



SHAPING WHAT RETIREMENT CAN BE

City of Providence/Providence
School Retiree

2021 Group Medicare
Benefits Overview





Blue Cross & Blue Shield of Rhode Island Helping you get the most out of retirement since 1939.

1. **Extensive coverage:** medical, dental, vision, over-the-counter, and fitness benefits
2. **Leading local choice** for health coverage
3. **Dedicated support and service** in-person and over the phone
4. **Extensive provider** and pharmacy network



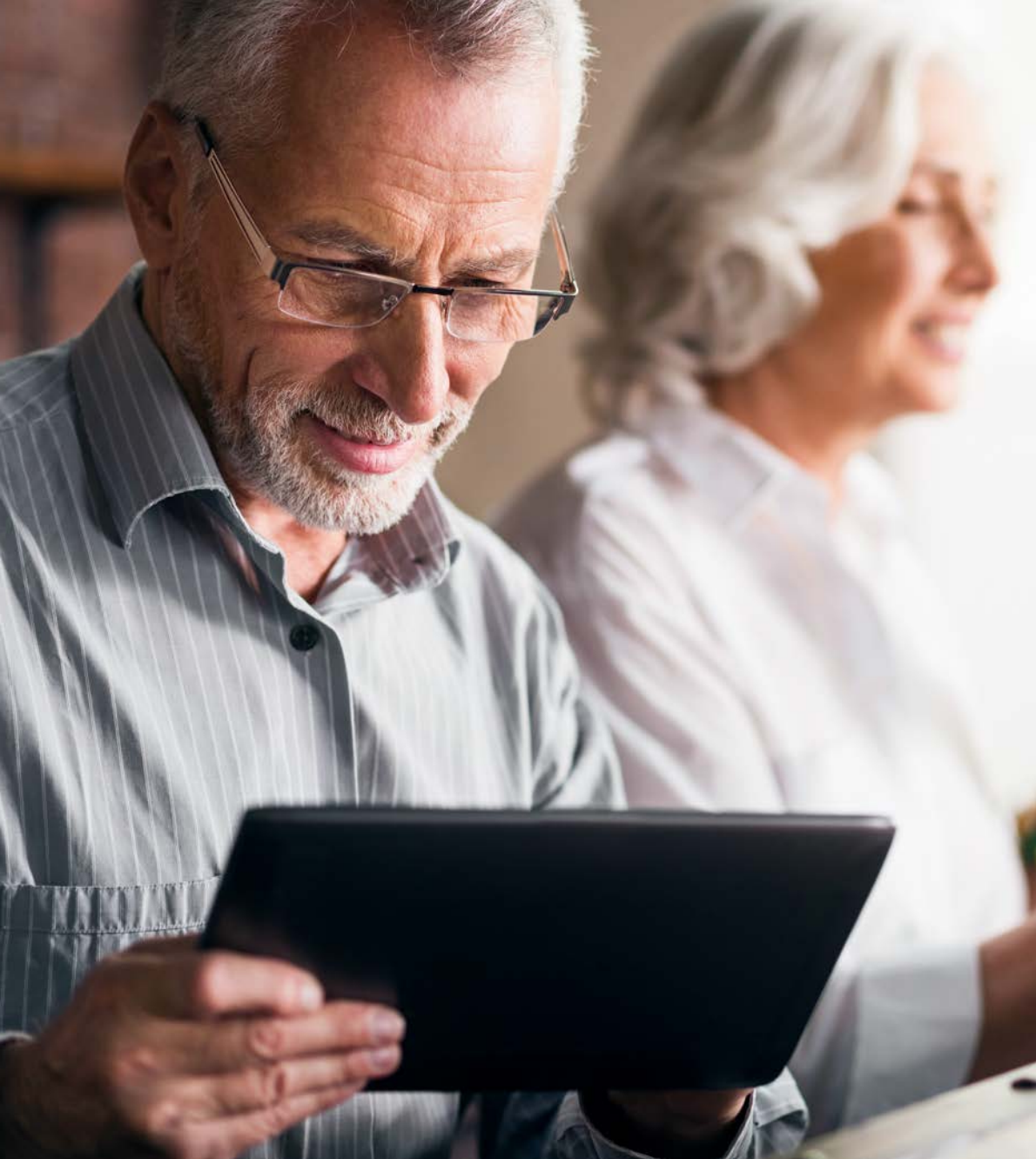
Eligibility and Enrollment

If you turn 65 or become Medicare-eligible, you must:

