Blue Cross Group Medicare Advantage℠

2022 Supplemental Drug List

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN

This supplemental drug list was updated in September 2021. For more recent information or other questions, please contact Blue Cross Group Medicare Advantage℠ Customer Service at 1-877-299-1008, or for TTY users 711, 8 a.m. – 8 p.m., local time, 7 days a week. If you call from April 1 through September 30, alternate technologies (for example, voicemail) will be used on weekends and holidays.

Your plan includes a supplemental drug benefit that covers a number of drugs that are excluded from coverage under the Medicare Part D program. Since supplemental drugs are excluded from the Part D program, the amount you spend on supplemental drugs does not count toward your Part D true out-of-pocket (TrOOP) expenses. These drugs do not qualify for lower Part D catastrophic copays.

Like your covered Part D drugs, your cost for these drugs is based on the tier each drug is in. You can find the tier number next to the drug name in the chart below. You can find the cost for each drug tier by checking the benefit chart in your Evidence of Coverage. If you receive extra help to pay for your prescriptions, you will not get extra help to pay for these drugs.

This is not a complete list of drugs covered by your plan. For the full list of your covered Part D drugs, please refer to the Comprehensive Formulary posted on www.myprime.com. For additional questions, please call customer service.

KEY
Generic drugs are shown in lower-case *italics*.

Brand name drugs are shown in CAPITAL letters.

Some covered drugs may have additional requirements or limits on coverage.

These requirements and limits may include:

QL = Quantity Limits

2022 Dosage Form Abbreviations Key	
cap, caps	capsules
chew tab	chewable tablets
conc	concentrate
disint, disintegr	disintegrating
dr	delayed-release
er, er, extended, extended rel, xr	extended release
gm	gram
hr	hour
inj	injection
liq, liqd	liquid
lotn	lotion
mcg	microgram
mg	milligram
ml	milliliter
mm	millimeter
nebu	nebules
op, ophth	ophthalmic
pak	pack
pref, prefill	prefilled
sol, soln	solution
supp, suppos	suppositories
sus, susp	suspension
syr	syringe
tab, tabs	tablets
td	transdermal

