

Blue Cross & Blue Shield of Rhode Island

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Benefit Features	Medicare Supplement		Medicare Advantage	
	Group Plan 65 C* with SNF Medicare Supplement:	Group Plan 65 G with SNF Medicare Supplement:	BlueCHIP for Medicare Group Preferred (HMO-POS):	HealthMate Coast-to-Coast for Medicare Group Plan 14 (PPO):
Premium	\$238.13	\$205.69	\$292	\$347
Service Area	Nationwide	Nationwide	RI, Bristol Cty, MA, Partial New London Cty, CT	Nationwide
Medical deductible	\$0	\$240 Part B annual deductible**	\$0	\$0
Office Visits (In-Network)				
PCP office visits	\$0	\$0 after \$240 Part B annual deductible**	\$0 PCMH/\$10 non-PCMH	\$0
Routine hearing and vision exams	Not covered	Not covered	\$0	\$0
Specialist office visits	\$0	\$0 after \$240 Part B annual deductible*	\$30	\$0
Inpatient / Outpatient Services (In-Network)				
Inpatient medical hospitalization	\$0	\$0	\$250 per admission	\$0 per admission
Skilled nursing facility	\$0 for days 1-100	\$0 for days 1-100	\$0 for days 1-29; \$50 per day for days 30-100	\$0 for days 1-20; \$0 per day for days 21-100
Lab services	\$0	\$0 after \$240 Part B annual deductible*	\$0	\$0
Diagnostic tests and X-rays	\$0		\$0	\$0
High tech radiology (MRIs, CT scans, etc.)	\$0		\$50	\$0
Home health care	\$0		\$0	\$0
Outpatient surgery	\$0		\$100	\$0
Emergency Services				
Emergency room	\$0	\$0 after \$240 Part B annual deductible**	\$65	\$0
Ambulance	\$0		\$50	\$0
Out-of-Pocket Costs				
In-network out-of-pocket maximum	N/A	N/A	\$3,000	\$0
Out-of-network benefit	N/A	N/A	20% coinsurance	Same as in network
Out-of-network out-of-pocket maximum	N/A	N/A	\$3,000	\$0
Prescription Drug Benefits				
Rx deductible	Not included in Group Plan 65 C; may be purchased separately	Not included in Group Plan 65 G; may be purchased separately	\$0	\$0
Tier 1: Generic			\$6	\$6
Tier 2: Preferred brand			\$20	\$20
Tier 3: Non-preferred brand			\$50	\$50
Tier 4: Specialty			25%	25%
Mail order (90 day supply)			\$0 for Tier 1	\$0 for Tier 1
Catastrophic coverage			After total out-of-pocket drug costs reach \$2,000, you pay \$0	After total out-of-pocket drug costs reach \$2,000, you pay \$0

* Not available to beneficiaries newly eligible for Medicare on or after January 1, 2020.

** 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)

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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	\$1,500
Preventive Services				
Annual exam	N/A	N/A	\$0	\$0
Cleanings				
X-Rays				
Bitewing X-rays				
Full mouth set	N/A	N/A	\$0	\$0
Individual X-rays				
Comprehensive Services				
Includes fillings, palliative treatment, simple extractions, denture repairs, root canal therapy, and oral surgery	N/A	N/A	\$0	\$0
Additional Benefits				
FitOn®			\$0	\$0
Over-the-counter (OTC) benefit			\$75 per quarter	\$25 per quarter
Vision hardware allowance	Not included in Group Plan 65 C	Not included in Group Plan 65 G	\$150 per year	\$150 per year
Hearing aid benefit			\$200-\$1,675 per device, max 2 every 3 years	\$200-\$1,675 per device, max 2 every 3 years

Have questions about our Group Medicare plans?

Contact the Medicare Concierge team at (800) 267-0439 (TTY: 711)

Have questions about our Prescription Drug plans?

Contact a Blue MedicareRx representative at (888) 543-4917 for individual plans or (888) 620-1748 for group plans.

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**IT'S WHAT
WE LIVE FOR™**



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. 2024 Part A Deductible = \$1,632 per benefit period. 2024 Part B Deductible = \$240 per calendar year. Medicare amounts are current for 2024 and may change on an annual basis. Part B deductible may apply to Medicare approved doctor's visits. 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.