

2013 Retiree Group Plan Highlights

*Here's an overview of
premiums, copayments,
and coinsurance costs
for each plan option.*

**Group BlueCHiP
for Medicare**



	PLAN OPTIONS		
PLAN FEATURES	BlueCHIP for Medicare Group Plus (HMO)	BlueCHIP for Medicare Group Preferred (HMO-POS)	BlueCHIP for Medicare Group Preferred Unlimited (HMO-POS) ⁵
Monthly Premium¹	\$150	\$225	\$265
Out-of-pocket Maximum²	\$3,000	\$3,000	\$3,000
Copayments			
PCP office visits	\$10	\$10	\$5
Specialist office visits	\$30	\$30	\$25
Hospitalization			
Inpatient	\$250 per admission	\$250 per admission	\$250 per admission
Outpatient	20% coinsurance	20% coinsurance	20% coinsurance
Skilled nursing facility	\$0 each day for day(s) 1-29 \$50 each day for day(s) 30-100	\$0 each day for day(s) 1-29 \$50 each day for day(s) 30-100	\$0 each day for day(s) 1-29 \$50 each day for day(s) 30-100
Diagnostic tests, X-rays, and lab services³	\$0 for X-rays and lab services; \$50/day for MRI/CT scan	\$0 for X-rays and lab services; \$50/day for MRI/CT scan	\$0 for X-rays and lab services; \$50/day for MRI/CT scan
DME/Home healthcare	\$0	\$0	\$0
Emergency room	\$65/visit	\$65/visit	\$65/visit
Ambulance	\$50/day	\$50/day	\$50/day
Out-of-Network Costs for Point-of-Service (POS) Option	N/A	20% coinsurance POS out-of-pocket max \$3,000	20% coinsurance POS out-of-pocket max \$3,000
Prescription Drugs⁴	Retiree will pay the following amounts until total yearly drug costs reach \$2,970.		Unlimited generic and brand name coverage.
Tier 1 Generic drugs	\$8	\$6	\$6
Tier 2 Preferred brand drugs	\$24	\$20	\$20
Tier 3 Non-preferred brand drugs	\$52	\$50	\$50
Tier 4 Specialty drugs	25%	25%	25%
Catastrophic Coverage	After total out-of-pocket costs reach \$4,750 you will pay the greater of \$2.65, \$6.60, or 5% coinsurance.		
Additional Benefits			
Living Fit	\$15/month	\$15/month	\$15/month
Vision hardware	\$70/year	\$70/year	\$70/year
Hearing aids	N/A	\$500 every three years	\$500 every three years

You are covered for the following dental benefits. You must receive these services from one of our participating dentists. To get the most up-to-date information about participating providers, you can visit BCBSRI.com or call our Customer Service Department at the number listed on the back page.

DENTAL BENEFITS		
PLAN FEATURES	With BlueCHiP for Medicare Group Plus (HMO)	With BlueCHiP for Medicare Group Preferred & Group Preferred Unlimited (HMO-POS)
Preventive Services		
Annual Exam	You pay nothing.	You pay nothing.
Cleanings	You pay nothing. One cleaning per calendar year.	You pay nothing. Two cleanings per calendar year.
X-rays		
Bitewing X-rays	You pay nothing. One set per calendar year.	You pay nothing. One set per calendar year.
Full mouth set (one set every five years)	N/A	You pay nothing.
Individual X-rays	N/A	You pay nothing.
Comprehensive Services		
Includes fillings; simple extractions; minor treatment to relieve acute pain; oral surgery; root canal therapy; biopsies, and denture repairs	N/A	You pay 20%
Annual Benefit Maximum	N/A	\$1,500

¹ Must have Medicare Part A and Medicare Part B to enroll. All members must continue to pay their monthly Medicare Part B premiums.

² The out-of-pocket maximum includes only Medicare-covered services. This is the most a member would pay for these services during a calendar year. You must receive all routine care from plan providers unless you select the BlueCHiP for Medicare Group Preferred or the BlueCHiP for Medicare Group Preferred Unlimited plan. If you select the BlueCHiP for Medicare Group Preferred or the BlueCHiP for Medicare Group Preferred Unlimited plan, with the exception of emergencies, urgent care, ambulance, or dialysis, it may cost more to get care from out-of-network providers.

³ Review may include but is not limited to preauthorization and/or continued treatment by the Plan and/or Plan designee.

⁴ **BlueCHiP for Medicare Group Plus:** After your total yearly drug costs reach \$2,970, you pay 47.5% of the price (plus the dispensing fee) on brand-name drugs and pay only 79% of the cost of generic drugs until your yearly out-of-pocket drug costs reach \$4,750, unless you are getting Extra Help. **BlueCHiP for Medicare Group Preferred:** After your total yearly drug costs reach \$2,970, BlueCHiP for Medicare Group Preferred covers all Tier 1 drugs at the applicable copayment and you pay 47.5% of the price (plus a portion of the dispensing fee) for brand drugs until your yearly out-of-pocket drug costs reach \$4,750, unless you are getting Extra Help. **BlueCHiP for Medicare Group Preferred Unlimited:** After your total yearly drug costs reach \$2,970, you receive continuous coverage by the plan for your drugs and the applicable tier cost shares will continue to apply until your yearly out-of-pocket drug costs reach \$4,750. **All plans:** Eligible beneficiaries must use network pharmacies to access their prescription drug benefit, except under non-routine circumstances, and quantity limitations and restrictions may apply.

⁵ Must have 10 eligible retirees or more.

Questions?

To enroll or to learn more about how BlueCHIP for Medicare Group plans can help meet your healthcare needs, please call today: **1-800-505-2583**. TTY users should call **711**. Our hours are: **October 1, 2012 - February 14, 2013**: Seven days a week, 8:00 a.m. to 8:00 p.m.; **February 15, 2013 - September 30, 2013**: Monday-Friday, 8:00 a.m. to 8:00 p.m.



The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan. Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, premium and/or copayments/co-insurance may change on January 1 of each year. Blue Cross & Blue Shield of Rhode Island is a Medicare Advantage organization with a Medicare contract. An independent licensee of the Blue Cross and Blue Shield Association.



**Blue Cross
Blue Shield**
of Rhode Island

www.bcbsri.com

500 Exchange Street • Providence, RI 02903-2699
Blue Cross & Blue Shield of Rhode Island is an independent licensee
of the Blue Cross and Blue Shield Association.

09/12

BMDS-11913 • 1317