Drug Name	Drug Tier	Requirements/Limits
Cough and Cold		
benzonatate cap 100 mg	3	
benzonatate cap 200 mg	3	
guaifenesin liquid 100 mg/5ml	3	
guaifenesin syrup 100 mg/5ml	3	
guaifenesin tab er 12hr 600 mg	3	
guaifenesin tab er 12hr 1200 mg	3	
guaifenesin tab 200 mg	3	
guaifenesin tab 400 mg	3	
guaifenesin-codeine soln 100-10 mg/5ml	3	
HERBAL EXPEC - guaifenesin liquid 150 mg/15ml	3	
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml	3	
hydrocodone w/ homatropine syrup 5-1.5 mg/5ml	3	
hydrocodone w/ homatropine tab 5-1.5 mg	3	
MUCINEX - guaifenesin tab er 12hr 600 mg	3	
MUCINEX MAXIMUM STRENGTH - guaifenesin tab er 12hr 1200 mg	3	
promethazine w/ codeine syrup 6.25-10 mg/5ml	3	
PROMETHAZINE/DEXTROMETHORPHAN - promethazine-dm syrup 6.25-15 mg/5ml	3	
TESSALON PERLES - benzonatate cap 100 mg	3	
TUSSIONEX PENNKINETIC EXTENDED RELEASE - hydrocod polst-chlorphen polst er susp 10-8 mg/5ml	3	
VICKS CASERO - guaifenesin liquid 100 mg/6.25ml	3	
Sexual Dysfunction		
BI-MIX - papaverine-phentolamine for inj 150-5 mg	3	
CAVERJECT - alprostadil for inj 20 mcg	3	
CAVERJECT - alprostadil for inj 40 mcg	3	
CAVERJECT IMPULSE - alprostadil for inj kit 10 mcg	3	
CAVERJECT IMPULSE - alprostadil for inj kit 20 mcg	3	
CIALIS - tadalafil tab 2.5 mg	3	QL (30 tablets/30 days)
CIALIS - tadalafil tab 5 mg	3	QL (30 tablets/30 days)
CIALIS - tadalafil tab 10 mg	3	QL (6 tablets/30 days)
CIALIS - tadalafil tab 20 mg	3	QL (6 tablets/30 days)
EDEX - alprostadil for inj kit 40 mcg	3	
IFE-PG20 - alprostadil inj 20 mcg/ml	3	
LEVITRA - vardenafil hcl tab 2.5 mg	3	QL (6 tablets/30 days)
LEVITRA - vardenafil hcl tab 5 mg	3	QL (6 tablets/30 days)
LEVITRA - vardenafil hcl tab 10 mg	3	QL (6 tablets/30 days)
LEVITRA - vardenafil hcl tab 20 mg	3	QL (6 tablets/30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
MUSE - alprostadil urethral pellet 125 mcg	3	
MUSE - alprostadil urethral pellet 250 mcg	3	
MUSE - alprostadil urethral pellet 500 mcg	3	
MUSE - alprostadil urethral pellet 1000 mcg	3	
PAPAVERINE-PHENTOLAMINE MES/ALPROSTADIL - papaverine-phentolamine-alprostadil inj 30-1-0.02 mg/ml	3	
PAPAVERINE-PHENTOLAMINE MESYLATE - papaverine-phentolamine inj 30-1 mg/ml	3	
PAPAVERINE/PHENTOLAMINE MES/ALPROSTADIL - papaverine-phentolamine-alprostadil inj 12-1-0.01 mg/ml	3	
PHENYLEPHRINE HYDROCHLORIDE - phenylephrine hcl intracavernosal soln 2 mg/2ml (0.1%)	3	
QUAD-MIX - papav-phentol-alpros-atrop for inj 150 mg-10 mg-0.1 mg-1 mg	3	
sildenafil citrate tab 25 mg	3	QL (6 tablets/30 days)
sildenafil citrate tab 50 mg	3	QL (6 tablets/30 days)
sildenafil citrate tab 100 mg	3	QL (6 tablets/30 days)
STAXYN - vardenafil hcl orally disintegrating tab 10 mg	3	QL (6 tablets/30 days)
STENDRA - avanafil tab 50 mg	3	QL (6 tablets/30 days)
STENDRA - avanafil tab 100 mg	3	QL (6 tablets/30 days)
STENDRA - avanafil tab 200 mg	3	QL (6 tablets/30 days)
SUPER BI-MIX - papaverine-phentolamine for inj 150-10 mg	3	
SUPER QUAD-MIX - papav-phentol-alpros-atrop for inj 150 mg-20 mg-0.2 mg-2 mg	3	
SUPER TRI-MIX - papav-phentolamine-alprostadil for inj 150 mg-10 mg-100 mcg	3	
tadalafil tab 2.5 mg	3	QL (30 tablets/30 days)
tadalafil tab 5 mg	3	QL (30 tablets/30 days)
tadalafil tab 10 mg	3	QL (6 tablets/30 days)
tadalafil tab 20 mg	3	QL (6 tablets/30 days)
TRI-MIX - papav-phentolamine-alprostadil for inj 150 mg-5 mg-50 mcg	3	
vardenafil hcl orally disintegrating tab 10 mg	3	QL (6 tablets/30 days)
vardenafil hcl tab 2.5 mg	3	QL (6 tablets/30 days)
vardenafil hcl tab 5 mg	3	QL (6 tablets/30 days)
vardenafil hcl tab 10 mg	3	QL (6 tablets/30 days)
vardenafil hcl tab 20 mg	3	QL (6 tablets/30 days)
VIAGRA - sildenafil citrate tab 25 mg	3	QL (6 tablets/30 days)
VIAGRA - sildenafil citrate tab 50 mg	3	QL (6 tablets/30 days)
