Services		\$0 copay; virtual visits
Flexible Spend Card ⁴		Not Included
Buy Down		Not Applicable
Optional Supplemental Benefits Plan⁵		
Dental	Annual Allowance	Not Applicable
	Routine Preventive	
	Basic Restorative Comprehensive	
	Major Restorative Comprehensive	
Vision	Hardware/Contacts Allowance	

MAPD Plans	Offered in the following counties
Choice Plus (PPO) - H8634-003 Choice Premier (PPO) - H8634-004 Classic (PPO) - H8634-008 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
Classic (PPO) - H8634-017	Alexander, Clark, Clay, Coles, Crawford, Cumberland, Douglas, Edgar, Edwards, Effingham, Fayette, Ford, Franklin, Gallatin, Hamilton, Hardin, Iroquois, Jackson, Jasper, Jefferson, Johnson, Lawrence, Marion, Pope, Pulaski, Richland, Saline, Union, Vermilion, Wayne, White
Dental Premier (PPO) - H8634-021 Flex (PPO) - H8634-014 Health Choice (PPO) - H8634-018 Protect (PPO) - H8634-019	Adams, Alexander, Bond, Boone, Brown, Bureau, Calhoun, Carroll, Cass, Christian, Clark, Clay, Clinton, Coles, Cook, Crawford, Cumberland, DeKalb, DeWitt, Douglas, DuPage, Edgar, Edwards, Effingham, Fayette, Ford, Franklin, Fulton, Gallatin, Greene, Grundy, Hamilton, Hancock, Hardin, Henderson, Henry, Iroquois, Jackson, Jasper, Jefferson, Jersey, Johnson, Kane, Kankakee, Kendall, Knox, Lake, LaSalle, Lawrence, Lee, Livingston, Logan, Macon, Macoupin, Madison, Marion, Marshall, Mason, McDonough, McHenry, McLean, Menard, Mercer, Monroe, Montgomery, Morgan, Moultrie, Ogle, Peoria, Perry, Piatt, Pike, Pope, Pulaski, Putnam, Randolph, Richland, Rock Island, Saline, Sangamon, Schuyler, Scott, Shelby, St. Clair, Stark, Stephenson, Tazewell, Union, Vermilion, Warren, Washington, Wayne, White, Whiteside, Will, Williamson, Winnebago, Woodford
Elite (PPO) - H8634-016	Cook, DuPage, Will
Essential (PPO) - H8634-012	Adams, Bond, Boone, Brown, Bureau, Calhoun, Carroll, Cass, Christian, Clinton, DeKalb, DeWitt, Fulton, Greene, Grundy, Hancock, Henderson, Henry, Jersey, Kankakee, Kendall, Knox, Lake, LaSalle, Lee, Livingston, Logan, Macon, Macoupin, Madison, Marshall, Mason, McDonough, McLean, Menard, Mercer, Monroe, Montgomery, Morgan, Moultrie, Ogle, Peoria, Perry, Piatt, Pike, Putnam, Randolph, Rock Island, Sangamon, Schuyler, Scott, Shelby, St. Clair, Stark, Stephenson, Tazewell, Warren, Washington, Whiteside, Williamson, Winnebago, Woodford
Saver Plus (PPO) - H8630-020	Adams, Bond, Boone, Brown, Calhoun, Carroll, Cass, Christian, Clinton, DeKalb, Greene, Jersey, Lee, Logan, Macon, Macoupin, Mason, Menard, Montgomery, Morgan, Moultrie, Ogle, Pike, Randolph, Sangamon, Schuyler, Scott, Shelby, Stephenson, Washington, Winnebago
Basic (HMO) - H3822-012	Alexander, Brown, Cass, Christian, Clark, Clay, Coles, Crawford, Cumberland, DeWitt, Douglas, Edgar, Edwards, Effingham, Fayette, Ford, Franklin, Gallatin, Hamilton, Hardin, Iroquois, Jackson, Jasper, Jefferson, Johnson, Lawrence, Logan, Macon, Marion, Mason, Menard, Montgomery, Morgan, Moultrie, Piatt, Pike, Pope, Pulaski, Richland, Saline, Sangamon, Schuyler, Scott, Shelby, Union, Vermilion, Wayne, White
Value (HMO) - H3822-014	Adams, Bond, Boone, Bureau, Calhoun, Carroll, Clinton, DeKalb, Fulton, Greene, Hancock, Henderson, Henry, Jersey, Knox, LaSalle, Lee, Livingston, Macoupin, Madison, Marshall, McDonough, McLean, Mercer, Monroe, Ogle, Peoria, Perry, Putnam, Randolph, Rock Island, St. Clair, Stark, Stephenson, Tazewell, Warren, Washington, Whiteside, Williamson, Winnebago, Woodford
Secure (HMO) - H8547-001	Cook, DuPage, Kane, Kendall, Lake, McHenry, Will

Prescription Drug Tiers:

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

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.

