



Blue Cross Group MedicareRx (PDP)SM

live
your
Blue
lifeSM



Maximize your Part D coverage.

Look inside for details about your group retiree Medicare prescription drug plan.

Keep this information for reference.

Estos materiales están disponibles en español. Póngase en contacto con Servicio al Cliente para obtener ayuda.



Get to know Blue Cross Group MedicareRxSM

Let's talk about your group retiree Medicare Part D prescription drug benefit, including how it works, how to enroll, and what to expect once your coverage begins.

Blue Cross Group MedicareRx helps you stay healthy and protects you against high pharmacy costs.

Medicare Part D covers common outpatient medications, like those used to treat high blood pressure, high cholesterol, depression, and arthritis. These types of prescription drugs are not covered under Original Medicare Part A or Part B.

Due to Medicare reforms, the most out-of-pocket costs you'll pay in 2026 for Part D drugs is \$2,100. Each year, annual limits will be adjusted based on inflation. This cap does not apply to out-of-pocket spending on Part B drugs. Review the Summary of Benefits to understand your costs.

How does Medicare Part D work?

Copay and Deductible

You may have a copay or coinsurance for your prescriptions. You may need to meet a deductible before benefits start. Review the Summary of Benefits to understand the details of your group retiree Part D plan.

List of Covered Drugs (Formulary)

Within the formulary, you will see that prescription drugs are placed into tiers. The costs for drugs in each tier are generally different. Tier 1 includes the drugs prescribed for common conditions and usually cost the least.



Before you enroll, you can search for your medicines online at www.myprime.com.*

Select 'Medicines,' then:

- 'Find medicines,' followed by
- 'Continue without sign in.'

Under 'Select Your Health Plan':

- Select BCBS Illinois.
- Answer 'Yes.'
- Select the Blue Cross Group MedicareRx plan with your drug list.
- Click 'Continue.'

Type your medicine and dosage.

- Review the drug tier and requirements.
- Refer to the Summary of Benefits for your cost.

Your drug list name is located on the Plan Chart in your Enrollment Kit. Call the Education Helpline if you don't have a chart or need help finding out your drug list name.

Insulin and Vaccine Costs

Insulin: You won't pay more than \$35 for a one-month supply of each covered insulin product. It doesn't matter what cost-sharing tier it's on.

Vaccines: Your plan covers most Part D vaccines at no cost to you. These vaccines are covered under Medicare Part D: Shingles, Tetanus/diphtheria (Td), Tetanus, diphtheria, and pertussis (whooping cough) (Tdap), Hepatitis A, Hepatitis B and other vaccines recommended by Advisory Committee on Immunization Practices (ACIP).

You don't need to meet any required deductible for these items.

* MyPrime.com is a pharmacy benefit website owned and operated by Prime Therapeutics LLC, a separate company providing pharmacy benefit management services for your plan.



Managing your medications.

Your prescription drug plan includes programs designed to encourage safe, cost-effective and appropriate use of medications. These include prior authorization, step therapy and quantity limits. If a drug requires one or more of these programs, it will be noted in the online formulary which you can find at www.myprime.com.

Transition Benefit

During your first 90 days of coverage, you may be able to fill a one-month supply of Part D eligible, non-formulary drugs or drugs that have restrictions. You and your provider will be alerted by mail of the transition fill and the requirements needed to continue receiving your drug. Such requirements include your provider submitting a formulary exception by calling the number on your new member ID card or filling out the formulary exception form found on www.myprime.com. If the formulary exception is approved, you will pay the non-preferred drug tier cost-share.

Medicare Prescription Payment Plan

The Medicare Prescription Payment Plan is a payment option that helps you manage your budget when it comes to out-of-pocket drug costs. It spreads costs across monthly payments throughout the plan year, instead of you paying all at once at the pharmacy. While the new payment option might help you manage your expenses, it doesn't save you money or lower your drug costs. While the program is for anyone with Part D, it might not be right for everyone.

Do you need financial support for your drugs?

You can apply for Extra Help any time before or after you enroll in Part D. Visit Social Security to learn more at www.ssa.gov. Choose 'Medicare,' then 'Apply for Part D Extra Help.'

Pharmacies near and far

Our national pharmacy network includes thousands of locations. All major national retail and grocery pharmacy chains participate in the network, including:



Other pharmacies are available in our network.

