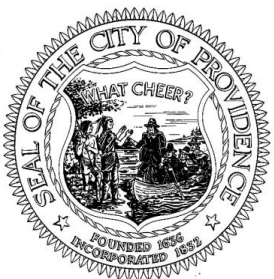


# Introducing the City of Providence/Providence School Retiree Medicare Options



## Overview of 2017 Benefits



# We're here for you!

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## A NAME YOU TRUST

A 77-year tradition of great service – we've been here since 1939.



## A NAME YOU KNOW

1 in 3 Americans are covered by a Blue Cross and Blue Shield plan\*

\*Source: Blue Cross and Blue Shield Association website ([www.BCBS.com](http://www.BCBS.com))

# Additional benefits based on your plan

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## BlueCHIP for Medicare

- Medicare Advantage plan – Group Plus option
- Instead of Original Medicare
- Enhanced skilled nursing care benefit
- Includes:
  - Prescription drug coverage
  - Certain dental services
  - Vision benefit

## Plan 65

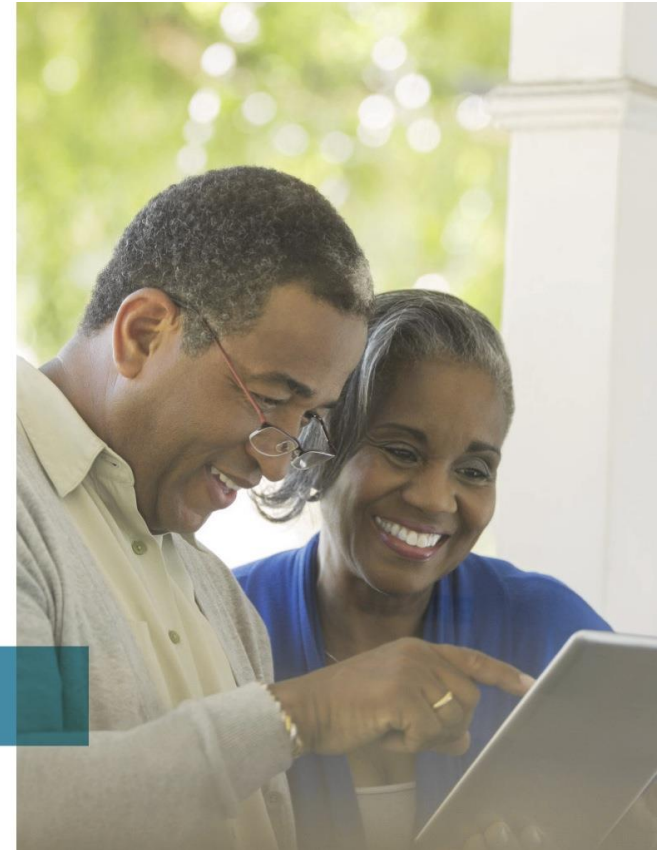
- Medicare supplement plan
- In addition to Original Medicare
- Basic Medicare skilled nursing care benefit
- Does NOT include:
  - Prescription drug coverage
  - Dental services
  - Vision benefit

# Eligibility & Enrollment

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If you are turning 65 or becoming eligible for Medicare:

- You must have Medicare Part A & Part B to enroll in either plan
- Sign up for Medicare through Social Security
- You can sign up anytime between 3 months before your birth month through 3 months after your birth month



# ID Cards



If you have BlueCHiP for Medicare Group Plus:

 <b>Blue Cross Blue Shield of Rhode Island</b>		<b>BlueCHiP for Medicare Group Plus</b>
<b>JOHN Q SAMPLE</b> X99999999999		<b>PCP Jane A Doe MD</b> PCP Phone: (000) 000-0000
RXBIN:	0000000	PCP Visit \$10
Issuer:	0000000	Specialist Visit \$20
RXPLN:	MEDADV	Emergency Room \$50
RXGRP:	XXXXXXX	Inpatient Adm \$100
CMS:	H4152 817	
	Issued XX/XX/XX	
<b>MEDICARE ADVANTAGE</b>	 Prescription Drug Coverage	<b>DENTAL</b>

If you have Group Plan 65 and Blue MedicareRx (optional):

