



**SHAPING WHAT RETIREMENT CAN BE**



2021

## **BlueCHiP for Medicare**

Group Plus (HMO) 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](http://www.bcbsri.com/medicare).

### **BlueCHiP for Medicare Group Plus (HMO):**

A Medicare Advantage Health Maintenance Organization (HMO) 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 **BlueCHiP for Medicare Group Plus (HMO)**.

### **Tips for comparing your Medicare choices**

This Summary of Benefits booklet gives you a summary of what **BlueCHiP for Medicare Group Plus (HMO)** 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](http://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](http://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 **BlueCHiP for Medicare Group Plus (HMO)**
- 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 BlueCHiP for Medicare Group Plus (HMO)**

#### **Customer Service hours of operations**

- 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, 8:00 a.m. to noon

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

## BlueCHiP for Medicare Group Plus (HMO) 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](http://www.bcbsri.com/medicare).

## Who can join?

To join **BlueCHiP for Medicare Group Plus (HMO)** you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

Our service area includes: Bristol, Kent, Newport, Providence, and Washington Counties in Rhode Island; all of Bristol County, Massachusetts; and the following ZIP codes in New London County, Connecticut: 06320, 06339, 06340, 06355, 06359, 06378, 06385, 06388.

## Which doctors, hospitals, and pharmacies can I use?

**BlueCHiP for Medicare Group Plus (HMO)** has a network of doctors, hospitals, pharmacies, and other providers. If you use providers that are not in our network, the plan may not pay for these services.

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

You can see our plan's provider & pharmacy listings on our website, [bcbsri.org/FindDoctor](http://bcbsri.org/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.

**BlueCHiP for Medicare Group Plus (HMO)** 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](http://www.bcbsri.com/medicare).
- Or call us and we will send you a copy of the formulary.

## How will I determine my drug costs?

**BlueCHiP for Medicare Group Plus (HMO)** 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

## BlueCHIP for Medicare Group Plus (HMO)

Monthly Plan Premium	\$180 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)	\$3,000 annually for services you receive from in-network providers.
Inpatient Hospital Coverage <sup>(1)</sup>	\$250 copay per admission.  This plan covers an unlimited number of days for an in-network inpatient hospital stay.
Outpatient Hospital Coverage	\$150 copay per visit.
Doctor Office Visits: • Primary care	\$0 PCMH or \$10 non-PCMH copay per visit.
• Specialist	\$30 copay per visit.
Preventive Care	\$0.  Any additional preventive services approved by Medicare during the contract year will be covered.
Emergency Care	\$65 copay per visit. • 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	\$40 copay per visit.
Diagnostic Services/Labs/Imaging: <sup>(1)</sup> • High-tech diagnostic radiology services (MRIs, CT scans, etc.)	\$50 copay per visit.
• Lab services	\$0.
• Outpatient X-rays and diagnostic tests and procedures	\$0.
• Therapeutic radiology	\$0.
Hearing Services: • Hearing exam - routine	\$0.
• Hearing exam - diagnostic/non-routine	Limit one visit per year. \$30 copay per visit.
• Hearing aid	Not covered.
Dental Services <sup>(1)</sup> • Medicare covered	20% of the cost.  Limited dental services (this does not include services in connection with care, treatment, filling, removal or replacement of teeth).
• Preventive	\$0.
• Comprehensive	20% of the cost for covered services.

## Premiums and Benefits

## BlueCHIP for Medicare Group Plus (HMO)

• Annual benefit maximum	\$1,500 limit on all covered dental services for Preventive and Comprehensive Dental Services.	
Vision Services: • Vision exam - routine	\$0.  Limit one visit per year.	
• Vision exam - diagnostic/non-routine	\$30 copay per visit.	
• Vision eyewear	Our plan pays up to \$150 every year for eyewear.	
Mental Health Services: <sup>(1)</sup> • Inpatient visit	• \$250 copay per admission.  This plan covers 90 days for an inpatient hospital stay.	
• Outpatient group/individual therapy visit	\$0.	
Skilled Nursing Facility (SNF) <sup>(1)</sup>	<ul style="list-style-type: none"> <li>• \$0 per day for days 1-29;</li> <li>• \$50 per day for days 30-100</li> </ul> <ul style="list-style-type: none"> <li>• This plan covers up to 100 days in a SNF.</li> <li>• Copays for SNF benefits are based on benefit periods. You pay these amounts each benefit period until you reach the in-network out-of-pocket maximum.</li> </ul>	
Physical therapy, occupational therapy, and speech and language therapy visit	\$0.	
Ambulance <sup>(1)</sup>	\$50 copay per trip.	
Medicare Part B Drugs <sup>(1)</sup>	20% of the cost.	
<b>Prescription Drug Benefits</b>		
Stage 1: Annual Prescription Deductible	This plan does not have a prescription deductible.	
Stage 2: Initial Coverage	<p>You pay the following until your total yearly drug costs reach \$4,130. Total yearly drug costs are the total drug costs paid by both you and the Part D plan.</p> <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p>	
	<b>Retail Rx 30-day supply</b>	<b>Mail Order 90-day supply</b>
Tier 1: Generic	\$8 copay	\$0 copay
Tier 2: Preferred brand	\$24 copay	\$60 copay
Tier 3: Non-preferred brand	\$52 copay	\$130 copay
Tier 4: Specialty	25% of the cost	N/A
Stage 3: Coverage Gap	<p>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 the plan has paid and what you have paid) reaches \$4,130.</p> <p>After you enter the coverage gap, you pay 25% of the plan’s cost for covered brand name drugs and 25% of the plan’s cost for covered generic drugs until your costs reach \$6,550 which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>	

## Premiums and Benefits

## BlueCHIP for Medicare Group Plus (HMO)

Stage 3: Coverage Gap (continued)	Retail Rx 30-day supply	Mail Order 90-day supply
Tier 1: Generic Tier 2: Preferred brand Tier 3: Non-preferred brand Tier 4: Specialty	Refer to Coverage Gap amounts.	Refer to Coverage Gap amounts.
Stage 4: Catastrophic Coverage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$6,550, you pay the greater of:  5% of the cost, or \$3.70 copay for generic (including brand drugs treated as generic) and \$9.20 copay for all other drugs.	
<b>Additional Benefits</b>		
Chiropractic Office Visits	\$20 copay per visit.	
Silver&Fit®	\$0 per month.	
Acupuncture	Not covered	
Meal Delivery	Not covered	
Transportation	Not covered	
Wellness Reimbursement	Not covered	
Foot Care (podiatry services): • Foot exams and treatment	\$30 copay per visit.	
• Routine foot care for members with certain medical conditions	\$30 copay per visit.	
Medical Equipment/Supplies: • Durable medical equipment and prosthetics <sup>(1)</sup>	\$0.	
• Diabetes monitoring supplies <sup>(1)</sup>	\$0.  You must use OneTouch plan-designated monitors and test strips.	
Virtual Doctor Visits (telehealth)	\$0 Speak to a primary care provider or therapist using your computer or mobile device.	
Outpatient Surgery/ Ambulatory Surgical Center <sup>(1)</sup>	\$150 of the cost.	
Over-the-counter (OTC) Benefit	\$50 per quarter to use on approved health products.	

(1) Prior Authorization may be required.

500 Exchange Street • Providence, RI 02903-2699 • [bcbsri.com/medicare](https://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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