



**BlueCHIP<sup>®</sup>**  
For Medicare

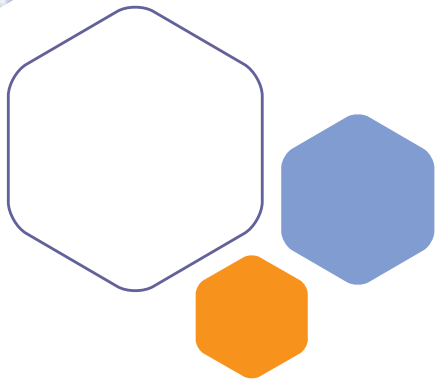
# 2007 Optima Benefit Summary





## Introduction to the Summary of Benefits for BlueCHiP for Medicare Optima

**January 1, 2007 – December 31, 2007**



Thank you for your interest in BlueCHiP for Medicare Optima Special Needs Plan. Our plan is offered by Blue Cross & Blue Shield of Rhode Island, a Medicare Advantage Coordinated Care Plan (CCP). This plan is designed for people who meet specific enrollment criteria. 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 that we cover, every limitation, or every 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**.

## **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, Rhode Island. You must live in one of these places to join the plan.

## **Who is eligible to join BlueCHiP for Medicare Optima?**

You can join BlueCHiP for Medicare if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area. BlueCHiP for Medicare Optima is available to anyone who has both Medical Assistance from the state and Medicare.

## **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. Our number is listed at the end of this introduction.

## **What happens if I go to a doctor who's 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 Part D prescription drugs.

## **Where can I get my prescriptions if I join the 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, 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](http://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?

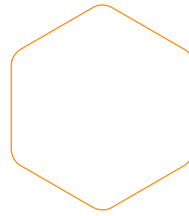
If you qualify for extra help with your Medicare prescription drug plan costs, your premium and costs at the pharmacy will be lower. When you join BlueCHiP for Medicare Optima, Medicare will tell us how much extra help you are getting. Then we will let you know the amount you will pay. If you are not 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 BlueCHiP for Medicare Optima for more details.

**Please call BlueCHiP for Medicare Optima for more information about this plan.**

Visit us at [www.BCBSRI.com](http://www.BCBSRI.com) or call us.

#### **Customer Service Hours:**

Seven days a week, 8:00 a.m. to 8:00 p.m. Eastern Time

Current members should call **1-800-267-0439** or **(401) 277-2958** for questions related to the Medicare Advantage Program.

**(TTY/TDD (401) 831-2202 or 1-877-232-8432)**

Prospective members should call **1-800-505-2583 (TTY/TDD 1-877-232-8432)**

For more information about Medicare, call **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](http://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

Because you are eligible for benefits from Medicaid, the State is required to cover Medicare cost-sharing amounts that you would otherwise be required to pay. The cost sharing amounts you will pay are listed below. In addition, you will have to pay the copayment amounts listed below for Part D drug coverage. Contact your plan for additional information.

<b>1. Premium and Other Important Information</b>	You pay the Medicare Part B premium of \$93.50 each month.	There is no additional premium beyond the Medicare Part B premium of \$93.50 each month for your plan benefits and your Medicare Part D prescription drug benefits.
---	--	---

Most people will pay the standard monthly Part B premium. However, starting January 1, 2007, some people will have to pay a higher premium because of their yearly income (over \$80,000 for singles, \$160,000 for married couples). For more information on Part B premiums based on income, call Social Security at **1-800-772-1213**. TTY users should call **1-800-325-0778**.

