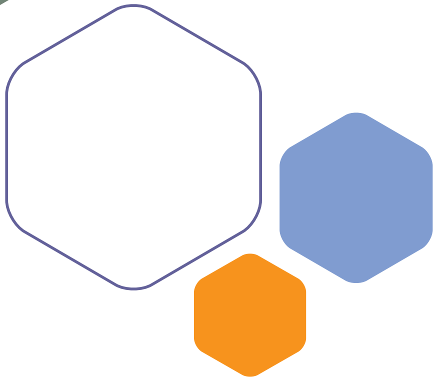
BlueCHiP®
For Medicare

2008 Optima Benefit Summary

H4152

Introduction to the Summary of Benefits for BlueCHiP for Medicare Optima



January 1, 2008 – December 31, 2008

Thank you for your interest in BlueCHiP for Medicare Optima. Our plan is offered by Blue Cross & Blue Shield of Rhode Island, a Medicare Advantage Coordinated Care Plan (CCP) Special Needs Plan. This plan is designed for people who meet specific enrollment criteria. This includes anyone who receives medical assistance from the state and Medicare. All cost sharing in this summary of benefits is based on your level of Medicaid eligibility. Please call BlueCHiP for Medicare Optima to find out if you are eligible to join. Our number is listed at the end of this introduction.

This Summary of Benefits tells you some features of our plan. It doesn't list every service we cover or list every limitation or exclusion. To get a complete list of our benefits, please call BlueCHiP for Medicare Optima and ask for the "Member Certificate."

You have choices in your healthcare

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like BlueCHiP for Medicare Optima. You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

You may join or leave a plan only at certain times. Please call BlueCHiP for Medicare Optima at the telephone number listed at the end of this introduction or **1-800-MEDICARE (1-800-633-4227)** for more information. TTY users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

How can I compare my options?

You can compare BlueCHiP for Medicare Optima and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers. Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

Where is BlueCHiP for Medicare Optima available?

The service area for this plan includes Bristol, Kent, Newport, Providence, and Washington Counties in Rhode Island. You must live in one of these areas to join the plan.

Who is eligible to join BlueCHiP for Medicare Optima?

You can join BlueCHiP for Medicare Optima if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area. You must also receive medical assistance from the state to join this plan. Please call us to see if you are eligible to join.

Can I choose my doctors?

BlueCHiP for Medicare Optima has formed a network of doctors, specialists, and hospitals. You can only use doctors who are part of our network. The health providers in our network can change at any time. You can ask for a current Provider Directory for an up-to-date list or visit us at **www.BCBSRI.com**. Our customer service number is listed at the end of this introduction.

What happens if I go to a doctor who is not in your network?

If you choose to go to a doctor outside of our network, you must pay for these services yourself. Neither Blue Cross & Blue Shield of Rhode Island nor the Original Medicare Plan will pay for these services.

Does my plan cover Medicare Part B or Part D drugs?

BlueCHiP for Medicare Optima does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

Where can I get my prescriptions if I join this plan?

BlueCHiP for Medicare Optima has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a current Pharmacy Network List or visit us at **www.BCBSRI.com**. Our customer service number is listed at the end of this introduction.

What is a prescription drug formulary?

BlueCHiP for Medicare Optima uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at **www.BCBSRI.com**.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

How can I get extra help with prescription drug plan costs?

If you qualify for extra help with your Medicare prescription drug plan costs, your premium and costs at the pharmacy will be lower. When you join BlueCHiP for Medicare Optima, Medicare will tell us how much extra help you are getting. Then we will let you know the amount you will pay. If you are not getting this extra help you can see if you qualify by calling **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **1-877-486-2048**. You can call this number 24 hours a day, 7 days a week.

What are my protections in this plan?

All Medicare Advantage Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of BlueCHiP for Medicare Optima, you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us

to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug.

What is a Medication Therapy Management (MTM) Program?

A Medication Therapy Management (MTM) Program is a free service we may offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact us for more details.