- Apply for Medicare Part A and Part B
- Sign up for Medicare through Social Security
- Sign up any-time between 3 months before your birth month, the month of your birthday, or 3 months after your birth month

G R O U P H E A L T H M A T E
C O A S T - T O - C O A S T F O R M E D I C A R E
B E N E F I T S

M E D I C A R E A D V A N T A G E



General Overview

- No referrals
- Reside anywhere in the U.S.
- Worldwide emergency and urgent care coverage
- Low medical and pharmacy copays

Maximum out-of-pocket for your plan:

- You will not pay more than \$3,500 in a calendar year for Medicare-covered services
- Part D prescription drug coverage included
- Coverage through the coverage gap

Plus, even more ways to save money and stay healthy.

Medical Benefits

PCP copay	\$0
Specialist copay	\$25
Hospitalization copay per admission per benefit period	\$0
Skilled nursing facility copay	\$0 days 1-20; \$75 per day for days 21-100
Home health care copay	\$0
Durable medical equipment	\$0
Diagnostic lab / X-ray services	\$0
MRI, CT scan, PET scan, nuclear cardiology	\$0
Outpatient hospitalization copay	\$200
Emergency room copay	\$50
Urgent care copay	\$25

Prescription Drug Benefits

2021 Retail Pharmacy (30-Day Supply)

- Tier 1 – Generic Drugs: \$7
- Tier 2 – Preferred Brand Drugs: \$25
- Tier 3 – Non-Preferred Brand Drugs: \$40
- Tier 4 – Specialty Drugs: \$40

2021 Mail Order Pharmacy (90-Day Supply)

- Tier 1 – Generic Drugs: \$0
- Tier 2 – Preferred Brand Drugs: \$62.50
- Tier 3 – Non-Preferred Brand Drugs: \$100
- Tier 4 – Specialty Drugs: N/A

Note: Coverage provided through the coverage gap

More Ways to Save Money and Stay Healthy

Benefits that provide convenience and flexibility



\$0 Silver&Fit® national gym membership and home fitness kits



\$0 transportation benefit



\$0 meal delivery benefit



\$15 copay for acupuncture treatment



\$100 per quarter over-the-counter benefit



Dental coverage:

- \$1,500 annual benefit maximum
- 100% for preventive services
- 80% for comprehensive services



\$0 Doctors Online



Eyewear allowance - \$150 per year

\$350 Wig coverage - \$350 every 3 years

GROUP BLUECHIP BENEFITS

MEDICARE ADVANTAGE



General Overview

- **No referrals**
- **HMO local plan coverage:**
 - Worldwide emergency coverage
 - Urgent care covered anywhere in the U.S.
 - Must reside in R.I., Bristol County M.A., or New London, C.T.
- **PCP coordinates your care with your specialists, hospitals, and pharmacies**
- **Low medical & pharmacy copays**
- **Maximum out-of-pocket for your plan:**
 - You will not pay more than \$3,000 in a calendar year for Medicare-covered services
 - Part D prescription drug coverage included

Plus, even more ways to save money and stay healthy.

Medical Benefits

PCP copay	\$0 PCMH/\$10 non-PCMH
Specialist copay	\$30
Hospitalization per admission per benefit period	\$250
Skilled nursing facility	\$0/day for day(s) 1-29; \$50/day for day(s) 30-100
Home healthcare	\$0
Durable medical equipment	\$0
Diagnostic lab / X-ray services	\$0
MRI, CT scan, PET scan, nuclear cardiology	\$50
Outpatient hospitalization	\$150
Emergency room visit	\$65
Urgent care	\$40

Prescription Drug Benefits

2021 Retail Pharmacy (30-Day Supply)

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

2021 Mail Order Pharmacy (90-Day Supply)

- Tier 1 – Generic: \$0
- Tier 2 – Preferred brand: \$60
- Tier 3 – Non-preferred brand: \$130
- Tier 4 – Specialty: N/A