<b>2. Doctor and Hospital Choice</b> <i>(For more information, see #15 Emergency and #16 Urgently Needed Care.)</i>	You may go to any doctor, specialist or hospital that accepts Medicare.	You must go to network doctors, specialists, and hospitals. You need a referral to go to network specialists for certain services. A separate doctor office visit copayment may apply for certain services.
--	---	---

## SUMMARY OF BENEFITS –INPATIENT CARE

<b>3. Inpatient Hospital Care</b> <i>(includes Substance Abuse and Rehabilitation Services)</i>	You pay for each benefit period (3): Days 1-60: an initial deductible of \$992 Days 61-90: \$248 each day Days 91-150: \$496 each lifetime reserve day (4) Please call <b>1-800-MEDICARE (1-800-633-4227)</b> for information about lifetime reserve days. (4)	You pay: – \$0 each day for day(s) 1-30 – \$0 each day for day(s) 31-90 for a Medicare-covered stay at a network hospital. You are covered for 90 days each benefit period. Except in an emergency, your provider must obtain authorization from Blue Cross & Blue Shield of Rhode Island.
--	--	---

<b>4. Inpatient Mental Healthcare</b>	You pay the same deductible and copayments as Inpatient Hospital Care (above) except Medicare beneficiaries may only receive 190 days in a psychiatric hospital in a lifetime.	You pay: – \$0 each day for day(s) 1-30 – \$0 each day for day(s) 31-90 for a Medicare-covered stay at a network hospital. Medicare beneficiaries may only receive 190 days in a psychiatric hospital in a lifetime. Except in an emergency, your provider must obtain authorization from Blue Cross & Blue Shield of Rhode Island.
---------------------------------------	--	--

**NOTE:** The Medicare Part B deductible may change each year.

(1) Each year, you pay a total of one \$131 deductible.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

Benefit Category	Original Medicare	BlueCHIP for Medicare Optima
<b>INPATIENT CARE</b> <i>(continued)</i>		
<b>5. Skilled Nursing Facility</b> <i>(in a Medicare-certified skilled nursing facility)</i>	You pay for each benefit period (3), following at least a 3-day covered hospital stay: Days 1-20: \$0 for each day Days 21-100: \$124 for each day There is a limit of 100 days for each benefit period. (3)	You pay: – \$0 each day for day(s) 1-20 – \$0 each day for day(s) 21-100 for a stay at a skilled nursing facility. No prior hospital stay is required. You are covered for 100 days each benefit period. Authorization rules may apply for services. Contact plan for details.
<b>6. Home Healthcare</b> <i>(includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</i>	There is no copayment for all covered home health visits.	There is no copayment for Medicare-covered home health visits. Authorization rules may apply for services. Contact plan for details.
<b>7. Hospice</b>	You pay part of the cost for outpatient drugs and inpatient respite care. You must receive care from a Medicare-certified hospice.	You must receive care from a Medicare-certified hospice.
<b>OUTPATIENT CARE</b>		
<b>8. Doctor Office Visits</b>	You pay 20% of Medicare-approved amounts. (1)(2)	You pay \$0 for each primary care doctor office visit for Medicare-covered services. You pay \$0 for each specialist visit for Medicare-covered services. <i>See #32 Physical Exams for more information.</i>
<b>9. Chiropractic Services</b>	You are covered for manual manipulation of the spine to correct subluxation, provided by chiropractors or other qualified providers. You pay 100% for routine care. You pay 20% of Medicare-approved amounts. (1)(2)	You pay: – \$0 for each Medicare-covered visit (manual manipulation of the spine to correct subluxation) – \$0 for each routine visit up to 12 visits every year
<b>10. Podiatry Services</b>	You pay 20% of Medicare-approved amounts. (1)(2) You are covered for medically necessary foot care, including care for medical conditions affecting the lower limbs. You pay 100% for routine care.	You pay: – \$0 for each Medicare-covered visit (medically necessary foot care) – \$0 for each routine visit up to 4 visits every year

(3) A benefit period begins the day you go to a hospital or skilled nursing facility. The benefit period ends when you have not received hospital or skilled nursing care for 60 days in a row. 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.

(4) Lifetime reserve days can only be used once.

