

BlueCHiP for Medicare Group Choice (HMO-POS)



Benefit Information	
Monthly premium	\$147*
Medical deductible	\$0
Pharmacy deductible	\$0
Office Visits (In-Network)	
PCP office visits	\$0 PCMH or \$10 non-PCMH
Routine hearing and vision exams	\$0
Specialist office visits	\$35
Inpatient / Outpatient Services (In-Network)	
Inpatient medical hospitalization	\$275 per day for days 1-5
Skilled nursing facility	\$0 for days 1-20; \$140 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
Emergency Services	
Emergency room	\$65
Ambulance	\$150
Out-of-Pocket Costs	
In-network & Out-of-network out of pocket maximum	\$3,750
Out-of-network benefit	Same as In-Network
Prescription Drugs	
Tier 1: Generic	\$0
Tier 2: Preferred brand	\$45
Tier 3: Non-preferred brand	\$95
Tier 4: Specialty	33%
Preferred Mail order (100 day supply)	\$0 for Tier 1 medications
Catastrophic coverage	Once your out of pocket costs exceed \$2,100 you will pay \$0 for covered drugs

*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. To get the most up-to-date information about participating providers, you can use the Find a Doctor tool on bcbsri.com or call our Medicare Concierge team at the number on your member ID card.

Benefit Features	BlueCHiP for Medicare Group Choice
Annual benefit maximum	\$1,500
Preventive Services	
Annual exam	\$0. One oral exam per calendar year.
Cleanings	\$0. Two cleanings per calendar year.
X-Rays	
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.
Comprehensive Services	
Includes fillings, palliative treatment, simple extractions, denture repairs, root canal therapy, and oral surgery	20%

Additional Benefits

Benefit Features	BlueCHiP for Medicare Group Choice
Over-the-counter (OTC) benefit	\$25
Acupuncture - Low Back Pain	\$15
Vision hardware allowance	\$150 every year
Hearing aid	Not covered
Fitness Benefit	\$0
Telehealth	\$0

500 Exchange Street • Providence, RI 02903-2699 • bcbsri.com/medicare



Blue Cross & Blue Shield of Rhode Island is an HMO and PPO plan with a Medicare contract. Enrollment in Blue Cross & Blue Shield of Rhode Island depends on contract renewal. An independent licensee of the Blue Cross and Blue Shield Association.