

IPBC 2027 Retiree Benefit Information Session



Medical Plan

The Hartford | Blue Cross Blue Shield

Prescription Plan

Blue Cross Blue Shield

Effective: January 1, 2027

Third Party Administrator:

BENISTAR
GROUP RETIREE HEALTH SOLUTIONS



Benistar Retiree Administration Services

- Specialized expertise in retiree medical and prescription drug plan administration.
- Toll-free Customer Care Center staffed by live representatives.
- No rushed conversations. Representatives take the time needed to address retiree concerns.
- Experienced team trained in Medicare, retiree advocacy, and evolving healthcare regulations.
- Personalized support for benefits, enrollment, billing, prescriptions, pharmacy networks, provider access, and other plan-related questions.
- Fast and convenient assistance with eligibility verification and replacement of member materials such as ID cards and plan documents.





Your Medical & Prescription Drug Benefits

2027 Group Retiree Benefits - Eligibility

Retiree/Spouse must be age **65** or older.

Must be enrolled in **Medicare Part A** and **Medicare Part B**.

Medical and Prescription Coverage are a **Bundled Benefit**.

- When you are enrolled in the “Group” Medicare plan, you cannot elect an individual plan for Part C or Part D.
- Blue Cross Blue Shield Medical Plans are Credible Medicare Part C Plans. You do not need to sign up for another Part C Plan.
- Blue Cross Blue Shield RX Plan is a Credible Medicare Part D Plan. You do not need to sign up for another Part D Plan.
- Regardless of which plan you elect the group coverage is a bundled benefit.



2027 Group Retiree Benefits - Enrollment

New Self-Guided Enrollment Options



Online enrollment through Cahrus

Online platform with guided enrollment process.
Call Benistar to walk you through the process
while you make your online enrollment election.



Scan the **QR code** or visit
<https://ipbc.app.cahrus.net/login>



Phone

Call Benistar to enroll 800-236-4782



Enrollment Forms

Complete enrollment form



What is Medicare Secondary Plan?

- Medicare Secondary Plans are Benefit Plans that help pay some of the health care costs that Original Medicare doesn't cover, such as cost-sharing gaps within Medicare Parts A and B (copayments, coinsurance and deductibles).
- A Medicare Secondary plan pays after Medicare pays their portion. Medicare is Primary and the Secondary Plan is Secondary. Typically, Medicare pays 80% and the plan pays 20%.
- No Networks: Plan offers the freedom to choose any doctor, specialist, facility and hospital that accepts Medicare Assignment
- Full Guarantee Issue – No medical questions
- Portable Coverage – Nationwide coverage is available in all 50 states
- This information applies to The Hartford Medicare secondary plans



2027 Group Medicare Secondary Benefit Highlights

The Hartford follows Medicare guidelines and have no network as long as the provider or facility accepts Medicare.

- ✓ No provider Network
- ✓ No prior approval for services
- ✓ No referrals are required
- ✓ Nationwide coverage



What is a Medicare Advantage Plan?

- A Medicare Advantage Plan (Part C or MA Plan) is a private health insurance plan that provides all the benefits of Original Medicare (Parts A & B) and some things Medicare doesn't
- Think of MAPD as your all-in-one plan, covering all your hospital and medical services as well as prescription drugs
- You will also have access to extra health and wellness benefits such as the SilverSneakers® Fitness Program, Rewards Program, 24/7 Telemedicine and Virtual Visits



2027 Group Medicare Advantage Benefit Highlights

The Blue Cross Blue Shield plan offerings can include a variety of additional, supplemental health benefits such as

- ✓ Annual Physical Exam
- ✓ SilverSneakers® Fitness Program
- ✓ Healthy, home-delivered meals post-hospital discharge
- ✓ \$250 to spend on eyewear every 2 years*
- ✓ \$3,000 to spend on hearing devices every 3 years*
- ✓ No cost routine hearing exam every year
- ✓ Transportation (Non-Emergency)
- ✓ Personal Home Care

