



**WE'RE BRINGING BACK  
A WHOLE LOT OF  
MEDICARE BENEFITS.  
ZERO DOLLARS**

**It's what we live for.<sup>SM</sup>**





Today, the world looks a little different than it has in the past. What's not different is our continued commitment to the health and well-being of our community. To [help Rhode Islanders](#) during these challenging times, we've eliminated copays on many important services through December 31, 2020, brought fitness and health education classes into homes, provided meal delivery to those with a COVID-19 diagnosis, and partnered with state leaders and local nonprofits to help residents access needed services. We know there's more work to do, but every day I'm energized by the resilience of Rhode Islanders—and I'm proud to be part of a company that will continue to help our community get through this time.

Now more than ever, it's important you have more ways to keep healthy, stay active, and obtain high-quality, affordable healthcare. That's why in 2021, we're continuing to offer our **BlueCHiP for Medicare Value** (HMO-POS) plan, with a whole lot of Medicare benefits for zero dollars:

- \$0** monthly premium
- \$0** PCP visits at patient-centered medical homes
- \$0** generic prescription drugs
- \$0** drug deductibles
- \$0** labs & X-rays
- \$0** rides

We're here to make things as easy as possible for you. **If you're currently enrolled in any BCBSRI Medicare Advantage plan and don't want to make changes, you don't need to do anything to keep the same plan for 2021.** If you're not currently a BCBSRI customer or want to explore other plans we offer, we can help. I invite you to [look at our plans](#) as well as benefits like our new Insulin Savings Program and our enhanced over-the-counter, gym, and transportation benefits, which offer even more convenience and flexibility than before.

To answer your questions, we're holding [virtual events](#) and providing everything you need online. If you prefer to talk with someone directly, our customer service and sales teams are always ready to help. Whether you're new to BCBSRI or a returning member, we're providing more ways to learn about your benefits through videos, virtual meetings, and one-on-one appointments by telephone, through video chat, or in our stores. Visit [bcbsri.com/medicare](https://bcbsri.com/medicare) to see all the ways to get what you need when you need it.

We're proud to offer these products and services to you and, on behalf of BCBSRI, I send my very best wishes for health and safety during this time. We value our customers and are committed to caring for the community that we call home. Thank you for considering BCBSRI.

**It's what we live for. SM**

Be well,

Melissa B. Cummings  
Executive Vice President and Chief Customer Officer

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The original Value plan with a whole lot of Medicare benefits for zero dollars.

# BlueCHIP for Medicare Value plan: A WHOLE LOT OF SOMETHING... FOR NOTHING\*

Everybody loves a great deal. **But have you ever gotten something for nothing?** It's not common, but it does happen. With our **BlueCHIP for Medicare Value** plan, we're bringing back a whole lot of something...for nothing.\*

**\$0**

**Monthly Premium**

**\$0**

**PCMH\*\* Primary Care Provider (PCP) Visits**

**\$0**

**Labs & X-rays**

**\$0**

**Prescription Drug Deductible**

**\$0**

**Generic Prescription Drugs**

**\$0**

**Rides<sup>1</sup>**



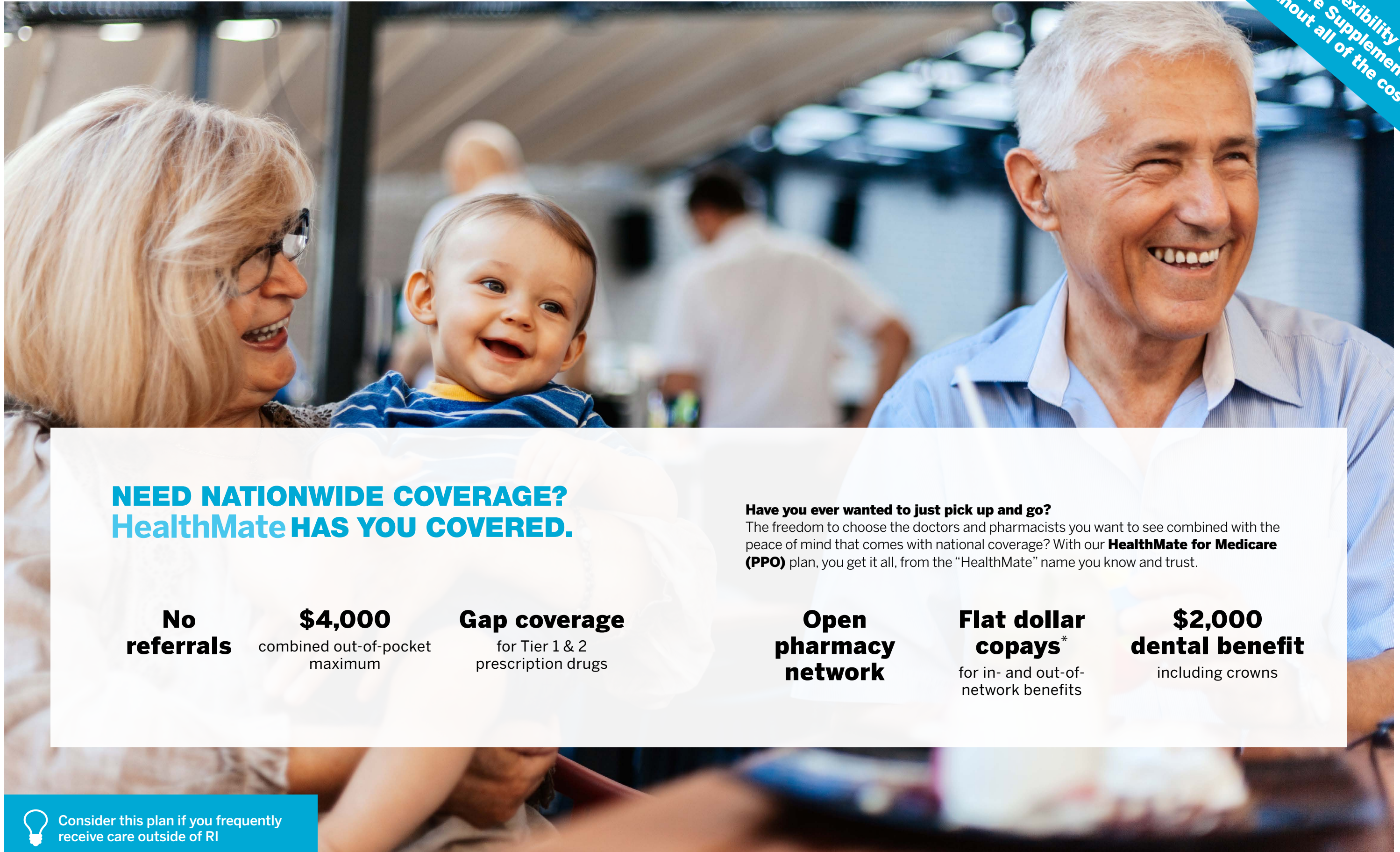
**Qualify for Extra Help and/or Medicaid?** Refer to page 15 to learn about our **ACCESS Program**.



Antonio and grandson, Waterplace Park, Providence

Consider this plan if cost is important to you.

The flexibility of a Medicare Supplement plan, without all of the costs.



## NEED NATIONWIDE COVERAGE? HealthMate HAS YOU COVERED.

### Have you ever wanted to just pick up and go?

The freedom to choose the doctors and pharmacists you want to see combined with the peace of mind that comes with national coverage? With our **HealthMate for Medicare (PPO)** plan, you get it all, from the “HealthMate” name you know and trust.

**No referrals**

**\$4,000**  
combined out-of-pocket maximum

**Gap coverage**  
for Tier 1 & 2 prescription drugs

**Open pharmacy network**

**Flat dollar copays\***  
for in- and out-of-network benefits

**\$2,000 dental benefit**  
including crowns



Consider this plan if you frequently receive care outside of RI

## EXCLUSIVE BENEFITS FOR OUR FEATURE PLANS

**BlueCHIP for Medicare Value** and **HealthMate for Medicare (PPO)** feature plans include the following benefits to support your wellness goals:



### **Fitness tracker**

Track steps, calories, and sleep with the no-cost Max Buzz™ activity monitoring device. Sync with your **Virgin Pulse®** wellness program for support getting active.



### **Acupuncture REDUCED COPAY!**

Seeking alternative treatments? Visit the acupuncturist and pay only \$15/visit up to 12 times/year.



### **Caregiver reimbursement NEW!**

Receive help from a caregiver? Get \$50/year to give to a caregiver who provides you with basic household and/or transportation assistance.

### **\$200 Wellness reimbursement**

Use your \$200 toward your favorite healthy activities, like fitness classes, weight-loss programs, sports lessons, and golf, as well as fitness equipment and athletic footwear.



## BENEFITS FOR ALL

## BENEFITS THAT PROVIDE CONVENIENCE AND FLEXIBILITY

To help members adapt to this ever-changing environment, we're expanding some of our key benefits<sup>3</sup> to include even more convenience and flexibility. We're also bringing back meal deliveries to support our most vulnerable.



### **Over-the-counter (OTC) benefit ENHANCED!**

**Get a debit card** loaded with \$25-\$200/quarter to buy a wide range of health-related items online or at some of your favorite stores like Walmart, Dollar General, Family Dollar, Rite Aid, Walgreens, and CVS Pharmacy®. Refer to page 23 for details.



### **Transportation ENHANCED!**

Get up to 24 one-way rides<sup>4</sup> to or from your doctors appointments, as well as places in your community that support your health and well-being, like senior centers, libraries, and Your Blue Stores<sup>SM</sup>.



### **\$0 national gym benefit ENHANCED!**

Get access to our \$0 national gym benefit, called Silver&Fit®. You can now select from a variety of home fitness kits, as well as over 14,000 fitness centers across the country. Choose from more than **45 local fitness centers**—including most of the YMCA and Anytime Fitness locations in RI. Refer to page 22 for details.



### **Meal deliveries to your home**

Get a week's worth of meals delivered to your door when you get home from a hospital stay.<sup>5</sup>




Check out our enhanced benefits!




**MORE WAYS TO SAVE MONEY AND STAY HEALTHY**


 **Insulin Savings Program *NEW!***  
 Pay a low \$35 monthly insulin copay that remains consistent through the coverage gap.<sup>11</sup>


Francine and Hermann, Tommy's Clam Shack, Warwick

 **CVS Pharmacy® discounts**  
 Save 20%<sup>6</sup> in-store on thousands of CVS Pharmacy® Brand health-related items (cannot be combined with OTC benefit).


 **Preferred pharmacy**  
 Take advantage of lower costs at CVS Pharmacy®, Stop & Shop, Walmart, and PillPack, as well as independent pharmacies. Visit [bcbsri.com/medicare/member/discounts](https://bcbsri.com/medicare/member/discounts) for details.<sup>7</sup>


 **\$0 mail order drugs**  
**Pay \$0 copay** for a 90-day supply of many generic drugs and have them delivered.<sup>8</sup>


 **Dental coverage**  
 Get quality dental coverage right in your medical plan. Visit one of the 90% of RI dentists in our network.


 **\$0 copay for routine hearing and vision**  
 Pay \$0 for routine hearing and vision office visits and exams.


 **Allowance for glasses and vision hardware**  
 Get a \$100-\$200 allowance (depending on your plan) if you need glasses or vision hardware.

 **Better hearing coming your way**  
**Get up to 2 hearing aids<sup>9</sup>** for as low as a \$200 copay per ear, as well as a 3-year supply of batteries, and a hearing aid fitting and evaluation.

 **\$0 Doctors Online visits *ENHANCED!***  
 Get access to quality care anytime, from the comfort and safety of your own home—for \$0. Download the BCBSRI Drs. Online app or visit [drs-online.com](https://drs-online.com) to talk to a top-rated, board-certified doctor or therapist from your smartphone, tablet, or computer.<sup>10</sup>

 **Virgin Pulse well-being program**  
 Track your steps, calories, sleep, and more! Download the **Virgin Pulse®** app and choose Blue Cross & Blue Shield of Rhode Island as your sponsor. Connect your Max Buzz™ or other wearable device to track steps.


 **Dementia Care Coordination Program *NEW!***  
 Receive support for a dementia or dementia-related diagnosis. Administered in partnership with the Alzheimer's Association and BCBSRI, members and caregivers will receive strategies and resources to improve outcomes.

 **The Peer Recovery Program *NEW!***  
 Get support, education, and resources to facilitate recovery from a mental health and/or substance use disorder.

 **Volunteer opportunities *NEW!***  
 Learn about in-person and virtual volunteer opportunities with leading local and national organizations through community partner, Amava. Log on to [bcbsri.com/amava](https://bcbsri.com/amava) and start doing some good today.





**CHOOSE THE NETWORK THAT FITS**

 Consider where you typically need care. Is it near home or do you need nationwide access?

Elena and family, Garden City Gazebo, Cranston

**Finding a network of doctors and hospitals that fits your needs is a smart first step in choosing a health plan.** In 2021, we have two feature networks to choose from: Traditional and PPO.

	LARGEST RI NETWORK, COVERAGE THAT TRAVELS WITH YOU	NATIONWIDE COVERAGE, NO REFERRALS
	<p><b>Includes</b> All BlueCHiP plans except BlueCHiP for Medicare Advance (HMO).</p>	<p><b>Includes</b> HealthMate for Medicare (PPO)</p>
FEATURE NETWORKS	<p><b>Traditional Network</b> The state's largest Medicare Advantage network, including more than 95% of providers in RI. </p>	<p><b>PPO Network</b> The choice of doctors or hospitals nationwide, with no referrals required. </p>
IN-NETWORK	<ul style="list-style-type: none"> <li>• <b>All PCPs</b> in BlueCHiP for Medicare network</li> <li>• <b>All hospitals</b> in RI and 4 in Southeastern MA<sup>12</sup></li> </ul>	<ul style="list-style-type: none"> <li>• <b>All PCPs</b> in BlueCHiP for Medicare network</li> <li>• <b>All hospitals</b> in RI and 4 in Southeastern MA<sup>12</sup></li> <li><b>+ Providers within the national Blue Cross PPO network</b></li> </ul>
OUT-OF-NETWORK	<p><b>For POS plans<sup>13</sup> only:</b> You pay a 20% coinsurance to go outside of the traditional network in non-emergency and non-urgent situations.</p>	<p>You pay flat dollar copays on most out-of-network benefits.</p>
REFERRALS	<p><b>Referrals required.</b> PCPs coordinate care, helping you find your way through the healthcare system so you can focus on getting or staying healthy.</p>	<p><b>No referrals</b> required.</p>

## A DIFFERENT APPROACH TO HEALTHCARE

### Exclusively for BCBSRI members

We've teamed up with **Oak Street Health**, who shares our mission to make sure everyone has access to high-quality care—regardless of location, language, or income—in a comfortable, community setting. **Oak Street Health** is committed to providing services specifically for Rhode Islanders who receive their Medicare coverage through BCBSRI.

As you get older, your health needs change. So should your healthcare. Healthcare that helps you retain your independence, stay mobile, and live well on a budget.