VIAGRA - sildenafil citrate tab 100 mg	3	QL (6 tablets/30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
Prescription Vitamins/Combos		
AMINOBENZOATE POTASSIUM - potassium aminobenzoate packet 2 gm	3	
AQUASOL A PARENTERAL - vitamin a inj 15 mg/ml (50000 unit/ml)	3	
ascorbic acid inj 500 mg/ml	3	
b-complex w/ c & folic acid cap 1 mg	3	
b-complex w/ c & folic acid tab 1 mg	3	
CYANOCOBALAMIN - cyanocobalamin inj 2000 mcg/ml	3	
cyanocobalamin inj 1000 mcg/ml	3	
DRISDOL - ergocalciferol cap 1.25 mg (50000 unit)	3	
ELITE-OB - prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg	3	
ergocalciferol cap 1.25 mg (50000 unit)	3	
fe fumarate w/ b12-vit c-fa-ifc cap 110-0.015-75-0.5-240 mg	3	
FOLBIC - folic acid-pyridoxine-cyanocobalamin tab 2.5-25-2 mg	3	
FOLGARD RX - folic acid-vitamin b6-vitamin b12 tab 2.2-25-1 mg	3	
folic acid inj 5 mg/ml	3	
folic acid tab 1 mg	3	
folic acid-vitamin b6-vitamin b12 tab 2.2-25-0.5 mg	3	
folic acid-vitamin b6-vitamin b12 tab 2.2-25-1 mg	3	
folic acid-vitamin b6-vitamin b12 tab 2.5-25-1 mg	3	
FOLTANX - l-methylfolate w/ vit b6-vit b12 tab 3-35-2 mg	3	
KOSHER PRENATAL PLUS IRON - prenatal vit w/ iron carbonyl-fa tab 30-1 mg	3	
L-METHYL-B6-B12 - l-methylfolate w/ vit b6-vit b12 tab 3-35-2 mg	3	
MEPHYTON - phytonadione tab 5 mg	3	
NASCOBAL - cyanocobalamin nasal spray 500 mcg/0.1ml	3	
NEPHRO-VITE RX - b-complex w/ c & folic acid tab 1 mg	3	
OB COMPLETE - prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg	3	
phytonadione inj 1 mg/0.5ml (2 mg/ml)	3	
phytonadione inj 10 mg/ml	3	
PNV TABS 29-1 - prenatal vit w/ iron carbonyl-fa tab 29-1 mg	3	
POTABA - potassium aminobenzoate cap 500 mg	3	
PRENATABS RX - prenatal vit w/ iron carbonyl-fa tab 29-1 mg	3	
PRENATAL PLUS IRON - prenatal vit w/ iron carbonyl-fa tab 29-1 mg	3	
PYRIDOXINE HCL - pyridoxine hcl inj 100 mg/ml	3	
thiamine hcl inj 100 mg/ml	3	
THRIVITE RX - prenatal vit w/ iron carbonyl-fa tab 29-1 mg	3	
VIL-RX - prenatal vit w/ iron carbonyl-fa tab 29-1 mg	3	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
VOL-TAB RX - prenatal vit w/ iron carbonyl-fa tab 29-1 mg	3	
DESI Drugs and Other Non-FDA Approved Drugs		
ANALPRAM HC - hydrocortisone acetate w/ pramoxine perianal cream 2.5-1%	3	
ANALPRAM-HC - hydrocortisone acetate w/ pramoxine perianal cream 1-1%	3	
ANALPRAM-HC - hydrocortisone acetate w/ pramoxine perianal lotn 2.5-1%	3	
ARMOUR THYROID - thyroid tab 15 mg (1/4 grain)	3	
ARMOUR THYROID - thyroid tab 30 mg (1/2 grain)	3	
ARMOUR THYROID - thyroid tab 60 mg (1 grain)	3	
ARMOUR THYROID - thyroid tab 90 mg (1 1/2 grain)	3	
ARMOUR THYROID - thyroid tab 120 mg (2 grain)	3	
ARMOUR THYROID - thyroid tab 180 mg (3 grain)	3	
ARMOUR THYROID - thyroid tab 240 mg (4 grain)	3	
ARMOUR THYROID - thyroid tab 300 mg (5 grain)	3	
hydrocortisone acetate suppos 25 mg	3	
hydrocortisone acetate w/ pramoxine perianal cream 1-1%	3	
hydrocortisone acetate w/ pramoxine perianal cream 2.5-1%	3	
hyoscyamine sulfate elixir 0.125 mg/5ml	3	
hyoscyamine sulfate soln 0.125 mg/ml	3	
hyoscyamine sulfate tab 0.125 mg	3	
HYPERSAL - sodium chloride soln nebu 3.5%	3	
HYPERSAL - sodium chloride soln nebu 7%	3	
LEVSIN - hyoscyamine sulfate tab 0.125 mg	3	
NATURE-THROID - thyroid tab 16.25 mg	3	
NATURE-THROID - thyroid tab 32.5 mg	3	
NATURE-THROID - thyroid tab 48.75 mg (3/4 grain)	3	
NATURE-THROID - thyroid tab 65 mg	3	
NATURE-THROID - thyroid tab 81.25 mg	3	
NATURE-THROID - thyroid tab 97.5 mg	3	
NATURE-THROID - thyroid tab 113.75 mg	3	
NATURE-THROID - thyroid tab 130 mg	3	
NATURE-THROID - thyroid tab 195 mg	3	
NATURE-THROID - thyroid tab 260 mg	3	
NATURE-THROID - thyroid tab 325 mg (5 grain)	3	
NATURE-THROID - thyroid tab 146.25 mg	3	
NATURE-THROID NT-2.5 - thyroid tab 162.5 mg (2 1/2 grain)	3	
NEBUSAL - sodium chloride soln nebu 6%	3	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