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

Rewards Program. The Rewards Program gives you a healthy and easy way to earn up to \$100 in gift cards from major retailers for completing healthy actions throughout the year. Visiting your doctor at least once a year can help you catch small health problems before they become big ones. You can earn up to \$50 in gift cards just for completing your annual wellness visit! Earn rewards with these healthy actions:

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

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.

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.

Air Ambulance. 20% coinsurance for air ambulance (open access plan excluded)

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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. 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. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Blue Cross and Blue Shield of Illinois complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.



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2024

Blue Cross and Blue Shield of Illinois Optional Supplemental Benefits

Vision

Premier OSB Package –

- \$0 copay for lenses
- \$150 annual allowance for frames/contacts

Basic Silver OSB Package –

- Not Included

Dental

Premier OSB Package – \$1,000 annual max:

- **Preventive** – 2 exams, 2 cleanings, 1 X-ray
- **Comprehensive** (Basic and Major Restorative):
 - Basic Restorative – Non-routine services, restorative services, extractions
 - Major Restorative – Endodontics, periodontics, prosthodontics, other oral/maxillofacial surgery, other services

Basic Silver OSB Package – \$1,000 annual max:

- **Comprehensive** (Major Restorative only):
 - Major Restorative – Endodontics, periodontics, prosthodontics, other oral/maxillofacial surgery, other services

2 OSB Plans for 2024 — Premier and Basic Silver OSB plans offer vision/dental coverage. Hearing benefits are now embedded in plans.

	Benefits	2024 OSB Packages	
		Premier Coverage	Basic Silver Coverage
Vision	Hardware/Contacts Allowance	\$150 annually	Not Included
Dental	Annual Allowance	\$1,000	\$1,000
	Routine Preventive	\$0 copay 2 exams, 2 cleanings, 1 X-ray	Not Included
	Basic Restorative Comprehensive	In-Network 20% coinsurance	Not Included
		Out-of-Network 50% coinsurance	
	Major Restorative Comprehensive	In-Network 20% coinsurance	In-Network 20% coinsurance
Out-of-Network 50% coinsurance		Out-of-Network 50% coinsurance	
Optional Supplemental Buy Up Plan Premiums			
		•H8634-014 Classic (PPO) \$34.30 •H8634-017 Flex (PPO) \$34.30	•H8634-003 Choice Plus (PPO) \$25.10 •H8634-008 Classic (PPO) \$25.40 •H8634-012 Essential (PPO) \$26.30 •H8634-019 Protect (PPO) \$25.40 •H8634-020 Saver Plus (PPO) \$25.40 •H3822-001 Basic (HMO) \$26.20 •H3822-007 Basic Plus (HMO-POS) \$20.80

