

# BlueCHIP for Medicare Group Choice (HMO-POS) Plan Highlights



Benefit Information	
Monthly premium	\$115*
Medical deductible	\$0
Pharmacy deductible	\$0
<b>Office Visits (In-Network)</b>	
PCP office visits	\$0 PCMH or \$10 non-PCMH
Routine hearing and vision exams	\$0
Specialist office visits	\$35
<b>Inpatient / Outpatient Services (In-Network)</b>	
Inpatient medical hospitalization	\$275/day for days 1-5
Skilled nursing facility	\$0 for days 1-20; \$140/day for days 21-45; \$0 for days 46-100
Lab services	\$0
Diagnostic tests and X-rays	\$0
High tech radiology services (MRIs, CT scans, etc.)	\$150
Home health care	\$0
Outpatient surgery	\$175 per visit
<b>Emergency Services</b>	
Emergency room	\$65
Ambulance	\$150 per trip
<b>Out-of-Pocket Costs</b>	
In-network out-of-pocket maximum	\$3,750
Out-of-network benefit	Same as In-Network
Out-of-network out-of-pocket maximum	\$3,750
<b>Prescription Drugs</b>	
Tier 1: Generic	\$0
Tier 2: Preferred brand	\$45
Tier 3: Non-preferred brand	\$95
Tier 4: Specialty	33%
Mail order (90 day supply)	\$0 for Tier 1
Coverage gap	No coverage through the gap
	After the total yearly cost of the drugs you take reaches \$4,430: You pay 25% of the plan's cost for covered brand name drugs and 25% of the plan's cost for covered generic drugs until your costs reach \$7,050.
Catastrophic coverage	After your total out-of-pocket drug costs reach \$7,050, you pay the greater of: 5% of the cost, or \$3.95 / \$9.85 copays.

\*Must have Medicare Part A and Medicare Part B to enroll. All members must continue to pay their Medicare Part B premium. This is only a partial list of benefits. Please review the Summary of Benefits for more detailed information.

## Dental Benefits

You are covered for the following dental benefits. You must receive these services from one of our participating dentists. To get the most up-to-date information about participating providers, you can use the Find a Doctor tool on [bcbsri.com](http://bcbsri.com) or call our Medicare Concierge team at the number on your member ID card.

Benefit Features	BlueCHIP for Medicare Group Choice (HMO-POS)
Annual benefit maximum	\$1,500
<b>Preventive Services</b>	
Annual exam	\$0. One oral exam per calendar year.
Cleanings	\$0. Two cleanings per calendar year.
<b>X-Rays</b>	
Bitewing X-rays	\$0. One set per calendar year.
Full mouth set	\$0. One set every five years.
Individual X-rays	\$0. As needed, up to four per year.
<b>Comprehensive Services</b>	
Includes fillings, palliative treatment, simple extractions, denture repairs, root canal therapy, and oral surgery	20%

## Additional Benefits

Benefit Features	BlueCHIP for Medicare Group Choice (HMO-POS)
Silver&Fit®	\$0 per month
Over-the-counter (OTC) benefit	\$25 per quarter
Vision hardware allowance	\$150 every year
Virtual doctor's visits (telehealth)	\$0 copay

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

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

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

500 Exchange Street • Providence, RI 02903-2699 • [bcbsri.com/medicare](http://bcbsri.com/medicare)



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