



SHAPING WHAT RETIREMENT CAN BE



2020

HealthMate Coast-to-Coast for Medicare Group Plan 2 (PPO)

Summary of Benefits

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage" or visit us at www.bcbsri.com/medicare.

HealthMate Coast-to-Coast for Medicare Group Plan 2 (PPO): A Medicare Advantage Preferred Provider Organization plan offered by Blue Cross & Blue Shield of Rhode Island with a Medicare contract. Enrollment in this plan depends on contract renewal.

You have choices about how to get your Medicare benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan such as **HealthMate Coast-to-Coast for Medicare Group Plan 2 (PPO)**.

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **HealthMate Coast-to-Coast for Medicare Group Plan 2 (PPO)** covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or use the Medicare Plan Finder on www.medicare.gov.
- If you want to know more about the coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

What this booklet tells you

- Things to know about **HealthMate Coast-to-Coast for Medicare Group Plan 2 (PPO)**
- Monthly premium, deductible, and limits on how much you pay for covered services
- Covered medical and hospital benefits
- Prescription drug benefits

This document is available in other formats such as Braille and large print.

This document may be available in a non-English language. For additional information, call us at 1-800-267-0439 (TTY: 711).

Este documento está disponible en otros formatos como sistema braille y en texto con letras grandes.

También puede estar disponible en otro idioma que no sea inglés. Para obtener información adicional, llámenos al 1-800-267-0439 (usuarios de TTY: 711).

Things to know about HealthMate Coast-to-Coast for Medicare Group Plan 2 (PPO)

Customer service hours of operation

- October 1 - March 31, seven days a week, 8:00 a.m. to 8:00 p.m.
- April 1 - September 30, Monday through Friday, 8:00 a.m. to 8:00 p.m.; Saturday & Sunday, 8:00 a.m. to noon

You can use our automated answering system outside of these hours.

HealthMate Coast-to-Coast for Medicare Group Plan 2 (PPO) phone numbers and website

- If you are a member of this plan, call (401) 277-2958 or 1-800-267-0439 (TTY: 711).
- If you are not a member of this plan, call (401) 351-2583 or 1-800-505-2583 (TTY: 711).
- Our website: www.bcbsri.com/medicare

Who can join?

To join **HealthMate Coast-to-Coast for Medicare Group Plan 2 (PPO)** you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

Our service area includes all 50 states.

Which doctors, hospitals, and pharmacies can I use?

HealthMate Coast-to-Coast for Medicare Group Plan 2 (PPO) has a network of doctors, hospitals, pharmacies, and other providers nationwide.

You can use your out-of-network benefit to see providers that are not included in the HealthMate Coast-to-Coast for Medicare Group network.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plan's provider and pharmacy listings on our website, bcbsri.com/FindDoctor.

Or call us and we will send you a copy of the provider and pharmacy directories.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers—and *more*.

- **Our plan members get *all* of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare.** For others, you may pay less.
- **Our plan members also get *more than what is covered by Original Medicare*.** Some of the extra benefits are outlined in this booklet.

HealthMate Coast-to-Coast for Medicare Group Plan 2 (PPO) covers Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, www.bcbsri.com/medicare.
- Or call us and we will send you a copy of the formulary.

How will I determine my drug costs?

HealthMate Coast-to-Coast for Medicare Group Plan 2 (PPO) groups each medication into one of four "tiers." You will need to use your formulary to locate what tier your drug is in to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

Premiums and Benefits	HealthMate Coast-to-Coast for Medicare Group Plan 2 (PPO)
Monthly Plan Premium	\$289 per month. You must continue to pay your Medicare Part B premium.
Annual Medical Deductible	This plan does not have a medical deductible.
Maximum Out-of-Pocket Amount (does not include prescription drugs)	<ul style="list-style-type: none"> • \$3,500 annually for services you receive from in-network providers. • \$3,500 annually for services you receive from out-of-network providers.
Inpatient Hospital Coverage ⁽¹⁾	<ul style="list-style-type: none"> • In-network: \$0 copay per admission; • Out-of-network: 20% of the cost. <p>This plan covers an unlimited number of days for an inpatient hospital stay.</p>
Outpatient Hospital Coverage	<ul style="list-style-type: none"> • In-network: \$200 copay per visit. • Out-of-network: 20% of the cost.
Doctor Office Visits: • Primary care	<ul style="list-style-type: none"> • In-network: \$0 copay per visit. • Out-of-network: 20% of the cost.
• Specialist	<ul style="list-style-type: none"> • In-network: \$25 copay per visit. • Out-of-network: 20% of the cost.
Preventive Care	<ul style="list-style-type: none"> • In-network: \$0. • Out-of-network: 20% of the cost. <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>
Emergency Care	<p>\$50 copay per visit.</p> <ul style="list-style-type: none"> • If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care. • See "Inpatient Hospital Coverage" (above) for other costs.
Urgently Needed Services	\$25 copay per visit.
Diagnostic Services/Labs/Imaging: ⁽¹⁾ • High-tech diagnostic radiology services (MRIs, CT scans, etc.)	<ul style="list-style-type: none"> • In-network: \$0. • Out-of-network: 20% of the cost.
• Lab services	<ul style="list-style-type: none"> • In-network: \$0. • Out-of-network: 20% of the cost.
• Outpatient X-rays and diagnostic tests and procedures	<ul style="list-style-type: none"> • In-network: \$0. • Out-of-network: 20% of the cost.
• Therapeutic radiology	<ul style="list-style-type: none"> • In-network: \$0. • Out-of-network: 20% of the cost.
Hearing Services: • Hearing exam - routine	<ul style="list-style-type: none"> • In-network: \$0. • Out-of-network: 20% of the cost. <p>Limit one visit per year.</p>
• Hearing exam - diagnostic/non-routine	<ul style="list-style-type: none"> • In-network: \$25 copay per visit. • Out-of-network: 20% of the cost.
• Hearing aid	Copayments of \$200-\$1,675 for hearing aids, per hearing aid, max two every 3 years.
Dental Services ⁽¹⁾ • Medicare covered	<ul style="list-style-type: none"> • In-network: 20% of the cost. • Out-of-network: 20% of the cost. <p>Limited dental services (this does not include services in connection with care, treatment, filling, removal or replacement of teeth).</p>
• Preventive	\$0
• Comprehensive	20%
• Annual benefit maximum	\$1,500

