

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



Benefit Information	
Monthly premium	\$295*
Medical deductible	\$0
Pharmacy deductible	\$0
Office Visits (In-Network)	
PCP office visits	\$0
Routine hearing and vision exams	\$0
Specialist office visits	\$25
Inpatient / Outpatient Services (In-Network)	
Inpatient medical hospitalization	\$0 per admission
Skilled nursing facility	\$0 for days 1-20; \$75 per day for days 21-100
Lab services	\$0
Diagnostic tests and X-rays	\$0
High tech radiology services (MRIs, CT scans, etc.)	\$0
Home health care	\$0
Outpatient surgery	\$200
Emergency Services	
Emergency room	\$50
Ambulance	\$50
Out-of-Pocket Costs	
In-network & Out-of-network out of pocket maximum	\$3,500 combined
Out-of-network benefit	20%
Prescription Drugs	
Tier 1: Generic	\$7
Tier 2: Preferred brand	\$25
Tier 3: Non-preferred brand	\$40
Tier 4: Specialty	\$40
Mail order (90 day supply)	\$0 for Tier 1
Coverage gap	Full coverage through the gap
	After the total yearly cost of the drugs you take reaches \$4,130: You receive continuous coverage at the applicable tier cost share.
Catastrophic coverage	After your total out-of-pocket drug costs reach \$6,550, you pay the greater of: 5% of the cost, or \$3.70 / \$9.20 copays.

*Must have Medicare Part A and Medicare Part B to enroll. All members must continue to pay their Medicare Part B premium. This is only a partial list of benefits. Please review the Summary of Benefits for more detailed information.

Dental Benefits

You are covered for the following dental benefits. To get the most up-to-date information about participating providers, you can use the Find a Doctor tool on bcbsri.com or call our Medicare Concierge team at the number on your member ID card.

Benefit Features	HealthMate Coast-to-Coast for Medicare Group Plan 2 (PPO)
Annual benefit maximum	\$1,500
Preventive Services	
Annual exam	\$0. One oral exam per calendar year.
Cleanings	\$0. Two cleanings per calendar year.
X-Rays	
Bitewing X-rays	\$0. One set per calendar year.
Full mouth set	\$0. One set every five years.
Individual X-rays	\$0. As needed, up to four per year.
Comprehensive Services	
Includes fillings, palliative treatment, simple extractions, denture repairs, root canal therapy, and oral surgery	20%

Additional Benefits

Benefit Features	HealthMate Coast-to-Coast for Medicare Group Plan 2 (PPO)
Silver&Fit®	\$0
Acupuncture	\$15 copay
Over-the-counter (OTC) benefit	\$100 per quarter
Meal delivery	\$0 (14 meals after hospital discharge, up to 4 times per year)
Transportation	\$0 (24 one-way rides, 20 miles max per ride)
Vision hardware allowance	\$150 per year
Hearing aid	\$200-\$1,675 per hearing aid, max two every 3 years
Virtual doctor's visits (telemedicine)	\$0

Blue Cross & Blue Shield of Rhode Island complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-267-0439.

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-267-0439.

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.