phenazopyridine hcl tab 100 mg	3	
phenazopyridine hcl tab 200 mg	3	
PREVIDENT RINSE - sodium fluoride rinse 0.2%	3	
PREVIDENT 5000 BOOSTER PLUS - sodium fluoride paste 1.1%	3	
PREVIDENT 5000 DRY MOUTH - sodium fluoride gel 1.1% (0.5% f)	3	
PREVIDENT 5000 ENAMEL PROTECT - sodium fluoride-potassium nitrate paste 1.1-5%	3	
PREVIDENT 5000 PLUS - sodium fluoride cream 1.1%	3	
PROCORT - hydrocortisone acet w/ pramoxine perianal cream 1.85-1.15%	3	
PROCTOFOAM HC - hydrocortisone acetate w/ pramoxine perianal foam 1-1%	3	
PYRIDIUM - phenazopyridine hcl tab 100 mg	3	
PYRIDIUM - phenazopyridine hcl tab 200 mg	3	
salsalate tab 500 mg	3	
salsalate tab 750 mg	3	
sodium chloride soln nebu 0.9%	3	
sodium chloride soln nebu 3%	3	
sodium chloride soln nebu 7%	3	
sodium chloride soln nebu 10%	3	
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	3	
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)	3	
sodium fluoride chew tab 1 mg f (from 2.2 mg naf)	3	
sodium fluoride cream 1.1%	3	
sodium fluoride gel 1.1% (0.5% f)	3	
sodium fluoride paste 1.1%	3	
sodium fluoride rinse 0.2%	3	
sodium fluoride-potassium nitrate paste 1.1-5%	3	
thyroid tab 15 mg (1/4 grain)	3	
thyroid tab 30 mg (1/2 grain)	3	
thyroid tab 60 mg (1 grain)	3	
thyroid tab 90 mg (1 1/2 grain)	3	
OTC Drugs		
ALLEGRA ALLERGY - fexofenadine hcl tab 60 mg	3	
ALLEGRA ALLERGY - fexofenadine hcl tab 180 mg	3	
ALLEGRA ALLERGY CHILDRENS - fexofenadine hcl orally disintegrating tab 30 mg	3	
ALLEGRA ALLERGY CHILDRENS - fexofenadine hcl susp 30 mg/5ml (6 mg/ml)	3	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
ALLEGRA-D 12 HOUR ALLERGY - fexofenadine-pseudoephedrine tab er 12hr 60-120 mg	3	
ALLEGRA-D 24 HOUR ALLERGY - fexofenadine-pseudoephedrine tab er 24hr 180-240 mg	3	
aspirin chew tab 81 mg	3	
aspirin tab delayed release 81 mg	3	
cetirizine hcl cap 10 mg	3	
cetirizine hcl chew tab 5 mg	3	
cetirizine hcl chew tab 10 mg	3	
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	3	
cetirizine hcl syrup 1 mg/ml (5 mg/5ml)	3	
cetirizine hcl tab 5 mg	3	
cetirizine hcl tab 10 mg	3	
cetirizine-pseudoephedrine tab er 12hr 5-120 mg	3	
CLARITIN - loratadine cap 10 mg	3	
CLARITIN - loratadine chew tab 5 mg	3	
CLARITIN - loratadine tab 10 mg	3	
CLARITIN ALLERGY CHILDRENS - loratadine syrup 5 mg/5ml	3	
CLARITIN REDITABS - loratadine orally disintegrating tab 5 mg	3	
CLARITIN REDITABS - loratadine rapidly-disintegrating tab 10 mg	3	
CLARITIN-D 12 HOUR - loratadine & pseudoephedrine tab er 12hr 5-120 mg	3	
CLARITIN-D 24 HOUR - loratadine & pseudoephedrine tab er 24hr 10-240 mg	3	
fexofenadine hcl tab 60 mg	3	
fexofenadine hcl tab 180 mg	3	
fexofenadine-pseudoephedrine tab er 12hr 60-120 mg	3	
fexofenadine-pseudoephedrine tab er 24hr 180-240 mg	3	
GLUCOSE - glucose chew tab 4 gm	3	
glucose gel 40%	3	
INSTA-GLUCOSE - glucose gel 77.4%	3	
loratadine & pseudoephedrine tab er 12hr 5-120 mg	3	
loratadine & pseudoephedrine tab er 24hr 10-240 mg	3	
loratadine cap 10 mg	3	
loratadine rapidly-disintegrating tab 10 mg	3	
loratadine syrup 5 mg/5ml	3	
loratadine tab 10 mg	3	
omeprazole delayed release tab 20 mg	3	
omeprazole magnesium cap dr 20.6 mg	3	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
omeprazole magnesium delayed release tab 20 mg	3	
PRILOSEC OTC - omeprazole magnesium delayed release tab 20 mg	3	
RELION GLUCOSE - glucose-vitamin c chew tab 4-6 gm-mg	3	
ZYRTEC ALLERGY - cetirizine hcl cap 10 mg	3	
ZYRTEC ALLERGY - cetirizine hcl tab 10 mg	3	
ZYRTEC ALLERGY CHILDRENS - cetirizine hcl orally disintegrating tab 10 mg	3	
ZYRTEC CHILDRENS ALLERGY - cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	3	
ZYRTEC-D ALLERGY/CONGESTION - cetirizine-pseudoephedrine tab er 12hr 5-120 mg	3	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