**Depending on plan selected, amounts may vary*



Benefit Comparison

2027 Plan Year	Premium	Premier	Choice	Classic
<i>Medical Insurer</i>	<i>The Hartford</i>	<i>Blue Cross Blue Shield</i>	<i>Blue Cross Blue Shield</i>	<i>Blue Cross Blue Shield</i>
Medical Benefits				
Medical Deductible (In-Network)	\$0	\$0	\$0	\$750
Maximum Out of Pocket Medical	No Max Out of Pocket	\$0	\$500	\$3,500
Primary Care Visit	\$0	\$0	\$0	\$15
Specialist Care Visit	\$0	\$0	\$0	\$40
Inpatient Copay Per Day	\$0 Days 1-150	\$0 Per Stay	\$100 Per Stay	\$250 Days 1-7 \$0 Days 8+
Outpatient Copay	\$0	\$0	\$100	20%
Outpatient Hospital Services	\$0	0%	\$100	20%
Skilled Nursing Copay (Days 1-20)	\$0	\$0	\$0	\$0
Skilled Nursing Copay (Days 21-100)	\$0	\$0	\$100	\$150
Ambulance	\$0	\$0	\$100	\$200
Emergency Room	\$0	\$0	\$100	\$120
Vision Benefits				
Diabetic Eye Exam	Not Included	\$0	\$0	\$0
Routine Eye Exam	Not Included	\$0	\$0	Not Included
Eyewear 1 per Year	Not Included	Included	Not Included	Not Included
Max for Eyewear	Not Included	\$250	Not Included	Not Included
Hearing Benefits				
Medicare Covered Exam	Not Included	\$0	\$0	\$0
Routine Exam	Not Included	\$0	\$0	Not Included
Hearing Aid Allowance - Every 3 Years	Not Included	\$3,000	Not Included	Not Included
Dental Benefits				
Medicare Covered Exam	Not Included	\$30	\$20	\$20
Basic Restorative (cavities, non-surgical extractions, dental pain relief)	Not Included	20%	Not Included	Not Included
Major Restorative (Surgical tooth extractions, root canals, includes crowns and dentures)	Not Included	50%	Not Included	Not Included
Annual Allowance Preventive	Not Included	\$1,500	Not Included	Not Included

Medicare Part B - Vaccines

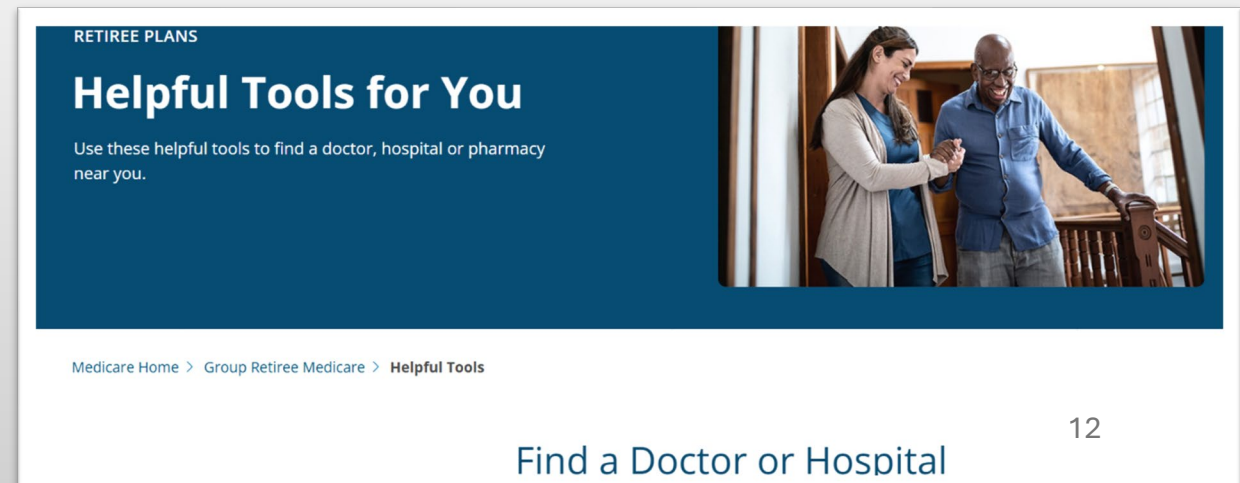
The following vaccines are covered under **Medicare Part B**.

- Hepatitis B vaccine for patients at high or intermediate risk (liver infection treatment shot)
- Influenza virus vaccine (flu shot)
- SARS-CoV-2 vaccine (COVID-19 vaccine)
- Pneumococcal pneumonia vaccine (pneumonia shot)



Finding a Medical Provider with BCBS

- Go to www.bcbsil.com/retiree-medicare-tools
- Scroll down to the Find a Doctor or Hospital section
- Select the link under [Blue Cross Group Medicare Advantage (PPO) / Blue Cross Group Medicare Advantage Open Access (PPO)]
- The Provider Finder will open in a new tab
- Search for in-network providers by name, specialty or location



Medicare Part D - Vaccines

The following vaccines are covered under **Medicare Part D**.

