What is a Medicare Advantage Plan?

- A Medicare Advantage Plan (Part C or MA Plan) is a private health insurance plan that provides all of the benefits of Original Medicare (Parts A & B)
- Some MA plans include prescription drug coverage (Part D) and are referred to as Medicare Advantage Prescription Drug plans (MAPD)
- Think of MAPD as your all-in-one plan, covering all your hospital and medical insurance and prescription drugs

FAQ: Is this considered a Medicare Part C plan?
Yes. Medicare Advantage Plans are often referred to as “Medicare Part C”

FAQ: Do I need to enroll in Medicare Part D?
No. Your Medicare Advantage Plan includes prescription drug coverage
Medicare Eligibility

When are you eligible for Medicare?

- When you are age 65 or older
- If you are under 65 with certain disabilities
- At any age with End-Stage Renal Disease (ESRD – permanent kidney failure requiring dialysis or a kidney transplant)

FAQ: Is my spouse eligible for the Medicare Advantage plan?
Your spouse can be enrolled in the Medicare Advantage retiree medical plan if he/she is age 65 or over, eligible for Medicare and has Medicare Parts A and B.

FAQ: My spouse is not Medicare eligible. What happens to his/her medical insurance?
Your spouse will continue to stay on the Pre-65 PPO Plan until he/she is Medicare eligible. At that time, he/she will move to the Medicare Advantage Plan.
Materials to be sent by October 30th

- Annual Notice of Changes (ANOC)
- Evidence of Coverage (EOC)
- 2018 Prescription Drug Formulary

There are NO benefit changes for 2018 (copays, coinsurance, etc.); the benefit plans offered by DePaul University will remain the same as they were in 2017.

OPEN ENROLLMENT

- Annual Open Enrollment period for DePaul University is October 30 to November 10, 2017
Medical Benefits & Services
Blue Cross Medicare Advantage Plan
Medical Benefits

Group Medicare Advantage PPO Plan – Open Plan Highlights:

• $200 Deductible, $1,000 Out of Pocket Maximum
• Separate $1,000 Pharmacy Out of Pocket Maximum
• Primary Care Visit - $20 Copay
• Specialty Care/Therapies Visit - $40 Copay
• Annual Physical Exam - $0 Copay
• Emergency Care - $65 Copay

NOTE: Copays apply to the Deductible; Deductible and Copays apply to the Out of Pocket Maximum

• Travel Benefits - World Wide Emergency Benefits -
  – No International coverage except for emergency care
• Prescription Drug coverage

Important Note:
For more details refer to the 2018 Summary of Benefits which is located on the DePaul University Retiree Benefits page
No Network Requirements – Passive Plan

• DePaul Medicare Advantage Plan is a customized, passive plan
• There is no requirement to utilize network providers.
• You can continue to utilize providers that accept Medicare assignment, regardless of whether they are formally participating in the BCBSIL Medicare Advantage network

• Some doctors who accept Medicare do not bill BCBSIL: members must submit bills themselves

FAQ: Can I use the same doctors I used with my previous medical plan?

Yes. You are free to use physicians that accept Medicare. For example, if your doctor is affiliated with the Northwestern Memorial Healthcare network and accepts Medicare assignment, you can continue to see him/her. To determine if a doctor accepts Medicare, you can access: www.medicare.gov

Or you can call Blue Cross and Blue Shield of Illinois’ Medicare Advantage Customer Service: 1-877-299-1008 (TTY/TDD users should call 711) from 8:00 a.m. to 8:00 p.m. Monday-Sunday.
Value-Added Programs

**TruHearing Hearing Aid Savings Program**
The TruHearing Hearing Aid Savings program provides a $1,000 hearing aid benefit every 3 years. TruHearing offers pricing discounts on hearing aids as well as discounts on hearing aid batteries that can be shipped directly to you.

**Over-the-Counter Benefit**
The OTC benefit provides a monthly purchase allowance to buy OTC medicines and other health-related items. Members will receive a **$20 monthly allowance** to use at participating providers:
- Walgreens
- Walmart
- CVS
- Rite-Aid
- HEB
- Meijer and more

**SilverSneakers® Fitness Program**
Get access to a fitness membership with over 11,000 participating facilities or receive two home fitness kits to enjoy fitness activities at home. Eligible members receive a standard fitness center membership where they can enjoy specialized low-impact SilverSneakers classes focusing on improving and increasing muscular strength and more.

