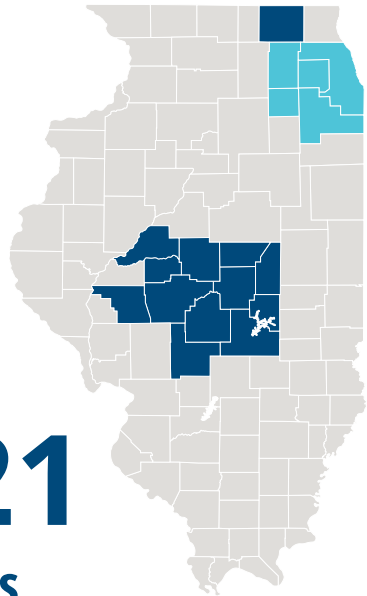




BlueCross BlueShield of Illinois



2021

Blue Cross Medicare AdvantageSM Plan

Service Area

- | | |
|-----------|------------|
| Christian | McHenry |
| Cook | Menard |
| DeWitt | Montgomery |
| DuPage | Morgan |
| Kane | Moultrie |
| Kendall | Piatt |
| Lake | Sangamon |
| Logan | Shelby |
| Macon | Will |
| Mason | |

Product Highlights

- NEW \$0 PPO Plan in Chicago Metro
- New PPO plan options
- New Exclusive \$0 MAPD HMO plan – Includes Lake and Kendall counties
- NEW Telehealth by MDLive – \$0 Copay for urgent, non-emergency care
- New and enhanced EXTRA BENEFITS – Dental, OTC, Vision
- Expanded \$0 copay for primary care provider options
- Lower copays for primary care and specialist
- Lower maximum out-of-pocket
- \$0 Copay at preferred pharmacies for select prescription drugs
- New over-the-counter (OTC) options, on certain plans
- Lower RX preferred generic/brand copays
- MAPD – \$0 Copay on 100 Day Supply for Tier 1 (Mail Order)
- Expanded national pharmacy network – Now including Walmart
- Members earn up to \$100 in healthy action activities – Healthy Actions Rewards Program

Market Service Area – Expansion

- Current Counties – 4
- NEW Expanding Counties – 15
- Includes McHenry, Lake, Kendall, Sangamon and more – See markets

Extra Health and Wellness Benefits

- Vision coverage with \$0 copay on routine eye exams
- TruHearing, one routine exam per year. \$0 copay
- 24/7 Nurse Line
- Transportation
- Blue365[®] member discount program

2021 MAPD Product Offering

- Blue Medicare Advocate Heath (HMO)SM
- Blue Cross Medicare Advantage Basic (HMO)SM
- Blue Cross Medicare Advantage Basic Plus (HMO-POS)SM
- Blue Cross Medicare Advantage Premier Plus (HMO-POS)SM
- Blue Cross Medicare Advantage Choice Plus (PPO)SM
- Blue Cross Medicare Advantage Choice Premier (PPO)SM
- Blue Cross Medicare Advantage Classic (PPO)SM

Key 2021 Marketing Messages

- 1) STABILITY** “Your Blue life” is a life filled with happiness, health and security. It’s a life lived with satisfaction and confidence in your Medicare choices.
- 2) ACCESS** Blue Cross and Blue Shield of Illinois and its providers meet expectations with caring service, complementing your relationship with your clients.
- 3) ONE STOP SHOP** One card, one Pharmacy. Your all-in-one card!

Contact your BCBSIL Sales Rep or GA/NMO and learn more about:

- Virtual selling
- Online tools
- Certification – Training on us!
- Product, network, extras and more
- We are here to help position you to succeed this selling season