### When you choose an **Oak Street Health** provider, you can expect:

- **A dedicated care team** who can help you understand your Medicare benefits, and takes the time to get to know you and your goals
- **Telehealth visits** from the comfort and safety of your own home
- **Same-day** or next-day appointments
- **Shorter** wait times and more time with your doctor
- **Transportation** to and from your **Oak Street Health** appointments\*
- **Telephone support** 24/7

\*This benefit is separate from the rides benefit that comes with your BCBSRI plan.



**Locations:**

**PROVIDENCE**  
[712 Broad St.](#)  
[650 Branch Ave.](#)

**WARWICK**  
[300 Quaker Ln.](#)

**COMING SOON  
 TO WOONSOCKET!**

**VISIT**  
[bcsri.com/touroakstreet](https://bcsri.com/touroakstreet) for  
 a virtual tour of Oak Street Health.




## PROVIDING GREATER ACCESS TO CARE FOR THOSE WHO NEED IT MOST

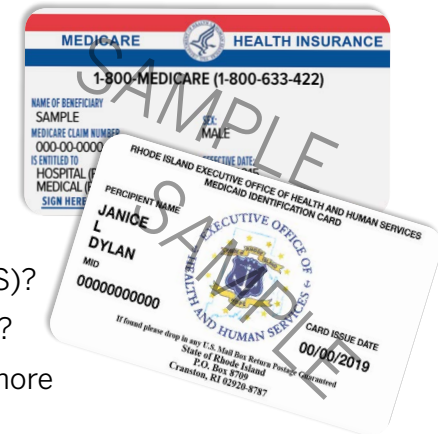
BCBSRI is partnering with Oak Street Health to provide greater access to care for Medicare Advantage members who need it—right in their own neighborhoods.

### Qualify for Extra Help and/or Medicaid?


Get all the benefits that come with BCBSRI's Medicare Advantage plans + a whole lot of zeros, regardless of your income subsidy level.

1. Do you qualify for a Federal or State low-income subsidy?
2. Are you thinking of enrolling in **BlueCHIP for Medicare Value** (HMO-POS)?
3. Are you considering a primary care provider (PCP) with Oak Street Health?

If you answered **YES** to all three questions, you could be eligible for even more benefits through the **ACCESS Program**.



Get all these \$0 benefits, plus extra money in your pocket <sup>14</sup>	
All doctor copays <sup>15</sup>	\$0
Medicare Part B drugs	\$0
Non-skilled home health care (assistance with bathing, dressing, cooking, etc.)	\$0
Urgent care/emergency room/ambulance copays	\$0
Labs, X-rays, MRIs, CAT scans, etc.	\$0
Outpatient surgery, hospital, and ambulatory surgery center copay	\$0
Inpatient hospital copay	\$0
Meal deliveries after hospital stays	\$0
Dental included	\$0
National gym membership and in-home fitness kits	\$0
Rides to doctors and community locations	\$0
Rx copays	Same as LIS copays
Vision hardware allowance	Get \$150
Over-the-counter (OTC) benefit (See page 23 for details.)	Get \$800 <sup>16</sup> year

 To learn more about the **ACCESS Program** and if it's the right fit for you, call us. (See contact information on page 24.)






**2021  
BCBSRI MEDICARE  
ADVANTAGE PLANS**


**THE VALUE OF BLUE GUARANTEE:**


**If you choose BCBSRI** when you're first eligible for Medicare coverage, **you gain exclusive access** to a one-time opportunity to switch from a **Medicare Advantage** plan to an open **Plan 65 Supplement** plan in the future.<sup>17</sup>


Plan Options At-a-Glance	Medical and Prescription Drug Plans			
	BlueCHIP for Medicare Value (HMO-POS)	HealthMate for Medicare (PPO)		BlueCHIP for Medicare Extra (HMO-POS)
Benefit Features		In-Network	Out-of-Network	
Monthly plan premium	\$0	\$110		\$99
Medical deductible	\$0	\$0		\$0
<b>Office Visits</b>		In-Network	Out-of-Network	
PCP office visits	\$0 PCMH or \$35 non-PCMH	\$0 PCMH or \$10 non-PCMH	\$25	\$0 PCMH or \$10 non-PCMH
Virtual office visits (telemedicine)	\$0	\$0	\$0	\$0
Routine vision and hearing	\$0	\$0	\$50	\$0
Specialist office visits	\$30	\$25	\$50	\$25
Chiropractic office visits	\$20	\$20	\$40	\$20
Transportation benefit	\$0	\$0	50%	\$0
<b>Inpatient/Outpatient Services</b>		In-Network	Out-of-Network	
Inpatient medical hospitalization	\$365 per day; days 1-5	\$275 per day; days 1-5	20% days 1-90	\$275 per day; days 1-5
Skilled nursing facility	\$0 days 1-20; \$160 days 21-45; \$0 days 46-100	\$0 days 1-20; \$130 days 21-45; \$0 days 46-100	20% days 1-100	\$0 days 1-20; \$135 days 21-45; \$0 days 46-100
Meal delivery benefit	\$0	\$0		\$0
Outpatient surgery	Up to \$300	Up to \$250	Up to \$500	Up to \$250
Lab services	\$0	\$0	\$10	\$0
Diagnostic tests and X-rays	\$0	\$0	\$10	\$0
High tech radiology services (MRIs, CAT scans, etc.)	\$150	\$100	\$200	\$125
Emergency room	\$90	\$90		\$90
Ambulance	\$150	\$150		\$150
Out-of-pocket maximum	\$5,000	\$4,000 (combined for in- and out-of-network)		\$4,125
<b>Part D Prescription Drugs</b>		In- and Out-of-Network		
Pharmacy deductible	\$0	\$0		\$0
Pharmacy network	Preferred/Standard	Open		Preferred/Standard
Tier 1 (preferred generic)	\$0 / \$8	\$0		\$0 / \$8
Tier 2 (generic)	\$0 / \$16	\$0		\$4 / \$12
Tier 3 (preferred brand)	\$47 / \$47	\$47		\$47 / \$47
Tier 4 (non-preferred brand)	\$100 / \$100	\$100		\$100 / \$100
Tier 5 (specialty)	33% / 33%	33%		33% / 33%
Mail order	\$0 for Tiers 1&2	\$0 for Tiers 1&2		\$0 for Tiers 1&2

Benefit Features	Additional Benefits (continued)			
	BlueCHIP for Medicare Value (HMO-POS)	HealthMate for Medicare (PPO)		BlueCHIP for Medicare Extra (HMO-POS)
		In-Network	Out-of-Network	
Out-of-network benefit	✓	✓		✓
Preventive services	✓	✓		✓
Nutritional counseling	✓	✓		✓
<b>Benefit</b>		In-Network	Out-of-Network	
Gym membership	\$0	\$0		\$0
Max Buzz™ fitness tracker	\$0	\$0		\$0
Wellness reimbursement	Get \$200/year	Get \$200/year		Get \$200/year
Over-the-counter (OTC) 	Get \$60/quarter	Get \$100/quarter		Get \$100/quarter
Vision hardware allowance	Get \$150/year	Get \$200/year		Get \$150/year
Hearing aids	Costs \$200-\$1,675 per ear	Costs \$200-\$1,675 per ear	50% up to \$300 per ear	Costs \$200-\$1,675 per ear
Acupuncture visit	Costs \$15	Costs \$15	Costs \$40	Costs \$15

Benefit Features	DENTAL BENEFITS			
	BlueCHIP for Medicare Value (HMO-POS)	HealthMate for Medicare (PPO)		BlueCHIP for Medicare Extra (HMO-POS)
		In-Network	Out-of-Network	
Premium	Built-in	Built-in		Built-in
Annual benefit maximum	\$1,000	\$2,000		\$1,500
<b>Preventive Services</b>		In-Network	Out-of-Network	
• Annual exam	\$0	\$0	50%	\$0
• Cleanings	\$0	\$0	50%	\$0
<b>X-Rays</b>		In-Network	Out-of-Network	
• Bitewing X-rays	\$0	\$0	50%	\$0
• Full mouth set	\$0	\$0	50%	\$0
• Individual X-rays	\$0	\$0	50%	\$0
<b>Comprehensive Services</b>		In-Network	Out-of-Network	
• Fillings • Palliative treatment • Simple extractions • Denture repairs	50%	\$0	50%	\$0
• Root canals and oral surgery	--	\$0	50%	\$0
<b>Major Restorative Services</b>		In-Network	Out-of-Network	
• Crowns & onlays • Periodontal services	--	\$0	50%	--

Plan Options At-a-Glance	 Medical and Prescription Drug Plans					Good option for Veterans*
	Benefit Features	BlueCHIP for Medicare Advance (HMO)	BlueCHIP for Medicare Standard with Drugs (HMO)	BlueCHIP for Medicare Plus (HMO)	BlueCHIP for Medicare Preferred (HMO-POS)	BlueCHIP for Medicare Core (HMO)
Monthly plan premium	\$0	\$61	\$161	\$266	\$0	
Medical deductible	\$0	\$0	\$0	\$0	\$0	
<b>Office Visits</b>						
PCP office visits	\$0	\$0 PCMH or \$20 non-PCMH	\$0 PCMH or \$5 non-PCMH	\$0 PCMH or \$5 non-PCMH	\$0 PCMH or \$5 non-PCMH	
Virtual office visits (telemedicine)	\$0	\$0	\$0	\$0	\$0	
Routine vision and hearing	\$0	\$0	\$0	\$0	\$0	
Specialist office visits	\$35	\$35	\$25	\$25	\$25	
Chiropractic office visits	\$20	\$20	\$20	\$20	\$20	
Transportation benefit	\$0	\$0	\$0	\$0	\$0	
<b>Inpatient/Outpatient Services</b>						
Inpatient medical hospitalization	\$375 per day; days 1-5	\$290 per day; days 1-5	\$190 per day; days 1-5	\$180 per day; days 1-5	\$180 per day; days 1-5	
Skilled nursing facility	\$0 days 1-20; \$160 days 21-45; \$0 days 46-100	\$0 days 1-20; \$140 days 21-45; \$0 days 46-100	\$0 days 1-20; \$135 days 21-45; \$0 days 46-100	\$0 days 1-20; \$130 days 21-45; \$0 days 46-100	\$0 days 1-20; \$130 days 21-45; \$0 days 46-100	
Meal delivery benefit	\$0	\$0	\$0	\$0	\$0	
Outpatient surgery	Up to \$350	Up to \$275	Up to \$150	Up to \$150	Up to \$150	
Lab services	\$5	\$5	\$0	\$0	\$0	
Diagnostic tests and X-rays	\$5	\$5	\$0	\$0	\$0	
High tech radiology services (MRIs, CAT scans, etc.)	\$200	\$125	\$150	\$150	\$150	
Emergency room	\$90	\$90	\$75	\$75	\$90	
Ambulance	\$150	\$150	\$75	\$75	\$150	
Out-of-pocket maximum	\$5,000	\$4,500	\$2,800	\$2,250	\$3,500	
<b>Part D Prescription Drugs</b>						
Pharmacy deductible	\$200	\$100	\$0	\$0		
Pharmacy network	Preferred/Standard	Preferred/Standard	Preferred/Standard	Preferred/Standard		
Tier 1 (preferred generic)	\$2 / \$10	\$1 / \$9	\$3 / \$11	\$3 / \$11		Not covered
Tier 2 (generic)	\$9 / \$17	\$8 / \$16	\$6 / \$14	\$6 / \$14		
Tier 3 (preferred brand)	\$47 / \$47	\$47 / \$47	\$47 / \$47	\$47 / \$47		
Tier 4 (non-preferred brand)	\$100 / \$100	\$100 / \$100	\$100 / \$100	\$100 / \$100		
Tier 5 (specialty)	29% / 29%	31% / 31%	33% / 33%	33% / 33%		
Mail order	\$0 for Tiers 1&2	\$0 for Tiers 1&2	\$0 for Tiers 1&2	\$0 for Tiers 1&2		

Benefit Features	Additional Benefits (continued)					Good option for Veterans*
	BlueCHIP for Medicare Advance (HMO)	BlueCHIP for Medicare Standard with Drugs (HMO)	BlueCHIP for Medicare Plus (HMO)	BlueCHIP for Medicare Preferred (HMO-POS)	BlueCHIP for Medicare Core (HMO)	
Out-of-network benefit	--	--	--	✓	--	
Preventive services	✓	✓	✓	✓	✓	
Nutritional counseling	✓	✓	✓	✓	✓	
<b>Benefit</b>						
Gym membership	\$0	\$0	\$0	\$0	\$0	
Max Buzz™ fitness tracker	--	--	--	--	--	
Wellness reimbursement	--	--	--	--	--	
Over-the-counter (OTC) 	Get \$25/quarter	Get \$75/quarter	Get \$100/quarter	Get \$100/quarter	Get \$50/quarter	
Vision hardware allowance	Get \$100/year	Get \$125/year	Get \$150/year	Get \$200/year	Get \$150/year	
Hearing aids	Costs \$200-\$1,675 per ear	Costs \$200-\$1,675 per ear	Costs \$200-\$1,675 per ear	Costs \$200-\$1,675 per ear	Costs \$200-\$1,675 per ear	
Acupuncture visit	--	--	--	--	--	

Benefit Features	Dental Rider Coverage	 DENTAL BENEFITS				Dental Rider Coverage
	BlueCHIP for Medicare Advance (HMO)	BlueCHIP for Medicare Standard with Drugs (HMO)	BlueCHIP for Medicare Plus (HMO)	BlueCHIP for Medicare Preferred (HMO-POS)	BlueCHIP for Medicare Core (HMO)	
Premium	\$19.60	Built-In	Built-In	Built-In	\$19.60	
Annual benefit maximum	\$1,000	\$1,500	\$1,500	\$1,500	\$1,000	
<b>Preventive Services</b>						
• Annual exam	\$0	\$0	\$0	\$0	\$0	
• Cleanings	\$0	\$0	\$0	\$0	\$0	
<b>X-Rays</b>						
• Bitewing X-rays	\$0	\$0	\$0	\$0	\$0	
• Full mouth set	\$0	\$0	\$0	\$0	\$0	
• Individual X-rays	\$0	\$0	\$0	\$0	\$0	
<b>Comprehensive Services</b>						
• Fillings	50%	20%	\$0	\$0	50%	
• Palliative treatment						
• Simple extractions						
• Denture repairs						
• Root canals and oral surgery	--	20%	\$0	\$0	--	
<b>Major Restorative Services</b>						
• Crowns & onlays	--	--	--	--	--	
• Periodontal services	--	--	--	--	--	

## \$0 NATIONAL GYM MEMBERSHIP ENHANCED!

We've made our gym benefit even better with **Silver&Fit®**. You can now select from a variety of home fitness kits, as well as over **14,000** fitness centers across the country.

