

Blue Cross & Blue Shield of Rhode Island

State of RI - RIOPC - 2023 Post 65 Medical Coverage



Benefit Features	Group Plan65 C with SNF Enrolled before January 1, 2020	Group Plan65 G with SNF Enrolled after January 1, 2020	BlueCHIP for Medicare Group Preferred (HMO-POS)
Plan type	Medicare Supplement Plan	Medicare Supplement Plan	Medicare Advantage PPO
Premium	\$219.61	\$219.61	\$270
Rx premium	May be purchased separately	May be purchased separately	
Dental premium	May be purchased separately	May be purchased separately	
Annual Benefits			
In-network coinsurance			\$0
In-network medical deductible	\$0	\$226 Part B annual deductible*	\$0
In-network & Out-of-network out-of-pocket maximum		Deductible is covered under	\$3,000
Office Visits (In-Network)			
PCP office visits	\$0	HRA (for Retirees Only)	\$0 PCMH or \$10 non-PCMH
Specialist office visits		\$226 Part B annual deductible* Deductible is covered under HRA	
Inpatient / Outpatient Services (In-Network)			
Inpatient medical hospitalization	\$0	\$226 Part B annual deductible* Deductible is covered under HRA (Retirees Only)	\$250 per admission
Skilled nursing facility ²	\$0 per day days 1-20 \$0 per day days 21-100	\$0 per day days 1-20 \$0 per day days 21-100	\$0 for days 1-29; \$50 per day for days 30-100
Lab services	\$0	\$226 Part B annual deductible* Deductible is covered under HRA (Retirees Only)	\$0
Diagnostic tests and X-rays			\$0
High tech radiology (MRIs, CT scans, etc.)			\$50
Outpatient surgery			\$100
Emergency Services			
Emergency room	\$0	\$226 Part B annual deductible* Deductible is covered under	\$65
Urgent care			\$40
Ambulance			\$50
Prescriptions Drugs			
Pharmacy deductible	May be purchased separately	HRA (Retirees Only) May be purchased separately	No deductible
Pharmacy network			Open network
Tier 1: Generic			\$6
Tier 2: Preferred Brand			\$20
Tier 3: Brand			\$50
Tier 4: Specialty			25%
Mail order (90 day)			\$0 for Tier 1
Gap coverage			Tier 1 coverage through the gap
			After the total yearly cost of the drugs you take reaches \$4,660: You pay 25% of the plans cost for covered brand name drugs and the applicable copay for Tier 1 drugs until your costs reach \$7,400
Catastrophic coverage			After your total out-of-pocket drug costs reach \$7,400, you pay the greater of: 5% of the cost, or \$4.15 / \$10.35 copays.

Out-of-Network			
Out-of-network coinsurance			20%
Out-of-network medical deductible	Member can see any provider that accepts Medicare	Member can see any provider that accepts Medicare	\$0
Out-of-network out-of-pocket maximum			\$3,000
Dental Benefits			
Annual benefit maximum	Not included in Group Plan 65 C; may be purchased separately	Not included in Group Plan 65 G; may be purchased separately	\$1,500
Preventive Services			
Annual exam	N/A	N/A	\$0
Cleanings	N/A	N/A	\$0
Fluoride Treatment	N/A	N/A	\$0
X-Rays			
Bitewing X-rays	N/A	N/A	\$0
Full mouth set	N/A	N/A	\$0
Individual X-rays	N/A	N/A	\$0
Comprehensive Services			
Includes fillings, palliative treatment, simple extractions, denture repairs, root canal therapy, and oral surgery	N/A	N/A	\$0
Major Restorative Services	N/A	N/A	Not covered
Additional Benefits			
Silver&Fit® Fitness Benefit			\$0 per month
Over-the-counter (OTC) benefit			\$75 per quarter
Vision hardware allowance	Not covered	Not covered	\$150 per year built into FlexCard
Hearing aid benefit			\$200-\$1,675 per device, max 2 every 3 years
Virtual doctor visits (telehealth)			\$0 copay

* Part B deductible is subject to change on an annual basis. The deductible can be covered by your HRA account (retirees only, spouses are responsible for full Part B deductible)

Interested in enrolling or learning more about our HealthMate Coast-to-Coast for Medicare?

Contact Mark Thomas, Group Medicare Account Executive, at (401) 459-2409.

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As to Group Medicare Advantage, 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. This is a summary of benefits. It is not a contract. For details about coverage, including any limits and exclusions not noted here, please call the Group Medicare Account Executive at the number listed above. As to Group Plan 65, to be eligible you must be enrolled in both Part A and Part B of the Original Medicare Program. All services should be received from an Original Medicare participating provider, except in emergencies. 2023 Part A Deductible = \$1,600 per benefit period. 2023 Part B Deductible = \$226 per calendar year. Medicare amounts are current for 2023 and may change on an annual basis. Not contracted with or endorsed by the U.S. Government or the federal Medicare program. Insured by Blue Cross & Blue Shield of Rhode Island. The purpose of this communication is the solicitation of insurance. You may be contacted by a licensed insurance producer or insurance company. These policies have exclusions or limitations. Please contact the Group Medicare Account Executive at the number listed above for complete details of coverage and cost. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.