Note: No coverage through the coverage gap

More Ways to Save Money and Stay Healthy

Benefits that provide convenience and flexibility



\$0 Silver&Fit[®] national gym membership and home fitness kits



\$0 copay for routine hearing and vision screenings



\$50 per quarter over-the-counter benefit



\$0 Doctors Online



Dental coverage:

- \$1,500 annual benefit maximum
- 2 cleanings per year
- 80% for comprehensive services



Eyewear allowance - \$150 per year

\$350 Wig coverage - \$350 every 3 years

GROUP PLAN 65 BENEFITS

MEDICARE SUPPLEMENT



General Overview

- **You have nationwide coverage:**
 - Any doctor or facility that accepts Medicare is covered
- **Group Plan 65 coverage follows Original Medicare**
 - Plan 65 C is offered to those who turned 65 prior to 1/1/20. The part B deductible is covered by the plan
 - Plan 65 G is offered to those who turned 65 on or after 1/1/20. The part B deductible is covered by an HRA for retirees only
- **Part D prescription drug coverage is available for an additional cost**
- **Emergency care outside the U.S.:**
 - \$250 deductible
 - You pay 20% after deductible during the first 60 days of each trip
 - \$50,000 lifetime maximum

Medical Benefits

PCP visits	\$0
Specialist visits	\$0
Hospitalization	\$0
Home health services (Medicare-covered)	\$0
Durable medical equipment	\$0
Skilled nursing facility	\$0/day for day(s) 1-20; \$176/day* for day(s) 21-100; You pay all costs for days 101+
Diagnostic lab / X-ray services	\$0

*This amount may change for 2021

Medicare Health Reimbursement Arrangement (HRA)

(for retirees turning 65 after January 1, 2020)

Benefit Amount

**\$198* Medicare
Part B
deductible** = **HRA pays
100%**

Eligible Expenses

- Physician services
- Outpatient hospital services
- Home care services
- Durable medical equipment

PAYMENT PROCESS

1. Show your insurance card to your provider
2. When billed by your provider, show your HRA debit card to pay the claim in full

