

Retiree Medical Benefits Medicare Advantage Plan (MAPD) Highlight Sheet

Lifetime Comprehensive Major Medical Coverage	Unlimited
Deductible (per calendar year) Program deductible does not apply to services that have a copayment.	Individual: \$200 (Each member has their own deductible)
Out-of-Pocket Expense Limit - The amount of money that any individual will have to pay toward covered health care expenses during any one calendar year. The following items will not be applied to the out-of-pocket expense limit: <ul style="list-style-type: none"> • Copayments and coinsurance for Pharmacy • Reductions in benefits due to non-compliance with utilization management program requirements • Charges that exceed the eligible charge or the Schedule of Maximum Allowances (SMA) 	Individual: \$1,000 (Each member has their own Out of Pocket Expense Limit) Note: Separate Rx Out-of-pocket limit Individual Rx: \$1,000
Hospital Services	Plan Pays
Inpatient Hospital Services - Coverage includes services received in a hospital, skilled nursing facility, coordinated home care and hospice, including mental health and substance abuse services. Room allowance based on hospital's most common semi-private room rate.	96%
Outpatient Tests - Including X-rays, blood tests, CAT scans, MRIs, annual routine and diagnostic mammograms and PSA tests performed at a hospital. Outpatient Surgery and Hospital Services - Including Radiation, Chemotherapy and Renal Dialysis.	96%
Hospital Emergency Medical/Accident Care - Initial treatment in hospital of accidental injuries or sudden and unexpected medical conditions with severe acute symptoms. If an inpatient admission occurs, MSA must be contacted within two business days.	\$65 Co-Pay
Physician Services	U&C Not applicable to MAPD
Wellness/Preventive Care - Routine annual physicals, wellness exam, immunizations, and other preventive health services as determined by the USPSTF. Determined by CMS for Medicare Advantage.	100%
Primary Care Office Visit	\$20 Co-Pay
Specialty Care Office Visit	\$40 Co-Pay
Additional Services	
Muscle Manipulation Services - Coverage for spinal and muscle manipulation services provided by a physician or chiropractor.	\$20 Co-Pay for Medicare Approved Services
Speech, Occupational and Physical Therapy Services - Coverage for services provided by a physician or therapist.	\$40 Co-Pay
Outpatient Mental Health Services	96%
Cardiac & Pulmonary Rehabilitation Services	96%
Other Covered Services	
<ul style="list-style-type: none"> • Ambulance services • Medical supplies 	96% 96%
Additional benefits	
<ul style="list-style-type: none"> • SilverSneakers • Hearing Aids* • Worldwide Emergency Benefit * • Incentive (For those who get certain preventive procedures completed) • Over the Counter Medicine Benefit 	Included \$1,000 every 3 years Included, \$65 copay \$25 (up to 4X per year) \$30 per month



**BlueCross BlueShield
of Illinois**

Durable Medical Equipment (DME) is a covered benefit. Please refer to Certificate for details.

Optometrists, Orthotic, Prosthetic, Pedorthists, Registered Surgical Assistants, Registered Nurse First Assistants and Registered Surgical Technologists are covered providers. Please refer to Certificate for details on these and other provider types. Not applicable to Medicare Advantage

Discounts on Eye Exams, Prescription Lenses and Eyewear

Members can present their ID cards to receive discounts on eye exams, prescription lenses and eyewear. To locate participating vision providers, log into Blue Access® for Members (BAM) at www.bcbsil.com/member and click on the Blue365® Member Discount Program link.

Discounts on Hearing Aids

Members can present their ID cards to receive discounts on hearing aids. For more information, contact truhearing.com or 844-291-5527

Blue Care Connection (BCC)

When members receive covered inpatient hospital services, outpatient mental health and substance abuse services (MHSA), coordinated home care, skilled nursing facility or private duty nursing from a participating provider, the member will be responsible for contacting either the BCC or MHSA preauthorization line, as applicable.

You must call one day prior to any hospital admission and/or certain outpatient MH/SA services or within 2 business days after an emergency medical or maternity admission. Please refer to your benefit booklet for information regarding benefit reductions based on failure to contact the applicable preauthorization line. Not applicable to Medicare Advantage.

Schedule of Maximum Allowances (SMA)

The Schedule of Maximum Allowances (SMA) is not the same as a Usual and Customary fee (U&C). Blue Cross and Blue Shield of Illinois' SMA is the maximum allowable charge for professional services, including but not limited to those listed under Medical/Surgical and Other Covered Services above. The SMA is the amount that professional PPO providers have agreed to accept as payment in full. When members use PPO providers, they avoid any balance billing other than applicable deductible, coinsurance and/or copayment. *"Please refer to your certificate booklet for the definition of Eligible Charge and Maximum Allowance regarding Providers who do not participate in the PPO Network."* Not applicable to Medicare Advantage.

To Locate a Participating Provider: Visit our Web site at www.bcbsil.com/providers and use our Provider Finder® tool.

In addition, benefits for covered individuals who live outside Illinois will meet all extraterritorial requirements of those states, if any, according to the group's funding arrangements. Not applicable to Medicare Advantage.

Medicare Advantage benefits provide international emergency coverage only.

Affordable Care Act (ACA)

The benefits shown comply with the Affordable Care Act (ACA), including the accommodation for the women's preventive services. Also, as part of ACA, clients will receive a Summary of Benefits and Coverage (SBC). Not applicable to Medicare Advantage.

This provides only highlights of the benefit plans. After enrollment, members will receive a Certificate that more fully describes the terms of coverage.