Premiums and Benefits	HealthMate Coast-to-Coast for Medicare Group Plan 2 (PPO)	
Vision Services: • Vision exam - routine	<ul style="list-style-type: none"> In-network: \$0. Out-of-network: 20% of the cost. Limit one visit per year.	
• Vision exam - diagnostic/non-routine	<ul style="list-style-type: none"> In-network: \$25 copay per visit. Out-of-network: 20% of the cost. 	
• Vision eyewear	Our plan pays up to \$150 for eyewear.	
Mental Health Services: ⁽¹⁾ • Inpatient visit	<ul style="list-style-type: none"> In-network: \$0 copay per admission Out-of-network: 20% of the cost. This plan covers 90 days for an inpatient hospital stay.	
• Outpatient group/individual therapy visit	<ul style="list-style-type: none"> In-network: \$25 copay per visit. Out-of-network: 20% of the cost. 	
Skilled Nursing Facility (SNF) ⁽¹⁾	In-Network: <ul style="list-style-type: none"> \$0 for days 1-20; \$75 per day for days 21-100. Out-of-network: 20% of the cost. <ul style="list-style-type: none"> This plan covers up to 100 days in a SNF. Copays for SNF benefits are based on benefit periods. You pay these amounts each benefit period until you reach the in-network or out-of-network out-of-pocket maximum. 	
Physical therapy, occupational therapy, and speech and language therapy visit	<ul style="list-style-type: none"> In-network: \$0. Out-of-network: 20% of the cost. 	
Ambulance ⁽¹⁾	\$50 copay per trip.	
Medicare Part B Drugs ⁽¹⁾	<ul style="list-style-type: none"> In-network: \$0. Out-of-network: 20% of the cost. 	
Prescription Drug Benefits		
Stage 1: Annual Prescription Deductible	This plan does not have a prescription deductible.	
Stage 2: Initial Coverage	You pay the following until your total yearly drug costs reach \$4,020. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail order pharmacies.	
	Retail Rx 30-day supply	Mail Order 90-day supply
Tier 1: Generic	\$7 copay	\$0 copay
Tier 2: Preferred brand	\$25 copay	\$62.50 copay
Tier 3: Non-preferred brand	\$40 copay	\$100 copay
Tier 4: Specialty	\$40 copay	N/A
Stage 3: Coverage Gap	Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,020. After you enter the coverage gap, you receive continuous coverage at the applicable tier cost share.	
	Retail Rx 30-day supply	Mail Order 90-day supply
Tier 1: Generic	\$7 copay	\$0 copay
Tier 2: Preferred brand	\$25 copay	\$62.50 copay
Tier 3: Non-preferred brand	\$40 copay	\$100 copay
Tier 4: Specialty	\$40 copay	N/A
Stage 4: Catastrophic Coverage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$6,350, you pay the greater of: 5% of the cost, or \$3.60 copay for generic (including brand drugs treated as generic) and \$8.95 copay for all other drugs.	

Premiums and Benefits	HealthMate Coast-to-Coast for Medicare Group Plan 2 (PPO)
Additional Benefits	
Chiropractic Office Visits	<ul style="list-style-type: none"> • In-network: \$20 copay per visit. • Out-of-network: 20% of the cost.
Silver&Fit®	\$0 per month.
Acupuncture	\$20 copay.
Meal Delivery	\$0 copay.
Transportation	\$0 copay.
Wellness Reimbursement	Not covered
Foot Care (podiatry services): <ul style="list-style-type: none"> • Foot exams and treatment 	<ul style="list-style-type: none"> • In-network: \$25 copay per visit. • Out-of-network: 20% of the cost.
<ul style="list-style-type: none"> • Routine foot care for members with certain medical conditions 	<ul style="list-style-type: none"> • In-network: \$25 copay per visit. • Out-of-network: 20% of the cost.
Medical Equipment/Supplies: <ul style="list-style-type: none"> • Durable medical equipment and prosthetics ⁽¹⁾ 	<ul style="list-style-type: none"> • In-network: \$0. • Out-of-network: 20% of the cost.
<ul style="list-style-type: none"> • Diabetes monitoring supplies ⁽¹⁾ 	<ul style="list-style-type: none"> • In-network: \$0. • Out-of-network: 20% of the cost.
Virtual Doctor Visits (Telemedicine)	\$0 copay per visit. Speak to a primary care provider using your computer or mobile device.
Outpatient Surgery/ Ambulatory Surgical Center ⁽¹⁾	<ul style="list-style-type: none"> • In-network: \$200 copay per visit. • Out-of-network: 20% of the cost.
Over-the-counter (OTC) Benefit	\$100 per quarter to use on approved health products.

(1) Prior Authorization may be required.

This information is not a complete description of benefits. Call the Medicare sales team at 1-800-505-BLUE (2583) (TTY: 711) for more information. Existing members can call the Medicare Concierge team at 1-800-267-0439 (TTY: 711).

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.

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