Choose from more than **45** local fitness centers—including most of the YMCA and Anytime Fitness locations in RI. Here are the participating facilities\*:

### Barrington

Anytime Fitness-Club 4784  
†YMCA of Greater Providence-Bayside Family

### Bristol

Anytime Fitness-Club 2133  
Bristol Total Fitness

### Burrillville

Anytime Fitness-Club 3119

### Cranston

†LA Fitness  
Renegade Fitness  
†YMCA of Greater Providence-Cranston

### Coventry

Anytime Fitness-Club 2554  
Planet Fitness

### Cumberland

†Boys and Girls Club Cumberland-Lincoln  
Fore Court Racquet & Fitness Club  
Planet Fitness

### East Greenwich

†Absolute Fitness  
†Healthtrax Fitness & Wellness

### East Providence

†Healthtrax Fitness & Wellness

### Johnston

Anytime Fitness-Club 1136

### Lincoln

†MacColl YMCA

### Middletown

Anytime Fitness-Club 5187  
Newport County YMCA

### Narragansett

Anytime Fitness-Club 1875

### Newport

Anytime Fitness  
†Newport YMCA

### North Kingstown

Anytime Fitness-Club 3986  
Ocean State Community Wellness

### Pawtucket

†LA Fitness  
†Pawtucket Family YMCA

### Portsmouth

Common Fence Point YMCA

### Providence

VP Fitness, LLC  
†YMCA of Greater Providence-East Side  
Mount Hope

### Richmond

Anytime Fitness-Club 2710

### Smithfield

†Smithfield YMCA

### Tiverton

Atlantic Health & Fitness

### Wakefield

River Bend Athletic Club  
Luxe Fitness Clubs  
The Wellness & Fitness Center at South County Hospital  
†YMCA of Greater Providence-South County

### Warren

426 Fitness, LLC

### Warwick

Anytime Fitness-Club 4286  
Anytime Fitness-Club 5107  
†Healthtrax Fitness & Wellness  
†LA Fitness  
Pro Fitness  
†YMCA of Greater Providence-Kent County

### West Warwick

Curves - 6608  
Forever Fit, Inc.

### Westerly

Luxe Fitness Clubs

### Woonsocket

The Gym, LLC  
Landmark Heart Center  
Planet Fitness  
†Woonsocket YMCA

### Just over the border:

#### Seekonk, MA

†Newman YMCA



**Memberships include:**  
Unlimited use of gyms and fitness classes, plus home fitness options.

### BENEFITS FOR ALL

## OVER-THE-COUNTER (OTC) BENEFIT PROGRAM ENHANCED!

### Providing more freedom, more convenience, and more flexibility

#### One of our most popular benefits is getting an upgrade in 2021!

All of our BCBSRI Medicare Advantage members will get a debit card loaded with \$25-\$200/quarter to buy a wide range of health-related items such as cold remedies and personal care items. Now redeemable in-person at the following national retail stores:

- Walmart
- Family Dollar
- Walgreens
- Dollar General
- Rite Aid
- CVS Pharmacy®

### Three easy ways to use your OTC benefit

Once you receive your OTC debit card, you can redeem your benefit any of the following ways:



#### In-person

Use your debit card at all **Walmart, Dollar General, Family Dollar, Rite Aid, Walgreens, and CVS Pharmacy®** retail stores.

For added convenience, **download the OTC Network app\*** to scan products in stores to determine eligibility and check your card balance.



#### Online

**Log in to [nationsotc.com/BCBSRI](https://nationsotc.com/BCBSRI)** with your 19-digit card number. Select products, add to basket, and checkout. Items will be shipped to you at no cost.



#### Phone

Call **1-866-304-2138** to order products over the phone. Items will be shipped to you at no cost.



#### Additional program guidelines<sup>18</sup>

- You will receive your online order within 2-5 business days.
- **Questions?** Call NationsOTC at **1-866-304-2138**.

\*This list is current as of August 31, 2020. For the most updated information, visit [bcsri.com/medicare/member/wellness](https://bcsri.com/medicare/member/wellness). †Facility has a swimming pool.

\*Download the app from the App Store or Google Play. Apple and the Apple logo are trademarks of Apple Inc., registered in the U.S. and other countries. App Store is a service mark of Apple Inc. Google Play is a trademark of Google Inc.

Adding more ways to access your OTC benefits!

## WE'RE HERE TO HELP!



### Call

**New to BCBSRI?** 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., October 1 – March 31.)  
You can use our automated answering system outside of these hours.

**Already a BCBSRI Medicare member?** Call the Medicare Concierge team at **(401) 277-2958** or **1-800-267-0439** (TTY: 711).

**Hours:** Monday through Friday, 8:00 a.m. to 8:00 p.m.; Saturday, 8:00 a.m. to noon. (Open seven days a week, 8:00 a.m. to 8:00 p.m., October 1 - March 31.) You can use our automated answering system outside of these hours.



### Click

Visit [bcsri.com/medicare](https://bcsri.com/medicare) to compare plans, get recommendations, and apply. On our interactive new site, you can watch videos to learn about our benefits, schedule a one-on-one appointment, and attend meetings from the comfort of your own home.

Once you're a BCBSRI member, get access to your digital ID card, electronic documents (go paperless!), claim status, and benefit information by registering at [myBCBSRI.com](https://myBCBSRI.com).



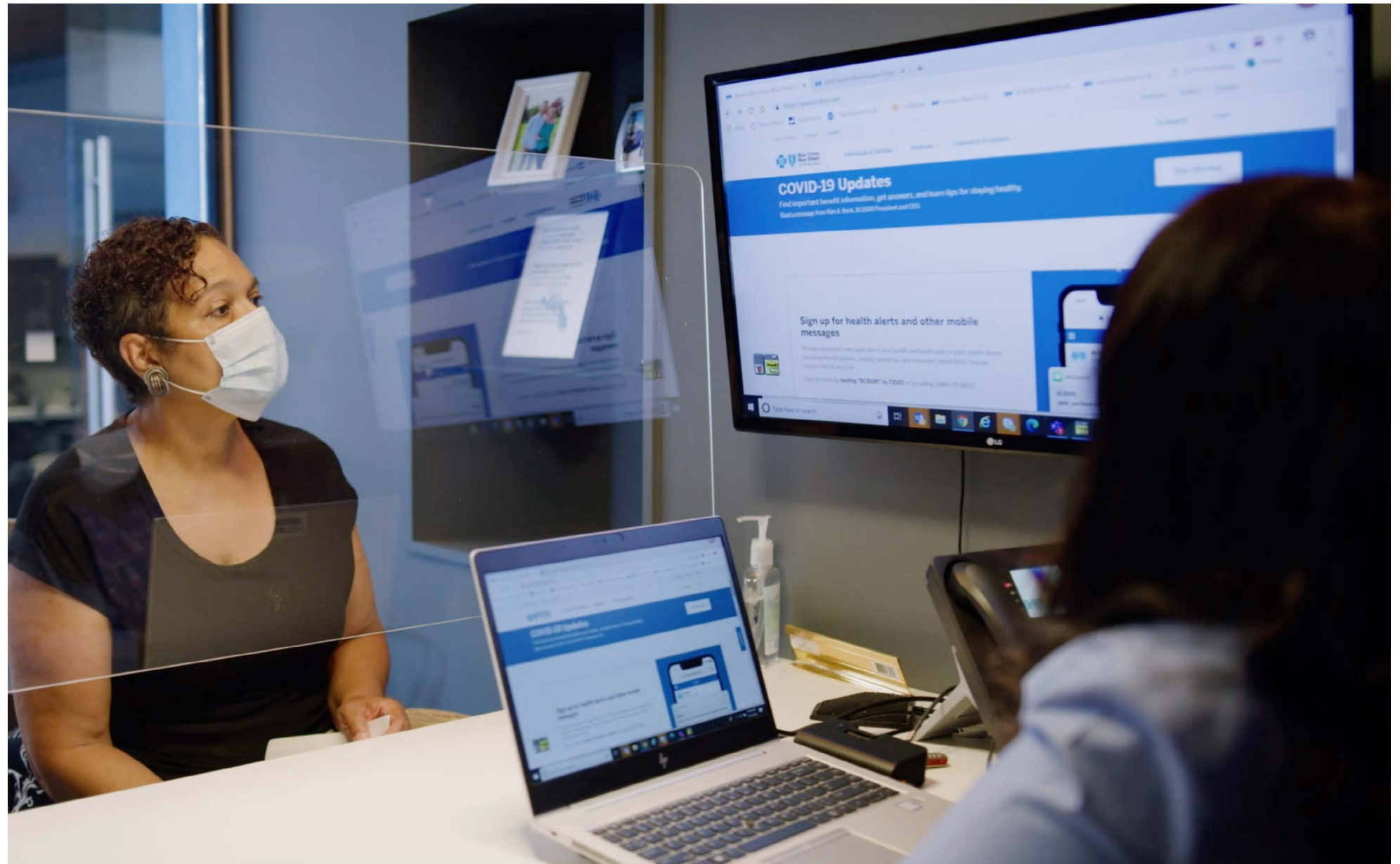
### Come by Your Blue Store<sup>SM</sup> retail locations

**CRANSTON**  
Marshalls Plaza  
1325 Oaklawn Ave.

**LINCOLN**  
Lincoln Mall Shopping Center  
622 George Washington Hwy.

**EAST PROVIDENCE**  
Highland Commons  
71 Highland Ave.

**WARWICK**  
Cowesett Corners  
300 Quaker Ln.



### Your Blue Store retail locations\*

In our retail stores you can:

- **Learn how to make the most of your benefits**
- **Meet with our nurses and dietitians**
- **Find the plan that's right for you**

Due to COVID-19, we are now offering our popular fitness classes and educational programming online through Facebook Live.

\*Our Your Blue Store locations follow state and federal guidelines during emergencies. Please check [bcsri.com/yourbluestore](https://bcsri.com/yourbluestore) for information regarding special senior hours, store opening status (including capacity limits), and fitness programming information.

#### Store hours:

Monday through Friday - 8:00 a.m. to 5:00 p.m. (Saturday - 9:00 a.m. to 1:00 p.m. during the Medicare Advantage Annual Election Period, October 15 – December 7)

## FOOTNOTES

<sup>1</sup>Transportation benefit consists of 24 one-way trips.

<sup>2</sup>Virgin Pulse® is an independent wellness company, contracted by Blue Cross & Blue Shield of Rhode Island to provide wellness services.

<sup>3</sup>Check your EOC for details and specific eligibility requirements about each of the benefits listed in this brochure.

<sup>4</sup>Available within our service area for HMO & HMO-POS plans only/PPO plan has out-of-service benefit of 50% coinsurance/trip. Any trip over 20 miles will count as additional trips and will be subtracted from your 24 trip total. Call 1-833-972-2774 or visit [bcbsri.kaizenhealth.org](http://bcbsri.kaizenhealth.org) to set up a ride.

<sup>5</sup>Get a week's worth of meals delivered to your door up to four times a year when you get home from an inpatient hospital stay. For more information on the meals program, call 1-833-853-8946 (toll free) and provide your BCBSRI Member ID number.

<sup>6</sup>The 20% CVS discount is not a plan benefit and is restricted to items purchased for the healthcare of cardholder and applies to regularly priced CVS Pharmacy Brand health-related items valued at \$1 or more. Excludes prescriptions and any items reimbursed by federal healthcare programs. Products and services subject to the ExtraCare Health Card discount are neither offered nor guaranteed under Blue Cross & Blue Shield of Rhode Island's contract with Medicare. In addition, they are not subject to the Medicare appeals process. Purchases eligible for the ExtraCare Health Card discounts will not count toward your true-out-of-pocket (TrOOP) costs under our plan. Any disputes regarding these products and services may be subject to Blue Cross & Blue Shield of Rhode Island's grievance process. Other pharmacies are available in our network. You are not obligated to fill your prescriptions at CVS Pharmacy by using this value added service. Cannot be combined with OTC benefit.

<sup>7</sup>For all plans except HealthMate for Medicare (PPO).

<sup>8</sup>Pay \$0 copay for a 90-day supply of many generic drugs in Tiers 1 & 2. Your actual savings depend on the drugs you take. Call 1-855-457-1205 to switch. Available with all plans except BlueCHiP for Medicare Core. AllianceRx Walgreens Prime Mail Service is a home delivery pharmacy service operated by Walgreens Specialty Pharmacy Holding LLC. AllianceRx Walgreens Prime Mail Service is offered by Prime Therapeutics LLC, a separate company that provides pharmacy benefit management services for Rhode Island.

<sup>9</sup>Hearing benefit is administered through NationsHearing. To get started, call 1-866-708-1234 (TTY:711) or visit [nationshearing.com/BCBSRI](http://nationshearing.com/BCBSRI).

<sup>10</sup>In the case of an emergency, you should always call 911. Doctors Online is not intended to replace these services and should not be used in those circumstances. Doctors Online is a telemedicine service provided by American Well®, an independent company that administers Doctors Online on behalf of BCBSRI.

<sup>11</sup>Available on select insulins.

<sup>12</sup>As of August 2020, the 4 southeastern MA hospitals in the Traditional Network are Sturdy Memorial Hospital, Charlton Memorial Hospital, St. Lukes Hospital, and Fuller Hospital.

<sup>13</sup>BlueCHiP for Medicare Value, BlueCHiP for Medicare Extra, and BlueCHiP for Medicare Preferred

<sup>14</sup>Refer to the BlueCHiP for Medicare Value ACCESS Program Evidence of Coverage (EOC) for a complete list of benefits.

<sup>15</sup>Doctor of acupuncture not included.

<sup>16</sup>Receive a \$200 quarterly OTC benefit. Benefit amount expires quarterly.

<sup>17</sup>Some exclusions may apply. This information is not a complete description of benefits. Call the Medicare Sales team at 1-800-505-BLUE (2583) (TTY: 711) for more information.

<sup>18</sup>Unused benefits do not roll over to the next benefit period. You cannot exceed your quarterly benefit amount.

## WHAT YOU NEED TO KNOW: ENROLLMENT

Learn everything you need to know about BlueCHiP for Medicare or HealthMate for Medicare enrollment, including how enrollment periods work, how to enroll, and what you should expect after you enroll.

### Understanding enrollment periods

(When you can enroll or change your plan)

#### To enroll for the first time:

##### Initial Coverage Election Period

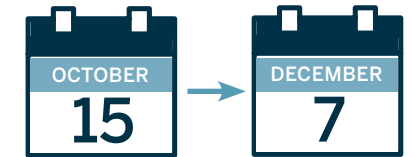
- From three months before until three months after you become eligible for Medicare (a total of 7 months)



#### To re-enroll or change your coverage:

##### Medicare Advantage Annual Election Period

- October 15 to December 7
- Coverage effective January 1

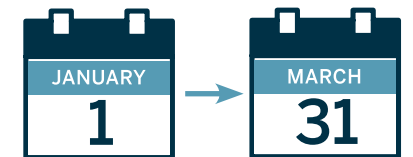


#### To change to another Medicare plan:

##### (one-time opportunity)

##### Medicare Advantage Open Enrollment Period

- January 1 to March 31



#### If you have special circumstances:

##### Special Election Period

- You can make changes to your Medicare Advantage coverage during certain life event changes, like moving or losing your health insurance coverage



### Have questions or need help enrolling?

**Call:** (401) 351-BLUE (2583) or toll-free 1-800-505-BLUE (2583), or TTY: 711.

**Hours:** October 1 – March 31, seven days a week, 8:00 a.m. to 8:00 p.m.  
April 1 – September 30, Monday – Friday, 8:00 a.m. to 8:00 p.m.