	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		Blue Cross Medicare Advantage Choice Plus (PPO)SM H8634-003		Blue Cross Medicare Advantage Choice Premier (PPO)SM H8634-004	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Plan Premium	\$0	\$0		\$83		\$79		\$142	
Doctors Office Visits									
Primary Care Provider	\$0 copay	\$0 copay	\$60 copay	\$0 copay	\$60 copay	\$10 copay	50% coinsurance	\$5 copay	50% coinsurance
Specialist	\$25 copay	\$40 copay	\$75 copay	\$35 copay	\$75 copay	\$40 copay	50% coinsurance	\$40 copay	50% coinsurance
Maximum Out-of-Pocket	\$3,400	\$3,900		\$4,500		\$6,700	\$10,000	\$5,900	\$10,000
Inpatient Hospital Copay	\$225 copay per day for days 1-7 and \$0 copay per day for days 8-90	\$220 copay per day for days 1-7 and a \$0 copay per day for days 8-90		\$190 copay per day for days 1-8 and a \$0 copay per day for days 9-90		\$295 copay per day for days 1-6 and \$0 copay per day for days 7-90		\$250 copay per day for days 1-7 and \$0 copay per day for days 8-90	
Retail Preferred Pharmacy	\$0/\$8/\$39/\$93/33% Full coverage of Tier 1 gap	\$0/\$8/\$39/\$93/33% Full coverage of Tier 1 gap		\$0/\$8/\$39/\$93/33% Full coverage of Tier 1 gap		\$0/\$13/\$40/\$93/25% Full coverage of Tier 1 gap		\$0/\$13/\$40/\$93/33% Full coverage of Tier 1 gap	
Prescription Drug Deductible	\$0 Deductible	\$0 Deductible		\$0 Deductible		\$445 Deductible Tiers 4 & 5		\$0 Deductible	
Extra Health & Wellness Benefits									
Optional Supplemental Benefits Premium	not available	\$21*		not available		\$25*		\$24*	
Dental									
Preventive	\$0 copay per visit; 2 exams, 2 cleanings, 1 X-ray	*\$0 copay per visit; 2 exams, 2 cleanings, 1 X-ray		\$0 copay per visit; 2 exams, 2 cleanings, 1 X-ray		not covered		*\$0 copay per visit; 2 exams, 2 cleanings, 1 X-ray	
Comprehensive	\$1,000 Annual Maximum	*50% Basic Restorative; 70% Major Restorative \$1,000 Annual Maximum		\$1,000 Annual Maximum		*50% Basic Restorative; 70% Major Restorative		\$1,000 Annual Maximum	
Vision									
Eye Exam	\$0 copay	\$0 copay		\$0 copay		not covered		\$0 copay	
Eye Wear	\$100 per year maximum	*\$150 per year allowance		\$150 per year maximum		not covered		*\$150 per year allowance	
Hearing Aids	\$699 copay Advanced \$999 copay Premium	\$1000 allowance every 3 years		\$699 copay Advanced \$999 copay Premium		not covered		\$1000 allowance every 3 years	
Over-the-Counter (OTC) Purchase Allowance	\$50 / Quarterly	\$75 /Quarterly		\$75 /Quarterly		\$70 /Quarterly		not covered	
SilverSneakers[®] Fitness Program	✓	✓		✓		✓		✓	
24/7 Nurse Line	✓	✓		✓		✓		✓	
Transportation	\$0 copay / up to 12 one-way trips every year to plan-approved locations	\$0 copay / up to 24 one-way trips every year to plan-approved locations	not covered	\$0 copay / up to 12 one-way trips every year to plan-approved locations	not covered	not covered		\$0 copay / up to 12 one-way trips every year to plan-approved locations	
Rewards	✓	✓		✓		✓		✓	
Telehealth	✓	✓		✓		✓		✓	

*These benefits only available with Optional Supplemental Benefit package and additional premium

NOT FOR DISTRIBUTION TO BENEFICIARIES, MEMBERS, OR PROSPECTS



NEW PLANS FOR 2021

	Blue Cross Medicare Advantage Classic (PPO) SM H8634-008		Medicare Advantage Choice Plus PPO (Central IL) H8634-007		Blue Medicare Advocate Health (HMO) H8547-001		Blue Cross Medicare Advantage Basic (HMO) (Central IL) H3822-012	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Plan Premium	\$0		\$50		\$0		\$20	
Doctors Office Visits								
Primary Care Provider	\$25 copay	50% of the total cost	\$5 copay	50% of the total cost	\$0 copay	N/A	\$0 copay	N/A
Specialist	\$50 copay		\$40 copay		\$30 copay	N/A	\$40 copay	N/A
Maximum Out-of-Pocket	\$7,550	\$11,300	\$7,550	\$11,300	\$3,500		\$5,500	
Inpatient Hospital Copay	\$320 copay per day for days 1-6; \$0 copay per day for days 7-90		\$295 copay per day for days 1-6; \$0 copay per day for days 7-90		\$225 copay per day for days 1-7 and a \$0 copay per day for days 8-90		\$275 copay per day for days 1-7 and a \$0 copay per day for days 8-90	
Retail Preferred Pharmacy	\$0/\$13/\$40/\$93/25% Full coverage of Tier 1 in gap		\$0/\$13/\$40/\$93/33% Full coverage of Tier 1 in gap		\$0/\$8/\$39/\$93/33% Full coverage of Tier 1 in gap		\$0/\$8/\$39/\$93/33% Full coverage of Tier 1 in gap	
Prescription Drug Deductible	\$445 Deductible Tier 3, 4 & 5		\$0 Deductible		\$0 Deductible		\$0 Deductible	

Extra Health & Wellness Benefits

Optional Supplemental Benefits Premium	\$24*		not available		not available		not available	
Dental								
Preventive	\$0 copay per visit; 2 exams, 2 cleanings, 1 X-ray		*\$0 copay per visit; 2 exams, 2 cleanings, 1 X-ray		\$0 copay per visit; 2 exams, 2 cleanings, 1 X-ray		*\$0 copay per visit; 2 exams, 2 cleanings, 1 X-ray	
Comprehensive	\$1,000 Annual Maximum		\$750 annual maximum		\$500 Annual Maximum		\$1,000 Annual Maximum	
Vision								
Eye Exam	\$0 copay		\$0 copay		\$0 copay		not covered	
Eye Wear	\$150 every year		\$100 per year		\$150 two-year maximum		\$100 per year allowance	
Hearing Aids	\$1000 allowance every 3 year		\$1000 allowance every 3 years		\$699 copay Advanced \$999 copay Premium		not covered \$699 copay Advanced \$999 copay Premium	
Over-the-Counter (OTC) Purchase Allowance	not covered		\$50/Quarterly		\$75/Quarterly		\$70/Quarterly	
SilverSneakers^{®†} Fitness Program	✓		✓		✓		✓	
24/7 Nurse Line	✓		✓		✓		✓	
Transportation	not covered		not covered		\$0 copay / up to 12 one-way trips every year to plan-approved locations		not covered	
Rewards	✓		✓		✓		✓	
Telehealth	✓		✓		✓		✓	

*These benefits only available with Optional Supplemental Benefit package and additional premium

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