**Rewards & Incentives Program**
You can earn rewards for completing selected screenings, managing chronic conditions, or seeing your physician for a physical. The amount of the reward is up to a maximum of $100 annually and will be triggered by submission of a claim. Each healthy action is $25.00 which will be placed on a gift card.

**How to Enroll**
Refer to the “Frequently Asked Questions” page on the DePaul University Retiree Benefits page for instructions on how to enroll in the programs above or contact Customer Service at 1-877-299-1008.
Paying Your Plan Premium

Paying your plan premium
• Bills for monthly premiums are sent out on or around the 15th of the month
• You can pre-pay your monthly premiums or set up a monthly debit from your bank account
  – **Important Note:** In addition to your plan premium:
    • You **must** continue to pay your Medicare Part B premium directly to Medicare
    • You **may** need to pay a Part D Income Related Monthly Adjustment Amount (IRMAA) to Medicare

**FAQ: How much will this new plan cost me?**
The 2018 premium information is available on the DePaul University **Retiree Benefits** page. This information was also mailed to you on ___.

**FAQ: When will the bills for Medicare Advantage be sent out?**
The bills are mailed on or around the 15th of the month, unless you have a credit linked to your account. Please call Blue Cross and Blue Shield of Illinois’ Medicare Advantage Customer Service: **1-877-299-1008** if you have any questions about your Medicare Advantage bill.

**FAQ: Can I pre-pay my Medicare Advantage monthly premiums?**
Yes. You can pay from one month to one year in advance by submitting the extra payment(s) with your monthly premium statement. The extra amount will show as a credit and be applied to your plan each month until the credit runs out. You can confirm receipt of the extra payments by contacting Blue Cross and Blue Shield of Illinois’ Medicare Advantage Customer Service at **1-877-299-1008** 14 days after mailing in your payment. Blue Cross and Blue Shield of Illinois can also set-up an ACH monthly debit from your checking or savings account. Information on a monthly debit approach can be found in your BCBS welcome kit. Please contact Customer Service for assistance.
Paying your Plan Premiums

• Payments can be made on a quarterly or an annual basis
• You need to contact Customer Service at 877-299-1008 in order to make this payment election
• All elections that were made in 2017 will roll forward into 2018
  – ACH payments
  – Monthly/Quarterly/Annual payments
• Bills sent on December 15th will include the 2018 rates
• There will be a stuffer included that will outline the 2018 rates
Part D Surcharge (IRMAA)

If your modified adjusted gross income is above a certain amount, you may pay a Part D income-related monthly adjustment amount (Part D-IRMAA)

• Medicare uses the modified adjusted gross income reported on your IRS tax return from 2 years ago (the most recent tax return information provided to Social Security by the IRS).
• You'll pay the Part D-IRMAA amount in addition to your monthly plan premium, and this extra amount is paid directly to Medicare, not to your plan.
  – Note: This is handled the same way as the Part B surcharge.
• Social Security will contact you if you have to pay Part D-IRMAA, based on your income. The amount you pay can change each year.

Refer to the Medicare.gov page to learn more about Monthly Premium for Drug Plans

FAQ: Why am I being charged a Medicare Part D surcharge from the Social Security Administration?
At certain income levels, Medicare requires a surcharge to your monthly Medicare Part D (prescription drug coverage) premiums. There is more information on the Social Security Administration webpage that provides information on the surcharge: https://www.medicare.gov/part-d/costs/premiums/drug-plan-premiums.html
Part D Surcharge (IRMAA)

CHANGE FOR 2018: The Part D Surcharge (IRMAA) coverage will be paid by you

BCBSIL paid these amounts in 2017 as a courtesy, but beginning in 2018, that responsibility will be of all DePaul enrollees
Prescription Drug Coverage
Blue Cross Medicare Advantage Plan
## Prescription Drug Coverage Benefit Design

<table>
<thead>
<tr>
<th>Tier Descriptions</th>
<th>Retail Cost-Sharing</th>
<th>Mail Order Cost-Sharing</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>T1 - Preferred Generic</strong></td>
<td>Tiers 1-5 (30-day supply)</td>
<td>20% co-insurance; $10.00 (T1-2); $30.00 (T3)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$10 min, $100 max</td>
</tr>
<tr>
<td></td>
<td>Tiers 1-5 (31-60 day supply)</td>
<td>20% co-insurance; $20 min, $200 max</td>
</tr>
<tr>
<td><strong>T2 - Non-Preferred Generic</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tiers 1-5 (61-90 day supply)</td>
<td>20% co-insurance; $30 min, $300 max</td>
</tr>
<tr>
<td><strong>T3 - Preferred Brand</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>T4 - Non-Preferred Brand</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>T5 - Specialty</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Prescription Drug Coverage