## HOW TO ENROLL

Once you've selected a Medicare Advantage plan, you can enroll any of these ways:



### By paper form (provided with this guide):

- **Mail the form to:**

Membership Department – 00083  
Blue Cross & Blue Shield of Rhode Island  
500 Exchange Street, Providence, RI 02903-9743; or

- **Fax the form to:** (401) 459-5649.



**To avoid processing delays, please ensure that your form is filled out completely. It is very important that you sign and date the form.**

*If you are completing the form for someone else:*

- Be sure to sign the form and note your relationship to the enrollee.
- If you have durable power of attorney or legal guardianship for the enrollee's health decisions, please enclose a copy of the legal document with the form. Your signature certifies that:
  - You are authorized under state law to complete this enrollment, and
  - Documentation of this authority is available upon request.



### By telephone:

**Call our enrollment line at:** 1-877-969-2583 or TTY: 711

**Hours are:** October 1 – March 31, seven days a week, 8:00 a.m. to 8:00 p.m.

April 1 – September 30, Monday – Friday, 8:00 a.m. to 8:00 p.m.

Saturday, 8:00 a.m. to noon



### Join an informational meeting:

- Learn about your plan options and complete an enrollment form.
- Go to [bcbsri.com/medicare](https://bcbsri.com/medicare) to see a listing of all events.



### In-person at Your Blue Store<sup>SM</sup>:

For locations and hours, visit [bcbsri.com/yourbluestore](https://bcbsri.com/yourbluestore).



### Online:

- Through BCBSRI directly at [bcbsri.com/medicare](https://bcbsri.com/medicare) OR
- Through the CMS Medicare Online Enrollment Center at [Medicare.gov](https://www.Medicare.gov).

### What to expect after you enroll

Shortly after enrolling, you can expect to receive the following from Blue Cross & Blue Shield of Rhode Island:

#### Enrollment confirmation:

##### If you enroll by telephone or online:

You'll receive a confirmation number at the end of the call or session.

##### If you enroll by telephone, fax, mail, online, or in-person:

You'll receive a confirmation letter in the mail when Medicare approves your enrollment.

After receiving your enrollment form, we will send a letter to verify which plan you've selected and to make sure you understand the plan.

### Information about premium assistance:

If you qualify, you'll receive:

- A letter about how to get Extra Help from Medicare for your Part D prescription costs
- Information about eligibility for Medicare Savings Programs

### Welcome information:

You'll receive two packages in the mail:

1. Your BlueCHiP for Medicare or HealthMate for Medicare plan ID card
2. Important information about your plan and its benefits, including:
  - A form for our mail order service for prescription drugs
  - A form for you to name an official designee
  - A form to set up an electronic funds transfer

### Once you're a member:

- Ask questions and get to know other members by joining member education workshops. Find a complete listing of virtual and in-person events at [bcbsri.com/events](https://bcbsri.com/events).
- Visit [bcbsri.com/medicare](https://bcbsri.com/medicare) and learn about members-only discounts, programs, and health information.
- Register for **myBCBSRI**, an online experience, tailored to you. **myBCBSRI** gives you easy access to digital ID cards, electronic documents (go paperless!), claim status, and benefit information. It's easy to register — have your ID number handy and visit [myBCBSRI.com](https://myBCBSRI.com).
- Begin using your medical and pharmacy benefits on your effective date, which is noted in the enrollment confirmation letter we'll send to you.
- Enroll in Care Management at no cost to talk to a BCBSRI healthcare professional—a nurse, social worker, health advocate, or dietitian—about your health. They can work with you and your provider to help you follow your treatment plan and improve your health. Call **(401) 459-2273** or (CARE) **1-800-637-3718**, ext. 2273 (TTY: 711).

## SCOPE OF SALES APPOINTMENT CONFIRMATION FORM

### To be completed by Medicare beneficiary (or authorized representative).

Please initial below in the box beside the plan type you want the agent to discuss with you (refer to page 2 for product type descriptions). If you do not want the agent to discuss a plan type with you, please leave the box empty. (Please note that an agent may also discuss a Medicare Supplement policy with you.)

Stand-alone Medicare Prescription Drug Plans (Part D) Medicare Prescription Drug Plan (PDP)

Medicare Advantage Plans (Part C), Medicare Advantage Prescription Drug Plans, and other Medicare Plans

By signing this you are agreeing to a sales meeting with a sales agent to discuss the specific types of products you checked above. The person who will be discussing plan options with you is either employed or contracted by a Medicare health plan or prescription drug plan that is not the Federal government, and they may be compensated based on your enrollment in a plan.

Signing this does NOT affect your current enrollment, nor will it enroll you in a Medicare Advantage Plan, Prescription Drug Plan, or other Medicare plan. Beneficiaries are not obligated to enroll in a plan.

Beneficiary Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you are the authorized representative, you must sign above and provide the following information:

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

Relationship to Beneficiary: \_\_\_\_\_

### To be completed by Agent (all fields below are required):

Agent Name:	Agent Phone Number: (    )
Beneficiary Name:	Beneficiary Phone Number: (    )
Beneficiary Address:	
Initial Method of Contact: <i>(Indicate here if beneficiary was a walk-in.)</i>	
Agent's Signature:	
Date Appointment Completed:	

Brokers, please fax to (401) 459-5025 or email to [MedicareEnrollmentIntake@bcbsri.org](mailto:MedicareEnrollmentIntake@bcbsri.org).



## Stand-alone Medicare Prescription Drug Plans (Part D) Medicare Prescription Drug Plan (PDP)

**Medicare Prescription Drug Plan (PDP)** – A stand-alone drug plan that adds prescription drug coverage to the Original Medicare Plan, some Medicare Cost Plans, some Medicare Private-Fee-For-Service Plans, and Medicare Medical Savings Account Plans.

## Medicare Advantage (Part C), Medicare Advantage Prescription Drug Plans, and other Medicare Plans

**Medicare Health Maintenance Organization (HMO)** – A Medicare Advantage Plan that must cover all Part A and Part B healthcare. In most HMOs, you can only go to doctors, specialists, or hospitals in the plan's network except in an emergency.

**Medicare Preferred Provider Organization (PPO) Plan** – A type of Medicare Advantage Plan available in a local or regional area in which you pay less if you use doctors, hospitals, and providers that belong to the network. You can use doctors, hospitals, and providers outside of the network for an additional cost.

**Medicare Private Fee-For-Service (PFFS) Plan** – A type of Medicare Advantage Plan in which you may go to any Medicare-approved doctor or hospital that accepts the plan's payment terms and conditions.

**Medicare Special Needs Plan (SNP)** – A special type of Medicare Advantage Plan that provides more focused and specialized healthcare for specific groups of people, such as those who have both Medicare and Medicaid, who reside in a nursing home, or have certain chronic medical conditions.

**Medicare Medical Savings Account (MSA) Plan** – MSA Plans combine a high-deductible Medicare Advantage Plan and a bank account. The plan deposits money from Medicare in the account. You can use it to pay your medical expenses until your deductible is met.

**Medicare Cost Plan** – In a Medicare Cost Plan, if you get services outside of the plan's network without a referral, your Medicare-covered services will be paid for under the Original Medicare Plan (your Cost Plan pays for emergency services or urgently needed services).

# SUMMARY OF BENEFITS

January 1, 2021 - December 31, 2021

**BlueCHIP for Medicare Value** (HMO-POS)

**BlueCHIP for Medicare Extra** (HMO-POS)

**HealthMate for Medicare** (PPO)



## SUMMARY OF BENEFITS

**This is a summary of drug and health services covered by BlueCHIP for Medicare Value, BlueCHIP for Medicare Extra, and HealthMate for Medicare.**

**BlueCHIP for Medicare Value** and **BlueCHIP for Medicare Extra** are Medicare Advantage Health Maintenance Organization (HMO) plans with a Point of Service Option (POS) with a Medicare contract. **HealthMate for Medicare** is a Medicare Advantage Preferred Provider Organization (PPO) plan with a Medicare contract. Enrollment in these plans depends on contract renewal.

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the “**Evidence of Coverage.**”

If you want to know more about the coverage and costs of Original Medicare, look in your current “**Medicare & You**” handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

**BlueCHIP for Medicare Value** and **BlueCHIP for Medicare Extra** have a network of doctors, hospitals, pharmacies, and other providers. If you use providers that are not in our network, the plan may not pay for these services. These plans also require you to get referrals for some specialist visits from your PCP.

**For BlueCHIP for Medicare Value** and **BlueCHIP for Medicare Extra** you can use providers that are not in our network for some services.

**HealthMate for Medicare** (PPO) has a network of doctors, hospitals, pharmacies, and other providers. Using services in-network can cost less than using out-of-network services, except for emergency or urgently needed services or out-of-area dialysis services. This plan does not require you to get referrals for services.

To join **BlueCHIP for Medicare Value**, **BlueCHIP for Medicare Extra**, and **HealthMate for Medicare**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in Rhode Island: Providence, Kent, Washington, Bristol, and Newport.

This information is available for free in other languages and alternate formats including Spanish, Portuguese and large print.

For more information, interested prospects can 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 – March 31.) You can use our automated answering system outside of these hours.

If you are a member of our plan and would like more information, please call the Medicare Concierge team at (401) 277-2958 or 1-800-267-0439 (TTY: 711). Hours: October 1 – March 31, you can call us seven days a week, 8:00 a.m. to 8:00 p.m. From April 1 – September 30, you can call us Monday through Friday, 8:00 a.m. to 8:00 p.m. Saturday, 8:00 a.m. to noon. You can use our automated answering system outside of these hours.

You can see our plan’s provider and pharmacy directories at [bcbsri.com/medicare](https://bcbsri.com/medicare).

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website at [bcbsri.com/medicare](https://bcbsri.com/medicare).

Premiums and Benefits	BlueCHIP for Medicare Value (HMO-POS)	BlueCHIP for Medicare Value ACCESS (HMO-POS)
Monthly Plan Premium	\$0 You must continue to pay your Medicare Part B premium.	\$0 You must continue to pay your Medicare Part B premium.
Annual Medical Deductible	This plan does not have a medical deductible.	This plan does not have a medical deductible.
Maximum Out-of-Pocket Amount (does not include prescription drugs)	<ul style="list-style-type: none"> <li>\$5,000 annually for services you receive from in-network providers</li> <li>\$5,000 annually for services you receive from out-of-network providers</li> </ul>	<ul style="list-style-type: none"> <li>\$5,000 annually for services you receive from in-network providers</li> <li>\$5,000 annually for services you receive from out-of-network providers</li> </ul>
Inpatient Hospital Coverage*	<ul style="list-style-type: none"> <li>In-network: \$365 copay per day for days 1-5</li> </ul> <p>Our plan covers an unlimited number of days for an in-network inpatient hospital stay.</p> <ul style="list-style-type: none"> <li>Out-of-network: 20% of the cost</li> </ul> <p>Out-of-network stays are limited to 90 days.</p> <p>Copays for hospital benefits are based on benefit periods. You pay these amounts each benefit period until you reach the in-network or out-of-network out-of-pocket maximum.</p>	<ul style="list-style-type: none"> <li>In-network: \$0 copay per day for days 1-5</li> </ul> <p>Our plan covers an unlimited number of days for an in-network inpatient hospital stay.</p> <ul style="list-style-type: none"> <li>Out-of-network: 20% of the cost</li> </ul> <p>Out-of-network stays are limited to 90 days.</p> <p>Copays for hospital benefits are based on benefit periods. You pay these amounts each benefit period until you reach the in-network or out-of-network out-of-pocket maximum.</p>
Outpatient Hospital Coverage*	<ul style="list-style-type: none"> <li>In-network: \$300 copay per visit</li> <li>Out-of-network: 20% of the cost</li> </ul>	<ul style="list-style-type: none"> <li>In-network: \$0</li> <li>Out-of-network: 20% of the cost</li> </ul>
Doctor's Office Visits: • Primary care	<ul style="list-style-type: none"> <li>In-network: \$0 PCMH or \$35 non-PCMH copay per visit</li> <li>Out-of-network: 20% of the cost</li> </ul>	<ul style="list-style-type: none"> <li>In-network: \$0 copay per visit</li> <li>Out-of-network: 20% of the cost</li> </ul>
• Specialist	<ul style="list-style-type: none"> <li>In-network: \$30 copay per visit</li> <li>Out-of-network: 20% of the cost</li> </ul> <p>Referral is required for specialist visits.</p>	<ul style="list-style-type: none"> <li>In-network: \$0 copay per visit</li> <li>Out-of-network: 20% of the cost</li> </ul> <p>Referral is required for specialist visits.</p>

BlueCHIP for Medicare Extra (HMO-POS)	HealthMate for Medicare (PPO)
\$99 per month You must continue to pay your Medicare Part B premium.	\$110 per month You must continue to pay your Medicare Part B premium.
This plan does not have a medical deductible.	This plan does not have a medical deductible.
<ul style="list-style-type: none"> <li>\$4,125 annually for services you receive from in-network providers</li> <li>\$5,000 annually for services you receive from out-of-network providers</li> </ul>	<ul style="list-style-type: none"> <li>\$4,000 annually, combined, for services you receive from in-network providers</li> <li>\$4,000 annually, combined, for services you receive from out-of-network providers</li> </ul>
<ul style="list-style-type: none"> <li>In-network: \$275 copay per day for days 1-5</li> </ul> <p>Our plan covers an unlimited number of days for an in-network inpatient hospital stay.</p> <ul style="list-style-type: none"> <li>Out-of-network: 20% of the cost</li> </ul> <p>Out-of-network stays are limited to 90 days.</p> <p>Copays for hospital benefits are based on benefit periods. You pay these amounts each benefit period until you reach the in-network or out-of-network out-of-pocket maximum.</p>	<ul style="list-style-type: none"> <li>In-network: \$275 copay per day for days 1-5</li> </ul> <p>Our plan covers an unlimited number of days for an in-network inpatient hospital stay.</p> <ul style="list-style-type: none"> <li>Out-of-network: 20% of the cost</li> </ul> <p>Out-of-network stays are limited to 90 days.</p> <p>Copays for hospital benefits are based on benefit periods. You pay these amounts each benefit period until you reach the combined in-network and out-of-network out-of-pocket maximum.</p>
<ul style="list-style-type: none"> <li>In-network: \$250 copay per visit</li> <li>Out-of-network: 20% of the cost</li> </ul>	<ul style="list-style-type: none"> <li>In-network: \$250 copay per visit</li> <li>Out-of-network: \$500 copay per visit</li> </ul>
<ul style="list-style-type: none"> <li>In-network: \$0 PCMH or \$10 non-PCMH copay per visit</li> <li>Out-of-network: 20% of the cost</li> </ul>	<ul style="list-style-type: none"> <li>In-network: \$0 PCMH or \$10 non-PCMH copay per visit</li> <li>Out-of-network: \$25 copay per visit</li> </ul>
<ul style="list-style-type: none"> <li>In-network: \$25 copay per visit</li> <li>Out-of-network: 20% of the cost</li> </ul> <p>Referral is required for specialist visits.</p>	<ul style="list-style-type: none"> <li>In-network: \$25 copay per visit</li> <li>Out-of-network: \$50 copay per visit</li> </ul>

