

Introducing the City of Providence/Providence School Retiree Medicare Options



Overview of 2018 benefits



We're here for you!

A name you trust

A 78-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)

City offers you a choice of:

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

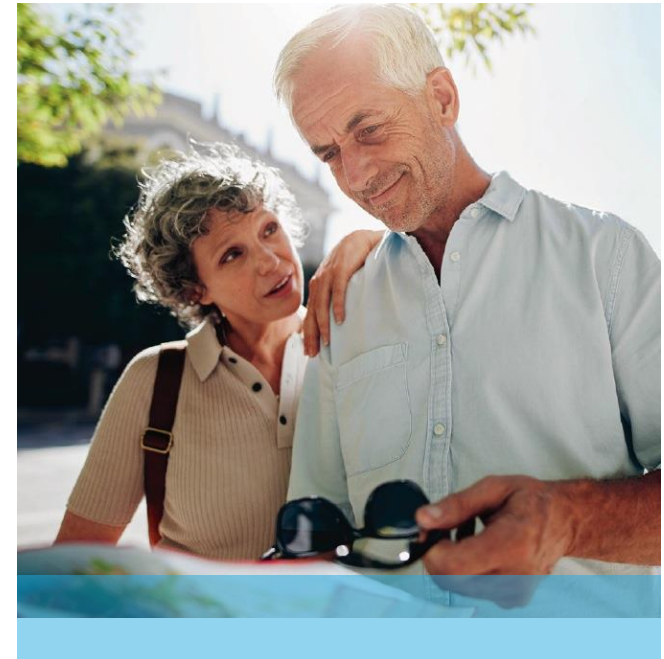
Plan 65

- 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




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, the month of your birthday or 3 months after your birth month




ID Cards



If you have BlueChiP for Medicare Group Plus:

 Blue Cross Blue Shield of Rhode Island		BlueChiP for Medicare Group Plus (HMO)	
JOHN Q SAMPLE X99999999999		PCP: JANE DOE PCP PHONE (000) 000-0000	
RXBIN:	0000000	PCMH Visit	\$0
Issuer:	000000	Non-PCMH Visit	\$10
RXPLN:	BCRIMAG	Specialist Visit	\$30
RXGRP:	BCRIMA	Emergency Room	\$65
CMS:	H4152 817	Issued XX/XX/XX	
MEDICARE ADVANTAGE HMO		 MedicareRx Prescription Drug Coverage	
		 DENTAL	

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

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

 Blue Cross Blue Shield of Rhode Island	
JOHN Q SAMPLE X99999999999	
_____ _____ Group Plan 65	

 Blue Cross Blue Shield of Rhode Island		Blue MedicareRx (PDP) Prescription Drug Plan
NAME: John Q Sample ID: G99999999999		
RXBIN: 0000000 RXPLN: MEDADV RXGRP: XXXXXXXX ISSUER (0000):		 MedicareRx 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.
- Give completed application to City prior to the effective date of coverage

Group Plan 65[®]
Member Enrollment Request Form

Please be sure to complete ALL information below to avoid delays in processing.

Section 1 - Please Provide Personal Information (Please Print)

Group Name _____ Group Number _____ Dept. Number _____
Last Name _____ First Name _____ Middle Initial _____
Birth Date _____ / _____ / _____
Social Security Number _____
Permanent Residence Street Address _____
City _____
Mailing Address (only if different from _____
City _____
Email Address _____

Section 2 - Please Provide Your Information

What is the name of your current or prior health insurance carrier? _____

Section 3 - Please Provide Your Information

Please take out your red, white and blue Medicare card.
• Fill out this information as it appears on your Medicare card.

GRP-PL65 (07/17)

BlueCHIP for Medicare
2018 Employer Group Enrollment Request Form

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

Section 1 - Please check which plan you want to enroll in

BlueCHIP for Medicare Group Plus (HMO) BlueCHIP for Medicare Group Preferred Unlimited (HMO-POS)
 BlueCHIP for Medicare Group Preferred (HMO-POS) BlueCHIP for Medicare Group Preferred Unlimited 2 (HMO-POS)

Section 2 - Please provide demographics (Please print)

Employer or Union Name _____ Group # _____
Last Name _____ First Name _____ Middle Initial _____
Birth Date _____ / _____ / _____ Sex M F Home Phone Number () Cell Phone Number ()
Permanent Residence Street Address (P.O. Box is not allowed) _____
City _____ State _____ ZIP Code _____
Mailing Address (only if different from your Permanent Residence Street Address) _____
City _____ State _____ ZIP Code _____
Primary Language _____
Email Address _____

Section 3 - Please provide the name of your primary care provider (PCP)

Last Name _____ First Name _____
Address _____
City _____ State _____ ZIP Code _____
Are you now seeing or have you recently seen this doctor? Yes No Phone () _____

Section 4 - Please provide your Medicare insurance information

Please take out your red, white, and blue Medicare card to complete this section.