**Prescription drug coverage is included in your Medicare Advantage plan**

- BCBSIL MAPD Formulary and Lifestyle Drug List

- ~65,000 Network Pharmacies are nationwide, giving you peace of mind while traveling
  - Walgreens, CVS, Jewel-Osco, Walmart, HEB, Albertsons, Independent pharmacies and more

- Your prescription drug plan has an Out of Pocket Maximum of $1,000

- Convenient 30, 60 & 90 day supplies are available at most network retail pharmacies

- Convenient 60 & 90 day supplies are available through Prime by Walgreens Mail Service
Formulary

What is a formulary?
A formulary is a list of medications that are covered by your plan. It also shows if a medication is subject to utilization management.

- Prior Authorization Criteria (PA)
- Quantity Limits (QL)
- Step Therapy (ST)

What do you do if your medication has utilization management?

- **See if your plan covers a different medicine to treat your condition.** Contact us to find out if we cover another drug that is used to treat your condition, or log into MyPrime.com to look up the medicine on your drug list. If a similar drug is covered, ask your doctor if it might be a good choice for you.

- **You or your doctor may ask for an exception.** If your doctor feels that the original medicine is best for you, he or she can submit a request for an exception. Most exception requests are reviewed within 48 hours. We can work with your doctor to help make sure you’re getting the right medicine for you.
Non-Formulary Medications

These medications are Part D eligible but are not on the Medicare formulary. What if your medication is not on the drug list?

• Speak to your provider/physician.
  – Is there is a formulary alternative that will work better for you?
  – Have you tried the formulary alternatives or did your provider/physician say you cannot try the alternatives?
  – Submit a formulary exception request for review

FAQ: What can I do if my medication is not on the Medicare formulary list?

For medications that are not on the formulary list, there is an “exception request” process. You can receive more information regarding this process by calling Blue Cross and Blue Shield of Illinois’ Medicare Advantage Customer Service at 1-877-299-1008. Refer to the Medicare Organization/Coverage Determination, Appeals and Grievances page on www.bcbsil.com/medicare that includes documents to give to your prescription provider.
Submitting a Formulary Exception Request

You or your provider/physician can submit a coverage determination request if your medication requires:

- Prior Authorization (PA)
- Step Therapy (ST)
- Quantity Limit (QL)
- Is non-formulary

How to submit a request?

- You or your provider/physician can call the customer service number on the back of your Member ID Card: **1-877-299-1008**
- Your provider/physician can fill out and fax the coverage determination request form which is available by:
  - Calling Customer Service
  - Online submission: [https://www.bcbsil.com/medicare/mapd_coverage_determination.html](https://www.bcbsil.com/medicare/mapd_coverage_determination.html)
Non-Medicare Covered Drugs

The following types of medication are not covered by Medicare:

<table>
<thead>
<tr>
<th>Non-Medicare Covered Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Over-the-counter (OTC) drugs</td>
</tr>
<tr>
<td>Vitamins and mineral products ordered by a doctor</td>
</tr>
<tr>
<td>For cough or cold</td>
</tr>
<tr>
<td>For cosmetic purposes or to aid hair growth</td>
</tr>
<tr>
<td>For care of anorexia, weight loss, or weight gain, ED</td>
</tr>
<tr>
<td>Drugs not approved by the FDA</td>
</tr>
</tbody>
</table>

**Important Note:**
Non-Medicare covered drugs are excluded from Medicare Part D coverage per CMS
Part B Drug Benefits include:

- Flu and Pneumonia vaccinations
  - Available for $0 copay at local pharmacy
- Diabetes Test Strips
- Nebulizer solutions
  - Example: albuterol
- Transplant medications
  - If Medicare paid for the transplant
- Nausea medications when used in the place of IV nausea medications in chemotherapy
FAQ: For non-mail order and non-specialty drugs, can I go to any pharmacy? What about the pharmacy I was using on my old plan?
You can use any contracted pharmacy for regular prescription drug services that is listed in the Blue Cross and Blue Shield of Illinois Medicare Advantage Pharmacy Directory. Contracted pharmacies can be found on the BCBS website or by calling Blue Cross and Blue Shield of Illinois’ Medicare Advantage Customer Service at 1-877-299-1008.

