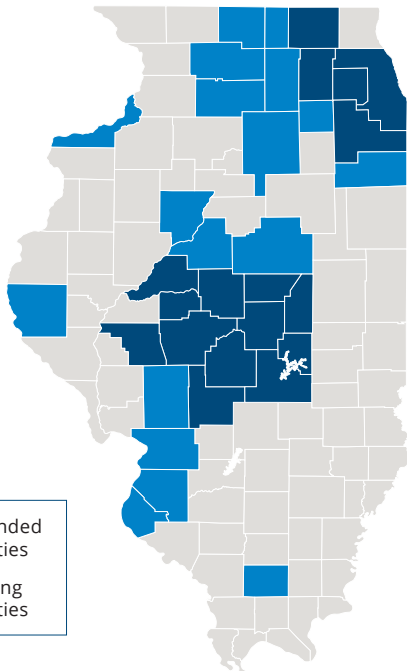




BlueCross BlueShield
of Illinois

2022 Blue Cross Medicare AdvantageSM Plan



2022 Market Highlights

- **New Open-Access PPO Plan**
- Expanded \$0 PPO offerings
- NEW low-cost PDP option
- New and Enhanced EXTRA BENEFITS – Dental, OTC, Vision, and Hearing
- Lower copays for specialists
- \$0 copay at preferred pharmacies for select prescription drugs
- Vision coverage with \$0 copay on routine eye exams
- TeleHealth by MDLive
- Rewards in up to \$100 of gift cards for taking healthy actions

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

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

2022 MAPD Product Offering

Blue Cross Medicare Advantage Flex (PPO)SM

Blue Medicare Advocate Health (HMO)SM

Blue Cross Medicare Advantage Basic (HMO)SM

Blue Cross Medicare Advantage Basic 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

Blue Cross Medicare Advantage Elite (PPO)SM

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

Service Area Expansion

HMO: Boone, DeKalb, Kankakee, Kendall, La Salle, Lee, Macoupin, Madison, McLean, Monroe, Ogle, Peoria, Rock Island, St. Clair, Tazewell, Williamson, and Winnebago

PPO: Adams, Boone, DeKalb, Kankakee, Kendall, Lake, La Salle, Lee, Macoupin, Madison, McLean, Monroe, Ogle, Peoria, Rock Island, St. Clair, Tazewell, Williamson, and Winnebago

* More product offerings are available - check the Summary of Benefits for additional information.



	Blue Cross Medicare Advantage Basic (HMO) (HMO) H3822-001	Blue Medicare Advocate Health (HMO) H8547-001	Blue Cross Medicare Advantage Basic Plus (HMO-POS) H3822-007		Blue Cross Medicare Advantage Classic (PPO) H8634-008		Blue Cross Medicare Advantage Elite (PPO) H8634-016	
			In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Plan Premium	\$0	\$0	\$0		\$0		\$0	
Doctors Office Visits								
Primary Care Provider	\$0 copay	\$0 copay	\$0 copay	\$60 copay	\$25 copay	\$35 copay	\$0 copay	\$35 copay
Specialist	\$25 copay	\$25 copay	\$35 copay	\$75 copay	\$50 copay	\$55 copay	\$50 copay	\$55 copay
Maximum Out-of-Pocket	\$2,950	\$2,950	\$3,450	No Limit	\$6,900	\$11,300	\$3,900	\$11,300
Inpatient Hospital Copay	\$225/day (days 1-7)	\$225/day (days 1-7)	\$220/day (days 1-7)	40% coinsurance	\$320/day (days 1-6)	50% coinsurance	\$320/day (days 1-6)	50% coinsurance
Retail Preferred Pharmacy	\$0-\$10/\$10-\$20/\$47/\$100/33% Full coverage of Tier 1 gap	\$0-\$10/\$10-\$20/\$47/\$100/33% Full coverage of Tier 1 gap	\$0-\$10/\$10-\$20/\$47/\$100/33% Full coverage of Tier 1 gap		\$0-\$10/\$10-\$20/\$47/\$100/28% Full coverage of Tier 1 gap		\$0-\$10/\$10-\$20/\$47/\$100/28% Full coverage of Tier 1 gap	
Prescription Drug Deductible	\$0 Deductible	\$0 Deductible	\$0 Deductible		\$250 (Tiers 4-5)		\$250 (Tiers 4-5)	
Extra Health & Wellness Benefits								
Optional Supplemental Benefits Premium	N/A	N/A	\$23.90		\$32.20		\$32.20	
Dental								
Preventive	\$0 copay 2 exams, 2 cleanings, 1 X-ray	\$0 copay 2 exams, 2 cleanings, 1 X-ray	Optional Supplemental Available		Optional Supplemental Available		Optional Supplemental Available	
Comprehensive	\$2,000 comprehensive dental allowance	\$1,000 comprehensive dental allowance						
Vision								
Eye Exam	\$0 copay (routine) 1 per year	\$0 copay (routine) 1 per year	\$0 copay (routine) 1 per year	Not Covered	Optional Supplemental Available \$0 copay (routine) 1 per year	Optional Supplemental Available \$40 yearly allowance	Optional Supplemental Available \$0 copay (routine) 1 per year	Optional Supplemental Available \$40 yearly allowance
Eye Wear	\$200 yearly allowance	\$100 yearly allowance						
Hearing Aids	\$699 Advanced \$999 Premium per ear per year	\$699 Advanced \$999 Premium per ear per year	Optional Supplemental Available		Optional Supplemental Available		Optional Supplemental Available	
Over-the-Counter (OTC) Purchase Allowance	\$50 / Quarterly	\$75 / Quarterly	\$75 / Quarterly		Not Covered		Not Covered	
SilverSneakers[®] Fitness Program	✓	✓	✓		✓		✓	
24/7 Nurse Line	✓	✓	✓		✓		✓	
Transportation	12 one-way trips	12 one-way trips	24 one-way trips	Not Covered	Not Covered		Not Covered	
Rewards	✓	✓	✓		✓		✓	
Telehealth	\$0 copay Urgent Care Only	\$0 copay Urgent Care Only	\$0 copay Urgent Care Only		\$0 copay Urgent Care Only		\$0 copay Urgent Care Only	