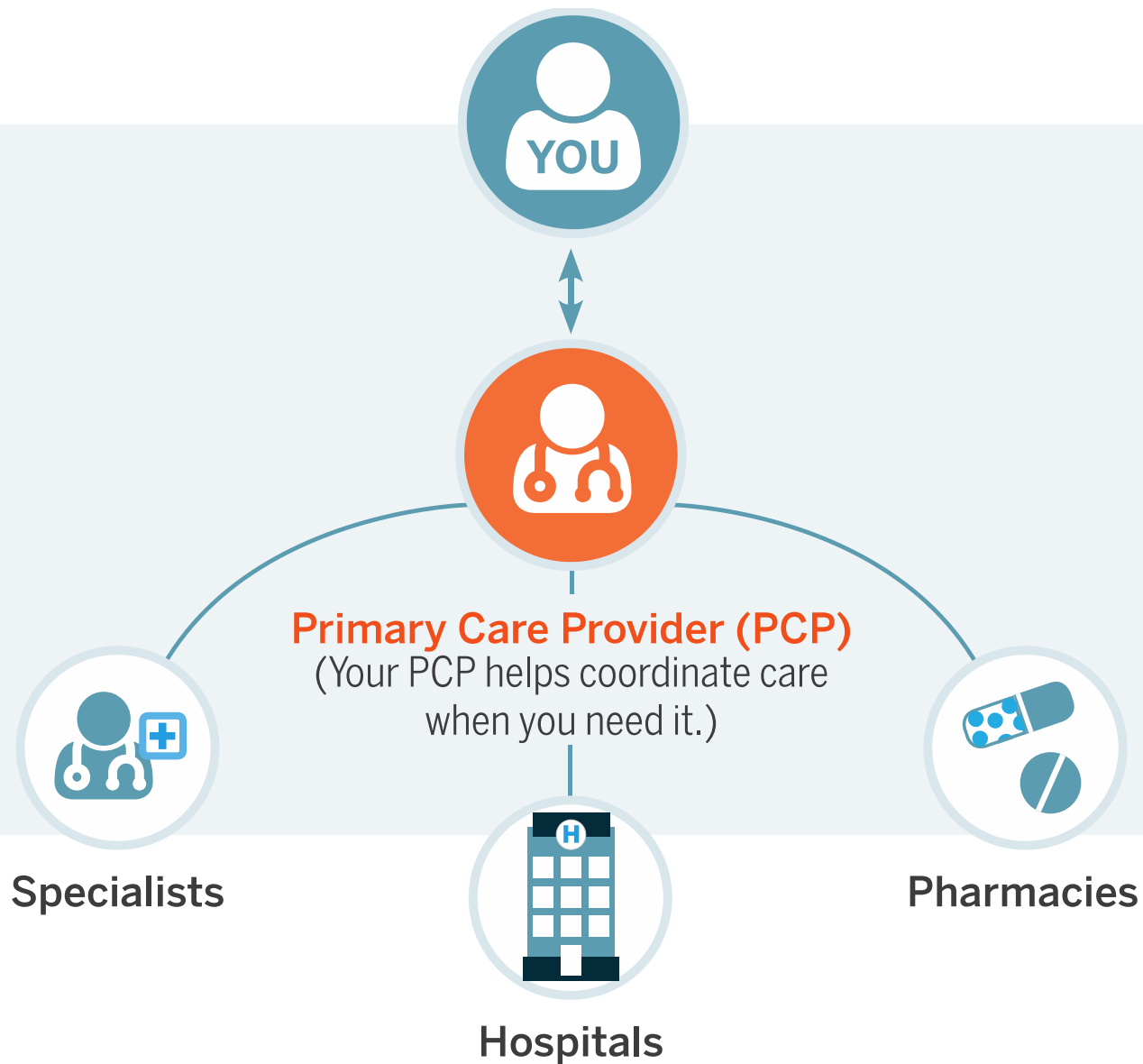
- Fill out this information as it appears on your Medicare card.
-OR-
• Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.

Name (as it appears on your Medicare card): _____
Medicare Number: _____
Is Entitled To: _____ Effective Date: _____
HOSPITAL (Part A) _____
MEDICAL (Part B) _____
You must have Medicare Part A and Part B to join a Medicare Advantage plan.

*Not all materials may be available in alternate formats.

Introducing BlueCHiP for Medicare

How BlueCHiP for Medicare Works



BlueCHiP for Medicare Benefits

BlueCHiP for Medicare Group Plus	
PCP copayment	\$0 PCMH or \$10 Non-PCMH
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)*

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)*

\$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.

