

		Blue Cross Medicare Advantage Basic (HMO) SM H3822-012	Blue Cross Medicare Advantage Value (HMO) SM H3822-014
Plan Premium		\$0	\$0
		In-Network	In-Network
Part B Premium Reduction		\$0	\$6
Primary Care Provider Visits		\$0 Copay	\$0 Copay
Specialist Visits		\$39 Copay	\$11 Copay
Maximum Out-of-Pocket		\$5,500	\$4,000
Inpatient Hospital Copay		\$325/day for days 1–8	\$300/day for days 1–7
Outpatient Hospital Copay		\$250 maximum	\$300 maximum
Labs		\$0	\$0
X-ray/CT Scan/MRI		\$0–\$250	\$0–\$175
Ambulance/Air Ambulance		\$250/20%	\$250/20%
Dental	Routine Preventive	\$0 Copay; 2 exams, 2 cleanings, 1 X-ray	\$0 Copay; 2 exams, 2 cleanings, 1 X-ray
	Basic Restorative		
Vision	Routine Eye Exam	\$0 Copay; 1 exam/year	\$0 Copay; 1 exam/year
	Glasses/Contacts Allowance	\$100 annual allowance	\$100 annual allowance
Hearing	Hearing Exam	\$0 Copay; 1 exam/year	\$0 Copay; 1 exam/year
	Hearing Aids	\$699 or \$999 Copay	\$699 or \$999 Copay
Pharmacy	Preferred Retail Pharmacy Copays	\$0/\$1/17%/38%/27%	\$0/\$1/17%/38%/27%
	Prescription Drug Deductible	\$450	\$450
	Diabetic Supplies	0%–20% Coinsurance	0%–35% Coinsurance
Over-the-Counter Items ¹		\$95 every 3 months	\$40 every 3 months
Flexible Spend Card ²		Not Included	Not Included
Optional Supplemental Benefits Plan ³		Not Applicable	Not Applicable
Plan Premium			
Dental	Annual Allowance		
	Routine Preventive		
	Basic Restorative		
	Major Restorative		
Vision	Glasses/Contacts Allowance		

See reverse for additional plan options

Central West (HMO)

Blue Cross Medicare Advantage SM plans	Offered in the following counties
Basic (HMO) - H3822-012	Brown, Cass, Pike, Schuyler, Scott
Value (HMO) - H3822-014	Adams, Hancock

Plans vary by county. Refer to the Summary of Benefits for plan availability and more information about what we cover and what you pay. Learn more at www.getblueil.com/mapd/sb

¹ **Over-the-Counter Items.** You can purchase approved over-the-counter (OTC) items at no cost based on your plan limit. This includes OTC items like pain relievers and allergy medicine to help with your basic health and medical needs.

² **Flexible Spend Card.** Pre-loaded flexible spend card with an annual limit of \$1,000 to help reduce out-of-pocket expenses for dental, vision and hearing services.

³ **Optional Supplemental Benefits Plan.** For an additional monthly premium, you can add more coverage to your plan. Adding supplemental benefits to your current plan is optional and provides you with additional dental and vision coverage.

Preferred Pharmacy Network. Save money when you fill your covered prescriptions at a convenient preferred pharmacy, including Walgreens, Jewel-Osco, Walmart, Kroger, Mariano’s and select independent pharmacies.

Prescription Drug Tiers:
Tier 1 – Preferred Generic
Tier 2 – Generic
Tier 3 – Preferred Brand
Tier 4 – Non-Preferred
Tier 5 – Specialty

Additional Benefits:

Rewards Program. The Rewards Program gives you a healthy and easy way to earn up to \$100 in gift cards from major retailers for completing Healthy Actions throughout the year. Visiting your doctor at least once a year can help you catch small health problems before they become big ones. You can earn up to \$50 in gift cards just for completing your annual wellness visit! Earn rewards with these Healthy Actions:

- Mammogram
- Annual wellness visit
- Fall risk assessment
- Colorectal cancer screening
- Retinal eye exam
- Bone density screening
- Annual flu vaccine
- Diabetic kidney and blood sugar testing

Telehealth Benefits. Conveniently access health care services remotely via phone, computer or tablet with \$0 copays.

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

If you speak another language, free language assistance services are available to you. Call 1-877-213-1821 (TTY: 711).

Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-213-1821 (TTY: 711).