Benefit Category	Original Medicare	BlueCHiP for Medicare Optima
<b>OUTPATIENT CARE</b> <i>(continued)</i>		
<b>11. Outpatient Mental Healthcare</b>	You pay 50% of Medicare-approved amounts with the exception of certain situations and services for which you pay 20% of approved charges. (1)(2)	For Medicare-covered Mental Healthcare services, you pay \$0 for each individual/group therapy visit.
<b>12. Outpatient Substance Abuse Care</b>	You pay 20% of Medicare-approved amounts. (1)(2)	For Medicare-covered services, you pay \$0 for each individual/group visit.
<b>13. Outpatient Services/ Surgery</b>	You pay 20% of Medicare-approved amounts for the doctor. (1)(2) You pay 20% of outpatient facility charges. (1)(2)	You pay 0% of the cost for each Medicare-covered visit to an ambulatory surgical center. You pay 0% of the cost for each Medicare-covered visit to an outpatient hospital facility.
<b>14. Ambulance Services</b> <i>(medically necessary ambulance services)</i>	You pay 20% of Medicare-approved amounts or applicable fee schedule charge. (1)(2)	You pay \$0 for Medicare-covered ambulance services.
<b>15. Emergency Care</b> <i>(You may go to any emergency room if you reasonably believe you need emergency care.)</i>	You pay 20% of the facility charge or applicable copayment for each emergency room visit; you do NOT pay this amount if you are admitted to the hospital for the same condition within 3 days of the emergency room visit. (1)(2) You pay 20% of doctor charges. (1)(2) NOT covered outside the U.S. except under limited circumstances.	You pay \$0 for each Medicare-covered emergency room visit; you do not pay this amount if you are admitted to the hospital within 1 day for the same condition. NOT covered outside the U.S. except under limited circumstances.
<b>16. Urgently Needed Care</b> <i>(This is NOT emergency care, and in most cases, is out of the service area.)</i>	You pay 20% of Medicare-approved amounts or applicable copayment. (1)(2) NOT covered outside the U.S. except under limited circumstances.	You pay \$0 for each Medicare-covered urgently needed care visit. NOT covered outside the U.S. except under limited circumstances.

NOTE: The Medicare Part B deductible may change each year.

(1) Each year, you pay a total of one \$131 deductible.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.



Benefit Category	Original Medicare	BlueCHIP for Medicare Optima
<b>OUTPATIENT MEDICAL SERVICES AND SUPPLIES</b>		
<b>17. Outpatient Rehabilitation Services</b> <i>(Occupational Therapy; Physical Therapy; Speech and Language Therapy)</i>	You pay 20% of Medicare-approved amounts. (1)(2)	You pay 0% of the cost for each Medicare-covered Occupational Therapy visit. You pay 0% of the cost for each Medicare-covered Physical Therapy and/or Speech/Language Therapy visit. Authorization rules may apply for services. Contact plan for details.
<b>18. Durable Medical Equipment</b> <i>(includes wheelchairs, oxygen, etc.)</i>	You pay 20% of Medicare-approved amounts. (1)(2)	You pay 0% of the cost for each Medicare-covered item. Authorization rules may apply for services. Contact plan for details.
<b>19. Prosthetic Devices</b> <i>(includes braces, artificial limbs and eyes, etc.)</i>	You pay 20% of Medicare-approved amounts. (1)(2)	You pay 0% of the cost for each Medicare-covered item. Authorization rules may apply for services. Contact plan for details.
<b>20. Diabetes Self-monitoring Training and Supplies</b> <i>(includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)</i>	You pay 20% of Medicare-approved amounts. (1)(2)	You pay \$0 for Medicare-covered Diabetes Self-monitoring Training. You pay 0% of the cost for each Medicare-covered Diabetes Supply item. Authorization rules may apply for services. Contact plan for details.
<b>21. Diagnostic Tests, X-Rays, and Lab Services</b>	You pay 20% of Medicare-approved amounts, except for approved lab services. (1)(2) There is no copayment for Medicare-approved lab services.	You pay: <ul style="list-style-type: none"> <li>– 0% of the cost for each Medicare-covered clinical/diagnostic lab service.</li> <li>– 0% of the cost for each Medicare-covered radiation therapy service.</li> <li>– 0% of the cost for each Medicare-covered X-ray visit.</li> </ul> Authorization rules may apply for services. Contact plan for details.

NOTE: The Medicare Part B deductible may change each year.