Premiums and Benefits	BlueCHIP for Medicare Value (HMO-POS)	BlueCHIP for Medicare Value ACCESS (HMO-POS)
Preventive Care	<ul style="list-style-type: none"> <li>In-network: \$0</li> <li>Out-of-network: 20% of the cost</li> </ul> Any additional preventive services approved by Medicare during the contract year will be covered.	<ul style="list-style-type: none"> <li>In-network: \$0</li> <li>Out-of-network: 20% of the cost</li> </ul> Any additional preventive services approved by Medicare during the contract year will be covered.
Emergency Care	\$90 copay per visit  If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Coverage" section of this booklet for other costs.	\$0 copay per visit  See the "Inpatient Hospital Coverage" section of this booklet for other costs.
Urgently Needed Services	\$60 copay per visit	\$0 copay per visit
Diagnostic Services/ Labs/Imaging:* • High-tech diagnostic radiology services (such as MRIs, CT scans, etc.)	<ul style="list-style-type: none"> <li>In-network: \$150 copay per visit</li> <li>Out-of-network: 20% of the cost</li> </ul>	<ul style="list-style-type: none"> <li>In-network: \$0 copay per visit</li> <li>Out-of-network: 20% of the cost</li> </ul>
• Lab services	<ul style="list-style-type: none"> <li>In-network: \$0</li> <li>Out-of-network: 20% of the cost</li> </ul>	<ul style="list-style-type: none"> <li>In-network: \$0</li> <li>Out-of-network: 20% of the cost</li> </ul>
• Outpatient X-rays and diagnostic tests and procedures	<ul style="list-style-type: none"> <li>In-network: \$0</li> <li>Out-of-network: 20% of the cost</li> </ul>	<ul style="list-style-type: none"> <li>In-network: \$0</li> <li>Out-of-network: 20% of the cost</li> </ul>
• Therapeutic radiology	<ul style="list-style-type: none"> <li>In-network: \$10 copay per visit</li> <li>Out-of-network: 20% of the cost</li> </ul>	<ul style="list-style-type: none"> <li>In-network: \$0</li> <li>Out-of-network: 20% of the cost</li> </ul>
Hearing Services: • Hearing exam - routine	<ul style="list-style-type: none"> <li>In-network: \$0</li> <li>Out-of-network: 20% of the cost</li> </ul> Limit one visit per year.	<ul style="list-style-type: none"> <li>In-network: \$0</li> <li>Out-of-network: 20% of the cost</li> </ul> Limit one visit per year.
• Hearing exam - diagnostic/non-routine	<ul style="list-style-type: none"> <li>In-network: \$30 copay per visit</li> <li>Out-of-network: 20% of the cost</li> </ul>	<ul style="list-style-type: none"> <li>In-network: \$0 copay per visit</li> <li>Out-of-network: 20% of the cost</li> </ul>
• Hearing aid	You pay \$200-\$1,675 for each hearing aid. Coverage is for 2 hearing aids every 3 years.	You pay \$200-\$1,675 for each hearing aid. Coverage is for 2 hearing aids every 3 years.

BlueCHIP for Medicare Extra (HMO-POS)	HealthMate for Medicare (PPO)
<ul style="list-style-type: none"> <li>In-network: \$0</li> <li>Out-of-network: 20% of the cost</li> </ul> Any additional preventive services approved by Medicare during the contract year will be covered.	<ul style="list-style-type: none"> <li>In-network: \$0</li> <li>Out-of-network: \$25 copay per visit</li> </ul> Any additional preventive services approved by Medicare during the contract year will be covered.
\$90 copay per visit  If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.  See the "Inpatient Hospital Coverage" section of this booklet for other costs.	\$90 copay per visit  If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.  See the "Inpatient Hospital Coverage" section of this booklet for other costs.
\$50 copay per visit	\$50 copay per visit
<ul style="list-style-type: none"> <li>In-network: \$125 copay per visit</li> <li>Out-of-network: 20% of the cost</li> </ul>	<ul style="list-style-type: none"> <li>In-network: \$100 copay per visit</li> <li>Out-of-network: \$200 copay per visit</li> </ul>
<ul style="list-style-type: none"> <li>In-network: \$0</li> <li>Out-of-network: 20% of the cost</li> </ul>	<ul style="list-style-type: none"> <li>In-network: \$0 copay per visit</li> <li>Out-of-network: \$10 copay per visit</li> </ul>
<ul style="list-style-type: none"> <li>In-network: \$0</li> <li>Out-of-network: 20% of the cost</li> </ul>	<ul style="list-style-type: none"> <li>In-network: \$0</li> <li>Out-of-network: \$10 copay per visit</li> </ul>
<ul style="list-style-type: none"> <li>In-network: \$0</li> <li>Out-of-network: 20% of the cost</li> </ul>	<ul style="list-style-type: none"> <li>In-network: \$0</li> <li>Out-of-network: \$10 copay per visit</li> </ul>
<ul style="list-style-type: none"> <li>In-network: \$0</li> <li>Out-of-network: 20% of the cost</li> </ul> Limit one visit per year.	<ul style="list-style-type: none"> <li>In-network: \$0</li> <li>Out-of-network: \$50 copay per visit</li> </ul> Limit one visit per year.
<ul style="list-style-type: none"> <li>In-network: \$25 copay per visit</li> <li>Out-of-network: 20% of the cost</li> </ul>	<ul style="list-style-type: none"> <li>In-network: \$25 copay per visit</li> <li>Out-of-network: \$50 copay per visit</li> </ul>
You pay \$200-\$1,675 for each hearing aid. Coverage is for 2 hearing aids every 3 years.	<ul style="list-style-type: none"> <li>You pay \$200-\$1,675 for each hearing aid. Coverage is for 2 hearing aids every 3 years.</li> <li>Out-of-network: You pay 50% coinsurance for hearing aids and services. The plan will cover up to \$300 per ear. Coverage is for 2 hearing aids every 3 years.</li> </ul>

Premiums and Benefits	BlueCHIP for Medicare Value (HMO-POS)	BlueCHIP for Medicare Value ACCESS (HMO-POS)
Dental Services* • Medicare covered	<ul style="list-style-type: none"> <li>In-network: 20% of the cost</li> <li>Out-of-network: 20% of the cost</li> </ul> Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth).	<ul style="list-style-type: none"> <li>In-network: \$0</li> <li>Out-of-network: 20% of the cost</li> </ul> Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth).
• Preventive	\$0 of the cost for covered services	\$0 of the cost for covered services
• Comprehensive	50% of the cost for covered services	\$0 of the cost for covered services
• Annual benefit maximum	\$1,000 limit on all covered dental services for preventive and comprehensive Dental Services	\$1,000 limit on all covered dental services for preventive and comprehensive dental services
Vision Services: • Vision exam - routine	<ul style="list-style-type: none"> <li>In-network: \$0</li> <li>Out-of-network: 20% of the cost</li> </ul> Limit one visit per year.	<ul style="list-style-type: none"> <li>In-network: \$0</li> <li>Out-of-network: 20% of the cost</li> </ul> Limit one visit per year.
• Vision exam - diagnostic/non-routine	<ul style="list-style-type: none"> <li>In-network: \$30 copay per visit</li> <li>Out-of-network: 20% of the cost</li> </ul>	<ul style="list-style-type: none"> <li>In-network: \$0</li> <li>Out-of-network: 20% of the cost</li> </ul>
• Vision eyewear	Our plan pays up to \$150 every year for eyewear.	Our plan pays up to \$150 every year for eyewear.
Mental Health Services:* • Inpatient visit	<ul style="list-style-type: none"> <li>In-network: \$365 copay per day for days 1-4</li> <li>Out-of-network: 20% of the cost</li> </ul> Our plan covers 90 days for an inpatient hospital stay.	<ul style="list-style-type: none"> <li>In-network: \$0 copay per day for days 1-4</li> <li>Out-of-network: 20% of the cost</li> </ul> Our plan covers 90 days for an inpatient hospital stay.
• Outpatient group/ individual therapy visit	<ul style="list-style-type: none"> <li>In-network: \$35 copay per visit</li> <li>Out-of-network: 20% of the cost</li> </ul>	<ul style="list-style-type: none"> <li>In-network: \$0 copay per visit</li> <li>Out-of-network: 20% of the cost</li> </ul>

BlueCHIP for Medicare Extra (HMO-POS)	HealthMate for Medicare (PPO)
<ul style="list-style-type: none"> <li>In-network: 20% of the cost</li> <li>Out-of-network: 20% of the cost</li> </ul> Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth).	<ul style="list-style-type: none"> <li>In-network: 20% of the cost</li> <li>Out-of-network: 50% of the cost</li> </ul> Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth).
\$0 of the cost for covered services	<ul style="list-style-type: none"> <li>In-network: \$0 of the cost for covered services</li> <li>Out-of-network: 50% of the cost</li> </ul>
\$0 of the cost for covered services	<ul style="list-style-type: none"> <li>In-network: \$0 of the cost for covered services</li> <li>Out-of-network: 50% of the cost</li> </ul>
\$1,500 limit on all covered dental services for preventive and comprehensive dental services	\$2,000 limit on all covered dental services for preventive and comprehensive dental services
<ul style="list-style-type: none"> <li>In-network: \$0</li> <li>Out-of-network: 20% of the cost</li> </ul> Limit one visit per year.	<ul style="list-style-type: none"> <li>In-network: \$0</li> <li>Out-of-network: \$50 copay per visit</li> </ul> Limit one visit per year.
<ul style="list-style-type: none"> <li>In-network: \$25 copay per visit</li> <li>Out-of-network: 20% of the cost</li> </ul>	<ul style="list-style-type: none"> <li>In-network: \$25 copay per visit</li> <li>Out-of-network: \$50 copay per visit</li> </ul>
Our plan pays up to \$150 every year for eyewear.	Our plan pays up to \$200 every year for eyewear.
<ul style="list-style-type: none"> <li>In-network: \$275 copay per day for days 1-4</li> <li>Out-of-network: 20% of the cost</li> </ul> Our plan covers 90 days for an inpatient hospital stay.	<ul style="list-style-type: none"> <li>In-network: \$275 copay per day for days 1-4</li> <li>Out-of-network: 20% of the cost</li> </ul> Our plan covers 90 days for an inpatient hospital stay.
<ul style="list-style-type: none"> <li>In-network: \$25 copay per visit</li> <li>Out-of-network: 20% of the cost</li> </ul>	<ul style="list-style-type: none"> <li>In-network: \$25 copay per visit</li> <li>Out-of-network: \$50 copay per visit</li> </ul>

Premiums and Benefits	BlueCHIP for Medicare Value (HMO-POS)	BlueCHIP for Medicare Value ACCESS (HMO-POS)
Skilled Nursing Facility (SNF)*	<p>In-network</p> <ul style="list-style-type: none"> <li>\$0 copay per day for days 1-20</li> <li>\$160 copay per day for days 21-45</li> <li>\$0 copay per day for days 46-100</li> </ul> <p>Out-of-network: 20% of the cost Our plan covers up to 100 days in a SNF. Copays for SNF benefits are based on benefit periods. You pay these amounts each benefit period until you reach the in-network or out-of-network out-of-pocket maximum.</p>	<p>In-network</p> <ul style="list-style-type: none"> <li>\$0 copay per day for days 1-20</li> <li>\$0 copay per day for days 21-45</li> <li>\$0 copay per day for days 46-100</li> </ul> <p>Out-of-network: 20% of the cost Our plan covers up to 100 days in a SNF. Copays for SNF benefits are based on benefit periods. You pay these amounts each benefit period until you reach the in-network or out-of-network out-of-pocket maximum.</p>
Physical therapy (PT), occupational therapy (OT), and speech and language therapy (ST) visit	<ul style="list-style-type: none"> <li>In-network: \$35 copay per provider per visit</li> <li>Out-of-network: 20% of the cost</li> </ul> <p>Referral is required for PT/OT/ST visits.</p>	<ul style="list-style-type: none"> <li>In-network: \$0 copay per provider per visit</li> <li>Out-of-network: 20% of the cost</li> </ul> <p>Referral is required for PT/OT/ST visits.</p>
Ambulance*	\$150 copay per trip	\$0 copay per trip
Transportation	\$0 copay per trip (some restrictions apply)	\$0 copay per trip (some restrictions apply)
Medicare Part B Drugs*	<ul style="list-style-type: none"> <li>In-network: 20% of the cost</li> <li>Out-of-network: 20% of the cost</li> </ul>	<ul style="list-style-type: none"> <li>In-network: \$0</li> <li>Out-of-network: 20% of the cost</li> </ul>
Ambulatory Surgery Center*	<ul style="list-style-type: none"> <li>In-network: \$300 copay per visit</li> <li>Out-of-network: 20% of the cost</li> </ul>	<ul style="list-style-type: none"> <li>In-network: \$0 copay per visit</li> <li>Out-of-network: 20% of the cost</li> </ul>
<b>Prescription Drug Benefits</b>		
Stage 1: Annual Prescription Deductible	No Prescription Drug Deductible	No Prescription Drug Deductible
Stage 2: Initial Coverage	<p>After you pay your annual prescription deductible, you pay the following until your total yearly drug costs reach \$4,130. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.</p> <p>You pay \$35 for select insulins through the coverage gap for a 30 day supply.</p> <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p>	<p>After you pay your annual prescription deductible, you pay the following until your total yearly drug costs reach \$4,130. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.</p> <p>You pay \$35 for select insulins through the coverage gap for a 30 day supply.</p> <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p>

BlueCHIP for Medicare Extra (HMO-POS)	HealthMate for Medicare (PPO)
<p>In-network</p> <ul style="list-style-type: none"> <li>\$0 copay per day for days 1-20</li> <li>\$135 copay per day for days 21-45</li> <li>\$0 copay per day for days 46-100</li> </ul> <p>Out-of-network: 20% of the cost Our plan covers up to 100 days in a SNF. Copays for SNF benefits are based on benefit periods. You pay these amounts each benefit period until you reach the in-network or out-of-network out-of-pocket maximum.</p>	<p>In-network</p> <ul style="list-style-type: none"> <li>\$0 copay per day for days 1-20</li> <li>\$130 copay per day for days 21-45</li> <li>\$0 copay per day for days 46-100</li> </ul> <p>Out-of-network: 20% of the cost Our plan covers up to 100 days in a SNF. Copays for SNF benefits are based on benefit periods. You pay these amounts each benefit period until you reach the in-network or out-of-network out-of-pocket maximum.</p>
<ul style="list-style-type: none"> <li>In-network: \$25 copay per provider per visit</li> <li>Out-of-network: 20% of the cost</li> </ul> <p>Referral is required for PT/OT/ST visits.</p>	<ul style="list-style-type: none"> <li>In-network: \$25 copay per provider per visit</li> <li>Out-of-network: \$50 copay per provider per visit</li> </ul>
\$150 copay per trip	\$150 copay per trip
\$0 copay per trip (some restrictions apply)	\$0 copay per trip (some restrictions apply)
<ul style="list-style-type: none"> <li>In-network: 20% of the cost</li> <li>Out-of-network: 20% of the cost</li> </ul>	<ul style="list-style-type: none"> <li>In-network: 20% of the cost</li> <li>Out-of-network: 30% of the cost</li> </ul>
<ul style="list-style-type: none"> <li>In-network: \$250 copay per visit</li> <li>Out-of-network: 20% of the cost</li> </ul>	<ul style="list-style-type: none"> <li>In-network: \$250 copay per visit</li> <li>Out-of-network: \$500 copay per visit</li> </ul>
No Prescription Drug Deductible	No Prescription Drug Deductible
<p>After you pay your annual prescription deductible, you pay the following until your total yearly drug costs reach \$4,130. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.</p> <p>You pay \$35 for select insulins through the coverage gap for a 30 day supply.</p> <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p>	<p>After you pay your annual prescription deductible, you pay the following until your total yearly drug costs reach \$4,130. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.</p> <p>You pay \$35 for select insulins through the coverage gap for a 30 day supply.</p>