Please call Blue Cross & Blue Shield of Rhode Island for additional information about this plan. Visit us at **www.BCBSRI.com** or, call us at the numbers listed below.

Customer Service Hours for BlueCHiP for Medicare Part D inquiries are **seven days a week** from **8:00 a.m.** to **8:00 p.m., Eastern Time**. Customer Service hours for all other inquiries are **Monday** to **Friday** from **8:00 a.m.** to **8:00 p.m.** and **Saturday** from **8:00 a.m.** to **2:00 p.m.**

Current members should call:

1-800-267-0439 for questions related to the **Medicare Advantage** program. **(TTY/TDD: 1-877-232-8432).**

1-800-267-0439 for questions related to the **Medicare Part D Prescription Drug** program. **(TTY/TDD: 1-877-232-8432)**.

Prospective members should call:

1-800-505-2583 for questions related to the **Medicare Advantage** program. **(TTY/TDD: 1-877-232-8432)**.

1-800-505-2583 for questions related to the **Medicare Part D Prescription Drug** program. **(TTY/TDD: 1-877-232-8432)**.

For additional information about Medicare, please call Medicare at **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **1-877-486-2048**. You can call 24 hours a day, 7 days a week. Or, visit **www.medicare.gov** on the web.

If you have special needs, this document may be available in other formats.

Benefit Category	Original Medicare	BlueCHiP for Medicare Optima
IMPORTANT INFORMATION		
1. Premium and Other Important Information	$96.40 monthly Medicare Part B premium. $135 yearly Medicare Part B deductible. If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.	**General** All cost sharing in this summary of benefits is based on your level of Medicaid eligibility.* **In-Network** $0 yearly deductible* **Out-of-Network** Unless otherwise noted, out-of-network services are not covered. **In and Out-of-Network** $0 yearly deductible*
2. Doctor and Hospital Choice *(For more information, see #15 Emergency Care and #16 Urgently Needed Care)*	You may go to any doctor, specialist or hospital that accepts Medicare.	**In-Network** You must go to network doctors, specialists, and hospitals. No referral required for network doctors, specialists, and hospitals. You may have to pay a separate copay for certain doctor office visits.
SUMMARY OF BENEFITS INPATIENT CARE		
3. Inpatient Hospital *(Includes Substance Abuse and Rehabilitation Services)*	For each benefit period: Days 1 - 60: $1,024 deductible Days 61 - 90: $256 per day Days 91 - 150: $512 per lifetime reserve days. Please call **1-800-MEDICARE (1-800-633-4227)** for information about lifetime reserve days. Lifetime reserve days can only be used once. A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.	**In-Network** $0 yearly deductible* $0 copay* Plan covers 60 lifetime reserve days. $0 copay per lifetime reserve day.* Plan covers 90 days each benefit period. Except in an emergency, your doctor must tell Blue Cross & Blue Shield of Rhode Island that you are going to be admitted to the hospital.

Benefit Category	Original Medicare	BlueCHiP for Medicare Optima
SUMMARY OF BENEFITS INPATIENT CARE *(continued)*		
4. Inpatient Mental Healthcare	Same deductible and copay as inpatient hospital care (see "Inpatient Hospital Care" above). 190-day limit in a Psychiatric Hospital.	**In-Network** $0 yearly deductible* $0 copay* Plan covers 60 lifetime reserve days. $0 copay per lifetime reserve day.* You get up to 190 days in a Psychiatric Hospital in a lifetime. Except in an emergency, your doctor must tell Blue Cross & Blue Shield of Rhode Island that you are going to be admitted to the hospital. *See page 16 for additional information on Inpatient Mental Healthcare.*
5. Skilled Nursing Facility *(In a Medicare-certified skilled nursing facility)*	For each benefit period after at least a 3-day covered hospital stay: Days 1 - 20: $0 per day Days 21 - 100: $128 per day 100 days for each benefit period. A "benefit period" starts the day you go into a hospital or skilled nursing facility It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.	**General** Prior authorization is required. **In-Network** $0 yearly deductible* $0 copay for SNF services* 100 days covered for each benefit period No prior hospital stay is required.
6. Home Healthcare *(Includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)*	$0 copay.	**In-Network** $0 copay for Medicare-covered home health visits.*
7. Hospice	You pay part of the cost for outpatient drugs and inpatient respite care. You must get care from a Medicare-certified hospice.	**In and Out-of-Network** You must get care from a Medicare-certified hospice.