(1) Each year, you pay a total of one \$131 deductible.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

Benefit Category	Original Medicare	BlueCHIP for Medicare Optima
<b>PREVENTIVE SERVICES</b>		
<b>22. Bone Mass Measurement</b> <i>(for people with Medicare who are at risk)</i>	You pay 20% of Medicare-approved amounts. (1)(2)	There is no copayment for each Medicare-covered Bone Mass Measurement.
<b>23. Colorectal Screening Exams</b> <i>(for people with Medicare aged 50 and older)</i>	You pay 20% of Medicare-approved amounts. (1)(2)	There is no copayment for Medicare-covered Colorectal Screening Exams.
<b>24. Immunizations</b> <i>(flu vaccine, hepatitis B vaccine – for people with Medicare who are at risk; pneumonia vaccine)</i>	There is no copayment for the pneumonia and flu vaccines. You pay 20% of Medicare-approved amounts for the hepatitis B vaccine. (1)(2) You may only need the pneumonia vaccine once in your lifetime. Please contact your doctor for further details.	There is no copayment for the pneumonia and flu vaccines. No referral necessary for Medicare-covered influenza and pneumonia vaccines. There is no copayment for the hepatitis B vaccine.
<b>25. Mammograms Annual Screening</b> <i>(for women with Medicare aged 40 and older)</i>	You pay 20% of Medicare-approved amounts. (2) No referral necessary for Medicare-covered screenings.	There is no copayment for Medicare-covered Screening Mammograms. No referral necessary for Medicare-covered screenings.
<b>26. Pap Smears and Pelvic Exams</b> <i>(for women with Medicare)</i>	There is no copayment for a Pap Smear once every 2 years, annually for beneficiaries at high risk. (2) You pay 20% of Medicare-approved amounts for Pelvic Exams. (2)	There is no copayment for: – Medicare-covered Pap Smears and Pelvic Exams – Additional Pap Smears and Pelvic Exams up to 1 Pap Smear and Pelvic Exam every year
<b>27. Prostate Cancer Screening Exams</b> <i>(for men with Medicare aged 50 and older)</i>	There is no copayment for approved lab services and a copayment of 20% of Medicare-approved amounts for other related services. (1)(2)	There is no copayment for Medicare-covered Prostate Cancer Screening exams.

NOTE: The Medicare Part B deductible may change each year.

(1) Each year, you pay a total of one \$131 deductible.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

Benefit Category	Original Medicare	BlueCHIP for Medicare Optima
<b>PRESCRIPTION DRUGS</b>		
<p><b>28. Prescription drugs covered under Medicare Part B</b> <i>(Original Medicare)</i></p> <p><b>Drugs covered under Medicare Part D</b> <i>(Prescription Drug Benefit)</i></p> <p><b>General Information</b></p>	<p>You pay 100% for most prescription drugs, unless you enroll in the Medicare Part D Prescription Drug program.</p>	<p>This plan uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, 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 <b>www.BCBSRI.com</b>.</p> <p>People who have low incomes who live in long-term care facilities or who have access to Indian/Tribal/Urban (Indian Health Services) facilities may have different out-of-pocket drug costs. Contact the plan for details.</p> <p>Depending on your income:</p> <ul style="list-style-type: none"> <li>– You pay \$0 for generic drugs.</li> <li>– You pay between \$1 and \$5.35 for all other drugs.</li> </ul> <p>After your yearly out-of-pocket drug costs reach \$3,850 (both paid by you or others on your behalf, and any extra help you got from Medicare), you pay the following for your drugs:</p> <ul style="list-style-type: none"> <li>– \$0 for any drugs.</li> </ul> <p>You may receive drugs from an in-network pharmacy for the following:</p> <ul style="list-style-type: none"> <li>• one-month (30-day) supply and a</li> <li>• three-month (90-day) supply</li> </ul> <ul style="list-style-type: none"> <li>– You may receive drugs from a mail order pharmacy for a three-month (90-day) supply.</li> <li>– In some cases, the plan requires you to first try one drug to treat your medical condition before they will cover another drug for that condition.</li> <li>– Certain prescription drugs will have maximum quantity limits.</li> <li>– Your provider must get prior authorization from BlueCHIP for Medicare Optima for certain prescription drugs.</li> <li>– Covered Part D drugs are available at out-of-network pharmacies in special circumstances or while traveling outside of the plan's service area where there is no network pharmacy.</li> </ul> <p>To learn more about what your costs will be, please contact BlueCHIP for Medicare Optima for more information.</p>