<b>MEDICARE HEALTH INSURANCE</b>	
1-800-MEDICARE (1-800-633-4227)	
NAME OF BENEFICIARY <b>JANE DOE</b>	
MEDICARE CLAIM NUMBER <b>000-00-0000-A</b>	SEX <b>FEMALE</b>
IS ENTITLED TO <b>HOSPITAL (PART A)</b> <b>MEDICAL (PART B)</b>	EFFECTIVE DATE <b>07-01-1986</b> <b>07-01-1986</b>
SIGN HERE _____	
DO NOT SEND CLAIMS FOR PAYMENT OF MEDICARE BENEFITS TO THIS (↓) ADDRESS	

 <b>Blue Cross Blue Shield of Rhode Island</b>	
<b>JOHN Q SAMPLE</b> X99999999999	
_____ _____ _____	
<b>Group Plan 65</b>	

 <b>Blue Cross Blue Shield of Rhode Island</b>		<b>Blue MedicareRx (PDP)</b> <b>Prescription Drug Plan</b>
<b>NAME:</b> John Q Sample ID: G99999999999		
RXBIN: 0000000 RXPLN: MEDADV RXGRP: XXXXXXXX ISSUER (0000):		 Prescription Drug Coverage X000-000

# When You Enroll

## Very important! Make sure you...

- Fill in your complete name and address
- Include all your Medicare information
- Sign and date your application
- If someone filled out the form for you, please provide a completed Healthcare Power of Attorney form.

**BlueCHIP for Medicare**  
2017 Employer Group Enrollment Request Form

Please contact BlueCHIP for Medicare if you need information in another language or format (large print).\*

To Enroll in a BlueCHIP for Medicare Employer Group Plan, Please Provide the Following Information:

Employer or Union Name: \_\_\_\_\_ Group #: \_\_\_\_\_

Please check which plan you want to enroll in:  
 BlueCHIP for Medicare Group Plus (HMO)  BlueCHIP for Medicare Group Preferred Unlimited (HMO-PDU)  
 BlueCHIP for Medicare Group Preferred (HMO-PDS)  BlueCHIP for Medicare Group Preferred Unlimited 2 (HMO-PDU2)

LAST Name: \_\_\_\_\_ FIRST Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  Mr.  Mrs.  Ms.

Birth Date: (MM/DD/YYYY) Sex:  M  F Home Phone Number: ( ) \_\_\_\_\_

Permanent Residence Address (P.O. Box is not allowed):  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
 Mailing Address (only if different from your Permanent Residence Address):  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Primary Language: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_

Please Provide Your Medicare Insurance

Please take out your Medicare Card to complete this section.

- Please fill in these blanks so they match your red, white and blue Medicare card.
- OR-
- Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board. You must have Medicare Part A and Part B to join a Medicare Advantage plan.

Name: \_\_\_\_\_  
 Medicare Claim Number: \_\_\_\_\_  
 Is Enrolled To:  HOSPITAL (Part A)  MEDICAL (Part B)

Please Read and Answer These Important Questions

1. Are you the retiree?  Yes  No  
 If yes, retirement if no, name of employer: \_\_\_\_\_
2. Are you covering if yes, name of dependent: \_\_\_\_\_
3. Do you or your dependent have Medicare Part A or Part B?  Yes  No  
 If yes, Medicare Part A or Part B number: \_\_\_\_\_

\* Not all materials are available in every language.

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**Plan 65<sup>SM</sup>** Medicare Supplement  
**Group Plan 65 Member Application for Health Insurance**

Please be sure ALL information below is complete to avoid delays in processing. Please print clearly using blue or black ink.

Group name: \_\_\_\_\_ Group number: \_\_\_\_\_ Dept. number: \_\_\_\_\_

Last name: \_\_\_\_\_ Suffix: \_\_\_\_\_ First name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Home address (street/apartment number) \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Mailing address (if different): street/apartment number, city/town, state, ZIP code: \_\_\_\_\_

Date of birth (mm/dd/yyyy) \_\_\_\_\_ Gender:  M  F Social Security number (xxx-xx-xxxx) \_\_\_\_\_ Current BCBSRI ID number (if applicable) \_\_\_\_\_

Home phone number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

2017 | Blue Cross Blue Shield of Rhode Island | Blue Medicare<sup>SM</sup> (PDP)

**Blue Medicare<sup>SM</sup> (PDP) Medicare Prescription Drug Plan Individual Enrollment Form**

Please contact Blue Medicare<sup>SM</sup> Value Plus (PDP) or Blue Medicare<sup>SM</sup> Premier (PDP) if you need information in another format (large print).

