BlueCross BlueShield of Illinois

Chicagoland (HMO)

2026

		Blue Cross Medicare Advantage Basic (HMO)SM H3822-001	Blue Cross Medicare Advantage Basic Plus (HMO-POS)SM H3822-007		Blue Cross Medicare Advantage Premier Plus (HMO-POS)SM H3822-008	
Plan Premium		**$0**	**$0**		**$83**	
		In-Network	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Part B Premium Reduction		$0	$0		$0	
Primary Care Provider Visits		$0 Copay	$0 Copay	$60 Copay	$0 Copay	$60 Copay
Specialist Visits		$10 Copay	$44 Copay	$75 Copay	$40 Copay	$75 Copay
Maximum Out-of-Pocket		$4,500	$6,750	Not Covered	$3,500	Not Covered
Inpatient Hospital Copay		$170/day for days 1–7	$300/day for days 1–8	40% Coinsurance	$225/day for days 1–8	40% Coinsurance
Outpatient Hospital Copay		$250 maximum	$275 maximum	40% Coinsurance	$250 maximum	40% Coinsurance
Labs		$0	$0	40% Coinsurance	$0	40% Coinsurance
X-ray/CT Scan/MRI		$0-$175	$0-$225	40% Coinsurance	$0–$200	40% Coinsurance
Ambulance/Air Ambulance		$250/20%	$250/20%		$225/20%	
Dental	Routine Preventive	$0 Copay; 2 exams, 2 cleanings, 1 X-ray	$0 Copay; 2 exams, 2 cleanings, 1 X-ray		$0 Copay; 2 exams, 2 cleanings, 1 X-ray	
	Basic Restorative	$1,000 annually	$750 annually		$750 annually	
Vision	Routine Eye Exam	$0 Copay; 1 exam/year	$0 Copay; 1 exam/year	Not Covered	$0 Copay; 1 exam/year	Not Covered
	Glasses/Contacts Allowance	$100 annual allowance	$100 annual allowance		$100 annual allowance	
Hearing	Hearing Exam	$0 Copay; 1 exam/year	$0 Copay; 1 exam/year	Not Covered	$0 Copay; 1 exam/year	Not Covered
	Hearing Aids	$699 or $999 Copay	$699 or $999 Copay		$699 or $999 Copay	
Pharmacy	Preferred Retail Pharmacy Copays	$0/$1/19%/40%/27%	$0/$1/18%/39%/27%		$0/$1/17%/40%/27%	
	Prescription Drug Deductible	$450	$450		$450	
	Diabetic Supplies	0%–35% Coinsurance	0%–20% Coinsurance		0%–20% Coinsurance	
Over-the-Counter Items[1]		$70 every 3 months	$65 every 3 months		$65 every 3 months	
Flexible Spend Card[2]		Not Included	Not Included		Not Included	
Optional Supplemental Benefits Plan[3]		Silver	Silver		Not Applicable	
Plan Premium		$43.10	$34.50			
Dental	Annual Allowance	$1,000	$1,000			
	Routine Preventive	Not Included	Not Included			
	Basic Restorative	Not Included	Not Included			
	Major Restorative	20% Coinsurance / 50% Coinsurance	20% Coinsurance	50% Coinsurance		
Vision	Glasses/Contacts Allowance	Not Included	Not Included			

See reverse for additional plan options

BlueCross BlueShield of Illinois

Chicagoland (HMO) cont.

2026

		Blue Cross Medicare Advantage Secure (HMO)SM H8547-001		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		$30 Copay		$11 Copay
Maximum Out-of-Pocket		$4,750		$4,000
Inpatient Hospital Copay		$300/day for days 1–8		$300/day for days 1–7
Outpatient Hospital Copay		$300 maximum		$300 maximum
Labs		$0		$0
X-ray/CT Scan/MRI		$0-$200		$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	Not Covered		$1,000 annually
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]		$40 every 3 months		$40 every 3 months
Flexible Spend Card[2]		Not Included		Not Included
Optional Supplemental Benefits Plan[3]		Bronze		Not Applicable
Plan Premium		$37.40		
Dental	Annual Allowance	$1,000		
	Routine Preventive	Not Included		
	Basic Restorative	20% Coinsurance	50% Coinsurance	
	Major Restorative	20% Coinsurance	50% Coinsurance	
Vision	Glasses/Contacts Allowance	Not Included		

See reverse for additional plan options

Chicagoland (HMO) **2026**

Blue Cross Medicare Advantage[SM] plans	Offered in the following counties
Basic (HMO) - H3822-001 **Basic Plus (HMO-POS) - H3822-007**	Cook, DuPage, Kane, Kankakee, Kendall, Lake, McHenry, Will
Premier Plus (HMO-POS) - H3822-008	Cook, DuPage, Grundy, Kane, Kankakee, Kendall, Lake, McHenry, Will
Secure (HMO) - H8547-001	Cook, DuPage, Kane, Kendall, Lake, McHenry, Will
Value (HMO) - H3822-014	DeKalb

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

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

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