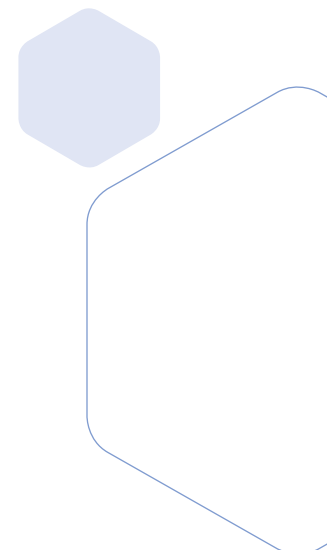
Benefit Category	Original Medicare	BlueCHIP for Medicare Optima
<b>ADDITIONAL BENEFITS</b>		
<b>29. Dental Services</b>	In general, you pay 100% for preventive dental services.	There is no copayment for the following: <ul style="list-style-type: none"> <li>– Oral exams up to 1 visit every year</li> <li>– Cleanings up to 2 visits every year</li> <li>– Dental X-rays up to 1 visit every year</li> </ul> Additional comprehensive dental benefits are available. Contact plan for details. You are covered up to \$1,600 for non-Medicare dental services every year.
<b>30. Hearing Services</b>	You pay 100% for routine hearing exams and hearing aids. You pay 20% of Medicare-approved amounts for diagnostic hearing exams. (1)(2)	There is no copayment for the following items: <ul style="list-style-type: none"> <li>– Hearing aids-outer ear</li> <li>– Hearing aids-over the ear</li> </ul> You pay: <ul style="list-style-type: none"> <li>– \$0 for each Medicare-covered hearing exam (diagnostic hearing exams).</li> <li>– \$0 for each routine hearing test up to 1 test every year</li> </ul> You are covered up to \$1,200 for hearing aids every three years.
<b>31. Vision Services</b>	You are covered for one pair of eyeglasses or contact lenses after each cataract surgery. (1)(2) For people with Medicare who are at risk, you are covered for annual glaucoma screenings. (1)(2) You pay 20% of Medicare-approved amounts for diagnosis and treatment of diseases and conditions of the eye. (1)(2) You pay 100% for routine eye exams and glasses.	There is no copayment for the following items: <ul style="list-style-type: none"> <li>– Medicare-covered eye wear (one pair of eyeglasses or contact lenses after each cataract surgery)</li> <li>– Glasses</li> <li>– Contacts</li> <li>– Lenses</li> <li>– Frames</li> </ul> You pay: <ul style="list-style-type: none"> <li>– \$0 for each Medicare-covered eye exam (diagnosis and treatment for diseases and conditions of the eye)</li> <li>– \$0 for each routine eye exam, limited to 1 exam every year</li> </ul> You are covered up to \$200 for eye wear every year.

*NOTE: The Medicare Part B deductible may change each year.*

*(1) Each year, you pay a total of one \$131 deductible.*

*(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.*

Benefit Category	Original Medicare	BlueCHIP for Medicare Optima
<b>ADDITIONAL BENEFITS</b> <i>(continued)</i>		
<b>32. Physical Exams</b>	If your coverage to Medicare Part B begins on or after January 1, 2005, you may receive a one-time physical exam within the first six months of your new Part B coverage. This will not include laboratory tests. Please contact your plan for further details. You pay 20% of the Medicare-approved amount. (1)(2)	If your coverage to Medicare Part B begins on or after January 1, 2005, you may receive a one-time physical exam within the first six months of your new Part B coverage. This will not include laboratory tests. Please contact your plan for further details. You pay \$0 for Medicare-covered services. You pay \$0 for each exam. You are covered up to 1 exam every year.
<b>Health/Wellness Education</b>	You pay 100%.	You are covered for the following: – Written health education materials, including newsletter – Smoking cessation – Health club membership/fitness classes Copayments may apply. Contact plan for details.
<b>Transportation (Routine)</b>		There is no copayment for each one-way trip up to 10 trips to Plan-approved locations every year. Authorization rules may apply for services. Contact plan for details.



