

# BlueCHiP for Medicare 2015 Plan Selection Form



Date:   /   /

Member Name: \_\_\_\_\_

Member Number:

Email Address: \_\_\_\_\_

## Instructions:

- To change to a new BlueCHiP for Medicare plan, please put a check next to your new plan choice below.
- To add BlueCHiP for Medicare Dental to your existing plan or your new plan, please choose BlueCHiP for Medicare Dental below.
- If you do not want to make any changes for 2015, you do not need to send us this form.

The information below provides a brief summary of our plans. Please refer to your plan materials for more details, or call the BlueCHiP for Medicare Concierge Team at the number on the back page.

### BlueCHiP for Medicare Core (HMO)

\$0 Monthly Premium

Office Visit Copayments: \$0 PCMH/\$10 Primary Care Physician; \$30 Specialist

Emergency Room: \$65 copayment per visit

Inpatient Hospital: Days 1-5: \$180/day

Inpatient Mental Health: Days 1-4: \$180/day

Durable Medical Equipment: 20% coinsurance

In-Network Out-of-pocket Maximum: \$3,950; all Medicare-covered services apply

Prescription Drug Coverage: Medicare Part B coverage only (20% coinsurance)

### BlueCHiP for Medicare Select (HMO)\* – NEW!

\$0 Monthly Premium

Office Visit Copayments: \$0 Primary Care Physician; \$45 Specialist

Emergency Room: \$65 copayment per visit

Inpatient Hospital: Days 1-5: \$285/day

Inpatient Mental Health: Days 1-4: \$285/day

Durable Medical Equipment: 20% coinsurance

In-Network Out-of-pocket Maximum: \$3,850; all Medicare-covered services apply

Prescription Drug Coverage: \$0/\$45/\$95/28% (\$200 deductible for tiers 2, 3, 4)

Please write the full name of the primary care physician you have chosen from within the Select network.

### BlueCHiP for Medicare Value (HMO-POS)

\$0 Monthly Premium

Office Visit Copayments: \$0 PCMH/\$25 Primary Care Physician; \$45 Specialist

Emergency Room: \$65 copayment per visit

Inpatient Hospital: Days 1-5: \$345/day

Inpatient Mental Health: Days 1-4: \$345/day

Durable Medical Equipment: 20% coinsurance

In-Network Out-of-pocket Maximum: \$5,000; all Medicare-covered services apply

Prescription Drug Coverage: \$2/\$45/\$95/25% (\$320 deductible for tiers 2, 3, 4)

Point-of-service Out-of-network Benefit: 20% coinsurance for most covered services

Point-of-service Out-of-pocket Maximum: \$5,000

**\*Must receive care with Select network of providers.**

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## **BlueCHiP for Medicare Standard with Drugs (HMO)**

*\$44 Monthly Premium*

*Office Visit Copayments:*

\$0 PCMH/\$18 Primary Care Physician; \$45 Specialist

*Emergency Room:*

\$65 copayment per visit

*Inpatient Hospital:*

Days 1-5: \$345/day

*Inpatient Mental Health:*

Days 1-4: \$345/day

*Durable Medical Equipment:*

20% coinsurance

*In-Network Out-of-pocket Maximum:*

\$4,500; all Medicare-covered services apply

*Prescription Drug Coverage:*

\$7/\$45/\$95/28% (\$200 deductible for tiers 2, 3, 4)

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## **BlueCHiP for Medicare Extra (HMO-POS) – NEW!**

*\$84 Monthly Premium*

*Office Visit Copayments:*

\$0 PCMH/\$10 Primary Care Physician; \$35 Specialist

*Emergency Room:*

\$65 copayment per visit

*Inpatient Hospital:*

Days 1-5: \$275/day

*Inpatient Mental Health:*

Days 1-4: \$275/day

*Durable Medical Equipment:*

20% coinsurance

*In-Network Out-of-pocket Maximum:*

\$3,750; all Medicare-covered services apply

*Prescription Drug Coverage:*

\$4/\$45/\$95/33% (No deductible)

*Point-of-service Out-of-network Benefit:*

20% coinsurance for most covered services

*Point-of-service Out-of-pocket Maximum:*

\$3,750

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## **BlueCHiP for Medicare Plus (HMO)**

*\$166 Monthly Premium*

*Office Visit Copayments:*

\$0 PCMH/\$5 Primary Care Physician; \$30 Specialist

*Emergency Room:*

\$65 copayment per visit

*Inpatient Hospital:*

Days 1-5: \$190/day

*Inpatient Mental Health:*

Days 1-4: \$190/day

*Durable Medical Equipment:*

20% coinsurance

*In-Network Out-of-pocket Maximum:*

\$2,800; all Medicare-covered services apply

*Prescription Drug Coverage:*

\$3/\$45/\$95/33% (No deductible)