FAQ: Can I order 90-day supplies of medication from a network pharmacy?
Yes, for most medications. Please call Blue Cross and Blue Shield of Illinois’ Medicare Advantage Customer Service at 1-877-299-1008 to confirm in regards to your specific medication.

FAQ: Is there a price difference based on which retail pharmacy I choose?
Since some of the DePaul prescription benefits include a coinsurance, the price of the drug will be dependent upon the contracted pharmacy rate which may be different by pharmacy. Please review the prescription chart on the Retiree Benefits page for applicable coinsurance and copay amounts.
PrimeMail by Walgreens Mail Service is the prescription mail-order vendor

PrimeMail

by Walgreens Mail Service

- You can get prescription drugs shipped to your home through our network mail order delivery program.
- For refills of your mail order prescriptions, please contact us 10 to 20 days before you think the drugs you have on hand will run out to make sure your next order is shipped to you in time.
- Typically, you should expect to receive your prescription drugs within 5-8 business days from the time that the mail order pharmacy receives the order.
- For more information or to request a refill please call (877) 277-7895, 24 hours a day, seven days a week, or visit www.Walgreens.com/PrimeMail.
Specialty Medications

Specialty medicines help treat complex conditions

- Specialty medicines are generally higher-cost medicines that require extra support to manage and administer. These medicines are used to treat chronic (long-term) and complex conditions.

Specialty medicines

- Are injected or infused (however, some may be taken by mouth)
- Have unique delivery, storage or shipment requirements
- Require additional patient education, training and safety monitoring
- May not be stocked at retail pharmacies

Blue Cross and Blue Shield of Illinois (BCBSIL) contracts with a broad network of specialty pharmacies to ensure availability of specialty medications for our members.

- AllianceRx Walgreens Prime: For more information or to fill your specialty medication call (877) 365-5097
FAQ: Where is the group number on my ID card?

There is no group number on your Medicare Advantage ID card, as one is not necessary to receive services from providers under the Medicare Advantage plan. When seeking services, the alpha prefix “XOD” and your ID# are sufficient for providers to submit claims for processing.
How to Contact Customer Service

For any questions that you may have you can contact Blue Cross and Blue Shield of Illinois’ Medicare Advantage Customer Service team by using the number below:

Customer Service Number: 1-877-299-1008 (TTY/TDD users should call 711)
Hours of Operation: 8:00 a.m. to 8:00 p.m. Monday-Friday
Helpful Forms

Automatic Payment Authorization Form

Description:
Blue Cross and Blue Shield of Illinois can set-up an ACH monthly debit from your checking or savings account. The Automatic Payment Authorization Form can be completed and returned to Member Services to authorize the program.

To Be Completed By:
The Member (You)

Document Link:

Coverage Determination Prescription Drug Formulary Exception Form

Description:
The formulary exception process is used to request coverage for a medication that's not on the drug formulary. All approvals for non-formulary medications will require a Tier 4 copay for brand name and generic drugs.

To Be Completed By:
Your Provider/Physician

Document Link:
Human Resources Retiree Benefit Page
The “Retiree Benefits” page is located on the DePaul University “Human Resources” Office Site. This page will include helpful plan information such as:

• Frequently Asked Questions
• 2018 Premium Information
• Customer Service Numbers
• Plan Documents

DePaul University – Human Resources – Retiree Benefits Page
go.depaul.edu/retiree
Appendix A: Member Touchpoints

Blue Cross Medicare Advantage Plan
Medicare Advantage Member Touch Points

Welcome Campaign AEP Members (Jan-Mar) and New Employee Members (All Year)

- Health Risk Assessment
- Register Rewards
- Annual Wellness Visit

In-Home Health Assessment Scheduling (Screening for Colon Cancer, Diabetes/Retinal, Colon Cancer and Breast Cancer)

- Bone Density Screening
- Diabetes Screening
- Breast Cancer Screening

HEDIS Care Gap Outbound Calls (High-risk and/or Members who have not seen a PCP)

Pharmacy Outreach Programs (prescription adherence, formulary change, multiple medication management)

- Welcome Kit
- BCBSIL Calendar

Annual Birthday Cards

- In-Home Health Assessment Scheduling (if requested by email)

Pharmacy Outreach Programs (prescription adherence, formulary change, multiple medication management)

- Diabetic Testing
- Kidney Disease

Health Outcomes Survey (HOS)

- Minimum Essential Coverage Notice
- CMS Plan Non-renewal Notice
- Notice of Credible Coverage
- Medicare and You
- Annual Notice of Change
- Colon Cancer Test
- Renewal Kit
- Enrollment Kit