*NOTE: The Medicare Part B deductible may change each year.*

*(1) Each year, you pay a total of one \$131 deductible.*

*(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.*

# 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 healthcare partner. 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 care physician. Your primary care physician will also coordinate the rest of the covered services you get as a plan member.

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

You may request to change your primary care physician at any time by calling Customer Service at the telephone number listed on page 5. Your change will be effective the first of the month following your request.

## About Our Network

Our network includes an extensive list of hospitals, primary care physicians, specialists, and behavioral healthcare professionals located around the state. All BlueCHiP for Medicare Optima 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.

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.

## 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 Optima 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 primary care physician, 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 primary care physician within 48 hours, or have someone call for you, so your primary care physician 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 Optima doctor, and must be purchased from Vanguard, the exclusive BlueCHiP for Medicare Optima plan-contracted provider for durable medical equipment.

### Diabetes Self-monitoring Training and Supplies

Diabetes supplies are covered in full. You must get certain supplies from Vanguard, the BlueCHiP for Medicare Optima plan-contracted provider for durable medical equipment.

The following supplies are covered under the prescription drug benefit: lancets, test strips, self-

administered diabetes prescription drugs, and diabetes supplies associated with the injection of insulin (specifically syringes, needles, alcohol swabs, and gauze). You must get these at a plan-contracted pharmacy.

### Diagnostic Tests, X-rays, and Lab Services

To have your laboratory services covered in full, you must use East Side Clinical Laboratory (ESCL). ESCL is the exclusive plan-contracted laboratory for BlueCHiP for Medicare Optima. Laboratory locations are available in your BlueCHiP for Medicare Optima provider directory.

### Inpatient and Outpatient Mental Healthcare

You do not need a referral from your primary care physician for mental health and substance abuse (behavioral health) services. However, inpatient behavioral

healthcare services must be preauthorized (approved in advance) by our Behavioral Health Administrator. Plan-contracted facilities will call for preauthorization. Please call our Behavioral Health Administrator at 1-800-274-2958 (TDD: 1-888-540-7313) for additional preauthorization information. You do not need preauthorization from our Behavioral Health Administrator for outpatient mental healthcare services provided by plan-contracted providers.

### Outpatient Prescription Drugs

BlueCHiP for Medicare Optima includes Medicare Part D coverage for prescription drugs. To receive coverage, plan members must have prescriptions filled at a plan-contracted pharmacy or through our mail order service.

You pay only the appropriate copayment for each month's supply.

Copayments are based on financial need, as 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, may 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.

## For BlueCHiP For Medicare Optima, your prescription drug costs depend on your income status based on the federal poverty level (FPL).

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	\$0
Brand Name Drugs	\$0	\$1 or \$3.10 per 30-day supply	\$2.15 or \$5.35 per 30-day supply
Mail Order	\$0 per 90-day supply	\$0, \$1, or \$3.10 per 90-day supply	\$0, \$2.15, or \$5.35 per 90-day supply

For a complete list of covered drugs, please call Customer Service at the number located on page 5 or refer to the BlueCHiP for Medicare Comprehensive Formulary brochure.

## 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. Vision hardware claims should be submitted by your provider.

## Dental Services

You are covered for preventive dental services and additional dental benefits, including comprehensive services such as 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.

All dental claims should be submitted by your provider. There is a \$1,600 maximum per calendar year for covered comprehensive dental services.

## Hearing Aid Coverage

You are covered up to \$1,200 every three years toward the purchase of a hearing aid. Use of a plan-contracted provider is not required. (Note: this benefit may not be available in subsequent years.)

## 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 additional 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 additional coverage for up to four routine podiatry visits, including toenail clipping, per year.