Premiums and Benefits	BlueCHIP for Medicare Value (HMO-POS)		BlueCHIP for Medicare Value ACCESS (HMO-POS)	
	Preferred Retail 30-day supply	Standard Retail 30-day supply	Preferred Retail 30-day supply	Standard Retail 30-day supply
Pharmacy Network				
Tier 1: Preferred Generic	\$0 copay	\$8 copay	Follow LIS copays	Follow LIS copays
Tier 2: Non-Preferred Generic	\$0 copay	\$16 copay	Follow LIS copays	Follow LIS copays
Tier 3: Preferred Brand	\$47 copay	\$47 copay	Follow LIS copays	Follow LIS copays
Tier 4: Non-Preferred Brand	\$100 copay	\$100 copay	Follow LIS copays	Follow LIS copays
Tier 5: Specialty	33% of the cost	33% of the cost	Follow LIS copays	Follow LIS copays
	<b>Mail Order 90-day supply</b>		<b>Mail Order 90-day supply</b>	
Tier 1: Preferred Generic	\$0 copay		Follow LIS copays	
Tier 2: Non-Preferred Generic	\$0 copay		Follow LIS copays	
Tier 3: Preferred Brand	\$117.50 copay		Follow LIS copays	
Tier 4: Non-Preferred Brand	\$250 copay		Follow LIS copays	
Tier 5: Specialty	N/A		Follow LIS copays	
	You pay \$87.50 for select insulins through the coverage gap for a 90-day mail order supply.		Follow LIS copays	
Stage 3: Coverage Gap	<p>Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,130.</p> <p>After you enter the coverage gap, you pay 25% of the plan’s cost for generic and brand name drugs until your costs total \$6,550, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>		<p>Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,130.</p> <p>After you enter the coverage gap, you pay 25% of the plan’s cost for generic and brand name drugs until your costs total \$6,550, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>	

BlueCHIP for Medicare Extra (HMO-POS)		HealthMate for Medicare (PPO)
Preferred Retail 30-day supply	Standard Retail 30-day supply	Standard Retail 30-day supply
\$0 copay	\$8 copay	\$0 copay
\$4 copay	\$12 copay	\$0 copay
\$47 copay	\$47 copay	\$47 copay
\$100 copay	\$100 copay	\$100 copay
33% of the cost	33% of the cost	33% of the cost
<b>Mail Order 90-day supply</b>		<b>Mail Order 90-day supply</b>
\$0 copay		\$0 copay
\$0 copay		\$0 copay
\$117.50 copay		\$117.50 copay
\$250 copay		\$250 copay
N/A		N/A
You pay \$87.50 for select insulins through the coverage gap for a 90-day mail order supply.		You pay \$87.50 for select insulins through the coverage gap for a 90-day mail order supply.
<p>Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,130.</p> <p>After you enter the coverage gap, you pay 25% of the plan’s cost for generic and brand name drugs until your costs total \$6,550, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>		<p>Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,130.</p> <p>After you enter the coverage gap, you pay 25% of the plan’s cost for generic and brand name drugs until your costs total \$6,550, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p> <p>Under this plan, you have additional coverage in the gap. You will pay the lesser of the gap coverage coinsurance or the Tier 1 &amp; Tier 2 copays from the chart below.</p>

Premiums and Benefits	BlueCHIP for Medicare Value (HMO-POS)		BlueCHIP for Medicare Value ACCESS (HMO-POS)	
	Preferred Retail 30-day supply	Standard Retail 30-day supply	Preferred Retail 30-day supply	Standard Retail 30-day supply
Pharmacy Network				
Tier 1: Preferred Generic	Refer to Coverage Gap amounts	Refer to Coverage Gap amounts	Follow LIS copay amounts	Follow LIS copay amounts
Tier 2: Non-Preferred Generic				
	<b>Mail Order</b>		<b>Mail Order</b>	
Tier 1: Preferred Generic	Refer to Coverage Gap amounts		Follow LIS copays copay	
Tier 2: Non-Preferred Generic				
Stage 4: Catastrophic Coverage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$6,550, you pay the greater of:  5% of the cost, or \$3.70 copay for generic (including brand drugs treated as generic) and \$9.20 copay for all other drugs.	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$6,550, you pay the greater of:  5% of the cost, or \$3.70 copay for generic (including brand drugs treated as generic) and \$9.20 copay for all other drugs.		
<b>Additional Benefits</b>				
Chiropractic Office Visits	<ul style="list-style-type: none"> <li>In-network: \$20 copay per visit</li> <li>Out-of-network: 20% of the cost</li> </ul> Referral is required for specialist visits.	<ul style="list-style-type: none"> <li>In-network: \$0 copay per visit</li> <li>Out-of-network: 20% of the cost</li> </ul> Referral is required for specialist visits.		
Fitness Benefit - Silver&Fit	\$0 per month	\$0 per month		
Foot Care (podiatry services): • Foot exams and treatment	<ul style="list-style-type: none"> <li>In-network: \$30 copay per visit</li> <li>Out-of-network: 20% of the cost</li> </ul> Referral is required for specialist visits.	<ul style="list-style-type: none"> <li>In-network: \$0 copay per visit</li> <li>Out-of-network: 20% of the cost</li> </ul> Referral is required for specialist visits.		
• Routine foot care for members with certain medical conditions	<ul style="list-style-type: none"> <li>In-network: \$30 copay per visit</li> <li>Out-of-network: 20% of the cost</li> </ul> Referral is required for specialist visits.	<ul style="list-style-type: none"> <li>In-network: \$0 copay per visit</li> <li>Out-of-network: 20% of the cost</li> </ul> Referral is required for specialist visits.		
Medical Equipment/ Supplies:* • Durable medical equipment and prosthetics	<ul style="list-style-type: none"> <li>In-network: 20% of the cost</li> <li>Out-of-network: 20% of the cost</li> </ul>	<ul style="list-style-type: none"> <li>In-network: \$0</li> <li>Out-of-network: 20% of the cost</li> </ul>		
• Diabetes monitoring supplies	<ul style="list-style-type: none"> <li>In-network: \$0</li> <li>Out-of-network: 20% of the cost</li> </ul> You must use OneTouch plan-designated monitors and test strips.	<ul style="list-style-type: none"> <li>In-network: \$0</li> <li>Out-of-network: 20% of the cost</li> </ul> You must use OneTouch plan-designated monitors and test strips.		

BlueCHIP for Medicare Extra (HMO-POS)		HealthMate for Medicare (PPO)
Preferred Retail 30-day supply	Standard Retail 30-day supply	Standard Retail 30-day supply
Refer to Coverage Gap amounts	Refer to Coverage Gap amounts	\$0 copay
		\$0 copay
<b>Mail Order</b>		<b>Mail Order</b>
Refer to Coverage Gap amounts		\$0 copay
		\$0 copay
After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$6,550, you pay the greater of:  5% of the cost, or \$3.70 copay for generic (including brand drugs treated as generic) and \$9.20 copay for all other drugs.		After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$6,550, you pay the greater of:  5% of the cost, or \$3.70 copay for generic (including brand drugs treated as generic) and \$9.20 copay for all other drugs.
<ul style="list-style-type: none"> <li>In-network: \$20 copay per visit</li> <li>Out-of-network: 20% of the cost</li> </ul> Referral is required for specialist visits.		<ul style="list-style-type: none"> <li>In-network: \$20 copay per visit</li> <li>Out-of-network: \$40 copay per visit</li> </ul>
\$0 per month		<ul style="list-style-type: none"> <li>In-network: \$0 per month</li> <li>Out-of-network: Fitness kits for home use</li> </ul>
<ul style="list-style-type: none"> <li>In-network: \$25 copay per visit</li> <li>Out-of-network: 20% of the cost</li> </ul> Referral is required for specialist visits.		<ul style="list-style-type: none"> <li>In-network: \$25 copay per visit</li> <li>Out-of-network: \$50 copay per visit</li> </ul>
<ul style="list-style-type: none"> <li>In-network: \$25 copay per visit</li> <li>Out-of-network: 20% of the cost</li> </ul> Referral is required for specialist visits.		<ul style="list-style-type: none"> <li>In-network: \$25 copay per visit</li> <li>Out-of-network: \$50 copay per visit</li> </ul>
<ul style="list-style-type: none"> <li>In-network: 20% of the cost</li> <li>Out-of-network: 20% of the cost</li> </ul>		<ul style="list-style-type: none"> <li>In-network: 20% of the cost</li> <li>Out-of-network: 30% of the cost</li> </ul>
<ul style="list-style-type: none"> <li>In-network: \$0</li> <li>Out-of-network: 20% of the cost</li> </ul> You must use OneTouch plan-designated monitors and test strips.		<ul style="list-style-type: none"> <li>In-network: \$0</li> <li>Out-of-network: \$25 copay</li> </ul> You must use OneTouch plan-designated monitors and test strips.



Premiums and Benefits	BlueCHIP for Medicare Value (HMO-POS)	BlueCHIP for Medicare Value ACCESS (HMO-POS)
Virtual Doctor's Visits (Telemedicine)	\$0 copay per visit See a primary care or behavioral health provider using your computer or mobile device. (See EOC for more details)	\$0 copay per visit See a primary care or behavioral health provider using your computer or mobile device. (See EOC for more details)
Outpatient Surgery*	<ul style="list-style-type: none"> <li>In-network: \$300 copay per visit.</li> <li>Out-of-network: 20% of the cost</li> </ul>	<ul style="list-style-type: none"> <li>In-network: \$0 copay per visit.</li> <li>Out-of-network: 20% of the cost</li> </ul>
Over-the-Counter (OTC) Benefit	\$60 per quarter to use on approved health products	\$200 per quarter to use on approved health products

BlueCHIP for Medicare Extra (HMO-POS)	HealthMate for Medicare (PPO)
\$0 copay per visit See a primary care or behavioral health provider using your computer or mobile device. (See EOC for more details)	\$0 copay per visit See a primary care or behavioral health provider using your computer or mobile device. (See EOC for more details)
<ul style="list-style-type: none"> <li>In-network: \$250 copay per visit.</li> <li>Out-of-network: 20% of the cost</li> </ul>	<ul style="list-style-type: none"> <li>In-network: \$250 copay per visit.</li> <li>Out-of-network: \$500 copay per visit</li> </ul>
\$100 per quarter to use on approved health products	\$100 per quarter to use on approved health products

Existing members can call the Medicare Concierge team at (401) 277-2958 or 1-800-267-0439 (TTY:711) for more information. Non-members can call the Medicare Sales team at 1-800-505-BLUE (2583) (TTY:711).

09/20 BMED-448518-1281

## SUMMARY OF BENEFITS

January 1, 2021 - December 31, 2021

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**BlueCHIP for Medicare Advance (HMO)**

**BlueCHIP for Medicare Standard with Drugs (HMO)**

**BlueCHIP for Medicare Plus (HMO)**

**BlueCHIP for Medicare Preferred (HMO-POS)**

**BlueCHIP for Medicare Core (HMO)**



# SUMMARY OF BENEFITS

**This is a summary of drug and health services covered by BlueCHIP for Medicare Advance, BlueCHIP for Medicare Standard with Drugs, BlueCHIP for Medicare Plus, BlueCHIP for Medicare Preferred, and BlueCHIP for Medicare Core.**

**BlueCHIP for Medicare Advance, BlueCHIP for Medicare Standard with Drugs, BlueCHIP for Medicare Plus and BlueCHIP for Medicare Core** are Medicare Advantage Health Maintenance Organization (HMO) plans with a Medicare contract. **BlueCHIP for Medicare Preferred** (HMO-POS) is a Medicare Advantage HMO plan with a Point of Service Option (POS) with a Medicare contract. Enrollment in these plans depends on contract renewal.

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the “**Evidence of Coverage.**”

If you want to know more about the coverage and costs of Original Medicare, look in your current “**Medicare & You**” handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

**BlueCHIP for Medicare Advance, BlueCHIP for Medicare Standard with Drugs, BlueCHIP for Medicare Plus, BlueCHIP for Medicare Preferred, and BlueCHIP for Core** have a network of doctors, hospitals, pharmacies, and other providers. If you use providers that are not in our network, the plan may not pay for these services. These plans also require you to get referrals for some specialist visits from your PCP.

**For BlueCHIP for Medicare Preferred**, you can use providers that are not in our network for some services.

**BlueCHIP for Medicare Core** does not cover Part D prescription drugs.

To join **BlueCHIP for Medicare Advance, BlueCHIP for Medicare Standard with Drugs, BlueCHIP for Medicare Plus, BlueCHIP for Medicare Preferred, and BlueCHIP for Medicare Core**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in Rhode Island: Providence, Kent, Washington, Bristol, and Newport.

This information is available for free in other languages and alternate formats including Spanish, Portuguese and large print.

For more information, interested prospects can 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 – March 31.) You can use our automated answering system outside of these hours.

If you are a member of our plan and would like more information, please call the Medicare Concierge team at (401) 277-2958 or 1-800-267-0439 (TTY: 711). Hours: October 1 – March 31, you can call us seven days a week, 8:00 a.m. to 8:00 p.m. From April 1 – September 30, you can call us Monday through Friday, 8:00 a.m. to 8:00 p.m. Saturday, 8:00 a.m. to noon. You can use our automated answering system outside of these hours.

You can see our plan’s provider and pharmacy directories at [bcbsri.com/medicare](https://bcbsri.com/medicare).

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website at [bcbsri.com/medicare](https://bcbsri.com/medicare).