The following mail order and specialty pharmacies are in the network.

Once you enroll in your new plan, you will want to bookmark these websites and save the numbers to your phone:

Mail-Order Pharmacies

Walgreens Mail Service

Visit www.walgreensmailservice.com

Call **1-888-277-5475** TTY 711

Amazon Pharmacy

Visit <https://pharmacy.amazon.com>

Call **1-855-393-4279** TTY 711

Express Scripts Pharmacy

Visit www.express-scripts.com/rx

Call **1-833-715-0944** TTY 711

Specialty Pharmacies

Walgreens Specialty Pharmacy

Visit www.walgreensspecialtyrx.com

Call **1-877-627-6337** TTY 711

Accredo

Visit www.accredo.com

Call **1-833-721-1619** TTY 711

Please note: Federal law forbids people who have Medicare from using coupons or other discounts with their Part D plan. These may only be used outside of your Part D benefit.

Prime Therapeutics LLC is a pharmacy benefit management company, contracted by Blue Cross and Blue Shield of Illinois (BCBSIL) to provide pharmacy benefit management services. BCBSIL, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Amazon Pharmacy is contracted to provide pharmacy home delivery services to Blue Cross and Blue Shield of Illinois members.

Accredo is a specialty pharmacy that is contracted to provide services to members of Blue Cross and Blue Shield of Illinois. Accredo is a trademark of Express Scripts Strategic Development, Inc.

Express Scripts® Pharmacy is a pharmacy that is contracted to provide mail pharmacy services to members of Blue Cross and Blue Shield of Illinois. Express Scripts® Pharmacy is a trademark of Express Scripts Strategic Development, Inc.

Walgreens Mail Service is contracted to provide mail pharmacy services to members of Blue Cross and Blue Shield of Illinois. Prime Therapeutics LLC provides pharmacy benefit management services for Blue Cross and Blue Shield of Illinois and is owned by 19 Blue Cross and Blue Shield Plans, subsidiaries or affiliates of those plans.

Walgreens Specialty Pharmacy is contracted to provide specialty pharmacy services to members of Blue Cross and Blue Shield of Illinois. Prime Therapeutics LLC provides pharmacy benefit management services for Blue Cross and Blue Shield of Illinois and is owned by 19 Blue Cross and Blue Shield Plans, subsidiaries or affiliates of those plans.

Blue Access for MembersSM

Register for BAMSM at mybam.bcbsil.com.

BAM is a secure website and, along with our mobile app, is designed to give you quick, easy access to the health information you need. You can:

- Access your Evidence of Coverage.
- Search for pharmacies.
- See your prescription history.
- Link to **www.myprime.com** to view your drug list/formulary.
- View claims status and up to 18 months of activity.
- Request an ID card or print a temporary ID.
- and much more.

If you already have a BAM account, you will not need to create a new one.



Important details about your new member ID card:

Your member ID card will be mailed to you. You can also find it on BAM. It will have this information:

- **Your name**
- **The name of your group retiree Medicare plan**
- **Your new member ID number**—This number is unique to you.
- **Plan and Group numbers**—These numbers are used by the plan only.
- **Copays**—These are the fixed amounts you may have to pay when you visit a provider.
- **Customer service phone number**
- **Our website**

Be sure to show the new card to your pharmacy. Remind them that your old ID and number are no longer valid, even if you were a BCBSIL member before enrolling in this Medicare Part D plan. If they do not use the new card and number, your benefits cannot be confirmed and there may be delays in processing your claims.

Remember to keep your ID card safe like you would a credit or debit card. You won't need to use your red, white and blue Medicare card at the pharmacy, so don't carry it with you. Keep it secure, not in your wallet.

You may want to update the customer service number you have saved in your phone or other devices with the number listed on the back of your new card.



Frequently Asked Questions about Medicare and Medicare Part D plans.

Q. What is Medicare?

A. Medicare is the federal government health care program designed for people ages 65 and over. Most U.S. citizens earn the right to enroll in Medicare by working and paying their taxes for a minimum of 10 years. The earliest someone who is turning age 65 can sign up for Original Medicare Parts A and B is three months before the month they will turn age 65. Under certain circumstances, people under 65 may be eligible for Medicare.