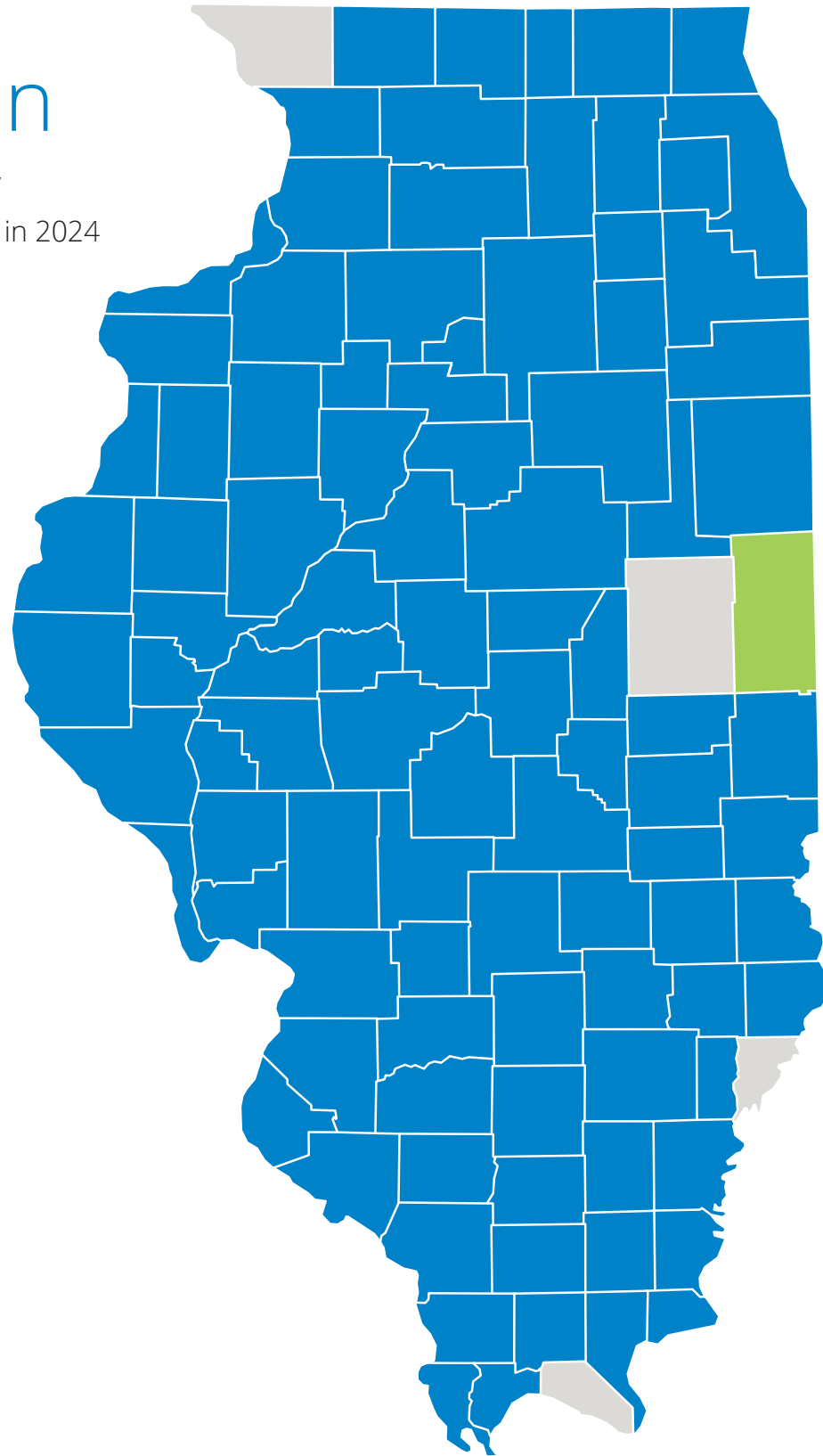
*Out-of-Network coinsurance for all dental comprehensive services will now be 50% member pay for all Premier plans



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2024 Expansion

Plan expansion in **1** county
Serving **98** of **102** counties in 2024



- Existing Counties
- Expanded Counties
- Not Covered Counties

Illinois Counties

- | | | |
|--|--|--|
| <ul style="list-style-type: none"> 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 DeWitt 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 | <ul style="list-style-type: none"> 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 Lake County - Waukegan LaSalle County - Ottawa 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 | <ul style="list-style-type: none"> 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 - Fairfield White County - Carmi Whiteside County - Morrison Will County - Joliet Williamson County - Marion Winnebago County - Rockford Woodford County - Eureka |
|--|--|--|

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2024

Blue Cross and Blue Shield of Illinois PDP Sizzle Sheet

Product Benefits

- 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

		Blue Cross MedicareRx Choice (PDP) SM S5715-019		Blue Cross MedicareRx Value (PDP) SM S5715-001	
Plan Premium		\$27.70		\$78.10	
		Preferred Retail Pharmacy	Non-Preferred Retail Pharmacy	Preferred Retail Pharmacy	Non-Preferred Retail Pharmacy
Cost Share	Tier 1	\$0	\$15	\$1	\$10
	Tier 2	\$7	\$20	\$8	\$20
	Tier 3	\$46	\$47	\$45	\$47
	Tier 4	38%	38%	31%	34%
	Tier 5	25% (60 and 90 day Not Covered)		25% (60 and 90 day Not Covered)	
Annual Prescription Deductible		\$545 (Tier 3-5)		\$545 (Tier 3-5)	
Formulary		LCE Custom		Enhanced HC	
Gap Coverage		Defined Standard		Full Coverage on Tier 1	
Preferred Pharmacies		Albertsons, Walgreens		Albertsons, Kroger, Walgreens, Walmart	
Mail Order		3x (Tiers 1-4), (Tier 5 - 30 day (Covered); 60/90 Not Covered)		3x (Tiers 1-4), (Tier 5 - 30 day (Covered); 60/90 Not Covered)	

Drug list sizes:
 LCE Custom 3,123
 Enhanced HC 3,432
 Basic 2,882

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Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

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PDP Product Offerings

Blue Cross MedicareRx Choice (PDP)SM

Blue Cross MedicareRx Value (PDP)SM