Benefit Category	Original Medicare	BlueCHiP for Medicare Optima
OUTPATIENT CARE		
8. Doctor Office Visits	20% coinsurance	**General** See "Routine Physical Exams," for more information. **In-Network** $0 copay for each primary care doctor visit for Medicare-covered benefits* $0 copay for each specialist doctor visit for Medicare-covered benefits.*
9. Chiropractic Services	20% coinsurance Routine care not covered. 20% coinsurance for manual manipulation of the spine to correct subluxation if you get it from a chiropractor or other qualified provider.	**In-Network** $0 copay for Medicare-covered visits.* $0 copay for up to 12 routine visits every year* Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part. *See page 17 for additional information on Chiropractic Services.*
10. Podiatry Services	20% coinsurance Routine care not covered. 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.	**In-Network** $0 copay for Medicare-covered podiatry benefits.* $0 copay for up to 4 routine visits every year Medicare-covered podiatry benefits are for medically-necessary foot care. *See page 17 for additional information on Podiatry Services.*
11. Outpatient Mental Healthcare	50% coinsurance for most outpatient mental health services.	**In-Network** $0 copay for Medicare-covered Mental Health visits.* $0 copay for each Medicare-covered visit with a psychiatrist.*
12. Outpatient Substance Abuse Care	20% coinsurance	**In-Network** $0 copay for Medicare-covered visits*
13. Outpatient Services/Surgery	20% coinsurance for the doctor 20% of outpatient facility	**In-Network** $0 copay for each Medicare-covered ambulatory surgical center visit* $0 copay for each Medicare-covered outpatient hospital facility visit*

Benefit Category	Original Medicare	BlueCHiP for Medicare Optima
OUTPATIENT CARE *(continued)*		
14. Ambulance Services *(Medically necessary ambulance services)*	20% coinsurance	**In and Out-of-Network** $0 copay for Medicare-covered ambulance benefits*
15. Emergency Care *(You may go to any emergency room if you reasonably believe you need emergency care.)*	20% coinsurance for the doctor 20% of facility charge, or a set copay per emergency room visit. You don't have to pay the emergency room copay if you are admitted to the hospital for the same condition within 3 days of the emergency room visit. NOT covered outside the U.S. except under limited circumstances	**In and Out-of-Network** $0 copay for Medicare-covered emergency room visits.* **Out-of-Network** Not covered outside the U.S. except under limited circumstances. Contact the plan for more details. **In and Out-of-Network** If you are admitted to the hospital within 1 day for the same condition, you pay $0 for the emergency room visit. *See page 15 for additional information on Emergency Care.*
16. Urgently Needed Care *(This is NOT emergency care, and in most cases, is out of the service area.)*	20% coinsurance, or a set copay NOT covered outside the U.S. except under limited circumstances.	**General** $0 copay for Medicare-covered urgent care visits.* *See page 15 for additional information on Urgently Needed Care.*
17. Outpatient Rehabilitation Services *(Occupational Therapy, Physical Therapy, Speech and Language Therapy)*	20% coinsurance	**General** Authorization rules may apply. **In-Network** $0 copay for Medicare-covered Occupational Therapy visits.* $0 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.*
OUTPATIENT MEDICAL SERVICES AND SUPPLIES		
18. Durable Medical Equipment *(Includes wheelchairs, oxygen, etc.)*	20% coinsurance	**General** Authorization rules may apply. **In-Network** $0 copay for Medicare-covered items.* *See page 15 for additional information on Durable Medical Equipment.*
19. Prosthetic Devices *(Includes braces, artificial limbs and eyes, etc.)*	20% coinsurance	**In-Network** $0 copay for Medicare-covered items*