There are four parts of Medicare related to specific services:

Part A — Hospital coverage

Part B — Medical coverage

Part C — Medicare Advantage Plans (private insurers like BCBSIL that contract with the government to provide Medicare coverage through a variety of insurance products)

Part D — Prescription drug coverage

IMPORTANT: To participate in a group retiree Medicare plan, you will need to enroll in both Parts A and B. If you do not enroll in Medicare Parts A, B and D when you are first eligible, you may be subject to late enrollment penalties.

Q. Where can I find additional Medicare resources?

A. The following websites may be helpful: www.medicare.gov; www.ssa.gov; www.cms.gov.

Q. How do I enroll in Medicare?

A. Medicare enrollment is done through the Social Security Administration. It takes time to process. If you plan to retire at 65, we recommend enrolling three months prior to your 65th birthday.

Most people should enroll in Medicare Part A (hospital coverage) during the Initial Enrollment Period. This is the period during which you can

enroll in Medicare for the first time. It is a seven-month period that begins three months before the month you turn 65, includes the month you turn 65, and runs for three months after the month you turned 65. For example, if you were born in June, your window to enroll is March 1 through September 30. SSA will send you enrollment instructions at the beginning of your IEP.

If you're already receiving Social Security benefits, you will be automatically enrolled in Medicare Part A at the start of your IEP. However, you will need to contact SSA to sign up for Part B. If you do not receive instructions from the SSA, call **1-800-772-1213** (TTY **1-800-325-0778**) or go to www.ssa.gov to enroll in Medicare.

Q. When will my Medicare Parts A and B coverage be effective?

A. Coverage is effective on the first day of the month following the date the application was processed or the Medicare Parts A and B effective date, whichever is later.

Q. Do I need to enroll in both Original Medicare and this Medicare Part D plan?

A. You have two separate enrollments: Original Medicare and this plan. Enrollment in Medicare Parts A and B through the federal government is required to be eligible for any Medicare plans, including this group retiree plan. To have full coverage, you must sign up for Medicare Parts A and B and continue to pay any required premiums. You will need to do this first and get your 11-character Medicare Beneficiary Identifier before you can enroll in your group retiree plan.

When enrolling in your Medicare Part D plan, you will provide your MBI located on your red, white and blue Medicare card, along with your effective date.



Q. I am already enrolled in a Medicare Part D plan. Will it continue?

A. You can only be enrolled in one Medicare Part D plan at a time. When your enrollment in this group retiree plan is final, Medicare will automatically cancel your previous Medicare Part D plan coverage. We can offer support as you go through this change.

Q. When will my group retiree Medicare Part D plan start?

A. Coverage is effective on the first day of the month following the date your application was processed or your Medicare Part A and Part B effective date, whichever is later.

Q. When will I get my new Medicare Part D member ID card?

A. You should receive it within 10-14 days after Medicare approves your enrollment. You will receive three separate mailings: an acknowledgment letter followed by a confirmation letter and then your new card.

Q. What are the costs of Medicare outside my group retiree plan?

A. Part A will not cost you anything if you or your spouse paid into Social Security for a minimum of 10 years. You pay a premium each month for **Part B**. Most people will pay the standard premium amount. Your Part B premium will be automatically deducted from your benefit payment if you get benefits from one of these:

- Social Security
- Railroad Retirement Board
- Office of Personnel Management

If you don't get these benefit payments, you will receive a Part B premium bill.

Part B and Part D monthly premiums change each year. And, if your income is above a certain limit, you'll pay a surcharge to the government in addition to your premium. This is called **IRMAA**: Income-Related Monthly Adjustment Amount. Any Part B and Part D IRMAA surcharge is based on the modified adjusted gross income reported on your IRS tax return from two years ago. A notice from Medicare will be mailed to those who will pay the IRMAA surcharge(s).

If you've had a life-changing event that reduced your household income, you can ask Social Security to lower the additional amount you'll pay.

Q. What happens if I do not pay my Part B premiums?

A. Non-payment of Part B premiums and/or IRMAA surcharges will result in termination of coverage.

Q. Can my spouse or partner be on a different plan?

A. All Medicare-based plans are individual plans. A retiree and their eligible spouse/partner each enroll as individuals, even if they choose the same plan.