Premiums and Benefits	BlueCHIP for Medicare Advance (HMO)	BlueCHIP for Medicare Standard with Drugs (HMO)
Monthly Plan Premium	\$0 per month You must continue to pay your Medicare Part B premium	\$61 per month You must continue to pay your Medicare Part B premium
Annual Medical Deductible	This plan does not have a medical deductible.	This plan does not have a medical deductible.
Maximum Out-of-Pocket Amount (does not include prescription drugs)	\$5,000 annually for services you receive from in-network providers	\$4,500 annually for services you receive from in-network providers
Inpatient Hospital Coverage*	<ul style="list-style-type: none"> <li>• \$375 copay per day for days 1-5</li> <li>• \$0 copay per day for days 6 and beyond</li> </ul> <p>Our plan covers an unlimited number of days for an in-network inpatient hospital stay.</p>	<ul style="list-style-type: none"> <li>• \$290 copay per day for days 1-5</li> <li>• \$0 copay per day for days 6 and beyond</li> </ul> <p>Our plan covers an unlimited number of days for an in-network inpatient hospital stay.</p>
	Copays for hospital benefits are based on benefit periods. You pay these amounts each benefit period until you reach the in-network out-of-pocket maximum.	Copays for hospital benefits are based on benefit periods. You pay these amounts each benefit period until you reach the in-network out-of-pocket maximum.
Outpatient Hospital Coverage*	\$350 copay per visit	\$275 copay per visit
Doctor's Office Visits: • Primary care	\$0 copay per visit	\$0 PCMH or \$20 non-PCMH copay per visit

BlueCHIP for Medicare Plus (HMO)	BlueCHIP for Medicare Preferred (HMO-POS)	BlueCHIP for Medicare Core (HMO)
\$161 per month You must continue to pay your Medicare Part B premium	\$266 per month You must continue to pay your Medicare Part B premium	\$0 per month You must continue to pay your Medicare Part B premium
This plan does not have a medical deductible.	This plan does not have a medical deductible.	This plan does not have a medical deductible.
\$2,800 annually for services you receive from in-network providers	<ul style="list-style-type: none"> <li>• \$2,250 annually for services you receive from in-network providers</li> <li>• \$5,000 annually for services you receive from out-of-network providers</li> </ul>	\$3,500 annually for services you receive from in-network providers
<ul style="list-style-type: none"> <li>• \$190 copay per day for days 1-5</li> <li>• \$0 copay per day for days 6 and beyond</li> </ul> <p>Our plan covers an unlimited number of days for an in-network inpatient hospital stay.</p>	<ul style="list-style-type: none"> <li>• In-network: \$180 copay per day for days 1-5</li> <li>• \$0 copay per day for days 6 and beyond</li> </ul> <p>Our plan covers an unlimited number of days for an in-network inpatient hospital stay.</p> <ul style="list-style-type: none"> <li>• Out-of-network: 20% of the cost</li> </ul> <p>Out-of-network stays are limited to 90 days.</p>	<ul style="list-style-type: none"> <li>• \$180 copay per day for days 1-5</li> <li>• \$0 copay per day for days 6 and beyond</li> </ul> <p>Our plan covers an unlimited number of days for an in-network inpatient hospital stay.</p>
Copays for hospital benefits are based on benefit periods. You pay these amounts each benefit period until you reach the in-network out-of-pocket maximum.	Copays for hospital benefits are based on benefit periods. You pay these amounts each benefit period until you reach the in-network or out-of-network out-of-pocket maximum.	Copays for hospital benefits are based on benefit periods. You pay these amounts each benefit period until you reach the in-network out-of-pocket maximum.
\$150 copay per visit	<ul style="list-style-type: none"> <li>• In-network: \$150 copay per visit</li> <li>• Out-of-network: 20% of the cost</li> </ul>	\$150 copay per visit
\$0 PCMH or \$5 non-PCMH copay per visit	<ul style="list-style-type: none"> <li>• In-network: \$0 PCMH or \$5 non-PCMH copay per visit</li> <li>• Out-of-network: 20% of the cost</li> </ul>	\$0 PCMH or \$5 non-PCMH copay per visit

Premiums and Benefits	BlueCHIP for Medicare Advance (HMO)	BlueCHIP for Medicare Standard with Drugs (HMO)
• Specialist	\$35 copay per visit  Referral is required for specialist visits.	\$35 copay per visit  Referral is required for specialist visits.
Preventive Care	\$0  Any additional preventive services approved by Medicare during the contract year will be covered.	\$0  Any additional preventive services approved by Medicare during the contract year will be covered.
Emergency Care	\$90 copay per visit  If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.  See the "Inpatient Hospital Coverage" section of this booklet for other costs.	\$90 copay per visit  If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.  See the "Inpatient Hospital Coverage" section of this booklet for other costs.
Urgently Needed Services	\$60 copay per visit	\$50 copay per visit
Diagnostic Services/ Labs/Imaging:*	\$200 copay per visit	\$125 copay per visit
• High-tech diagnostic radiology services (such as MRIs, CT scans, etc.)		
• Lab services	\$5 copay per visit	\$5 copay per visit
• Outpatient X-rays and diagnostic tests and procedures	\$5 copay per visit	\$5 copay per visit
• Therapeutic radiology	\$20 copay per visit	\$5 copay per visit
Hearing Services: • Hearing exam - routine	\$0  Limit one visit per year.	\$0  Limit one visit per year.

BlueCHIP for Medicare Plus (HMO)	BlueCHIP for Medicare Preferred (HMO-POS)	BlueCHIP for Medicare Core (HMO)
\$25 copay per visit  Referral is required for specialist visits.	• In-network: \$25 copay per visit • Out-of-network: 20% of the cost  Referral is required for specialist visits.	\$25 copay per visit  Referral is required for specialist visits.
\$0  Any additional preventive services approved by Medicare during the contract year will be covered.	• In-network: \$0 • Out-of-network: 20% of the cost  Any additional preventive services approved by Medicare during the contract year will be covered.	\$0  Any additional preventive services approved by Medicare during the contract year will be covered.
\$75 copay per visit  If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.  See the "Inpatient Hospital Coverage" section of this booklet for other costs.	\$75 copay per visit  If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.  See the "Inpatient Hospital Coverage" section of this booklet for other costs.	\$90 copay per visit  If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.  See the "Inpatient Hospital Coverage" section of this booklet for other costs.
\$50 copay per visit	\$50 copay per visit	\$50 copay per visit
\$150 copay per visit	• In-network: \$150 copay per visit • Out-of-network: 20% of the cost	\$150 copay per visit
\$0	• In-network: \$0 • Out-of-network: 20% of the cost	\$0
\$0	• In-network: \$0 • Out-of-network: 20% of the cost	\$0
\$0	• In-network: \$0 • Out-of-network: 20% of the cost	\$0
\$0  Limit one visit per year.	• In-network: \$0 • Out-of-network: 20% of the cost  Limit one visit per year.	\$0  Limit one visit per year.

Premiums and Benefits	BlueCHIP for Medicare Advance (HMO)	BlueCHIP for Medicare Standard with Drugs (HMO)
• Hearing exam - diagnostic/non-routine	\$35 copay per visit	\$35 copay per visit
• Hearing aid	You pay \$200-\$1,675 for each hearing aid. Coverage is for 2 hearing aids every 3 years.	You pay \$200-\$1,675 for each hearing aid. Coverage is for 2 hearing aids every 3 years.
Dental Services* • Medicare covered	20% of the cost  Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth).	20% of the cost  Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth).
• Preventive	Not covered	\$0 of the cost for covered services
• Comprehensive	Not covered	20% of the cost for covered services
• Annual benefit maximum	Not covered	\$1,500 limit on all covered dental services for preventive and comprehensive dental services
Vision Services: • Vision exam - routine	\$0  Limit one visit per year.	\$0  Limit one visit per year.
• Vision exam - diagnostic/non-routine	\$35 copay per visit	\$35 copay per visit
• Vision eyewear	Our plan pays up to \$100 every year for eyewear.	Our plan pays up to \$125 every year for eyewear.
Mental Health Services:* • Inpatient visit	• \$375 copay per day for days 1-4 • \$0 copay per day for days 5-90  Our plan covers 90 days for an inpatient hospital stay.	• \$290 copay per day for days 1-4 • \$0 copay per day for days 5-90  Our plan covers 90 days for an inpatient hospital stay.

BlueCHIP for Medicare Plus (HMO)	BlueCHIP for Medicare Preferred (HMO-POS)	BlueCHIP for Medicare Core (HMO)
\$25 copay per visit	• In-network: \$25 copay per visit • Out-of-network: 20% of the cost	\$25 copay per visit
You pay \$200-\$1,675 for each hearing aid. Coverage is for 2 hearing aids every 3 years.	You pay \$200-\$1,675 for each hearing aid. Coverage is for 2 hearing aids every 3 years.	You pay \$200-\$1,675 for each hearing aid. Coverage is for 2 hearing aids every 3 years.
20% of the cost  Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth).	• In-network: 20% of the cost • Out-of-network: 20% of the cost  Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth).	20% of the cost  Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth).
\$0 of the cost for covered services	\$0 of the cost for covered services	Not covered
\$0 of the cost for covered services	\$0 of the cost for covered services	Not covered
\$1,500 limit on all covered dental services for preventive and comprehensive dental services	\$1,500 limit on all covered dental services for preventive and comprehensive dental services	Not covered
\$0  Limit one visit per year.	• In-network: \$0 • Out-of-network: 20% of the cost  Limit one visit per year.	\$0  Limit one visit per year.
\$25 copay per visit	• In-network: \$25 copay per visit • Out-of-network: 20% of the cost	\$25 copay per visit
Our plan pays up to \$150 every year for eyewear.	Our plan pays up to \$200 every year for eyewear.	Our plan pays up to \$150 every year for eyewear.
• \$190 copay per day for days 1-4 • \$0 copay per day for days 5-90  Our plan covers 90 days for an inpatient hospital stay.	In-network • \$180 copay per day for days 1-4 • \$0 copay per day for days 5-90 Out-of-network: 20% of the cost Our plan covers 90 days for an inpatient hospital stay.	• \$180 copay per day for days 1-4 • \$0 copay per day for days 5-90  Our plan covers 90 days for an inpatient hospital stay.

Premiums and Benefits	BlueCHIP for Medicare Advance (HMO)	BlueCHIP for Medicare Standard with Drugs (HMO)
• Outpatient group/ individual therapy visit	\$40 copay per visit	\$35 copay per visit
Skilled Nursing Facility (SNF)*	<ul style="list-style-type: none"> <li>• \$0 copay per day for days 1-20</li> <li>• \$160 copay per day for days 21-45</li> <li>• \$0 copay per day for days 46-100</li> </ul> <p>Our plan covers up to 100 days in a SNF.</p> <p>Copays for SNF benefits are based on benefit periods. You pay these amounts each benefit period until you reach the in-network out-of-pocket maximum.</p>	<ul style="list-style-type: none"> <li>• \$0 copay per day for days 1-20</li> <li>• \$140 copay per day for days 21-45</li> <li>• \$0 copay per day for days 46-100</li> </ul> <p>Our plan covers up to 100 days in a SNF.</p> <p>Copays for SNF benefits are based on benefit periods. You pay these amounts each benefit period until you reach the in-network out-of-pocket maximum.</p>
Physical therapy (PT), occupational therapy (OT), and speech and language therapy (ST) visit	\$40 copay per provider per visit  Referral is required for PT/OT/ST visits.	\$35 copay per provider per visit  Referral is required for PT/OT/ST visits.
Ambulance*	\$150 copay per trip	\$150 copay per trip
Transportation	\$0 copay per trip (some restrictions apply)	\$0 copay per trip (some restrictions apply)
Medicare Part B Drugs*	20% of the cost	20% of the cost
Ambulatory Surgery Center*	\$350 copay per visit	\$275 copay per visit

BlueCHIP for Medicare Plus (HMO)	BlueCHIP for Medicare Preferred (HMO-POS)	BlueCHIP for Medicare Core (HMO)
\$25 copay per visit	<ul style="list-style-type: none"> <li>• In-network: \$25 copay per visit</li> <li>• Out-of-network: 20% of the cost</li> </ul>	\$25 copay per visit
<ul style="list-style-type: none"> <li>• \$0 copay per day for days 1-20</li> <li>• \$135 copay per day for days 21-45</li> <li>• \$0 copay per day for days 46-100</li> </ul> <p>Our plan covers up to 100 days in a SNF.</p> <p>Copays for SNF benefits are based on benefit periods. You pay these amounts each benefit period until you reach the in-network out-of-pocket maximum.</p>	<p>In-network</p> <ul style="list-style-type: none"> <li>• \$0 copay per day for days 1-20</li> <li>• \$130 copay per day for days 21-45</li> <li>• \$0 copay per day for days 46-100</li> </ul> <p>Out-of-network: 20% of the cost</p> <p>Our plan covers up to 100 days in a SNF.</p> <p>Copays for SNF benefits are based on benefit periods. You pay these amounts each benefit period until you reach the in-network or out-of-network out-of-pocket maximum.</p>	<ul style="list-style-type: none"> <li>• \$0 copay per day for days 1-20</li> <li>• \$130 copay per day for days 21-45</li> <li>• \$0 copay per day for days 46-100</li> </ul> <p>Our plan covers up to 100 days in a SNF.</p> <p>Copays for SNF benefits are based on benefit periods. You pay these amounts each benefit period until you reach the in-network out-of-pocket maximum.</p>
\$15 copay per provider per visit  Referral is required for PT/OT/ST visits.	<ul style="list-style-type: none"> <li>• In-network: \$15 copay per provider per visit</li> <li>• Out-of-network: 20% of the cost</li> </ul> <p>Referral is required for PT/OT/ST visits.</p>	\$15 copay per provider per visit  Referral is required for PT/OT/ST visits.
\$75 copay per trip	\$75 copay per trip	\$150 copay per trip
\$0 copay per trip (some restrictions apply)	\$0 copay per trip (some restrictions apply)	\$0 copay per trip (some restrictions apply)
20% of the cost	<ul style="list-style-type: none"> <li>• In-network: 20% of the cost</li> <li>• Out-of-network: 20% of the cost</li> </ul>	20% of the cost
\$150 copay per visit	<ul style="list-style-type: none"> <li>• In-network: \$150 copay per visit</li> <li>• Out-of-network: 20% copay per visit</li> </ul>	\$150 copay per visit

Premiums and Benefits	BlueCHIP for Medicare Advance (HMO)		BlueCHIP for Medicare Standard with Drugs (HMO)	
<b>Prescription Drug Benefits</b>				
Stage 1: Annual Prescription Drug Deductible	\$0 per year for Tier 1 and Tier 2  \$200 for Tier 3, Tier 4, and Tier 5 Part D prescription drugs		\$0 per year for Tier 1 and Tier 2  \$100 for Tier 3, Tier 4, and Tier 5 Part D prescription drugs	
Stage 2: Initial Coverage	After you pay your annual prescription deductible, you pay the following until your total yearly drug costs reach \$4,130. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.  You pay \$35 for select insulins through the coverage gap for a 30 day supply.  You may get your drugs at network retail pharmacies and mail order pharmacies.		After you pay your annual prescription deductible, you pay the following until your total yearly drug costs reach \$4,130. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.  You pay \$35 for select insulins through the coverage gap for a 30 day supply.  You may get your drugs at network retail pharmacies and mail order pharmacies.	
Pharmacy Network	<b>Preferred Retail 30-day supply</b>	<b>Standard Retail 30-day supply</b>	<b>Preferred Retail 30-day supply</b>	<b>Standard Retail 30-day supply</b>
Tier 1: Preferred Generic	\$2 copay	\$10 copay	\$1 copay	\$9 copay
Tier 2: Non-Preferred Generic	\$9 copay	\$17 copay	\$8 copay	\$16 copay
Tier 3: Preferred Brand	\$47 copay	\$47 copay	\$47 copay	\$47 copay
Tier 4: Non-Preferred Brand	\$100 copay	\$100 copay	\$100 copay	\$100 copay
Tier 5: Specialty	29% of the cost	29% of the cost	31% of the cost	31% of the cost
	<b>Mail Order 90-day supply</b>		<b>Mail Order 90-day supply</b>	
Tier 1: Preferred Generic	\$0 copay		\$0 copay	
Tier 2: Non-Preferred Generic	\$0 copay		\$0 copay	
Tier 3: Preferred Brand	\$117.50 copay		\$117.50 copay	
Tier 4: Non-Preferred Brand	\$250 copay		\$250 copay	
Tier 5: Specialty	N/A		N/A	
	You pay \$87.50 for select insulins through the coverage gap for a 90-day mail order supply.		You pay \$87.50 for select insulins through the coverage gap for a 90-day mail order supply.	