To Enroll in Blue Medicare<sup>SM</sup> (PDP), Please Provide the Following Information:

Please check which plan you want to enroll in:  
 Blue Medicare<sup>SM</sup> Value Plus \$43.10 per month  Blue Medicare<sup>SM</sup> Premier \$127.70 per month

LAST Name: \_\_\_\_\_ FIRST Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  Mr.  Mrs.  Ms.

Birth Date: (MM/DD/YYYY) Sex:  M  F Primary Phone Number: ( ) \_\_\_\_\_ Alternate Phone Number: ( ) \_\_\_\_\_

E-mail Address: [Optional] \_\_\_\_\_

Permanent Residence Street Address (P.O. Box is not allowed):  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Mailing Address (only if different from Permanent Residence Address):  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Legal Representative / Appointment of Representative (AOR) / Power of Attorney (POA)  
 Name [Optional]: \_\_\_\_\_  
 Phone Number [Optional]: \_\_\_\_\_ Relationship to You [Optional]: \_\_\_\_\_

Please Provide Your Medicare Insurance Information

Please take out your Medicare card to complete this section.

- Please fill in these blanks so they match your red, white and blue Medicare card
- OR-
- Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board. You must have Medicare Part A or Part B (or both) to join a Medicare prescription drug plan.

Name: \_\_\_\_\_  
 Medicare Claim Number: \_\_\_\_\_ Sex:  M  F  
 Is Enrolled To: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
 HOSPITAL (Part A) \_\_\_\_\_  
 MEDICAL (Part B) \_\_\_\_\_

S2893\_1634 Approved 06152016

# Introducing BlueCHiP for Medicare

# How BlueCHiP for Medicare Works

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# BlueCHiP for Medicare Benefits

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BlueCHiP for Medicare Group Plus	
PCP copayment	\$0-\$10
Specialist copayment	\$30
Hospitalization	\$250 per admission per benefit period
Skilled nursing facility*	\$0 each day for day(s) 1-29 \$50 for each day for day(s) 30-100
Home healthcare	\$0
Durable medical equipment	\$0

\*Skilled nursing care is short-term care when you are recovering from an illness or injury. Long-term care (when you need help with daily living) is NOT covered.

## BlueCHiP for Medicare Benefits *(continued)*

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BlueCHiP for Medicare Group Plus	
Diagnostic lab/X-ray services	\$0
MRI/CT scan/PET scan, nuclear cardiology*	\$50
Outpatient hospital	20%
Emergency room**	\$65
Urgent care	\$40

\*Pre-authorization is required for MRIs, MRAs, PET Scans, CT Scans, and Nuclear Cardiology services.

\*\*Waived if admitted within one day

# BlueCHiP for Medicare Benefits *(continued)*

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## \$3,000 Out-of-Pocket Maximum



- This is the most you would have to pay in a calendar year for Medicare-covered services.



- Services not covered by Medicare do not count toward the out-of-pocket maximum.

# BlueCHiP for Medicare Benefits *(continued)*

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## Emergency Coverage

- Worldwide coverage for emergency care
- Urgent care covered throughout the United States
- See the Summary of Benefits for copay information.

# Prime Therapeutics: Our new PBM

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- Will replace Catamaran beginning January 1, 2017
- Fourth-largest PBM in the country
- 25-year history of combining pharmacy and medical benefits management
- Offers best-in-class clinical programs and online member tools
- Long history working with Blue plans (owned by 13 Blue plans)

## What does this mean for you?

- You'll receive a new ID card with new prescription benefit information.
- Existing mail order prescriptions will automatically transfer to PrimeMail®.
- If you have prescriptions with prior authorization (PA), you don't need a new PA until the drug's renewal date.
- There will be no changes to our specialty pharmacy network.

