

# 2018 GROUP PLAN 65 PLAN HIGHLIGHTS



## Plan65

Medicare Supplement

Without the Skilled Nursing Benefit

**Group Plan 65 is a Medicare supplement plan**, also known as “Medigap,” that picks up where Medicare leaves off, making it easier for you to budget for your healthcare expenses. Group Plan 65 provides flexibility, options, and added discounts — all from a trusted, local company.

You’re free to seek care from the Original Medicare-participating providers of your choice, anywhere in the country. Plan 65 pays for Original Medicare’s cost-sharing, such as deductibles and coinsurance. If Original Medicare does not cover a service, your supplemental plan will also not cover that service, unless otherwise noted.

Benefit Features	With Original Medicare, you pay:	With Medicare and Group Plan 65, you pay:
<b>2018 Part A Deductible</b>	\$1,340 per benefit period*	\$0
<b>2018 Part B Deductible</b>	\$183 per calendar year**	\$0
<b>Office Visits</b>		
<b>Doctor Visits</b>	20% of Medicare-approved amounts after Part B deductible** \$0 for “Welcome to Medicare” and yearly wellness visits	\$0
<b>Non-routine Hearing Services</b>	20% of Medicare-approved amounts after Part B deductible** for diagnostic hearing exams	\$0
<b>Non-routine Vision Care</b>	20% of Medicare-approved amounts after Part B deductible** for diagnosis and treatment of diseases and conditions of the eye	\$0
<b>Non-routine Podiatry Services</b>	20% of Medicare-approved amounts after Part B deductible**	\$0
<b>Chiropractic Services (limited)</b>	20% of Medicare-approved amounts after Part B deductible**	\$0
<b>Inpatient/Outpatient Services</b>		
<b>Inpatient Hospital Care*</b> (Includes substance abuse, mental health, rehabilitation, and inpatient surgery facility services) • First 60 days	An initial Part A deductible of \$1,340*	\$0
• Days 61 thru 90	\$335 each day*	\$0
• Days 91 and after while using 60 lifetime reserve days	\$670 each lifetime reserve day*	\$0
• Once lifetime reserve days are used, and additional 365 days	All costs	\$0
<b>Skilled Nursing Facility Care</b> • First 20 days	\$0	\$0
• Days 21 thru 100	\$167.50 each day*	\$167.50 each day*
• Days 101 and after	All costs	All costs
<b>Outpatient Surgery</b>	20% of Medicare-approved amounts after Part B deductible**	\$0
<b>Diagnostic Tests and X-Rays</b>	20% of Medicare-approved amounts after Part B deductible**	\$0

Benefit Features	With Original Medicare, you pay:	With Medicare and Group Plan 65, you pay:
<b>Lab Services</b>	\$0 for Medicare-covered lab services	\$0
<b>Durable Medical Equipment and Prosthetic Devices</b>	20% of Medicare-approved amounts after Part B deductible**	\$0
<b>Home Health Care</b>	\$0 for Medicare-covered home health visits	\$0
<b>Foreign Travel Care</b>	All costs	20% after \$250 annual deductible for emergency healthcare during the first 60 days of each trip. There is a \$50,000 lifetime maximum.
<b>Emergency Services</b>		
<b>Emergency Room Care</b> (You may go to an emergency room if you believe your health is in serious danger.)	20% of Medicare-approved amounts after Part B deductible**	\$0
<b>Urgently Needed Care</b> (This is not emergency care—your health is not in serious danger.)	20% of Medicare-approved amounts after Part B deductible**	\$0
<b>Ambulance Services</b>	20% of Medicare-approved amounts after Part B deductible**	\$0
<b>Immunizations and Screenings</b>		
<b>Immunizations</b> (Flu shots, pneumonia vaccine, and for people with Medicare who are at high risk: hepatitis B vaccine)	\$0	\$0
<b>Bone Mass Measurement</b> (For people with Medicare who are at risk)	\$0	\$0
<b>Colorectal Screening Exams</b>	\$0 May be charged 20% of the Medicare-approved amount for doctor's visit	\$0
<b>Diabetes Screening</b> (For people with Medicare who are at risk)	\$0	\$0
<b>Annual Mammography Screening</b> (For women with Medicare)	\$0	\$0
<b>Pap Tests and Pelvic Exams</b> (For women with Medicare)	\$0	\$0
<b>Prostate Cancer Screening Exams</b> (For men with Medicare)	20% of Medicare-approved amount for digital rectal exam after the Part B deductible. In a hospital outpatient setting, you pay a copayment. \$0 for the Prostate-Specific Antigen (PSA) Test	\$0

2018 Part A Deductible = \$1,340 per benefit period\*

2018 Part B Deductible = \$183 per calendar year\*\*

All services should be received from an Original Medicare-participating provider, except in emergencies. To be eligible for Group Plan 65, you must be enrolled in both Part A and Part B of the Original Medicare Program.

\*A benefit period begins on the first day you receive services as an inpatient in a hospital, and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 consecutive days.

\*\*These coinsurances and deductibles are current for 2018 and are subject to change on an annual basis per the Centers for Medicare and Medicaid Services (CMS).

## Questions?

To enroll or learn more about our Group Plan 65 Medicare Supplement plan without the skilled nursing benefit, Contact the Medicare sales team at 1-800-505-BLUE (2583) (TTY: 711).

Hours: Monday through Friday, 8:00 a.m. to 8:00 p.m. (Open seven days a week, 8:00 a.m. to 8:00 p.m., from October 1 – February 14) You can use our automated answering system outside of these hours.

Already a Group Plan 65 member? Call the Medicare Concierge Team at (401) 277-2958 or 1-800-267-0439 (TTY: 711).

Hours: October 1 - February 14, seven days a week, 8:00 a.m. to 8:00 p.m. February 15 - September 30, Monday through Friday, 8:00 a.m. to 8:00 p.m.; Saturday & Sunday, 8:00 a.m. to noon. You can use our automated answering system outside of these hours.

Blue Cross & Blue Shield of Rhode Island complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-267-0439.

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-267-0439.



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

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