BlueCHIP for Medicare Plus (HMO)		BlueCHIP for Medicare Preferred (HMO-POS)		BlueCHIP for Medicare Core (HMO)	
No Prescription Drug Deductible					
No Prescription Drug Deductible		No Prescription Drug Deductible		Not covered	
After you pay your annual prescription deductible, you pay the following until your total yearly drug costs reach \$4,130. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.  You pay \$35 for select insulins through the coverage gap for a 30 day supply.  You may get your drugs at network retail pharmacies and mail order pharmacies.		After you pay your annual prescription deductible, you pay the following until your total yearly drug costs reach \$4,130. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.  You pay \$35 for select insulins through the coverage gap for a 30 day supply.  You may get your drugs at network retail pharmacies and mail order pharmacies.		Not covered	
<b>Preferred Retail 30-day supply</b>	<b>Standard Retail 30-day supply</b>	<b>Preferred Retail 30-day supply</b>	<b>Standard Retail 30-day supply</b>	<b>Preferred Retail 30-day supply</b>	<b>Standard Retail 30-day supply</b>
\$3 copay	\$11 copay	\$3 copay	\$11 copay	Not covered	Not covered
\$6 copay	\$14 copay	\$6 copay	\$14 copay		
\$47 copay	\$47 copay	\$47 copay	\$47 copay		
\$100 copay	\$100 copay	\$100 copay	\$100 copay		
33% of the cost	33% of the cost	33% of the cost	33% of the cost		
<b>Mail Order 90-day supply</b>		<b>Mail Order 90-day supply</b>		<b>Mail Order 90-day supply</b>	
\$0 copay		\$0 copay		Not covered	
\$0 copay		\$0 copay			
\$117.50 copay		\$117.50 copay			
\$250 copay		\$250 copay			
N/A		N/A			
You pay \$87.50 for select insulins through the coverage gap for a 90-day mail order supply.		You pay \$87.50 for select insulins through the coverage gap for a 90-day mail order supply.			



Premiums and Benefits	BlueCHIP for Medicare Advance (HMO)		BlueCHIP for Medicare Standard with Drugs (HMO)	
Stage 3: Coverage Gap	<p>Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,130.</p> <p>After you enter the coverage gap, you pay 25% of the plan’s cost for generic and brand name drugs until your costs total \$6,550, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>		<p>Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,130.</p> <p>After you enter the coverage gap, you pay 25% of the plan’s cost for generic and brand name drugs until your costs total \$6,550, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>	
<b>Pharmacy Network</b>	<b>Preferred Retail 30-day supply</b>	<b>Standard Retail 30-day supply</b>	<b>Preferred Retail 30-day supply</b>	<b>Standard Retail 30-day supply</b>
Tier 1: Preferred Generic Tier 2: Non-Preferred Generic	Refer to Coverage Gap amounts	Refer to Coverage Gap amounts	Refer to Coverage Gap amounts	Refer to Coverage Gap amounts
	<b>Mail Order</b>		<b>Mail Order</b>	
Tier 1: Preferred Generic Tier 2: Non-Preferred Generic	Refer to Coverage Gap amounts		Refer to Coverage Gap amounts	
Stage 4: Catastrophic Coverage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$6,550, you pay the greater of:		After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$6,550, you pay the greater of:	

BlueCHIP for Medicare Plus (HMO)		BlueCHIP for Medicare Preferred (HMO-POS)		BlueCHIP for Medicare Core (HMO)	
<p>Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,130.</p> <p>After you enter the coverage gap, you pay 25% of the plan’s cost for generic and brand name drugs until your costs total \$6,550, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>		<p>Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,130.</p> <p>After you enter the coverage gap, you pay 25% of the plan’s cost for generic and brand name drugs until your costs total \$6,550, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p> <p>Under this plan, you have additional coverage in the gap. You will pay the lesser of the gap coverage coinsurance or the Tier 1 &amp; Tier 2 copays from the chart below.</p>		Not covered	
<b>Preferred Retail 30-day supply</b>	<b>Standard Retail 30-day supply</b>	<b>Preferred Retail 30-day supply</b>	<b>Standard Retail 30-day supply</b>	<b>Preferred Retail 30-day supply</b>	<b>Standard Retail 30-day supply</b>
Refer to Coverage Gap amounts	Refer to Coverage Gap amounts	\$3 copay \$6 copay	\$11 copay \$14 copay	Not covered	Not covered
<b>Mail Order</b>		<b>Mail Order</b>		<b>Mail Order</b>	
Refer to Coverage Gap amounts		\$0 copay \$0 copay		Not covered	
After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$6,550, you pay the greater of:		After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$6,550, you pay the greater of:		After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$6,550, you pay the greater of:	

Premiums and Benefits	BlueCHIP for Medicare Advance (HMO)	BlueCHIP for Medicare Standard with Drugs (HMO)
	5% of the cost, or \$3.70 copay for generic (including brand drugs treated as generic) and \$9.20 copay for all other drugs.	5% of the cost, or \$3.70 copay for generic (including brand drugs treated as generic) and \$9.20 copay for all other drugs.
<b>Additional Benefits</b>		
Chiropractic Office Visits	\$20 copay per visit  Referral is required for specialist visits.	\$20 copay per visit  Referral is required for specialist visits.
Fitness Benefit - Silver&Fit	\$0 per month	\$0 per month
Foot Care (podiatry) • Foot exams and treatment	\$35 copay per visit  Referral is required for specialist visits.	\$35 copay per visit  Referral is required for specialist visits.
• Routine foot care for members with certain medical conditions	\$35 copay per visit  Referral is required for specialist visits.	\$35 copay per visit  Referral is required for specialist visits.
Medical Equipment/Supplies: • Durable medical equipment and prosthetics	20% of the cost	20% of the cost
• Diabetes monitoring supplies	\$0  You must use OneTouch plan-designated monitors and test strips.	\$0  You must use OneTouch plan-designated monitors and test strips.
Virtual Doctor's Visits (Telemedicine)	\$0 copay per visit  See a primary care or behavioral health provider using your computer or mobile device. (See EOC for more details)	\$0 copay per visit  See a primary care or behavioral health provider using your computer or mobile device. (See EOC for more details)

BlueCHIP for Medicare Plus (HMO)	BlueCHIP for Medicare Preferred (HMO-POS)	BlueCHIP for Medicare Core (HMO)
5% of the cost, or \$3.70 copay for generic (including brand drugs treated as generic) and \$9.20 copay for all other drugs.	5% of the cost, or \$3.70 copay for generic (including brand drugs treated as generic) and \$9.20 copay for all other drugs.	5% of the cost, or \$3.70 copay for generic (including brand drugs treated as generic) and \$9.20 copay for all other drugs.
\$20 copay per visit  Referral is required for specialist visits.	• In-network: \$20 copay per visit • Out-of-network: 20% of the cost  Referral is required for specialist visits.	\$20 copay per visit  Referral is required for specialist visits.
\$0 per month	\$0 per month	\$0 per month
\$25 copay per visit  Referral is required for specialist visits.	• In-network: \$25 copay per visit • Out-of-network: 20% of the cost  Referral is required for specialist visits.	\$25 copay per visit  Referral is required for specialist visits.
\$25 copay per visit  Referral is required for specialist visits.	• In-network: \$25 copay per visit • Out-of-network: 20% of the cost  Referral is required for specialist visits.	\$25 copay per visit  Referral is required for specialist visits.
20% of the cost	• In-network: 20% of the cost • Out-of-network: 20% of the cost	20% of the cost
\$0  You must use OneTouch plan-designated monitors and test strips.	• In-network: \$0 • Out-of-network: 20% of the cost  You must use OneTouch plan-designated monitors and test strips.	\$0  You must use OneTouch plan-designated monitors and test strips.
\$0 copay per visit  See a primary care or behavioral health provider using your computer or mobile device. (See EOC for more details)	\$0 copay per visit  See a primary care or behavioral health provider using your computer or mobile device. (See EOC for more details)	\$0 copay per visit  See a primary care or behavioral health provider using your computer or mobile device. (See EOC for more details)

Premiums and Benefits	BlueCHIP for Medicare Advance (HMO)	BlueCHIP for Medicare Standard with Drugs (HMO)
Outpatient Surgery*	\$350 copay per visit	\$275 copay per visit
Over-the-Counter (OTC) Benefit	\$25 per quarter to use on approved health products	\$75 per quarter to use on approved health products
<b>Optional Supplemental Dental Rider</b>		
Monthly Premium	\$19.60 per month	Included in medical
• Preventive	\$0	
• Comprehensive	50% of the cost for covered services	
• Annual benefit maximum	\$1,000 limit on all covered dental services for preventive and comprehensive dental services	

BlueCHIP for Medicare Plus (HMO)	BlueCHIP for Medicare Preferred (HMO-POS)	BlueCHIP for Medicare Core (HMO)
\$150 copay per visit	• In-network: \$150 copay per visit • Out-of-network: 20% of the cost	\$150 copay per visit
\$100 per quarter to use on approved health products	\$100 per quarter to use on approved health products	\$50 per quarter to use on approved health products
<b>Optional Supplemental Dental Rider</b>		
Included in medical	Included in medical	\$19.60 per month
		\$0
		50% of the cost for covered services
		\$1,000 limit on all covered dental services for preventive and comprehensive dental services

Existing members can call the Medicare Concierge team at (401) 277-2958 or 1-800-267-0439 (TTY:711) for more information. Non-members can call the Medicare Sales team at 1-800-505-BLUE (2583) (TTY:711).

09/20 BMED-448573-1355

# NONDISCRIMINATION AND LANGUAGE ASSISTANCE

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

BCBSRI provides free aids and services to people with disabilities and to people whose primary language is not English when such services are necessary to communicate effectively with us.

If you need these services, contact us at 1-800-267-0439 TTY: 711.

If you believe that BCBSRI has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Director of Grievance and Appeals Department, Blue Cross & Blue Shield of Rhode Island, 500 Exchange Street, Providence RI 02903, or by calling 1-800-267-0439 TTY: 711. You can file a grievance in person, by phone or by mail, fax at (401) 459-5668 or electronically through our member portal at [bcbsri.com/Medicare](https://bcbsri.com/Medicare).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**English:** If you, or someone you're helping, has questions about Blue Cross & Blue Shield of Rhode Island, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-800-267-0439.

**Spanish:** Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross & Blue Shield of Rhode Island, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-800-267-0439.

**Portuguese:** Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Blue Cross & Blue Shield of Rhode Island, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-800-267-0439.

**Chinese:** 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross & Blue Shield of Rhode Island 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 [在此插入數字 1-800-267-0439]。

**French Creole:** Si oumenm oswa yon moun w ap ede gen kesyon konsènan Blue Cross & Blue Shield of Rhode Island, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan 1-800-267-0439.

**Cambodian-Mon-Khmer:** ប្រសិនបើអ្នក ឬនរណាម្នាក់ដែលអ្នកកំពុងតែជួយ មានសំណួរអំពី Blue Cross & Blue Shield of Rhode Island ទេ, អ្នកមានសិទ្ធិទទួលបានជំនួយនិងព័ត៌មាន នៅក្នុងភាសា របស់អ្នក ដោយមិនអស់ប្រាក់ ។ ដើម្បីនិយាយជាមួយអ្នកបកប្រែ សូម 1-800-267-0439.

**French:** Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Blue Cross & Blue Shield of Rhode Island, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-800-267-0439.

**Italian:** Se tu o qualcuno che stai aiutando avete domande su Blue Cross & Blue Shield of Rhode Island, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare 1-800-267-0439.

**Laotian:** ຖ້າທ່ານ, ຫຼືຄົນທີ່ທ່ານກຳລັງຊ່ວຍເຫຼືອ, ມີຄຳຖາມກ່ຽວກັບ Blue Cross & Blue Shield of Rhode Island, ທ່ານມີສິດທີ່ຈະໄດ້ຮັບການຊ່ວຍເຫຼືອແລະຂໍ້ມູນຂ່າວສານທີ່ເປັນພາສາຂອງທ່ານບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ການໂອ້ນລັກບັນຍາຍພາສາ, ໃຫ້ໂທຫາ 1-800-267-0439.

**Arabic:** إن كان لديك أو لدى شخص تساعد أسئلة بخصوص Blue Cross & Blue Shield of Rhode Island، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون اية تكلفة. للتحدث مع مترجم اتصل بـ 1-800-267-0439.

**Russian:** Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue Cross & Blue Shield of Rhode Island, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 1-800-267-0439.

**Vietnamese:** Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross & Blue Shield of Rhode Island, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-800-267-0439.

**Kru:** I bale we, tole mut u ye hola, a gwee mbarga inyu Blue Cross & Blue Shield of Rhode Island, U gwee Kunde I kosna mahola ni biniiguene I hop wong nni nsaa wogui wo. I Nyu ipot ni mut a nla koblene we hop, sebel 1-800-267-0439.

**Ibo:** O bụrụ gị, ma o bụ onye I na eyere-aka, nwere ajụjụ gbasara Blue Cross & Blue Shield of Rhode Island, I nwere ohere iwenta nye maka na ọmụma na asụsụ gị na akwu gị ụgwọ. I chọrọ I kwurọ onye-ntapịa okwu, kpọ 1-800-267-0439.

**Yoruba:** Bí iwọ, tàbí ẹnikẹni tí o n ranlowọ, bá ní ibeere nípa Blue Cross & Blue Shield of Rhode Island, o ní ẹtọ lati rí iranwọ àti ifitónilétí gbà ní èdè rẹ láisanwó. Láti bá ongbufọ kan sọrọ, pè sórí 1-800-267-0439.

**Polish:** Jeśli Ty lub osoba, której pomagasz, macie pytania odnośnie Blue Cross & Blue Shield of Rhode Island, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 1-800-267-0439.

**Korean:** 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Blue Cross & Blue Shield of Rhode Island 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-800-267-0439 로 전화하십시오.

**Tagalog:** Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Blue Cross & Blue Shield of Rhode Island, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-800-267-0439.

This notice is being provided to you in compliance with federal law.

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11/19 BMED-379953



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**IT'S WHAT  
WE LIVE FOR<sup>SM</sup>**



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

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