BlueCross BlueShield of Illinois

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. Blue Cross and Blue Shield of Illinois does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Illinois:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Civil Rights Coordinator

If you believe that Blue Cross and Blue Shield of Illinois has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, Office of Civil Rights Coordinator, 300 E. Randolph St., 35th floor, Chicago, Illinois 60601, 1-855-664-7270, TTY/TDD: 1-855-661-6965, Fax: 1-855-661-6960, Civilrightscoordinator@hcsc.net. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

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

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-877-299-1008 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-299-1008 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-299-1008 (TTY: 711).

注意：如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-877-299-1008 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-299-1008 (TTY: 711) 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-299-1008 (TTY: 711).

ملحوظ: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل رقم 1-877-299-1008
(رقم هاتف الصم والبكم: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-299-1008 (телетайп: 711).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-877-299-1008 (TTY: 711)

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں ۔ کال کریں 1-877-299-1008
(TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-299-1008 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-299-1008 (TTY: 711).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-877-299-1008 (TTY: 711) पर कॉल करें।

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-299-1008 (ATS: 711).

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-877-299-1008 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-299-1008 (TTY: 711).

Blue Cross Group Medicare Advantage℠

HMO plan in New Mexico, HMO and HMO-POS plans in Illinois, and PPO plans in Illinois, Montana, and New Mexico are provided by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC). HMO plan in Illinois provided by Illinois Blue Cross Blue Shield Insurance Company (ILBCBSIC). HMO Special Needs Plan and PPO Special Needs Plan in New Mexico provided by HCSC. HMO, PPO, and Dual Care HMO Special Needs plans in Texas provided by HCSC Insurance Services Company (HISC). HMO and PPO plans in Texas provided by GHS Insurance Company (GHSIC). All HMO and PPO employer/union group plans provided by HCSC. HMO plan in Oklahoma provided by GHS Health Maintenance Organization, Inc. d/b/a BlueLincs HMO (BlueLincs). PPO plan in Oklahoma provided by GHS Insurance Company (GHSIC). HCSC, ILBCBSIC, HISC, GHSIC, and BlueLincs are Independent Licensees of the Blue Cross and Blue Shield Association. ILBCBSIC, GHSIC and BlueLincs are Medicare Advantage organizations with a Medicare contract. HCSC is a Medicare Advantage organization with a Medicare contract and a contract with the New Mexico Medicaid program. HISC is a Medicare Advantage organization with a Medicare contract and a contract with the Texas Medicaid program. Enrollment in these plans depends on contract renewal.