Q. Can I continue to use manufacturer coupons and/or discount cards with this plan?

A. Federal law forbids people who have Medicare from using coupons or other discounts with their Part D plan. These may only be used outside of your Part D benefit.

Q. Are there resources to help with the high cost of drugs?

A. Financial assistance to help with the costs of prescription drugs, like deductibles and copays, may be available through the government's Low Income Subsidy program, also called Extra Help. You can apply for it any time. Visit the Social Security web site at www.ssa.gov and click 'Medicare,' then 'Apply for Part D Extra Help'.

Q. Will I receive a periodic Medicare Part D statement?

A. You will receive your Explanation of Benefits from Blue Cross and Blue Shield of Illinois. How often you receive one depends on how often you fill a prescription. The EOB is a statement, not a bill. It simply details what you have paid and indicates the level of benefits you've used.





Questions about your group retiree Medicare plan?

Talk to your benefit administrator or refer to the plan documents for details.

Or call the Education Helpline for more information. 1-877-842-7564 (TTY 711)

We are open October 1 – March 31: Daily, 8:00 a.m. to 8:00 p.m., Local Time

April 1 – September 30: Monday through Friday, 8:00 a.m. to 8:00 p.m., Local Time.

Alternate technologies (for example, voicemail) will be used on weekends and holidays.

Prescription drug plans provided by Blue Cross and Blue Shield of Illinois, which refers to Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association. A Medicare-approved Part D sponsor. Enrollment in HCSC's plans depends on contract renewal.



	Prescription Drug Benefits
Annual Part D Deductible	\$0
Your Drug List/Formulary Name	5 Tier Standard Formulary
Your Out-of-Pocket Costs (30-day supply at retail pharmacies) Annual drug costs up to \$2,100	Preferred Pharmacy/Standard Pharmacy
	Tier 1 – Preferred Generic Drugs \$0/\$5
	Tier 2 – Generic Drugs \$6/\$11
	Tier 3 – Preferred Brand Drugs \$39/\$44
	Tier 4 – Non-Preferred Drugs \$85/\$95
	Tier 5 – Specialty Drugs 33% coinsurance
Catastrophic Coverage	You pay \$0 after your Part D maximum out-of-pocket costs reach \$2,100. This includes drugs purchased through retail and mail order pharmacies but does not apply to out-of-pocket spending on Part B drugs or your monthly premium.
Network Pharmacies	Jewel-Osco, Mariano's, Walgreens, Walmart

Coupons and Discount Programs

Federal law forbids people who have Medicare from using coupons or other discounts with their Medicare Part D plan. These may only be used outside of your Medicare Part D benefit.

Call the Education Helpline at 1-877-842-7564 (TTY 711) for more information.

We are open October 1 – March 31: Daily, 8:00 a.m. to 8:00 p.m., local time;

April 1 – September 30: Monday through Friday, 8:00 a.m. to 8:00 p.m., local time.

Alternate technologies (for example, voicemail) will be used on weekends and holidays.

This information is not a complete description of benefits.

Prescription drug plans provided by Blue Cross and Blue Shield of Illinois, which refers to Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association. A Medicare-approved Part D sponsor. Enrollment in HCSC's plans depends on contract renewal.



It's time to enroll in your Medicare Part D Prescription Drug Plan

Retiree Checklist



Actions you may need to take:

- ☐ **Confirm you are enrolled in Medicare Parts A and/or B.**

Enrollment is done through the Social Security Administration. Visit SSA online at www.ssa.gov, visit your local SSA office in person or call SSA at 1-800-772-1213 (TTY 1-800-325-0778).

- ☐ **Review the Enrollment Brochure and Summary of Benefits for details about your plan.**

- ☐ **Enroll in the plan or decline coverage.**

I want to enroll in this plan — follow the enrollment instructions provided by your benefit administrator.

I want to opt out of this plan — contact your benefits office unless otherwise instructed.

- ☐ **Watch your mailbox for important plan documents and notices.**

- ☐ **Share your new member ID card and number with your provider.**

Enrollment Timeline:

It takes about four weeks from the time we receive enrollment information from your benefits office until you receive your member ID card and Welcome Kit. Here's what you can expect to receive to stay updated on your enrollment status:

1. Acknowledgment Letter

Within 10-14 days of getting your enrollment form, we will send an acknowledgment letter.