Benefit Category	Original Medicare	BlueCHiP for Medicare Optima
OUTPATIENT MEDICAL SERVICES AND SUPPLIES *(continued)*		
20. Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies *(Includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)*	20% coinsurance	**In-Network** $0 copay for Diabetes self-monitoring training.* $0 copay for Nutrition Therapy for Diabetes.* $0 copay for Diabetes supplies.* *See page 15 for additional information on Diabetes Self-monitoring Training and Supplies.*
21. Diagnostic Tests, X-Rays, and Lab Services	20% coinsurance for diagnostic tests and X-rays $0 copay for Medicare-covered lab services Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol.	**General** Authorization rules may apply. *See pages 15-16 for additional information on Diagnostic Tests, X-rays, and Lab Services.* **In-Network** $0 copay for Medicare-covered: – lab services* – diagnostic procedures and tests* – X-rays* – diagnostic radiology services (not including X-rays)* – therapeutic radiology services*
PREVENTIVE SERVICES		
22. Bone Mass Measurement *(For people with Medicare who are at risk)*	20% coinsurance Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.	**In-Network** $0 copay for Medicare-covered bone mass measurement.*
23. Colorectal Screening Exams *(For people with Medicare age 50 and older)*	20% coinsurance Covered when you are high risk or when you are age 50 and older.	**In-Network** $0 copay for Medicare-covered colorectal screenings.*
24. Immunizations *(Flu vaccine, Hepatitis B vaccine for people with Medicare who are at risk, Pneumonia vaccine)*	$0 copay for Flu and Pneumonia vaccines 20% coinsurance for Hepatitis B vaccine You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.	**In-Network** $0 copay for Flu and Pneumonia vaccines. $0 copay for Hepatitis B vaccine.*

Benefit Category	Original Medicare	BlueCHiP for Medicare Optima
PREVENTIVE SERVICES *(continued)*		
25. Mammograms *(Annual Screening for women with Medicare age 40 and older)*	20% coinsurance No referral needed. Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between the ages of 35 and 39.	**In-Network** $0 copay for Medicare-covered screening mammograms.*
26. Pap Smears and Pelvic Exams *(For women with Medicare)*	$0 copay for Pap Smears Covered once every 2 years. Covered once a year for women with Medicare at high risk. 20% coinsurance for Pelvic Exams	**In-Network** $0 copay for Medicare-covered pap smears and pelvic exams.* – up to 1 additional pap smear and pelvic exam every year
27. Prostate Cancer Screening Exams *(For men with Medicare age 50 and older)*	20% coinsurance for the digital rectal exam. $0 for the PSA test; 20% coinsurance for other related services. Covered once a year for all men with Medicare over age 50.	**In-Network** $0 copay for Medicare-covered prostate cancer screening.*
28. ESRD *(End Stage Renal Disease)*	20% coinsurance for dialysis	**In and Out-of-Network** $0 copay for in and out-of-area dialysis* $0 copay for Nutrition Therapy for Renal Disease*

Benefit Category	Original Medicare	BlueCHiP for Medicare Optima
PRESCRIPTION DRUGS		
29. Prescription Drugs	Most drugs not covered. (You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan.)	**Drugs covered under Medicare Part B** **General** $0 of the cost for Part B-covered drugs (not including Part B-covered chemotherapy drugs)* $0 of the cost for Part B-covered chemotherapy drugs* **Drugs covered under Medicare Part D** **General** This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at **www.BCBSRI.com** on the Web. The plan offers national in-network prescription coverage. This means that you will pay the same amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance, when you travel). Total yearly drug costs are the total drug costs paid by both you and Blue Cross & Blue Shield of Rhode Island. Some drugs have quantity limits. Your provider must get prior authorization from BlueCHiP for Medicare Optima for certain drugs. If the actual cost of a drug is less than the normal copay amount for that drug, you will pay the actual cost, not the higher copay amount.
		Deductible A $0 yearly deductible
		Initial Coverage Depending on your income and institutional status, you pay the following for generic drugs (including brand drugs treated as generic): – A $0 copay After total yearly drug costs reach $2,510, non-institutionalized members pay: – A $1.05 copay; *or* – A $2.25 copay for generic drugs Depending on your income and institutional status, you pay the following for all other drugs: – A $0 copay; *or* – A $3.10 copay; *or* – A $5.60 copay

