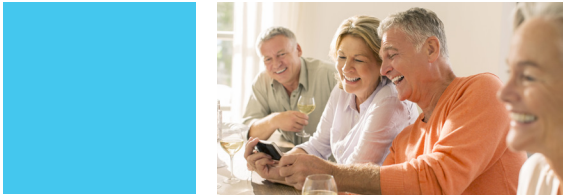


# 2017 Group Plan 65 Plan Highlights



Without the Skilled Nursing Benefit

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

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

Plan Benefit	With Original Medicare you pay:	With Medicare and Group Plan 65 you pay:
<b>Doctor Visits</b>	20% of Medicare-approved amounts after Part B deductible \$0 for “Welcome to Medicare” and yearly wellness visits	\$0
<b>Inpatient Hospital Care*</b> (Includes substance abuse, mental health, rehabilitation, and inpatient surgery facility services) <ul style="list-style-type: none"> <li>• First 60 days</li> <li>• Days 61 – 90</li> <li>• 60 lifetime reserve days</li> <li>• Additional lifetime maximum benefit – 365 days</li> </ul>	An initial deductible of \$1,316** \$329 each day** \$658 each lifetime reserve day** All costs	\$0 \$0 \$0 \$0
<b>Skilled Nursing Facility Care*</b> (In a Medicare-certified skilled nursing facility) <ul style="list-style-type: none"> <li>• First 20 days</li> <li>• Days 21 – 100</li> <li>• Days 101 and after</li> </ul>	\$0 \$164.50 each day** All costs	\$0 \$164.50 each day** All costs
<b>Outpatient Surgery Services</b>	20% of Medicare-approved amounts after Part B deductible	\$0
<b>Emergency Room Care</b> (You may go to an emergency room if you believe your health is in serious danger.)	20% of Medicare-approved amounts after Part B deductible	\$0
<b>Urgently Needed Care</b> (This is not emergency care – your health is not in serious danger.)	20% of Medicare-approved amounts after Part B deductible	\$0
<b>Ambulance Services</b>	20% of Medicare-approved amounts after Part B deductible	\$0
<b>Diagnostic Tests, X-rays, and Lab Services</b>	20% of Medicare-approved amounts after Part B deductible for diagnostic tests and X-rays \$0 for Medicare-covered lab services	\$0
<b>Durable Medical Equipment</b>	20% of Medicare-approved amounts after Part B deductible	\$0
<b>Prosthetic Devices</b>	20% of Medicare-approved amounts after Part B deductible	\$0

Plan Benefit	With Original Medicare you pay:	With Medicare and Group Plan 65 you pay:
<b>Home Healthcare</b>	\$0 for Medicare-covered home health visits	\$0
<b>Foreign Travel Care</b>	All costs	20% after \$250 annual deductible for emergency healthcare during the first 60 days of each trip. There is a \$50,000 lifetime maximum.
<b>Non-routine Hearing Services</b>	20% of Medicare-approved amounts after Part B deductible for diagnostic hearing exams	\$0
<b>Non-routine Vision Care</b>	20% of Medicare-approved amounts after Part B deductible for diagnosis and treatment of diseases and conditions of the eye	\$0
<b>Non-routine Podiatry Services</b>	20% of Medicare-approved amounts after Part B deductible	\$0
<b>Chiropractic Services (limited)</b>	20% of Medicare-approved amounts after Part B deductible	\$0
<b>Immunizations</b> (Flu shots, pneumonia vaccine, and for people with Medicare who are at high risk: hepatitis B vaccine)	\$0	\$0
<b>Bone Mass Measurement</b> (For people with Medicare who are at risk)	\$0	\$0
<b>Colorectal Screening Exams</b>	\$0 May be charged 20% of the Medicare-approved amount for doctor's visit	\$0
<b>Diabetes Screening</b> (For people with Medicare who are at risk)	\$0	\$0
<b>Annual Mammography Screening</b> (For women with Medicare)	\$0	\$0
<b>Pap Tests and Pelvic Exams</b> (For women with Medicare)	\$0	\$0
<b>Prostate Cancer Screening Exams</b> (For men with Medicare)	20% of Medicare-approved amount for digital rectal exam after the Part B deductible. In a hospital outpatient setting, you pay a copayment. \$0 for the Prostate Specific Antigen (PSA) Test	\$0

**2017 Part A Deductible = \$1,316 per benefit period\*\***

**2017 Part B Deductible = \$183 per calendar year\*\***

All services should be received from an Original Medicare-participating provider, except in emergencies.

To be eligible for Group Plan 65, you must be enrolled in both Part A and Part B of the Original Medicare Program.

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

\*\*These coinsurances and deductibles are current for 2017 and are subject to change on an annual basis per the Centers for Medicare and Medicaid Services (CMS).

## Questions?

To enroll or learn more about our Group Plan 65 Medicare Supplement plan without the skilled nursing benefit, call today at 1-800-505-BLUE (2583). TTY users can call 711.

If you are already a member of Group Plan 65 and have questions about your plan, please call Customer Service at 1-800-639-2227. TTY users can call 711. Customer Service hours are Monday through Friday, 8:00 a.m. to 8:00 p.m. and Saturday and Sunday, 8:00 a.m.-12:00 p.m.



# Nondiscrimination and Language Assistance

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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 [bcsri.com/Medicare](https://bcsri.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 entèprete, 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. ການໂອ້ນລົມກັບນາຍພາສາ, ໃຫ້ໂທຫາ 1-800-267-0439.

**Arabic:** إن كان لديك أو لدى شخص تساعدك أسئلة بخصوص Blue Cross & Blue Shield of Rhode Island، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية 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:** Ọ bụrụ gị, ma o bụ onye I na eyere-aka, nwere ajujụ 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 kwurụ onye-ntapịa okwu, kpọ 1-800-267-0439.

**Yoruba:** Bí ìwọ, tàbí ẹnikẹni tí o n ranlọwọ, bá ní ibeere nípa Blue Cross & Blue Shield of Rhode Island, o ní ẹtọ lati rí iranwọ àti ìfítónilétí gbà ní èdè rẹ láìsanwó. Látí 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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Blue Cross & Blue Shield of Rhode Island is an independent licensee  
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