2. Confirmation Letter

After your enrollment is approved by Medicare, we will send a confirmation letter. **It can be used as proof of insurance if you have not received your member ID card by your effective date.**

3. Member ID Card

Your member ID card will be mailed next. Show your new card when you get services so you are giving the right information.

4. Welcome Guide

This helpful kit includes plan documents and other useful information.

Important Prescription Drug Information

Please note: Federal law prohibits individuals enrolled in Medicare from using manufacturer coupons or other drug discounts with their Part D prescription drug plan. Coupons and/or discount cards may be used on their own, separate from Part D coverage.

Financial assistance to help with the costs of prescription drugs, like deductibles and copays, may be available through the government's Extra Help/Low Income Subsidy program. You can apply for Extra Help any time before or after you enroll in Part D coverage. For more information and to apply, visit the Social Security web site at **www.ssa.gov** and click "**Medicare,**" then "**Apply for Part D Extra Help.**"



Illinois Municipal Retirement Fund (IMRF)

2026 Summary of Benefits

Blue Cross Group MedicareRx (PDP)SM

January 1, 2026 – December 31, 2026

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the *Evidence of Coverage*.

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Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Customer Service representative at 1-877-842-7564 (TTY: 711). We are open October 1 – March 31, daily, 8 a.m. to 8 p.m., local time, Monday through Friday. If you are calling from April 1 through September 30, alternate technologies (for example, voicemail) will be used on weekends and holidays.

Understanding the Benefits

- ☐ Review the full list of benefits found in the *Evidence of Coverage* (EOC), especially for those services for which you routinely see a doctor. Visit www.bcbsil.com/retiree-medicare-tools or call 1-877-842-7564 (TTY: 711) to request a copy of the EOC.
- ☐ Review the *Provider Finder* (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new provider.
- ☐ Review the *Pharmacy Directory* to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- ☐ You must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2027.

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SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the *Evidence of Coverage*. You can also see the *Evidence of Coverage* on our website, www.bcbsil.com/retiree-medicare-tools.

You have choices about how to get your Medicare benefits

- One choice is to get prescription drug coverage through a Medicare Prescription Drug Plan, like **Blue Cross Group MedicareRx (PDP)**.
- Another choice is to get your prescription drug coverage through a Medicare Advantage Plan (like an HMO or PPO) or another Medicare health plan that offers Medicare prescription drug coverage. You get all your Part A and Part B coverage, and prescription drug coverage (Part D), through these plans.

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **Blue Cross Group MedicareRx (PDP)** covers and what you pay.

- If you want to compare our plan with other Prescription Drug Plans, ask the other plans for their Summary of Benefits booklets. Or use the Medicare Plan Finder on www.medicare.gov.
- If you want to know more about the coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Sections in this booklet

- Things to Know About **Blue Cross Group MedicareRx (PDP)**.
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services.
- Covered Medical and Hospital Benefits.
- Prescription Drug Benefits.

This document is available in other formats such as Braille, large print or audio.

This document may be available in a non-English language. For additional information, call us at 1-877-838-3833 (TTY: 711).

Things to Know About Blue Cross Group MedicareRx (PDP)

Hours of Operation & Contact Information

- From October 1 to March 31, we're open 8 a.m. – 8 p.m., local time, 7 days a week.
- From April 1 to September 30, we're open 8 a.m. – 8 p.m., local time, Monday through Friday. If you are calling from April 1 through September 30, alternate technologies (for example, voicemail) will be used on weekends and holidays.
- If you are a member of this plan, call us at 1-877-838-3833, (TTY: 711).
- If you are not a member of this plan, call us at 1-877-842-7564, (TTY: 711).
- Our website: www.bcbsil.com/retiree-medicare-tools.

Who can join?

To join **Blue Cross Group MedicareRx (PDP)**, you must have both Medicare Part A and Medicare Part B, meet your employer's eligibility requirements, and be retired. Our service area includes anywhere in the United States.

Which pharmacies can I use?

Blue Cross Group MedicareRx (PDP) has a network of pharmacies and you must generally use these pharmacies to fill your prescriptions for covered Part D drugs.

Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies.

You can see our plan's *Pharmacy Directory* at our website www.bcbsil.com/retiree-medicare-tools.