Benefit Category	Original Medicare	BlueCHiP for Medicare Optima
PRESCRIPTION DRUGS *(continued)*		
		Catastrophic Coverage After your yearly out-of-pocket drug costs reach $4,050, you pay a $0 copay.
		Out-of-Network Plan drugs may be covered in special circumstances, for instance, illness while travelling outside of the plan's service area where there is no network pharmacy. You may pay more than the copay if you get your drugs at an out-of-network pharmacy. To learn more about what your costs will be, please contact BlueCHiP for Medicare Optima for more information.
ADDITIONAL SERVICES		
30. Dental Services	Preventive dental services (such as cleaning) not covered.	**In-Network** $0 copay for Medicare-covered dental benefits:* – up to 1 oral exam every year – up to 2 cleanings every year – up to 1 dental X-ray every year Plan offers additional dental benefits. $1,600 limit for comprehensive dental benefits every year *See page 17 for additional information on Dental Services.*
31. Hearing Services	Routine hearing exams and hearing aids not covered. 20% coinsurance for diagnostic hearing exams.	**In-Network** $0 copay for diagnostic hearing exams* $0 copay for up to 1 routine hearing test every year* $0 copay: – per outer-ear hearing aid – per over-the-ear hearing aid $1,200 limit for routine hearing aids every three years *See page 17 for additional information on Hearing Services.*

Benefit Category	Original Medicare	BlueCHiP for Medicare Optima
ADDITIONAL SERVICES *(continued)*		
32. Vision Services	20% coinsurance for diagnosis and treatment of diseases and conditions of the eye. Routine eye exams and glasses not covered. Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery. Annual glaucoma screenings covered for people at risk.	**In-Network** $0 copay for diagnosis and treatment for diseases and conditions of the eye* $0 copay for: – one pair of Medicare-covered eyeglasses or contact lenses after each cataract surgery* • glasses • contacts • lenses • frames – $0 copay for up to 1 routine eye exam every year $200 limit for eye wear every year. *See page 17 for additional information on Vision Services.*
33. Physical Exams	20% coinsurance for one exam within the first 6 months of your new Medicare Part B coverage. When you get Medicare Part B, you can get a one-time physical exam within the first 6 months of your new Part B coverage. The coverage does not include lab tests.	**In-Network** $0 copay for routine exams. Limited to 1 exam every year $0 copay for Medicare-covered benefits*
Health/Wellness Education	Not covered.	**In-Network** This plan covers health/wellness education benefits. – Written health education materials, including Newsletters – Smoking Cessation – Health Club Membership/Fitness Classes Copays may apply for these benefits. *See page 17 for additional information on Health/ Wellness Education*
Transportation (Routine)	Not covered.	**In-Network** $0 copay for up to 10 one-way trips to plan-approved locations every year. *See page 17 for additional information on Transportation (Routine).*

More Information About BlueCHiP for Medicare Optima Benefits

Your Primary Care Physician

When you become a member of BlueCHiP for Medicare Optima, you must choose a primary care physician. Your primary care physician is your primary doctor—he or she will work with you to coordinate your healthcare needs. As a BlueCHiP for Medicare Optima member, you will get your routine or basic care from your primary doctor. Your primary doctor will work with you to coordinate the rest of the covered services you get as a plan member.

We encourage you to visit your primary doctor on a regular basis. We want you to be as healthy as you can be. An essential part of this approach is good preventive care and early detection of illness.

Choosing Your Primary Care Physician

If you already have a primary doctor, check your BlueCHiP for Medicare provider directory to find out whether your primary doctor is in our network. If you do not have a primary doctor, simply select one from our provider directory.

You may request to change your primary doctor at any time by calling Customer Service at the telephone number listed on page 5. Your change will be effective the next business day following your request.