- Shingles vaccine
- Respiratory Syncytial Virus (RSV)
- Human papillomavirus (HPV)
- Diphtheria and Tetanus
- Measles, mumps, rubella (MMR)
- Pertussis (whooping cough)



2027 Group Retiree Pharmacy Benefit Highlights

- The Blue Cross Group MedicareRX complete formulary associated with your plan covers the broadest array of Part D drugs available under BCBS. You have access to over 60,000 major retail chain pharmacies.
- \$0 for most Part D vaccines covered by the plan.
- \$35 maximum copay for insulin for a 30-day supply.
- \$2,400 True Out of Pocket on Part D Drug costs each plan year.



Benefit Comparison

2027 Plan Year	Premium	Premier	Choice		Classic
Medical Insurer	The Hartford	Blue Cross Blue Shield	Blue Cross Blue Shield		Blue Cross Blue Shield
Prescription Drug Coverage	Blue Cross Blue Shield	Blue Cross Blue Shield	Blue Cross Blue Shield		Blue Cross Blue Shield
Prescription Drug Benefits					
Annual Deductible	\$0	\$0	\$50 (Tiers 3-5)		\$615 (Tiers 3-5)
Pharmacies	Preferred	Preferred	Preferred	Standard	Preferred
Tier 1: Preferred Generics					
30-Day Supply Retail or Mail	\$0	\$0	\$0	\$7	\$10
90-Day Supply Retail	\$0	\$0	\$0	\$21	\$30
90-Day Supply Mail	\$0	\$0	\$0	\$21	\$30
Tier 2: Generics					
30-Day Supply Retail or Mail	\$5	\$5	\$6	\$13	\$15
90-Day Supply Retail	\$15	\$15	\$18	\$39	\$45
90-Day Supply Mail	\$10	\$10	\$18	\$39	\$45
Tier 3: Preferred Brand					
30-Day Supply Retail or Mail	\$20	\$20	\$26	\$33	\$47
90-Day Supply Retail	\$60	\$60	\$78	\$99	\$141
90-Day Supply Mail	\$40	\$40	\$78	\$99	\$141
Tier 4: Non-Preferred Drugs					
30-Day Supply Retail or Mail	\$35	\$35	\$56	\$63	25%
90-Day Supply Retail	\$105	\$105	\$168	\$189	25%
90-Day Supply Mail	\$70	\$70	\$168	\$189	25%
Tier 5: Specialty					
30-Day Supply Retail or Mail	\$55	\$55	25%	25%	25%
90-Day Supply Retail	\$165	\$165	25%	25%	25%
90-Day Supply Mail	\$110	\$110	25%	25%	¹⁵ 25%

Pharmacy Transition Benefit

- Members are eligible for a **one time 30-day supply** at the pharmacy of non-covered or restricted drugs during the first 90 days of enrollment
- **Drugs eligible for transition benefits:**
 - Part D drugs that are not on the formulary
 - Part D drugs that require utilization management (PA, QL, ST)
 - Member and provider will receive a letter within 3 days of filling a **transition prescription** highlighting next steps:
 - Discuss formulary alternatives with doctor
 - Submit a Prior Authorization or Formulary Exception request

Part D Formulary (Drug List)

- Our Part D Formulary offers comprehensive and robust coverage for most commonly prescribed medications.
- The formulary covers both **brand name** and **generic drugs** as well as **specialty medications**.
- Generic drugs have the same active ingredient as their brand name equivalents and usually cost less than brand name drugs.
- The formulary is set up in **tiers**. A drug in a lower tier will generally cost you less in out-of-pocket expenses than a drug in a higher tier.

The background features a gradient from dark brown on the left to light blue on the right. Several envelopes are visible: a white one in the top left, a green one in the top center, a light pink one in the middle right, and a teal one in the bottom right. A solid orange horizontal bar is at the bottom.

What to Expect Next

Everything You Need to Get Started

- **Welcome Kit**
 - Welcome Letter
 - Benefit Summary
 - Certificate of Coverage
 - Medical ID card
 - Rx ID Card

The Hartford Sample ID Cards



Hartford Life and Accident Insurance Company
Issuer ID (80840)

Covered Person: FIRST NAME MI LAST NAME
Member ID: Insured Person's MBI
Group Name: Trustees of BENISTAR Employer Services Trust
Group Policy Number: AGP 3888

For Eligibility / Premium Inquiries, contact:
(877) 278-8787

For Claim Inquiries / Verification of coverage, contact:
(844) 380-4557 or visit www.webtpa.com

Please send written correspondence to:
PO Box 1928 - Grapevine, TX 76099-1928

Important: For ease of claim processing, please present this card when seeking covered medical care. This card is for identification purposes only and is not a guarantee of coverage.

Printed in U.S.A.