Program eligibility status updates for Medicare Members receiving LIS assistance (if applicable)
<table>
<thead>
<tr>
<th>#</th>
<th>Mailing</th>
<th>Description</th>
<th>Timing</th>
<th>Member Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Welcome Kit</td>
<td>The &quot;Welcome Kit&quot; is a mailing that new members will receive after they have enrolled (and AEP renewals). It includes important plan documents such as the Evidence of Coverage, Formulary, and Directory Notice, and Ancillary Benefit Flyers.</td>
<td>Day before effective date</td>
<td>None</td>
</tr>
<tr>
<td>2</td>
<td>BCBSIL Calendar</td>
<td>BCBSIL Annual Calendar</td>
<td>Dec - Jan</td>
<td>None</td>
</tr>
<tr>
<td>3</td>
<td>In-Home Assessment</td>
<td>If Member doesn’t respond to phone outreach, they will receive a letter describing the initiative</td>
<td>Feb - Dec</td>
<td>Call to schedule In-Home Assessment (optional)</td>
</tr>
<tr>
<td>4</td>
<td>Diabetic/Kidney Testing</td>
<td>Members with diabetes will receive testing kits and Members with kidney disease will receive renal testing kits</td>
<td>Apr - May Sep - Oct</td>
<td>None</td>
</tr>
<tr>
<td>5</td>
<td>Colon Cancer Test</td>
<td>Members identified as candidates for colon cancer testing will receive colon cancer kit (at-home testing)</td>
<td>Sept-Oct</td>
<td>None</td>
</tr>
<tr>
<td>6</td>
<td>Renewal Kit (Annual Notice of Changes Mailing)</td>
<td>The “Renewal Kit” is mailing that existing members will receive that provides information about any potential changes to the plan for the next contract year. It includes documents such as the Annual Notice of Coverage, Evidence of Coverage, Formulary, Plan Star Rating, LIS Rider, and Directory Notice</td>
<td>Oct</td>
<td>None</td>
</tr>
<tr>
<td>7</td>
<td>Enrollment Kit</td>
<td>The “Enrollment Kit” is a mailing that eligible retirees will receive in order to enroll in the contracted plan. It includes documents such as the Enrollment form, Plan Overview, Summary of Benefits, and Plan Star Rating.</td>
<td>Nov</td>
<td>Complete enrollment form</td>
</tr>
<tr>
<td>8</td>
<td>Birthday Card</td>
<td>Members receive annual birthday cards</td>
<td>Member Birthday</td>
<td>None</td>
</tr>
<tr>
<td>9</td>
<td>Wellness Information</td>
<td>BCBSIL will periodically mail health wellness information/tips to Members throughout the year</td>
<td>Year Round</td>
<td>None</td>
</tr>
</tbody>
</table>
# | Phone Call | Description | Timing | Member Action |
---|---|---|---|---|
1 | Welcome Campaign | Calls to offer Health Risk Assessment, Register Rewards Program, Annual Wellness Visit. | Jan-Feb | Participate or decline |
2 | HEDIS Care Gap Outbound Calls Diabetes/Breast Cancer | Calls to existing Members who have not seen their Primary Care Physician and/or may have not had applicable screenings | Apr-Oct | Schedule doctors’ visits/screenings |
3 | Colon Cancer Screening | Remind Members who may need these screenings | Sept-Oct | Schedule screenings |
# Medicare (CMS) Mailings

<table>
<thead>
<tr>
<th>#</th>
<th>Mailing</th>
<th>Description</th>
<th>Timing</th>
<th>Member Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Medicare and You</td>
<td>Annual guide to Medicare options</td>
<td>Oct</td>
<td>Information only</td>
</tr>
</tbody>
</table>
| 2  | LIS eligibility and status updates (if applicable)                     | • Qualification determination notices  
• Co-payment change notice  
• Reassign formulary notice (PDP members)  
• MA Plan reassignment  
• PDP Plan reassignment                                                                 | Ongoing  
Sept – January | Information only  
Information only                                        |
| 3  | CMS Non-Renewal Reminder Notice (if applicable)                        | Reminds Medicare members (who don’t receive Extra Help through LIS) that their Medicare Advantage plan is leaving the Medicare Program | November            | Choose new plan                   |
| 4  | Minimum Essential Coverage Initial Cover Notice (if applicable)        | Informs those with Medicare Part A coverage that their coverage is minimum essential coverage                                               | December-January    | Keep for tax information          |
| 5  | Health Outcomes Survey (HOS)                                          | Random sample of MA members surveyed on improving or maintaining physical/mental health. Results used for Star ratings.                      | April – May (every other year) | Voluntary participation           |