About Our Network

Our network includes hospitals, primary doctors, specialists, behavioral healthcare professionals, and other healthcare providers located throughout the state. All BlueCHiP for Medicare network providers have met our credentialing criteria. Our initial review process includes an examination of licenses, education, and professional standing. We work in partnership with all physicians and providers in our network to ensure the highest possible level of quality for our members.

Emergency and Urgently Needed Care

If you need urgent care and you are inside the service area, please seek care from a plan-contracted urgent care provider. A list of plan-contracted urgent care centers is included in the BlueCHiP for Medicare provider directory. Keep in mind that if you have an urgent need for care while you are in the plan's service area, we expect you to get this care from BlueCHiP for Medicare providers. Generally, we will not pay for urgently needed care that you get from a non-network provider while you are in our service area.

If you need urgent care while you are outside the service area, seek care from an urgent care center or hospital emergency room. If possible, try to call your doctor, or have someone call for you. This number is printed on your member identification card.

If you have a medical emergency, call 911 or go to the nearest hospital emergency room. If possible, call your doctor within 48 hours, or have someone call for you, so your doctor can assist in the coordination of your care after you leave the hospital.

Outpatient Medical Service and Supplies

Durable Medical Equipment

Durable medical equipment is covered in full. All covered equipment must be prescribed by a BlueCHiP for Medicare doctor or healthcare provider, and should be purchased from Vanguard, the exclusive BlueCHiP for Medicare plan-contracted provider for durable medical equipment.

Diabetes Self-monitoring Training and Supplies

Certain diabetes self-monitoring supplies such as lancets, test strips and monitors, are covered with a coinsurance of 20 percent of the BlueCHiP for Medicare allowance. Supplies can be obtained from Vanguard, the exclusive BlueCHiP for Medicare plan-contracted provider of durable medical equipment, or at a plan-contracted pharmacy.

Self-administered diabetes prescription drugs and diabetes supplies associated with the injection of insulin (specifically syringes, needles, alcohol swabs, and gauze) are covered under the Part D prescription drug benefit and must be purchased at a plan-contracted pharmacy.

Lab Services, Diagnostic Procedures and Tests

Your outpatient laboratory services should be provided by East Side Clinical Laboratory, the exclusive plan-contracted laboratory for

Generally, as a BlueCHiP for Medicare Optima member, you should not be paying any copays/coinsurances or deductibles; except as follows: pharmacy, additional benefits, and services received out-of-network in a non-emergent or non-urgent situation when prior approval has not been received.

BlueCHiP for Medicare.

Laboratory locations are available in your BlueCHiP for Medicare Provider Directory.

Diagnostic X-rays and Radiology Services

Effective January 1, 2008, preauthorization is required for in- and out-of-network MRI, MRA, PET Scan, CT Scan, and Nuclear Cardiology Services, except for an emergency, urgent care, or during an inpatient hospital stay.

Inpatient and Outpatient Mental Healthcare

Hospital and facility-based behavioral healthcare services must be preauthorized (approved in advance) by the plan's Behavioral Health Administrator. Plan-contracted facilities will call for preauthorization.

Please call the plan delegated Behavioral Health Administrator at **1-800-215-0058 [TDD: (401) 459-6690]** for additional preauthorization information. You do not need preauthorization for non-hospital or non-facility based services. Services must be provided by plan-contracted providers.

Outpatient Prescription Drugs

BlueCHiP for Medicare Optima includes Medicare Part D coverage for prescription drugs. To receive maximum coverage, plan members must have prescriptions filled at a plan-contracted pharmacy or through our mail order service. If you go to a non-network pharmacy, you will be responsible for the difference between the network and non-network pharmacy costs, in addition to your copay and coinsurance. This does not apply in emergency situations or when you do not have adequate access to a network retail pharmacy.

Copays are listed in the chart below.

Added convenience with our mail order service

To save time and monthly trips to the pharmacy, you can order medications that you take for an extended period of time from our mail order service.