Or call us at 1-877-838-3833 (TTY: 711) and we will send you a copy of the *Pharmacy Directory*.

What drugs are covered?

We cover Part D drugs.

- Formulary Name: 5 Tier Standard
- You can see the complete plan *Formulary* (list of Part D prescription drugs) and any restrictions on our website, www.bcbsil.com/retiree-medicare-tools.
- Or call us at 1-877-838-3833 (TTY: 711) and we will send you a copy of the *Formulary*.

How will I determine my drug costs?

Our plan groups each medication into one of five "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Initial Coverage and Catastrophic Coverage.

If you have any questions about this plan's benefits or costs, please contact Blue Cross and Blue Shield of Illinois

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SECTION II - SUMMARY OF BENEFITS

Blue Cross Group MedicareRx (PDP)SM

MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES

Monthly Plan Premium	For information concerning the actual premiums you will pay, please contact your employer or your employer group benefits plan administrator. In addition, you must keep paying your Medicare Part B premium, if you are enrolled.
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PRESCRIPTION DRUG BENEFITS

Deductible

Because there is no prescription drug deductible for the plan, this payment stage does not apply to you.

Important Message About What You Pay for Insulin

You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

Initial Coverage

You pay the following until your yearly out-of-pocket drug costs reach \$2,100.

Standard Retail Cost-Sharing

Tier	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$5 copay	\$15 copay
Tier 2 (Generic)	\$11 copay	\$33 copay
Tier 3 (Preferred Brand)	\$44 copay	\$132 copay
Tier 4 (Non-Preferred Drug)	\$95 copay	\$285 copay
Tier 5 (Specialty)	33% coinsurance	33% coinsurance

Preferred Retail Cost-Sharing

Tier	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$0 copay	\$0 copay
Tier 2 (Generic)	\$6 copay	\$18 copay
Tier 3 (Preferred Brand)	\$39 copay	\$117 copay
Tier 4 (Non-Preferred Drug)	\$85 copay	\$255 copay
Tier 5 (Specialty)	33% coinsurance	33% coinsurance

Standard Mail Order

Tier	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$5 copay	\$15 copay
Tier 2 (Generic)	\$11 copay	\$33 copay
Tier 3 (Preferred Brand)	\$44 copay	\$132 copay
Tier 4 (Non-Preferred Drug)	\$95 copay	\$285 copay
Tier 5 (Specialty)	33% coinsurance	33% coinsurance

Preferred Mail Order

Tier	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$0 copay	\$0 copay
Tier 2 (Generic)	\$6 copay	\$18 copay

PRESCRIPTION DRUG BENEFITS

	Tier 3 (Preferred Brand)	\$39 copay	\$117 copay
	Tier 4 (Non-Preferred Drug)	\$85 copay	\$255 copay
	Tier 5 (Specialty)	33% coinsurance	33% coinsurance
Long-term Care Tiers 1-5	If you reside in a long-term care facility, you pay the same as at a standard retail pharmacy.		
Out-of-network Tiers 1-5	You may get drugs from an out-of-network pharmacy in specific situations. You generally must use a network pharmacy to fill your prescription.		
Catastrophic Coverage	After your yearly out-of-pocket drug costs reach \$2,100, you pay nothing for covered Part D drugs.		

Please note: Federal law prohibits individuals enrolled in Medicare from using manufacturer coupons or other drug discounts with their drug plan. Financial assistance to help with the costs of prescription drugs may be available through the government's Extra Help/Low Income Subsidy program. You can apply for Extra Help any time before or after you enroll in Part D. For more information or to apply, visit the Social Security website at www.ssa.gov and click "Medicare," then "Apply for Part D Extra Help."

DISCLAIMERS

This document is available in other alternate formats.

We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-838-3833 (TTY: 711). Someone who speaks English can help you. This is a free service.

Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-838-3833 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Blue Cross Group MedicareRx is a Medicare prescription drug plan with a Medicare contract. Enrollment in **Blue Cross Group MedicareRx** depends on contract renewal.

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 copayments/coinsurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium.

The formulary and/or pharmacy network may change at any time.

Health coverage is offered by HCSC Insurance Services Company.