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
 - \$0 copayment for a 90-day supply of drugs in Tier 1
 - 2.5 copayments for a 90-day supply in Tiers 2 and 3
 - Convenience – delivery to home or vacation spot

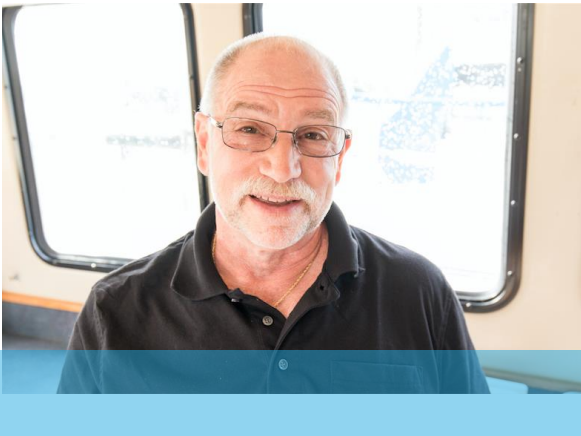


BlueCHiP for Medicare Prescription Drug Coverage

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 \$3,750. <i>(Please refer to plan materials for copayments.)</i>
Coverage Gap	Coverage gap discounts available for some Medicare Part D generic and brand drugs
Catastrophic Drug Coverage After \$5,000 out-of-pocket costs	You pay the greater of 5% or \$3.35 for generic (including brand drugs treated as generic) and \$8.35 for all other drugs.

Additional Benefits



- **Living Fit** –
\$5/month health club membership
- **Wig coverage** –
\$350 every 3 years
- **Eyewear coverage** –
up to \$150 per year
- **Dental benefits** –
– Preventive (100% coverage)
One cleaning, one oral exam, and one
set of bitewing X-rays per year

Introducing Group Plan 65

Plan 65 Benefits

- 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 \$164.50 for each day for day(s) 21-100 You pay all costs for days 101+ <i>(These amounts may change for 2018.)</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)*

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)*



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

Your Membership Can Help Keep You Healthy

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

- Great local service from the Medicare Concierge Team
- Fitness classes at our three Your Blue StoreSM locations
- 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 (for BlueCHIP for Medicare members only)




Introducing Group Blue MedicareRx

Blue MedicareRx

If you are turning 65 or becoming eligible for Medicare:

- Group Blue MedicareRx includes standard Medicare Part D benefits
- 2018 monthly premium is \$209
 - Premium is billed directly (not through employer)
 - 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 2018 premium invoice will be mailed mid-December and due January 1, 2018).
 - Payment address is:
Blue MedicareRx – RI
P.O. Box 505195
St. Louis, MO 63150-4849
- Separate prescription drug card

	Blue Cross Blue Shield of Rhode Island	Blue MedicareRx (PDP) Prescription Drug Plan
<hr/>		
NAME: 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 \$3,750	
Supply	30-day supply at retail pharmacy	90-day supply at mail order pharmacy
Tier 1 – Generic	\$10	\$10
Tier 2 – Preferred Brand & Brand	\$20	\$40
Tier 2 – Specialty		N/A
Catastrophic Coverage Level	After your yearly out-of-pocket drug costs reach \$5,000, you pay greater of: \$3.35 or 5% - generics or brands treated like generics \$8.35 or 5% - all other drugs	

This plan has unlimited coverage for prescription drugs.

Introducing Individual Blue MedicareRx

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

Individual Blue MedicareRx Benefits

Drug Tier	Blue MedicareRx Value Plans What You Pay: \$38.20/month \$235 deductible on Tiers 3, 4, and 5			Blue MedicareRx Premier What You Pay: \$122.60/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 \$3,750. Any deductible, copayments, or coinsurance you pay counts toward the \$3,750.					
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: \$2 Tier 2: \$7 Tier 3: \$35 Tier 4: 40% Tier 5: 28%	Tier 1: \$7 Tier 2: \$19 Tier 3: \$45 Tier 4: 50% Tier 5: 28%	Tier 1: \$2 Tier 2: \$14 Tier 3: \$70 Tier 4: 40% Tier 5: N/A	Tier 1: \$1 Tier 2: \$7 Tier 3: \$30 Tier 4: \$70 Tier 5: 33%	Tier 1: \$6 Tier 2: \$12 Tier 3: \$40 Tier 4: \$80 Tier 5: 33%	Tier 1: \$1 Tier 2: \$14 Tier 3: \$60 Tier 4: \$140 Tier 5: N/A
Catastrophic Coverage Level	After your yearly out-of pocket drug costs reach \$5,000, you pay greater of: \$3.35 or 5% - generics or brands treated like generics \$8.35 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

Customer Service Information

Group BlueCHiP for Medicare

Members can call 1-800-267-0439 to speak with a member of the Medicare Concierge Team.

Group Plan 65

Members can call 1-800-267-0439 to speak with a member of the Medicare Concierge Team.

Group Blue MedicareRx

Members can call 1-888-620-1748 to speak with a representative.

Individual Blue MedicareRx

Members can call 1-888-543-4917 to speak with a representative.



Thank you for joining us

Please visit 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.

08/17 BMED-191570