Save money with generic drugs

Choosing a generic drug, when available, will save you money under your BlueCHiP for Medicare Optima prescription drug plan. A generic drug is a drug product that meets the approval of the Food and Drug Administration (FDA) and is equivalent to a brand name drug in terms of quality and performance. By law, generic drug products must contain the identical amounts of the same active ingredients as their brand name equivalents. Talk to your doctor about whether a generic equivalent is available and appropriate for your treatment.

As a BlueCHiP for Medicare Optima member, you need to show both your BlueCHiP for Medicare Optima ID card and your Medicaid card to providers and pharmacies.

For BlueCHiP For Medicare Optima, your prescription drug costs are based on the federal poverty level (FPL), as noted below:

Category of Drug	If you are institutionalized, you pay:	If you are not institutionalized and your income is at or below 100% of the FPL, you pay:	If you are not institutionalized and your income is between 100% and 135% of the FPL, you pay:
Generic Drugs	$0	$0 until the total drug costs paid by both you and the plan total $2,510—you will then pay $1.05 until your total drug costs reach $4,050.	$0 until your total drug costs reach $2,510—you will then pay $2.25 until your total drug costs reach $4,050.
Brand Name Drugs	$0	$3.10 until your total drug costs reach $4,050	$5.60 until your total drug costs reach $4,050

For a complete list of covered drugs, please call Customer Service at the number located on page 5.
Please note that Medicaid may cover drugs that are not covered by BlueCHiP for Medicare Optima.

Additional Benefits

For the three benefits listed below, please have the provider of the service bill their local Blue Cross Blue Shield Plan or Blue Cross & Blue Shield of Rhode Island directly by submitting claims to:

Blue Cross & Blue Shield of Rhode Island, *Attention: Claims Department*
444 Westminster Street, Providence, RI 02903

Vision Hardware Coverage*

You are covered up to $200 per calendar year toward the purchase of glasses, frames, and/or contact lenses. This is in addition to the Medicare benefit of vision hardware following cataract surgery, and may be used to upgrade Medicare-covered vision hardware. Use of a plan provider is not required.

Wig Coverage

If you have a cancer diagnosis, you are covered up to $350 per calendar year toward the purchase of a wig. Please contact Customer Service at the number listed on page 5 for more information. Use of a plan-contracted provider is not required.

Hearing Aid Coverage*

You are covered up to $1,200 every three years toward the purchase of a hearing aid—this is a combined total for both ears. Use of a plan-contracted provider is not required.

Chiropractic Services

Besides receiving the Medicare benefit of an unlimited number of chiropractic visits for manual manipulation of the spine to correct subluxation, you also receive coverage for up to 12 routine chiropractic care visits per year.

Podiatry Services*

Besides receiving the Medicare benefit of an unlimited number of podiatry visits for medically necessary foot care, including care for medical conditions affecting the lower limbs, you also receive coverage for up to four routine podiatry visits, including toenail clipping, per year.

Living Fit Health Club Membership

An unlimited-use health club membership is available through facilities in our plan network for $15 per month if you use the benefit. With your membership, you can take advantage of:

- State-of-the-art exercise equipment
- Knowledgeable, courteous staff
- Indoor swimming pool (available at some facilities)

Please see your Living Fit brochure or call Customer Service at the number listed on page 5 for more information.

Health and Wellness

Not able to get to a gym? We provide health and wellness classes in the community. For classes and locations, please call Customer Service at the number listed on page 5.

Transportation*

You are covered for 10 one-way rides that are plan approved. For more information about this benefit, please contact Customer Service at the number listed on page 5.

Dental Services*

In addition to preventive dental services we cover fillings, simple extractions, oral surgery, root canal therapy (final restoration excluded), biopsies, denture repairs (coverage does not include actual dentures), and minor treatment for acute pain. You must use plan-contracted providers.

There is a $1,600 maximum per calendar year for all covered dental services.