*Blue Cross and Blue Shield of Illinois does not control any mailings (or other forms of contact) from CMS and/or the Social Security Administration to Medicare Members

Questions? Call Customer Service at 1-877-299-1008
<table>
<thead>
<tr>
<th>#</th>
<th>Program</th>
<th>Description</th>
<th>Method</th>
<th>Member Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Medication Therapy Management (MTM)</td>
<td>Mailers and calls to assist Members who are prescribed eight or more prescriptions and/or are diagnosed with three or more medical conditions.</td>
<td>Mail and phone</td>
<td>Participate or decline</td>
</tr>
<tr>
<td>2</td>
<td>Technician Adherence Calls</td>
<td>Live calls to Members who are not adherent to their prescribed drugs</td>
<td>Phone</td>
<td>Medication adherence</td>
</tr>
<tr>
<td>3</td>
<td>First-Fill Tri-fold</td>
<td>Brochures mailed to new Members (or newly-diagnosed current Members) who are managing diabetes, hypertension or high cholesterol</td>
<td>Mail</td>
<td>Informational Only</td>
</tr>
<tr>
<td>4</td>
<td>Guided Health</td>
<td>IVR, letter and phone call to Members who have not refilled prescriptions</td>
<td>Mail and phone</td>
<td>Medication adherence</td>
</tr>
<tr>
<td>5</td>
<td>Formulary Change Communications</td>
<td>Letter to Members whose specific prescriptions may be affected by formulary changes</td>
<td>Mail</td>
<td>Informational Only</td>
</tr>
</tbody>
</table>
# Medicare (CMS) Mailings

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| 2  | LIS eligibility and status updates (if applicable)                     | • Qualification determination notices  
• Co-payment change notice  
• Reassign formulary notice (PDP members)  
• MA Plan reassignment  
• PDP Plan reassignment                                                                 | Ongoing Sept – January          | Information only  
Information only |
| 3  | CMS Non-Renewal Reminder Notice (if applicable)                        | Reminds Medicare members (who don’t receive Extra Help through LIS) that their Medicare Advantage plan is leaving the Medicare Program                                                                 | November                       | Choose new plan             |
| 4  | Minimum Essential Coverage Initial Cover Notice (if applicable)        | Informs those with Medicare Part A coverage that their coverage is minimum essential coverage                                                                                                          | December-January               | Keep for tax information    |

*Blue Cross and Blue Shield of Illinois does not control any mailings (or other forms of contact) from CMS and/or the Social Security Administration to Medicare Members*
Important Plan Information
Blue Cross Medicare Advantage Plan
Important Plan Information

This information is available for free in other languages. Please call our Customer Service number at 1-877-299-1008 (TTY/TDD users should call 711). We are open between 8:00 a.m. and 8:00 p.m., local time, 7 days a week. If you are calling from February 15 through September 30, alternate technologies (for example, voicemail) will be used on the weekends and holidays.

Esta información está disponible en otros idiomas de forma gratuita. Comuníquese a nuestro número de Servicio al cliente al 1-877-299-1008 (los usuarios de TTY/TDD deben llamar al 711). Nuestro horario es de 8:00 a.m. a 8:00 p.m., hora local, los 7 días de la semana. Si usted llama del 15 de febrero al 30 de septiembre, durante los fines de semana y feriados, se usarán tecnologías alternas (por ejemplo, correo de voz).

You must continue to pay your Medicare Part B premium. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or co-payments/co-insurance may change on January 1 of each year. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

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

Prime Therapeutics LLC, a separate company, provides pharmacy benefit management services for DePaul University.

Prime Therapeutics has contracted with Walgreens, a company independent from Prime Therapeutics and Blue Cross and Blue Shield of Illinois, to provide mail pharmacy services through the PrimeMail by Walgreens Mail Service.
Important Plan Information

The SilverSneakers® Fitness program is a wellness program owned and operated by Healthways, Inc., an independent company. Healthways and SilverSneakers are registered trademarks of Healthways, Inc. and/or its subsidiaries.

TruHearing® is a registered trademark of TruHearing, Inc., which is an independent company providing discounts on hearing aids.

Medagate Corporation is an independent company providing over-the-counter benefit services for Blue Cross Medicare Advantage.

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