Non-Discrimination Notice

Health Care Coverage Is Important For Everyone

We do not discriminate on the basis of race, color, national origin (including limited English knowledge and first language), age, disability, or sex (as understood in the applicable regulation). We provide people with disabilities with reasonable modifications and free communication aids to allow for effective communication with us. We also provide free language assistance services to people whose first language is not English.

To receive reasonable modifications, communication aids or language assistance free of charge, please call us at 1-877-838-3833 (TTY: 711).

If you believe we have failed to provide a service, or think we have discriminated in another way, you can file a grievance with:

Office of Civil Rights Coordinator	Phone:	1-855-664-7270 (voicemail)
Attn: Office of Civil Rights Coordinator	TTY/TDD:	1-855-661-6965
300 E. Randolph St., 35th Floor	Fax:	1-855-661-6960
Chicago, IL 60601	Email:	civilrightscoordinator@bcbsil.com

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Office of Civil Rights Coordinator is available to help you.

You may file a civil rights complaint with the US Department of Health and Human Services, Office for Civil Rights, at:

US Dept of Health & Human Services	Phone:	1-800-368-1019
200 Independence Avenue SW	TTY/TDD:	1-800-537-7697
Room 509F, HHH Building	Complaint Portal:	
Washington, DC 20201	ocrportal.hhs.gov/ocr/smartscreen/main.jsf	
	Complaint Forms:	
	hhs.gov/civil-rights/filing-a-complaint/index.html	

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This information is not a complete description of benefits. Call 1-877-838-3833 (TTY: 711) for more information.

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THANK YOU

Connect with us

Contact Information: 1-877-838-3833, TTY: 711

Organization Name: Blue Cross and Blue Shield of Illinois

Organization website: www.bcbsil.com

IMPORTANT INFORMATION:

2025 Medicare Star Ratings



Blue Cross Group MedicareRX (PDP) - S5715

For 2025, Blue Cross Group MedicareRX (PDP) - S5715 received the following Star Ratings from Medicare:

Overall Star Rating:	★★★★☆
Health Services Rating:	Service not offered
Drug Services Rating:	★★★★☆

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan’s service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

The number of stars show how well a plan performs.

- ★★★★★ EXCELLENT
- ★★★★☆ ABOVE AVERAGE
- ★★★☆☆ AVERAGE
- ★★☆☆☆ BELOW AVERAGE
- ★☆☆☆☆ POOR

More stars mean a better plan – for example, members may get better care and better, faster customer service.

Get More Information on Star Ratings Online
Compare Star Ratings for this and other plans online at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

Questions about this plan?
You may also contact us 7 days a week from 8:00 a.m. to 8:00 p.m. local time at 1-877-583-8129 (toll-free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. local time and alternate technologies (for example, voicemail) will be used on weekends and holidays. Current members please call 1-877-838-3833 (toll-free) or 711 (TTY).

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Non-Discrimination Notice

Health Care Coverage Is Important For Everyone

We do not discriminate on the basis of race, color, national origin (including limited English knowledge and first language), age, disability, or sex (as understood in the applicable regulation). We provide people with disabilities with reasonable modifications and free communication aids to allow for effective communication with us. We also provide free language assistance services to people whose first language is not English.

To receive reasonable modifications, communication aids or language assistance free of charge, please call us at 1-877-838-3833 (TTY: 711).

If you believe we have failed to provide a service, or think we have discriminated in another way, you can file a grievance with:

Office of Civil Rights Coordinator	Phone:	1-855-664-7270 (voicemail)
Attn: Office of Civil Rights Coordinator	TTY/TDD:	1-855-661-6965
300 E. Randolph St., 35th Floor	Fax:	1-855-661-6960
Chicago, IL 60601	Email:	civilrightscoordinator@bcbsil.com

You can file a grievance by mail, fax or email. If you need help filing a grievance, please call the toll-free phone number listed on the back of your ID card (TTY: 711).

You may file a civil rights complaint with the US Department of Health and Human Services, Office for Civil Rights, at:

US Dept of Health & Human Services	Phone:	1-800-368-1019
200 Independence Avenue SW	TTY/TDD:	1-800-537-7697
Room 509F, HHH Building	Complaint Portal:	
Washington, DC 20201	ocrportal.hhs.gov/ocr/smartscreen/main.jsf	
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