* *Contact Customer Service at the number listed on page 5 for your Medicaid benefit information. You may also contact the Rhode Island Department of Human Services at (401) 462-5300. TDD line for the hearing impaired is (401) 462-3363.*

BlueCHiP for Medicare Optima Utilization Management Program

As part of its contract with Blue Cross & Blue Shield of Rhode Island, Neighborhood Health Plan of Rhode Island (NHPRI) reviews the medical necessity of services provided to BlueCHiP for Medicare Optima members.

Utilization Management Program

The NHPRI Medical Management Department adheres to the Utilization Management (UM) Standards as defined by the National Committee for Quality Assurance (NCQA), the Rhode Island Department of Health Utilization Review Licensing standards, and the Centers for Medicare and Medicaid Services (CMS) Medicare Managed Care standards. In the case where regulatory agency requirements differ, NHPRI will use the CMS criteria. Regular audit activities are conducted to ensure ongoing adherence and to identify improvement opportunities. NHPRI also complies with the American Accreditation HealthCare Commission (AAHC/URAC) standards for the Optima product. The UM program uses healthcare resource management techniques such as Case Management, Prospective Review, Concurrent Review, and Retrospective Review.

Case Management

The case management team consists of registered nurses, health needs specialists, and Medical Directors who help members improve health and maintain wellness by providing information and the support needed to make informed decisions about their medical care. This program is also designed to meet the needs of members with chronic illnesses, catastrophic illnesses or injuries,
and members with complex medical needs. Additionally, staff can help all members, including those not in Case Management, with social concerns like arranging for rides and interpreters, addressing housing issues, and accessing community resources. Behavioral health case management will be delegated by NHPRI to Beacon Health Strategies, Inc., the behavioral health contractor that partners with NHPRI for behavioral health services.

Prospective Review

We require that our providers contact NHPRI before services are rendered in an acute hospital, acute rehabilitation hospital, long-term acute care hospital, or a skilled nursing facility. Registered nurses and Medical Directors will review the upcoming services to ensure medical necessity and appropriateness of care in the settings indicated above.

The behavioral health medical review requirements will be delegated by Blue Cross & Blue Shield of Rhode Island to Beacon Health Strategies, Inc., the behavioral health contractor that partners with Blue Cross & Blue Shield of Rhode Island for behavioral health services.

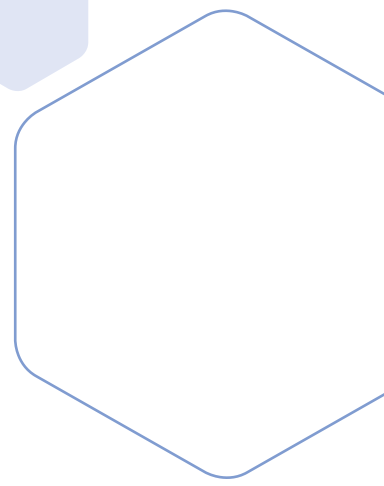
Concurrent Review and Discharge Planning

For BlueCHiP for Medicare Optima members in an inpatient setting, registered nurses and Medical Directors coordinate efforts with providers to maintain the quality and timeliness of healthcare delivery, determine when an inpatient stay no longer meets coverage criteria, and identify needs after discharge.

Retrospective Review

For admissions or services in which prospective review was not obtained, NHPRI reviews medical records after discharge to determine the medical necessity, appropriateness of service, and eligibility for coverage.

If you have questions regarding the BlueCHiP for Medicare Optima Utilization Management Program, please call BlueCHiP for Medicare Customer Service at the number listed on page 5.



BlueCHiP for Medicare is a coordinated care plan with a Medicare Advantage contract with the Centers for Medicare and Medicaid Services. The Medicare Advantage contract between Blue Cross & Blue Shield of Rhode Island and the federal government is valid for one year and availability of coverage beyond the end of the current year is not guaranteed. The benefits, formulary, pharmacy network, premium and/or copayments/ coinsurance may change on January 1. Please contact Blue Cross & Blue Shield of Rhode Island for details. Anyone with Medicare may apply, including those under the age of 65 entitled to Medicare on the basis of disability. This plan is available to anyone who has both Medical Assistance from the state and Medicare. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

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H4152 2008-57R3 10/2007

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