Blue Cross Blue Shield Sample ID Cards



BlueCross BlueShield of Illinois Blue Cross Group Medical Advantage (PPO)SM

Name: **SAMPLECARD**
ID: **JLX123456789**
Plan (80840): 9101000211

Office Visit: \$
Specialist: \$
Emergency Room: \$

RxBin: **RXBIN**
RxPCN: **RXPCN**
RxGrp: **RX_GROUP**
RxID: **RX_ID**

Blue Cross Group Medical Advantage Open Access (P)

H8634 813



Medicare
Prescription Drug Coverage

www.getblueil.com/mapd



For Providers: 1-866-390-4276
TTY: 711
Pharmacy Help Desk: 1-877-277-7898

For Members:
Customer Service: 1-866-390-4276
TTY: 711
Nurse Advice Line: 1-800-631-7032

File medical claims with your local plan

Medicare Limiting charges apply

PPO plans provided by 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.

Medicare Secondary FAQ

Q: Do I need Original Medicare (Part A and Part B)?

A: Yes, you must be entitled to Medicare Part A and enrolled in Medicare Part B

Q. Is this a national plan?

A: Yes, this plan offers national coverage.

Q. Do I still need to use my red, white and blue Medicare card?

A: Yes, you will use your both your Medicare and Hartford Group Medicare member ID card for all covered medical services

Q: Q: What providers / facilities can I use?

A: You can use any facility or provider who accepts Medicare.

With this plan, you have the flexibility to see any provider as long as they accept Medicare and have not opted out of or been excluded or precluded from Medicare

Medicare Advantage FAQ

Q: Do I need Original Medicare (Part A and Part B)?

A: Yes, you must be entitled to Medicare Part A and enrolled in Medicare Part

Q. Is this a national plan?

A: Yes, this plan offers national coverage.

Q. Do I still need to use my red, white and blue Medicare card?

A: No, you will only use your BCBS Medicare Advantage member ID card for all covered medical services

Q: How are out-of-network claims processed?

A: Whether the provider is in-network or out-of-network they can submit claims to Blue Cross Blue Shield.

Q: What is the difference between in-network and out-of-network providers? How does this difference affect the total amount I can expect to pay for services when using out-of-network providers?

A: In-network providers have a contract with BCBS. Out-of-network providers do not have a contract. Members can see in and out of network providers at the same cost share.

Medicare Part D FAQ

Q: Do I need a new prescription from my doctor?

A: If you have refills at the retail or mail order pharmacy, you will not need a new prescription from your doctor. You may call Benistar Customer Care at 800-236-4782 for assistance after January 1, 2027.

Q: Can I still go to the same pharmacy I've been getting my current medication from?

A: Yes. Blue Cross Blue Shield pharmacy network includes all major pharmacies including Walgreens, CVS, Target, Costco etc., as well as most local pharmacies. There are over 60,000 pharmacies nationwide.

Q: I am on a Specialty Drug, is it covered?

A: Specialty Prescription Drugs are covered under the plan. Certain pharmacies carry the specialty drugs and Blue Cross Blue Shield uses a Specialty Pharmacy called Accredo or Walgreens Specialty Pharmacy. Call Benistar Retiree Customer Care Center at 800-236-4782. A Customer Care Representative will assist you and the pharmacy.

Cahrus Enrollment FAQ



Q: What is the Website to Enroll?

A: <https://ipbc.app.cahrus.net/login> or scan the QR Code

Q: How do I create my account?

A: All eligible participants have been pre-loaded into the Cahrus Online Platform. Choose “Find My Account” by entering the required fields listed. Once the account is found, you will be prompted to create a username and password.

Q: How do I select my plan options?

A: Cahrus online platform will provide you a Guided Enrollment Experience. Cahrus will prompt you to enter pertinent information and guide you through the plans available for selection.

Q: I have questions while I am on Cahrus enrolling, who do I call?

A: You should Contact Benistar Customer Service Center at 800-236-4782. Benistar Customer Service Representatives will walk you through the Enrollment Guide with Cahrus from beginning to end, while you make your plan choices and get any questions answered.

Q: What if I have no internet access?

A: Call Benistar Customer Service Center at 800-236-4782. You can enroll over the Phone with an Eligibility Representative to assist. You can also complete the enrollment form to make a change to your plan.

WE'RE HERE TO HELP



Benistar is your single point of contact for questions and support related to your retiree benefits:

- Medical and Prescription drug plan support
- Retiree resources and advocacy
- Toll-free Retiree Customer Care Center

Benistar Retiree Customer Care Center
Monday–Friday | 8:30 a.m. to 5:30 p.m. local time

800-236-4782