NOT FOR DISTRIBUTION TO BENEFICIARIES, MEMBERS, OR PROSPECTS



State/Market	IL-HMO-Springfield	IL-HMO-East. St. Louis	IL-PPO- East St. Louis	
	Blue Cross Medicare Advantage Basic (HMO) H3822-012	Blue Cross Medicare Advantage Basic (HMO) H3822-013	Blue Cross Medicare Advantage Classic (PPO) H8634-011	
			In-Network	Out of Network
Plan Premium	\$0	\$0	\$0	\$0
Doctors Office Visits Primary Care Provider Specialist	\$0 copay \$40 copay	\$0 copay \$25 copay	\$5 copay \$40 copay	\$35 copay \$55 copay
Maximum Out-of-Pocket	\$4,900	\$1,900	\$5,000	\$10,000
Inpatient Hospital Copay	\$275/day (days 1-7)	\$260/day (days 1-7)	\$295/day (days 1-6)	50% coinsurance
Retail Preferred Pharmacy	\$0-\$10/\$10-\$20/ \$47/\$100/33% Full Coverage Tier 1	\$0-\$10/\$10-\$20/ \$47/\$100/33% Full Coverage Tier 1	\$0-\$10/\$10-\$20/ \$47/\$100/33% Full Coverage Tier 1	\$0-\$10/\$10-\$20/ \$47/\$100/33% Full Coverage Tier 1
Prescription Drug Deductible	\$0	\$0	\$0	\$0
Extra Health & Wellness Benefits				
Optional Supplemental Benefits Premium	\$37.10	N/A	\$39.80	
Dental Preventive Comprehensive	Optional Supplemental Available	\$0 copay 2 exams, 2 cleanings, 1 x-ray \$1,000 yearly allowance (Preventive Plus)	Optional Supplemental Available	
Vision Eye Wear Eye Exam	Optional Supplemental Available \$0 copay (routine) 1 per year	\$0 copay (routine) 1 per year \$100 yearly allowance	Optional Supplemental Available \$0 copay per 1 year	\$40 allowance
Hearing Aids	Optional Supplemental Available	\$699 Advanced \$999 Premium per ear per year	Optional Supplemental Available	
Over-the-Counter (OTC) Purchase Allowance	\$70/Quarterly	\$50/Quarterly	\$50/Quarterly	
SilverSneakers Fitness Program	✓	✓	✓	✓
24/7 Nurseline	✓	✓	✓	✓
Transportation	Not Covered	12 one-way trips	Not Covered	
Rewards	✓	✓	✓	✓
Telehealth	\$0 copay Urgent Care Only	\$0 copay Urgent Care Only	\$0 copay Urgent Care Only	