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## **BlueCHiP for Medicare Preferred (HMO-POS)**

*\$251 Monthly Premium*

*Office Visit Copayments:*

\$0 PCMH/\$5 Primary Care Physician; \$30 Specialist

*Emergency Room:*

\$65 copayment per visit

*Inpatient Hospital:*

Days 1-5: \$180/day

*Inpatient Mental Health:*

Days 1-4: \$180/day

*Durable Medical Equipment:*

20% coinsurance

*In-Network Out-of-pocket Maximum:*

\$2,250; all Medicare-covered services apply

*Prescription Drug Coverage:*

\$3/\$45/\$95/33%; Tier 1 gap coverage

*Point-of-service Out-of-network Benefit:*

20% coinsurance for most covered services

*Point-of-service Out-of-pocket Maximum:*

\$2,250

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## **BlueCHiP for Medicare Dental**

*\$38.90 Monthly Premium*

*\$1,000 Calendar Year Coverage Limit*

*Annual Exam, Cleanings & X-rays:*

100% coverage

*Basic Services:*

20% coinsurance

*Root Canals & Oral Surgery:*

20% coinsurance

*Major Restorative Services:*

50% coinsurance

*Surgical Periodontal Services:*

50% coinsurance

*Prosthodontics (bridges, implants, dentures):*

Not covered

## Your Plan Premium

**You can pay your monthly plan premium (including any late enrollment penalty you have or may owe) using any of the payment options below.**

People with limited incomes may qualify for extra help to pay for their prescription drug costs. If eligible, Medicare could pay for 75 percent or more of your drug costs, including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this extra help, contact your local Social Security office or call 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days per week. TTY/TDD users should call 1-877-486-2048.

If you qualify for extra help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium for this benefit. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare does not cover.

If you don't select a payment option, you will receive a bill each month.

### **Please select a premium payment option:**

- Receive a bill monthly
- Receive a bill quarterly
- Electronic Funds Transfer (EFT). This option offers you the convenience of having your payments automatically transferred from your bank account. Enroll at [BCBSRI.com/Medicare](http://BCBSRI.com/Medicare).
- Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check. (The Social Security or RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.)

### **Convenient Payment Options**

*If you choose to receive a monthly or quarterly bill, you can pay these four ways:*

1. **Credit/Debit Cards** – Log into your member page at [BCBSRI.com/Medicare](http://BCBSRI.com/Medicare) to make your payments. We accept Visa, MasterCard, and Discover. You can also pay with your credit card by phone – just call the number on the back of your BCBSRI member ID card and follow the prompts.
2. **Mail** your payment to BCBSRI.
3. **Pay in person** at our Warwick location: 300 Quaker Lane.
4. **NEW!** Pay your bill using MoneyGram® ExpressPayment® service at any CVS/pharmacy or Walmart store (a fee applies).

**Please check one of the boxes below if you would prefer us to send you information in a language other than English or in another format:**

Spanish       Large Print\*

\*Not all materials may be available in large print.

Please contact the BlueCHiP for Medicare Concierge Team at (401) 277-2958 or 1-800-267-0439 or TTY/TDD users should call 711. We are open October 1 – February 14, seven days a week, 8:00 a.m. to 8:00 p.m. ; February 15 – September 30, we are open Monday through Friday, 8:00 a.m. to 8:00 p.m. An automated answering system is available outside of these hours.

I want to transfer my current plan to the plan I have selected on this form. I understand that if I make the change as part of the Medicare Annual Enrollment Period and I don't have a Special Election, my new plan will be effective on January 1, 2015. If I do have a Special Election, and if this form is received by the end of any month, my new plan will generally be effective on the first of the following month.

<b>Signature:</b>	<b>Today's Date:</b>
<i>If you are the authorized representative, you must sign above and provide the following information:</i>	
<b>Name:</b> _____	
<b>Address:</b> _____	
<b>Phone Number:</b> ( _____ ) _____ - _____	
<b>Relationship to Enrollee:</b> _____	
<b>Office Use Only:</b>	
Name of staff member/agent/broker (if assisted in enrollment):	Broker ID#:

**Please mail this form to:**

Blue Cross & Blue Shield of Rhode Island  
Attn: BlueCHiP for Medicare Membership Department  
500 Exchange Street  
Providence, RI 02903-2699

**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.**



[www.bcbsri.com](http://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.