2023 Retiree Benefits Reference Information

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Keep this information for future reference.
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<th>Health Plans</th>
<th>Provider</th>
<th>Website</th>
<th>Customer Service</th>
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<tr>
<td>Medical / Rx NonMedicare</td>
<td>BCBS</td>
<td><a href="http://www.bcbsil.com">bcbsil.com</a></td>
<td>NOT MEDICARE ADVANTAGE</td>
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<td></td>
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<td>PPO: 800.458.6024</td>
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<td>HMO: 800.260.6839</td>
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<td>Prescription: 800.423.1973</td>
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<td>BCS MA PD PPO</td>
<td>BCBS Medicare Advantage PD PPO</td>
<td>NA</td>
<td>877.299.1008</td>
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<td>BCS MA PD PPO eviCore</td>
<td>BCBS Medicare Advantage PD PPO Preauthorization</td>
<td><a href="http://www.evicore.com">www.evicore.com</a></td>
<td>800-918-8924</td>
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<tr>
<td>Medical / Retiree</td>
<td>BlueCard Worldwide</td>
<td>NA</td>
<td>800 810 2583</td>
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<td></td>
<td></td>
<td></td>
<td>804 673 1177</td>
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<tr>
<td>Dental</td>
<td>BlueCare Dental PPO</td>
<td><a href="http://www.bcbsil.com">bcbsil.com</a></td>
<td>High Group 299383</td>
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<td>Low Group 299382</td>
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<td>800 367 6401</td>
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<td>Insight Network</td>
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<td>Grisela Rodriguez, SPHR, SHRM SCP Human Resources</td>
<td><a href="http://www.alalibrary.org">ALA</a></td>
<td><a href="mailto:grod@ala.org">grod@ala.org</a></td>
<td>312.280.2467</td>
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2023 Retiree Helpful Hints
ALA BCBS Medicare Advantage PD PPO

1. Your ALA BCBS Medicare Advantage Part D PPO plan (BCBS MA PD PPO) is a “CUSTOM BCBS MEDICARE ADVANTAGE PPO PLAN” not a generic plan that is sold on the open market.

- BENEFITS ARE SAME IN AND OUT OF NETWORK
- DOES NOT REQUIRE INNETWORK PROVIDERS FOR COVERAGE.
- Give your medical providers a copy of the attached letter informing them of your plan coverage details

2. If a provider tells you, they don’t take BCBS MEDICARE ADVANTAGE give them a copy of the attached letter.

3. When you see a new provider tell them you have a “CUSTOM BCBS MEDICARE ADVANTAGE PD PPO PLAN THAT DOES NOT REQUIRE INNETWORK PROVIDERS FOR COVERAGE, BENEFITS ARE SAME IN AND OUT OF NETWORK. (see attached letter to give your medical providers)

4. If you have questions about coverage, why a claim was not processed, or why something was not covered, or about prescriptions, replacement identification cards or anything else Contact for the BCBS MAPD PPO 877.299.1008


6. Before you undergo surgical procedures, your doctors should contact BCBS MA / eviCore at 800-918-8924 or Web: www.evicore.com and advise them of what your course of treatment will be.

7. DO NOT call general BCBS phone number, they will not see you as a covered member.

8. If you have questions about how you are being charged for your prescriptions or the charges for your medical visits call BCBS MAPD PPO phone at 877.299.1008 and ask them why, get your questions answered.

9. DO NOT SIGN UP FOR OTHER PLANS this will automatically cancel your BCBS MAPD plan from ALA. It is common for insurance providers to sell products that are also Medicare Advantage plans in the community, grocery stores, medical centers, etc., if you sign up for one of these it will AUTOMATICALLY CANCEL YOUR coverage with ALA so be careful what you sign.

..
Dear Member,

You are enrolled in the Blue Cross Medicare Advantage (PPO) health plan sponsored by the American Library Association. This health plan is a custom plan that does not require the use of a network provider for coverage. Your benefit levels are the same whether or not you use a network provider. You may seek care from any providers nationwide that accept Medicare.

Although the Blue Cross and Blue Shield of Illinois (BCBSIL) enrollment materials state that your benefits will be different if you do not use a BCBSIL network provider or that the plan has a limited service area, you are not required to utilize a BCBSIL network provider to receive coverage under your plan. All Medicare Advantage plans are regulated by the Centers for Medicare and Medicaid Services (CMS) and CMS requires that certain language be included in all Medicare Advantage documents. Unfortunately some of this language can be confusing, misleading and in some cases contradictory to your actual plan benefits. If you have any questions, please call Member Services at 1-877-299-1008.

Please give your medical provider a copy of this letter. The information below will help them understand your benefits.

IMPORTANT MEDICAL PROVIDER INFORMATION:

Dear Provider,

Under this plan, you do not need to be a Blue Cross Medicare Advantage (PPO) contracting provider to see and treat this member. Members can see any willing provider as long as the provider accepts payment from Medicare. The member’s coverage level is the same whether or not the provider is in the network for Blue Cross Medicare Advantage (PPO).

At a minimum, eligible claims will be reimbursed at the Medicare Allowed Amount.

Please submit claims to Blue Cross and Blue Shield of Illinois. For questions regarding claims submission or payment, call 1-877-299-1008. We are open 8:00 a.m. – 8:00 p.m., local time, 7 days a week. If you are calling from February 15 through September 30, alternate technologies (for example, voicemail) will be used on weekends and holidays.