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State/Market	IL-HMO-Peoria		IL- PPO Peoria		IL-HMO-Rockford		IL-PPO-Rockford	
	Blue Cross Medicare Advantage Basic (HMO) H3822-015		Blue Cross Medicare Advantage Classic (PPO) H8634-013		Blue Cross Medicare Advantage Basic (HMO) H3822-014		Blue Cross Medicare Advantage Classic (PPO) H8634-012	
			In-Network	Out of Network			In-Network	Out of Network
Plan Premium	\$0		\$0		\$0		\$0	\$0
Doctors Office Visits Primary Care Provider Specialist	\$0 copay \$25 copay		\$5 copay \$45 copay	\$35 copay \$55 copay	\$0 copay \$25 copay		\$5 copay \$40 copay	\$35 copay \$55 copay
Maximum Out-of-Pocket	\$3,400		\$5,900	\$10,000	\$3,400		\$5,900	\$10,000
Inpatient Hospital Copay	\$225/day (days 1-7)		\$295/day (days 1-6)	50% coinsurance	\$225/day (days 1-7)		\$295/day (days 1-6)	50% coinsurance
Retail Preferred Pharmacy	\$0-\$10/\$10-\$20/ \$47/\$100/33% Full Coverage Tier 1	\$0-\$10/\$10-\$20/ \$47/\$100/33% Full Coverage Tier 1	\$0-\$10/\$10-\$20/ \$47/\$100/28% Full Coverage Tier 1	\$0-\$10/\$10-\$20/ \$47/\$100/28% Full Coverage Tier 1	\$0-\$10/\$10-\$20/ \$47/\$100/33% Full Coverage Tier 1		\$0-\$10/\$10-\$20/ \$47/\$100/33% Full Coverage Tier 1	\$0-\$10/\$10-\$20/ \$47/\$100/33% Full Coverage Tier 1
Prescription Drug Deductible	\$0		\$250 (Tiers 4-5)		\$0		\$0	
Extra Health & Wellness Benefits								
Optional Supplemental Benefits Premium	N/A		\$39.80		N/A		\$39.80	
Dental Preventive Comprehensive	\$0 copay 2 exams, 2 cleanings, 1 x-ray \$2,000 yearly allowance (Preventive Plus)		Optional Supplemental Available		\$0 copay 2 exams, 2 cleanings, 1 x-ray \$2,000 yearly allowance (Preventive Plus)		Optional Supplemental Available	
Vision Eye Wear Eye Exam	\$100 yearly allowance \$0 copay (routine) 1 per year		Optional Supplemental Available \$0 copay (routine) 1 per year	Optional Supplemental Available \$40 allowance	\$200 yearly allowance \$0 copay (routine) 1 per year		Optional Supplemental Available \$0 copay (routine) 1 per year	Optional Supplemental Available \$40 allowance
Hearing Aids	\$699 Advanced \$999 Premium per ear per year		Optional Supplemental Available		\$699 Advanced \$999 Premium per ear per year		Optional Supplemental Available	
Over-the-Counter (OTC) Purchase Allowance	\$75/Quarterly		\$50/Quarterly		\$75/Quarterly		\$50/Quarterly	
SilverSneakers Fitness Program	✓		✓	✓	✓		✓	✓
24/7 Nurseline	✓		✓	✓	✓		✓	✓
Transportation	12 one-way trips		Not Covered		12 one-way trips		Not Covered	
Rewards	✓		✓	✓	✓		✓	✓
Telehealth	\$0 copay Urgent Care Only		\$0 copay Urgent Care Only		\$0 copay Urgent Care Only		\$0 copay Urgent Care Only	

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Open Access IL Flex PPO Plan

The **FLEX**ibility of a Medicare supplement with the extras of a Medicare Advantage Prescription Drug Plan.

The Open Access Flex Plan offers a **SINGLE, simple ONE CARD plan solution that...**

Your client has \$0 Copays, \$0 Coinsurance, and \$0 MOOP

- No Underwriting
- Freedom of access to ANY nationwide provider who accepts Medicare
- Plus, a comprehensive drug card (not a discount card)
- Plus, the Flexibility of a Medicare supplement with MAPD extras

Service Area

Adams, Boone, Christian, Cook, De Witt, DeKalb, DuPage, Kane, Kankakee, Kendall, La Salle, Lake, Lee, Logan, Macon, Macoupin, Madison, Mason, McHenry, McLean, Menard, Monroe, Montgomery, Morgan, Moultrie, Ogle, Peoria, Piatt, Rock Island, Sangamon, Shelby, St. Clair, Tazewell, Will, Williamson, and Winnebago.

State/Market	Open Access IL Flex Plan
	Blue Cross Medicare Advantage Flex (PPO) H8634-014
Plan Premium	\$189.20
Doctors Office Visits Primary Care Provider Specialist	0% coinsurance 0% coinsurance
Maximum Out-of-Pocket	\$0
Inpatient Hospital Copay	0% coinsurance
Retail Preferred Pharmacy	\$0/\$5/\$44/32%/25%
Prescription Drug Deductible	\$480 (Tiers 3-5)
Extra Health & Wellness Benefits	
Optional Supplemental Benefits Premium	N/A
Dental Preventive Comprehensive	Not Covered Not Covered
Vision Eye Wear Eye Exam	Not Covered Not Covered
Hearing Aids	Not Covered
Over-the-Counter (OTC) Purchase Allowance	Not Covered
SilverSneakers Fitness Program	✓
24/7 Nurseline	✓
Transportation	Not Covered
Rewards	✓
Telehealth	\$0 copay Urgent Care Only