## 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.

## Living Fit Health Club Membership

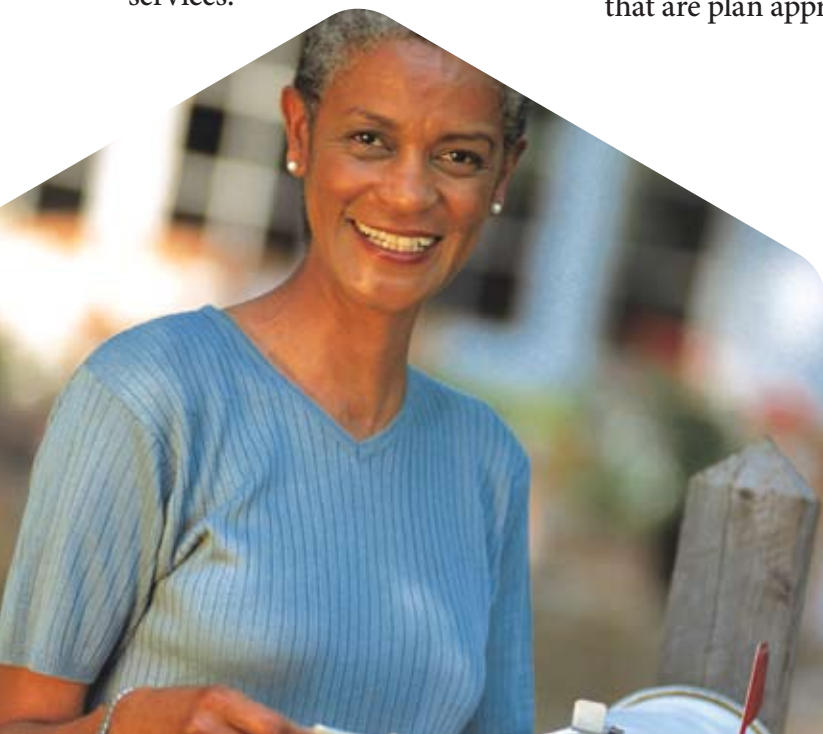
An unlimited-use health club membership is available at plan-contracted facilities for \$15 per month. With your membership, you can take advantage of:

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

Enrolling is easy! To receive your health club membership benefit, you can enroll directly at a plan-contracted facility. All you need to do is present your BlueCHiP for Medicare Optima card. Before signing up, you can take a tour and get a free one-week trial membership to see if the facility is right for you. For a list of plan-contracted facilities, please see your Living Fit brochure or call Customer Service at the number listed on page 5 of this booklet.

## 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 of this booklet.





# BlueCHiP for Medicare Optima Utilization Management Program

As part of its contract with Blue Cross & Blue Shield of Rhode Island (BCBSRI), 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 adopts the more stringent criteria. Regular audit activities are conducted to ensure ongoing adherence and to identify improvement opportunities. NHPRI also complies with 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 advisors 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 members with social concerns like arranging for rides and interpreters, and addressing housing issues. 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 non-urgent services are rendered in an acute hospital, acute rehabilitation hospital, or a skilled nursing facility. Registered nurses and medical advisors 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 BCBSRI to Beacon Health Strategies, Inc., the behavioral health contractor that partners with BCBSRI for behavioral health services.

## Concurrent Review and Discharge Planning

For BlueCHiP for Medicare Optima members in an inpatient setting, registered nurses and medical advisors 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 BCBSRI Customer Service at **(401) 277-2958** or **1-800-267-0439** [TDD: **(401) 831-2202** or **1-877-232-5432**], seven days a week, **8:00 a.m. to 8:00 p.m.**

## Continuity of Care

Continuation of care provides short-term solutions to medical situations that require intense medical attention. It does not replace the out-of-network provisions of your Member Certificate. Patients with special medical problems whose current physician is not in the BCBSRI network should contact BlueCHiP for Medicare Optima Customer Service at **(401) 277-2958** or **1-800-267-0439** (TDD: **(401) 831-2202** or **1-877-232-8432**) seven days a week, 8:00 a.m. to 8:00 p.m. for information on the necessary steps required to continue coverage until the patient can complete the transition to a BCBSRI network provider.







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.



Your Plan for Life.™

[www.BCBSRI.com](http://www.BCBSRI.com)

444 Westminster Street • Providence, RI 02903-3279

Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.