# BlueCHiP for Medicare Prescription Drug Benefits

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## Copayments (for 30-day supply):



- Tier 1 – Generic drugs: \$8
- Tier 2 – Preferred brand drugs: \$24
- Tier 3 – Non-preferred brand drugs: \$52
- Tier 4 – Specialty drugs: 25%

## Network:



- Access to over 60,000 network pharmacies, including major chains and local independents
- Mail order service
  - 90-day supply for only 2.5 copayments
  - Convenience – delivery to home or vacation spot

# BlueCHiP for Medicare Prescription Drug Coverage

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## BlueCHiP for Medicare Group Plus

Initial Drug Coverage	You pay copayments for covered generic and brand drugs, and coinsurance for specialty drugs until total yearly drug costs reach \$3,700. <i>(Please refer to plan materials for copayments.)</i>
Coverage Gap	<b>Coverage gap discounts available</b> for some Medicare Part D generic and brand drugs
Catastrophic Drug Coverage After \$4,950 out-of-pocket costs	You pay the greater of 5% or \$3.30 for generic (including brand drugs treated as generic) and \$8.25 for all other drugs.

# Additional Benefits

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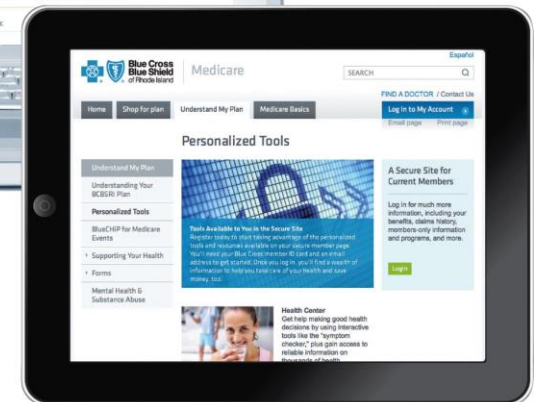
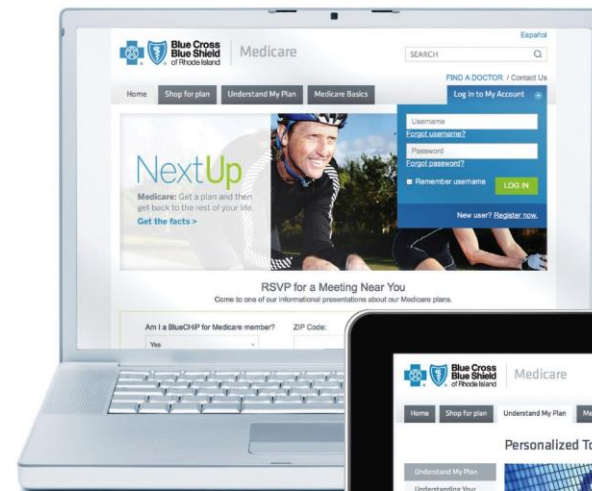
- Living Fit –  
\$5/month health club membership
- Wig coverage –  
\$350 per year with cancer diagnosis
- Eyewear coverage –  
up to \$150 per year
- Dental benefits –
  - Preventive (100% coverage)  
One cleaning, one oral exam, one set of bitewing X-rays per year



# Your Membership May Help Keep You Healthy

As a BlueCHiP for Medicare member, you get additional programs and services at no additional cost:

- Great local service from the Medicare Concierge Team
- Care coordination and other programs to keep you healthy
- Convenient tools to manage your plan at [bcbsri.com/Medicare](http://bcbsri.com/Medicare)
- Health tips and information in The Rhode Ahead for Medicare Members newsletter



# Introducing Group Plan 65

# Plan 65 Benefits

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- Plan 65 follows Original Medicare
- Part D prescription drugs are NOT covered

Group Plan 65	
PCP visits	\$0
Specialist visits	\$0
Hospitalization	\$0 per admission
Skilled nursing facility*	\$0 each day for day(s) 1-20 \$161 for each day for day(s) 21-100 You pay all costs for days 101+ <i>(These amounts may change for 2017.)</i>
Home healthcare	\$0
Durable medical equipment	\$0

\*Skilled nursing care is short-term care when you are recovering from an illness or injury. Long-term care (when you need help with daily living) is NOT covered.

