

2014 Retiree Group Plan Highlights Group BlueCHIP for Medicare



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



Barney Pond, Lincoln, RI

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/TDD: **711**. Our hours are: **October 1, 2013 - February 14, 2014**: Seven days a week, 8:00 a.m. to 8:00 p.m.; **February 15, 2014 - September 30, 2014**: Monday - Friday, 8:00 a.m. to 8:00 p.m.

Plan Features	Plan Options		
	BlueCHiP for Medicare Group Plus (HMO)	BlueCHiP for Medicare Group Preferred (HMO-POS)	BlueCHiP for Medicare Group Preferred Unlimited (HMO-POS) ⁵
Monthly Premium ¹	\$153	\$232	\$272
Out-of-pocket Maximum ²	\$3,000	\$3,000	\$3,000
Copayments			
PCP office visits	\$10	\$10	\$5
Specialist office visits	\$30	\$30	\$25
Hospitalization			
Inpatient	\$250 per admission per benefit period	\$250 per admission per benefit period	\$250 per admission per benefit period
Outpatient	20% coinsurance	20% coinsurance	20% coinsurance
Skilled nursing facility	Days 1-29: \$0/day Days 30-100: \$50/day	Days 1-29: \$0/day Days 30-100: \$50/day	Days 1-29: \$0/day Days 30-100: \$50/day
Diagnostic tests, X-rays, and lab services ³	\$0 for X-ray and lab services; \$50/day for MRI/CT scan	\$0 for X-ray and lab services; \$50/day for MRI/CT scan	\$0 for X-ray 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 Drugs ⁴	Retiree will pay the following amounts until total yearly drug costs reach \$2,850.		Unlimited generic and brand name coverage.
Tier 1 (generic)	\$8	\$6	\$6
Tier 2 (preferred brand)	\$24	\$20	\$20
Tier 3 (non-preferred brand)	\$52	\$50	\$50
Tier 4 (specialty tier)	25%	25%	25%
Catastrophic Coverage	After total out-of-pocket costs reach \$4,550 you pay the greater of \$2.55, \$6.35 or 5% coinsurance.		
Additional Benefits			
Living Fit	\$5/month	\$5/month	\$5/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, please visit BCBSRI.com.

Plan Features	Dental Benefits	
	With BlueCHiP for Medicare Group Plus (HMO)	With BlueCHiP for Medicare Group Preferred (HMO-POS) & 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 \$2,850, you pay 47.5% of the cost (plus the dispensing fee) on brand-name drugs and pay only 72% of the cost of generic drugs until your yearly out-of-pocket drug costs reach \$4,550, unless you are getting Extra Help. **BlueCHiP for Medicare Group Preferred:** After your total yearly drug costs reach \$2,850, BlueCHiP for Medicare Group Preferred covers all Tier 1 drugs at the applicable copayment and you pay 47.5% of the cost (plus the dispensing fee) on brand name drugs until your yearly out-of-pocket drug costs reach \$4,550, unless you are getting Extra Help. **BlueCHiP for Medicare Group Preferred Unlimited:** After your total yearly drug costs reach \$2,850, 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 \$4,550. **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.

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 co-payments/co-insurance] may change on January 1 of each year. Blue Cross & Blue Shield of Rhode Island is an HMO plan with a Medicare contract. Enrollment in Blue Cross & Blue Shield of Rhode Island depends on contract renewal. An independent licensee of the Blue Cross and Blue Shield Association.



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