*This amount could change for 2021

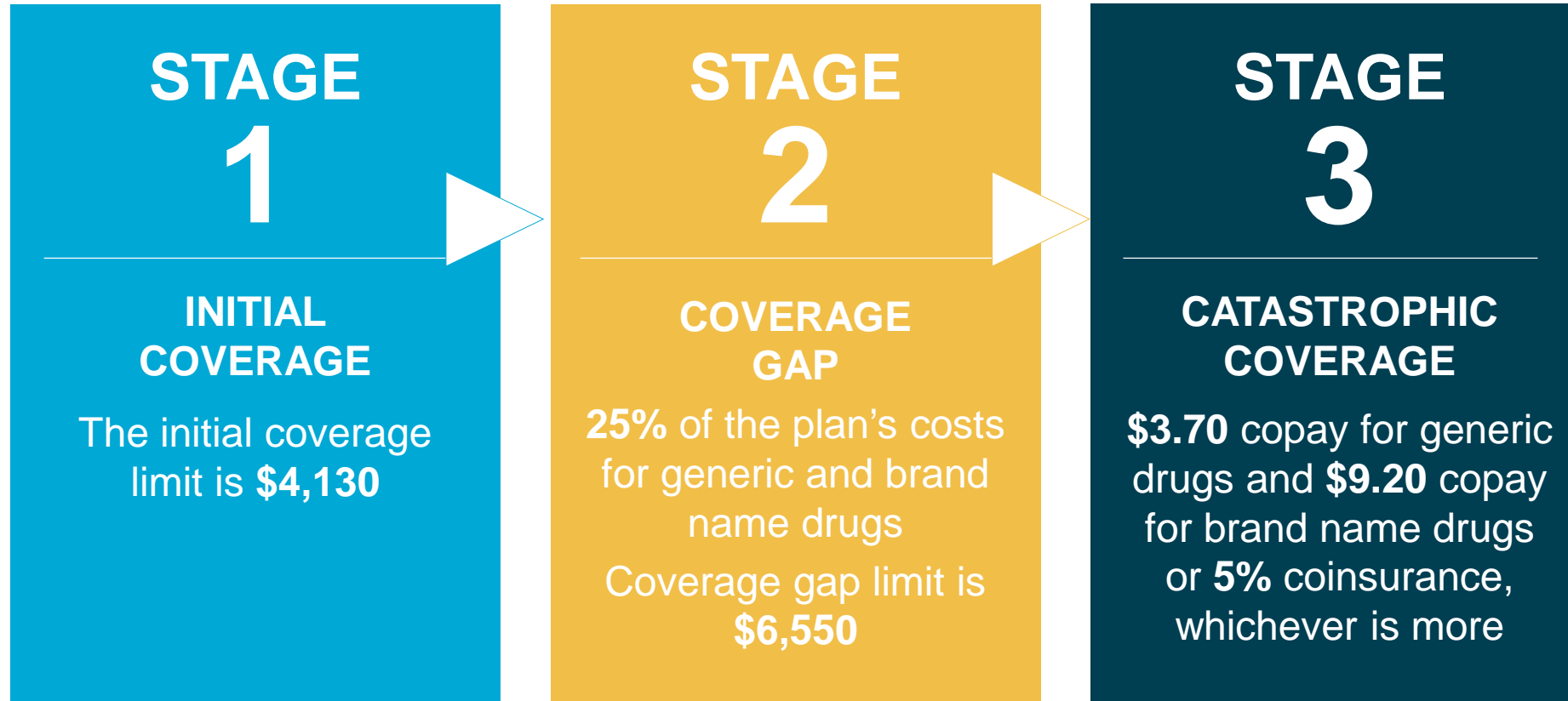


M E D I C A R E

PART D PRESCRIPTION DRUG COVERAGE

Your Pharmacy Benefit: How It Works!

Medicare Part D benefit stages



GROUP BLUE MEDICARE Rx

PART D PRESCRIPTION DRUG COVERAGE



General Overview

- Group Blue MedicareRx monthly premium: \$232
 - No deductible
- Group Blue MedicareRx includes standard Medicare Part D benefits
- Premium is billed directly (not through the City)
- You will receive your monthly premium invoice about 15 days prior to the month of coverage
- The due date will be the first of the month for each month of coverage (e.g., January 2021 premium invoice will be mailed mid-December and due January 1, 2021).
- Payment address is:
 - Blue MedicareRx (PDP)
 - P.O. Box 30016
 - Pittsburgh, PA 15220-0330
- There is a separate prescription drug card

Prescription Drug Benefits - \$10/\$20 Plan

2021 Retail Pharmacy (30-Day Supply)

- Tier 1 – Generic: \$10
- Tier 2 – Brand: \$20
- Tier 2 – Specialty: \$20

2021 Mail Order Pharmacy (90-Day Supply)

- Tier 1 – Generic: \$10
- Tier 2 – Brand: \$40
- Tier 2 – Specialty: N/A

THIS PLAN HAS UNLIMITED COVERAGE FOR PRESCRIPTION DRUGS

After your yearly out-of-pocket drug costs reach \$6,550, you pay greater of:

- \$3.70 - generics or brands treated like generics
- \$9.20 - all other drugs



INDIVIDUAL BLUE MEDICARE Rx

PART D PRESCRIPTION DRUG COVERAGE

2021 Individual Blue MedicareRx Plans

Drug Tier	Blue MedicareRx Value Plus What you pay: \$50.50 \$435 deductible on Tiers 3, 4, and 5			Blue MedicareRx Premier What you pay: \$135.00 \$0 deductible		
Initial Coverage Level	A copay or coinsurance for covered prescription drugs, until the annual cost of prescription drug expenses you pay and we pay reaches \$4,130. Any deductible, copays, or coinsurance you pay counts towards the \$4,130.					
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	
Tier 1: Preferred Generic Tier 2: Generic Tier 3: Preferred Brand Tier 4: Non-Preferred Tier 5: Specialty	Tier 1: \$1 Tier 2: \$6 Tier 3: \$36 Tier 4: 40% Tier 5: 25%	Tier 1: \$6 Tier 2: \$20 Tier 3: \$47 Tier 4: 50% Tier 5: 25%	Tier 1: \$1 Tier 2: \$12 Tier 3: \$72 Tier 4: 40% Tier 5: N/A	Tier 1: \$1 Tier 2: \$7 Tier 3: \$30 Tier 4: 35% Tier 5: 33%	Tier 1: \$6 Tier 2: \$12 Tier 3: \$40 Tier 4: 45% Tier 5: 33%	Tier 1: \$1 Tier 2: \$14 Tier 3: \$60 Tier 4: 35% Tier 5: N/A
Gap Coverage	After you reach the coverage gap, you pay 25% or the plan's cost for covered medications until your costs reach \$6,550, which is the end of the coverage gap.			After you reach the coverage gap you receive continuous coverage for Tier 1 and 2 medications, and you pay 25% of the plan's cost for Tier 3, 4, and 5 medications until your costs reach \$6,350, which is the end of the coverage gap.		
Catastrophic Coverage Level	After your yearly out-of-pocket drug costs reach \$6,550, you pay the greater of 5% of the cost or a \$3.70 copay for generic medications or a \$9.20 copay for all other medications, whichever is greater.					