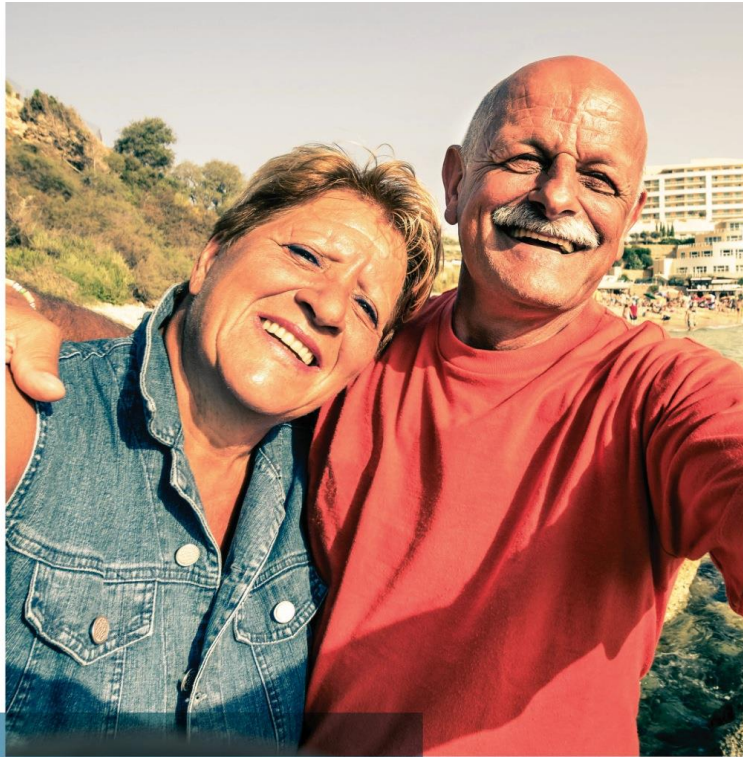
## Plan 65 Benefits *(continued)*

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Group Plan 65	
Diagnostic lab/X-ray services	\$0
MRI/CT scan/PET scan, nuclear cardiology	\$0
Outpatient hospital	\$0
Emergency care	\$0
Urgent care	\$0

# Plan 65 Benefits *(continued)*

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## Emergency Coverage

- Emergency and urgent care 100% covered throughout the United States
- Emergency care outside the United States:
  - \$250 deductible
  - You pay 20% after deductible during the first 60 days of each trip
  - \$50,000 lifetime maximum


# Introducing Group Blue MedicareRx

# Blue MedicareRx

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## If you are turning 65 or becoming eligible for Medicare:

- EGWP (Employer Group Waiver Plan)
- Administered by CVS Caremark and billed directly (not through employer)
  - \$209 per member per month for 2017.
  - You will receive your monthly premium invoice about 15 days prior to the month of coverage.
  - The due date will be the 1st of the month for each month of coverage (e.g., January 2017 premium invoice will be mailed mid-December and due January 1, 2017).
  - Payment address is:  
Blue MedicareRx – RI  
P.O. Box 505195  
St. Louis, MO 63150-4849
- Separate prescription drug card

	Blue MedicareRx (PDP) Prescription Drug Plan
<hr/>	
<b>NAME:</b> John Q Sample ID: G99999999999	
<hr/>	
RXBIN: 0000000 RXPLN: MEDADV RXGRP: XXXXXXXX ISSUER (0000):	X000-000

# Group Blue MedicareRx Benefits

Drug Tier	What You Pay	
Initial Coverage Level	You pay the following until your out-of-pocket costs for covered drugs reach \$3,700	
Supply	30-day supply at retail pharmacy	90-day supply at mail order pharmacy
Tier 1 – Generic	\$10	\$10
Tier 2 – Preferred Brand, Brand, & Specialty	\$20	\$40
Catastrophic Coverage Level	After your yearly out-of-pocket drug costs reach \$4,950, you pay greater of: \$3.30 or 5% - generics or brands treated like generics \$8.25 or 5% - all other drugs	

This plan has unlimited coverage for prescription drugs.



