Introducing the City of Providence/Providence School Retiree Medicare Options

Overview of 2017 Benefits
We’re here for you!

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)
Additional benefits based on your plan

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
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
If you have BlueCHiP for Medicare Group Plus:

![BlueCHiP ID Card](image)

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

![Group Plan 65 ID Card](image)

![Prescription Drug Plan](image)
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.
Introducing BlueCHiP for Medicare
How BlueCHiP for Medicare Works

Primary Care Physician (PCP)
(Your PCP helps coordinate care when you need it.)

Specialists
Hospitals
Pharmacies
**BlueCHiP for Medicare Benefits**

<table>
<thead>
<tr>
<th>Service</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCP copayment</td>
<td>$0-$10</td>
</tr>
<tr>
<td>Specialist copayment</td>
<td>$30</td>
</tr>
<tr>
<td>Hospitalization</td>
<td>$250 per admission per benefit period</td>
</tr>
<tr>
<td>Skilled nursing facility*</td>
<td>$0 each day for day(s) 1-29 $50 for each day for day(s) 30-100</td>
</tr>
<tr>
<td>Home healthcare</td>
<td>$0</td>
</tr>
<tr>
<td>Durable medical equipment</td>
<td>$0</td>
</tr>
</tbody>
</table>

*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)

<table>
<thead>
<tr>
<th>Service</th>
<th>Cost</th>
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<tbody>
<tr>
<td>Diagnostic lab/X-ray services</td>
<td>$0</td>
</tr>
<tr>
<td>MRI/CT scan/PET scan, nuclear cardiology*</td>
<td>$50</td>
</tr>
<tr>
<td>Outpatient hospital</td>
<td>20%</td>
</tr>
<tr>
<td>Emergency room**</td>
<td>$65</td>
</tr>
<tr>
<td>Urgent care</td>
<td>$40</td>
</tr>
</tbody>
</table>

*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)

$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)

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

- 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

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 Group Plus

<table>
<thead>
<tr>
<th>Coverage Type</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Initial Drug Coverage</strong></td>
<td>You pay copayments for covered generic and brand drugs, and coinsurance for specialty drugs until total yearly drug costs reach $3,700. <em>(Please refer to plan materials for copayments.)</em></td>
</tr>
<tr>
<td><strong>Coverage Gap</strong></td>
<td><strong>Coverage gap discounts available</strong> for some Medicare Part D generic and brand drugs</td>
</tr>
<tr>
<td><strong>Catastrophic Drug Coverage</strong></td>
<td>You pay the greater of 5% or $3.30 for generic (including brand drugs treated as generic) and $8.25 for all other drugs.</td>
</tr>
</tbody>
</table>
Additional Benefits

- **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
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
- Health tips and information in The Rhode Ahead for Medicare Members newsletter
Introducing Group Plan 65
Plan 65 Benefits

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

<table>
<thead>
<tr>
<th>Group Plan 65</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>PCP visits</td>
<td>$0</td>
</tr>
<tr>
<td>Specialist visits</td>
<td>$0</td>
</tr>
<tr>
<td>Hospitalization</td>
<td>$0 per admission</td>
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<tr>
<td>Skilled nursing facility*</td>
<td>$0 each day for day(s) 1-20 $161 for each day for day(s) 21-100 You pay all costs for days 101+ <em>(These amounts may change for 2017.)</em></td>
</tr>
<tr>
<td>Home healthcare</td>
<td>$0</td>
</tr>
<tr>
<td>Durable medical equipment</td>
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*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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<td>Diagnostic lab/X-ray services</td>
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</table>
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
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
## Group Blue MedicareRx Benefits

<table>
<thead>
<tr>
<th>Drug Tier</th>
<th>What You Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Initial Coverage Level</strong></td>
<td>You pay the following until your out-of-pocket costs for covered drugs reach $3,700</td>
</tr>
<tr>
<td>Supply</td>
<td>30-day supply at retail pharmacy</td>
</tr>
<tr>
<td>Tier 1 – Generic</td>
<td>$10</td>
</tr>
<tr>
<td>Tier 2 – Preferred Brand, Brand, &amp; Specialty</td>
<td>$20</td>
</tr>
<tr>
<td><strong>Catastrophic Coverage Level</strong></td>
<td>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</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Drug Tier</th>
<th>Blue Medicare Rx Value Plans</th>
<th>Blue Medicare Rx Premier</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>What You Pay: $43.10/per month $280 deductible on Tiers 3, 4, and 5</td>
<td>What You Pay: $127.70/per month</td>
</tr>
<tr>
<td>Initial Coverage Level</td>
<td>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.</td>
<td></td>
</tr>
</tbody>
</table>

### Supply

<table>
<thead>
<tr>
<th>Drug Tier</th>
<th>Network Retail Pharmacy 30-Day Supply</th>
<th>90-Day Supply Mail-Order</th>
<th>Network Retail Pharmacy 30-Day Supply</th>
<th>90-Day Supply Mail-Order</th>
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<tr>
<td></td>
<td>Preferred Cost-Sharing</td>
<td>Standard Cost-Sharing</td>
<td>Preferred Cost-Sharing</td>
<td>Standard Cost-Sharing</td>
</tr>
<tr>
<td>Tiers</td>
<td>Tier 1: $3</td>
<td>Tier 1: $8</td>
<td>Tier 1: $3</td>
<td>Tier 1: $4</td>
</tr>
<tr>
<td></td>
<td>Tier 2: $8</td>
<td>Tier 2: $20</td>
<td>Tier 2: $16</td>
<td>Tier 2: $9</td>
</tr>
<tr>
<td></td>
<td>Tier 3: $35</td>
<td>Tier 3: $45</td>
<td>Tier 3: $70</td>
<td>Tier 3: $30</td>
</tr>
<tr>
<td></td>
<td>Tier 4: 40%</td>
<td>Tier 4: 50%</td>
<td>Tier 4: 40%</td>
<td>Tier 4: $70</td>
</tr>
<tr>
<td></td>
<td>Tier 5: 27%</td>
<td>Tier 5: 27%</td>
<td>Tier 5: N/A</td>
<td>Tier 5: 33%</td>
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### Tiers

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<td>Standard Cost-Sharing</td>
</tr>
<tr>
<td>Tiers</td>
<td>Tier 1: $4</td>
<td>Tier 2: $18</td>
<td>Tier 1: $9</td>
<td>Tier 2: $14</td>
</tr>
<tr>
<td></td>
<td>Tier 2: $18</td>
<td>Tier 3: $60</td>
<td>Tier 3: $40</td>
<td>Tier 3: $60</td>
</tr>
<tr>
<td></td>
<td>Tier 3: $60</td>
<td>Tier 4: $140</td>
<td>Tier 4: $80</td>
<td>Tier 4: $140</td>
</tr>
<tr>
<td></td>
<td>Tier 4: $140</td>
<td>Tier 5: N/A</td>
<td>Tier 5: 33%</td>
<td>Tier 5: N/A</td>
</tr>
<tr>
<td></td>
<td>Tier 5: N/A</td>
<td></td>
<td></td>
<td></td>
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### 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

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
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
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.

Please visit bcbsri.com/Medicare for more plan information.