<table>
<thead>
<tr>
<th>Your patient's medical coverage at a glance:</th>
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<tbody>
<tr>
<td><strong>Plan Type:</strong> Blue Cross Medicare Advantage (PPO)</td>
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<tr>
<td><strong>Payer ID:</strong> 66006</td>
</tr>
<tr>
<td><strong>Group:</strong> American Library Association</td>
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<tr>
<td><strong>Customer Service:</strong> 1-877-299-1008</td>
</tr>
<tr>
<td><strong>Submit All Claims to:</strong> Blue Cross Medicare Advantage (PPO) c/o Member Services P.O. Box 3688 Scranton, PA 18505</td>
</tr>
</tbody>
</table>
Preauthorization is required, in some cases and it is to your advantage to make sure your physician contacts BCBS MAPD PPO in advance of some procedures to avoid delays in getting the services you need from your provider regardless of using an in or out of network provider.

The type of procedures that typically require preauthorization include things like:

- Outpatient services such as radiation therapy, cardiology and select oncology procedures
- Sleep studies
- Musculoskeletal Services
- Post-acute Care Services
- Outpatient Specialty Drugs

**What should You do?**

*Give your provider this notice that details what they should do (see next page).*

**What should my provider do?**

Your provider is required to obtain a prior authorization for some services to be sure they will be covered by your Medicare Advantage PD PPO plan. They should call eviCore (a BCBS partner) at 800-918-8924 phone and provide the details needed to get the preauthorization.

If your provider is not a contracted MAPD provider, they should still call for authorization prior to the service.

Be aware that **coverage for services done without prior authorization may be denied.**

**Whom do I contact?**

*Your provider is your primary contact regarding the status of your prior authorization request.* You may receive a copy of the approval or denial letter sent by eviCore to your provider. This is for your information only.
Providers

This patient is part of a BCBS MA PD PPO plan giving participants the SAME COVERAGE BOTH IN NETWORK AND OUT OF NETWORK PROVIDER.

Preauthorization requirement.
Please contact eviCore to get preapproval for procedures for your patient. You will need to provide the members name, group number and DOB.

Preauthorization phone #
evCore: 800-918-8924 or Web: www.evicore.com

The type of procedures that require preauthorization include things like:

- Outpatient services such as radiation therapy, cardiology and select oncology procedures
- Sleep studies
- Musculoskeletal Services
- Post-acute Care Services
- Outpatient Specialty Drugs

Have questions, please contact
BCBS MA / eviCore at 800-918-8924 or Web: www.evicore.com
Have the members name, group number and DOB.

Thank you.
Important Notice About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the American Library Association (ALA) and about your options under Medicare’s prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare’s prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. ALA has determined that the prescription drug coverage offered by the ALA is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide To Join A Medicare Drug Plan?
If you decide to join a Medicare drug plan, your current ALA coverage will [or will not] be affected. [The entity providing the Disclosure Notice should insert an explanation of the prescription drug coverage plan provisions/options under the particular entity’s plan that Medicare eligible individuals have available to them when they become eligible for Medicare Part D (e.g., they can keep this coverage if they elect part D and this plan will coordinate with Part D coverage; for those individuals who elect Part D coverage, coverage under the entity’s plan will end for the individual and all covered dependents, etc.). See pages 7-9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at http://www.cms.hhs.gov/CreditableCoverage/), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.]

If you do decide to join a Medicare drug plan and drop your current ALA coverage, be aware that you and your dependents will not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?
You should also know that if you drop or lose your current coverage with ALA and don’t join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium...
may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage…
Contact the person listed below for further information NOTE: You’ll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through American Library Association changes. You also may request a copy of this notice at any time from Blue Cross Blue Shield of Illinois 855 649 9653.

For More Information About Your Options Under Medicare Prescription Drug Coverage…
More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:
- www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date 10/12/2022
Administrator American Library Association
Grisela Rodriguez, Human Resources
Address 225 N. Michigan Ave., Suite 1300
Chicago, IL 60601
Phone 312 280 2467
Email grodriguez@ala.org
Medicare and You

*All ALA employees, spouses or domestic partners should be aware of Medicare requirements. Anyone who becomes Medicare eligible is required to enroll according to the guidelines listed below. Employees with any spouse or domestic partner on their ALA health plans who become Medicare eligible are also required to enroll in Medicare. The ALA medical insurance carrier and Medicare will coordinate coverage if necessary. In instances where Medicare would be a primary payer, even if the individual is not enrolled in Medicare, the insurance company will only pay what they would if the person was enrolled in Medicare.

What’s Medicare?
Medicare is the federal health insurance program for people who are 65 or older.

When can I sign up?
- 3 months before 65th birthday

What should I enroll in?
- Enroll in Part A (free to you)
- While still working and covered under a group health plan you don’t need Medicare Part B
- When you retire you will need to enroll in Part B (a few months before you leave ALA you should contact Medicare about your plans so you can add Medicare Part B and avoid penalties for enrolling late)
- If you are on the ALA Health plan as an employee or retiree you have prescription coverage so you don’t need Medicare Part D

What do I need to do to apply?
- Prepare to apply online (can take 10 minutes), see the checklist for applying for Medicare online http://www.ssa.gov/hlp/isba/10/isba-checklist.pdf

What website do I use to apply online? https://secure.ssa.gov/iClaim/rib

The Parts of Medicare services:
- **Medicare Part A** (Hospital Insurance) inpatient hospital stays, care in a skilled nursing facility, hospice care, and some home health care
- **Medicare Part B** (Medical Insurance) certain doctors' services, outpatient care, medical supplies, and preventive services
- **Medicare Part C** (Medicare Advantage Plans) plan offered by a private companies that contract with Medicare to provide you with all your Part A and Part B benefits
- **Medicare Part D** (prescription drug coverage) prescription drug coverage

Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For more information see Medicare.gov
More information can be found at www.mymedicare.gov