# Individual Blue MedicareRx

Note: Must be a RI resident to enroll in this plan.

# Individual Blue MedicareRx Benefits

Drug Tier	Blue Medicare Rx Value Plans What You Pay: \$43.10/per month \$280 deductible on Tiers 3, 4, and 5			Blue Medicare Rx Premier What You Pay: \$127.70/per month		
Initial Coverage Level	A copayment or coinsurance for covered prescription drugs, until the annual cost of prescription drug expenses you pay and we pay reaches \$3,700. Any deductible, copayments, or coinsurance you pay counts toward the \$3,700.					
Supply	Network Retail Pharmacy 30-Day Supply		90-Day Supply Mail-Order	Network Retail Pharmacy 30-Day Supply		90-Day Supply Mail-Order
	Preferred Cost-Sharing	Standard Cost-Sharing		Preferred Cost-Sharing	Standard Cost-Sharing	
Tiers	Tier 1: \$3 Tier 2: \$8 Tier 3: \$35 Tier 4: 40% Tier 5: 27%	Tier 1: \$8 Tier 2: \$20 Tier 3: \$45 Tier 4: 50% Tier 5: 27%	Tier 1: \$3 Tier 2: \$16 Tier 3: \$70 Tier 4: 40% Tier 5: N/A	Tier 1: \$4 Tier 2: \$9 Tier 3: \$30 Tier 4: \$70 Tier 5: 33%	Tier 1: \$9 Tier 2: \$14 Tier 3: \$40 Tier 4: \$80 Tier 5: 33%	Tier 1: \$4 Tier 2: \$18 Tier 3: \$60 Tier 4: \$140 Tier 5: N/A
Catastrophic Coverage Level	After your yearly out-of pocket drug costs reach \$4,950, you pay greater of: \$3.30 or 5% - generics or brands treated like generics \$8.25 or 5% - all other drugs					

# What to Expect After Enrolling

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## If you enroll in BlueCHIP for Medicare

You will receive:

- A letter saying how much your plan costs
  - It is NOT a bill – Medicare requires us to tell you, but the City actually pays the bill
- A plan member ID card
- A welcome kit of plan materials

## If you enroll in Plan 65 and Blue MedicareRx

You will receive:

- Plan member ID cards
- A welcome kit of plan materials

# Customer Service Information

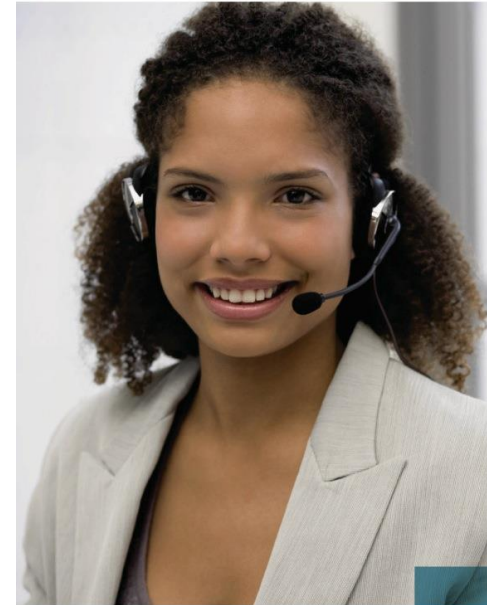
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**Group BlueCHiP for Medicare**  
members may call: 1-800-267-0439  
to speak with a member of the  
Medicare Concierge Team.

**Group Plan 65**  
members may call: 1-800-639-2227  
to speak with a member of the  
Medicare Concierge Team.

**Group Blue MedicareRx**  
members may call: 1-888-620-1748  
to speak with a CVS Caremark representative.

**Individual Blue MedicareRx**  
members may call: 1-888-543-4917  
to speak with a CVS Caremark representative.



# QUESTIONS





you for joining us!

Please visit [bcbsri.com/Medicare](https://bcbsri.com/Medicare) for more plan information.

Blue Cross & Blue Shield of Rhode Island is an HMO 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.