Completing Your Application

- Enter your full name and address
- Include all of your Medicare information
 - Located on your new red, white, and blue Medicare ID card
- Sign and date your application
 - If your form is completed by someone else, please include a copy of your executed healthcare power of attorney document
- Give completed application to the City prior to the effective date of coverage



What to Expect After Enrolling

If you enroll in Group BlueCHiP for Medicare (HMO) or HealthMate Coast-to-Coast for Medicare (PPO)

You will receive:

- A letter saying how much your plan costs
- It is NOT a bill—Medicare requires us to tell you, but for **BlueCHiP for Medicare** the City pays the bill
- It is NOT a bill—Medicare requires us to tell you, but the City may pay a portion of the bill for **HealthMate Coast-to-Coast for Medicare**
- A plan member ID card
- A welcome kit of plan materials




If you enroll in Group Plan 65 and Blue MedicareRx

You will receive:





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

ID Cards


If you have HealthMate Coast-to-Coast for Medicare Group (PPO):

 Blue Cross Blue Shield		<PLAN NAME> (PPO)
<FIRST NAME> <M> <LAST NAME> <TITLE> <MEMBERID>		
RxBIN	PCMH Visit	\$\$\$<XX>
Issuer	Non PCMH Visit	\$\$\$<XX>
RxPCN	Specialist Visit	\$\$\$<XX>
RxGrp	Emergency Room	\$\$\$<XX>
CMS		
Issued MM/DD/YY		
		



If you have BlueCHIP for Medicare Group Plus (HMO):

		BlueCHIP for Medicare Group Plus
JOHN Q SAMPLE X99999999999	PCP Jane ADoe MD PCP Phone: (000)000-0000	
RxBIN:	0000000	PCP Visit \$10 Specialist
Issuer:	000000	Visit \$20 Emergency Room
RXPLN:	MEDADV	\$50 Inpatient Adm \$100
RXGRP:	XXXXXXX	
CMS:	H4152817	Issued XX/XX/XX
		

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) 07-01-1986 MEDICAL (PART B) 07-01-1986	
SIGN HERE _____	
DO NOT SEND CLAIMS FOR PAYMENT OF MEDICARE BENEFITS TO THIS () ADDRESS	

	
JOHN Q SAMPLE X999999999999	
Issued 08/08/18	
Group Plan 65 C	

		Blue MedicareRx* (PDP) Prescription Drug Plan
NAME: _____		
ID: _____		
RxBIN:	004336	
RXPCN:	MEDDADV	
RXGRP:	NEJERX	
ISSUER:	(80840) 9151014609	
		S2893



LOCAL SUPPORT



Service as Close as Your Phone Available 7 days a week

- **GROUP MEDICARE ADVANTAGE PLANS
and GROUP PLAN 65**
You can speak with the Medicare Concierge team at:
1-800-267-0439 (TTY:711)
- **INDIVIDUAL BLUE MEDICARE Rx
(Prescription drug coverage)**
You can speak with a Blue MedicareRx representative at:
1-888-543-4917 (TTY:711)
- **GROUP BLUE MEDICARE Rx
(Prescription drug coverage)**
You can speak with a Group Blue MedicareRx
representative at:
1-888-620-1748 (TTY:711)

Hours: Monday through Friday, 8:00 a.m. to 8:00 p.m.; Saturday, 8:00 a.m. to noon. (Open seven days a week, 8:00 a.m. to 8:00 p.m., October 1 - March 31.) You can use our automated answering system outside of these hours.



THANK YOU FOR JOINING US

For more plan information,
please call: **(401) 351-2583**

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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