

## **2021 PLAN HIGHLIGHTS**

BlueCHiP for Medicare Advance (HMO)

BlueCHiP for Medicare Standard with Drugs (HMO)

BlueCHiP for Medicare Plus (HMO)

BlueCHiP for Medicare Preferred (HMO-POS)

BlueCHiP for Medicare Core (HMO)



Plan Options	🕀 🗗 Medical and Prescription Drug Plans				Good option for Veterans*
At-a-Glance  Benefit Features	BlueCHiP for Medicare Advance (HMO)	BlueCHiP for Medicare Standard with Drugs (HMO)	BlueCHiP for Medicare Plus (HMO)	BlueCHiP for Medicare Preferred (HMO-POS)	BlueCHiP for Medicare Core (HMO)
Monthly plan premium	\$0	\$61	\$161	\$266	\$0
Medical deductible	\$0	\$0	\$0	\$0	\$0
Office Visits					
PCP office visits	\$0	\$0 PCMH or \$20 non-PCMH	\$0 PCMH or \$5 non-PCMH	\$0 PCMH or \$5 non-PCMH	\$0 PCMH or \$5 non-PCMH
Virtual office visits (telemedicine)	\$0	\$0	\$0	\$0	\$0
Routine vision and hearing	\$0	\$0	\$0	\$0	\$0
Specialist office visits	\$35	\$35	\$25	\$25	\$25
Chiropractic office visits	\$20	\$20	\$20	\$20	\$20
Transportation benefit	\$0	\$0	\$0	\$0	\$0
Inpatient/Outpatient Services					
Inpatient medical hospitalization	\$375 per day; days 1-5	\$290 per day; days 1-5	\$190 per day; days 1-5	\$180 per day; days 1-5	\$180 per day; days 1-5
Skilled nursing facility	\$0 days 1-20; \$160 days 21-45; \$0 days 46-100	\$0 days 1-20; \$140 days 21-45; \$0 days 46-100	\$0 days 1-20; \$135 days 21-45; \$0 days 46-100	\$0 days 1-20; \$130 days 21-45; \$0 days 46-100	\$0 days 1-20; \$130 days 21-45; \$0 days 46-100
Meal delivery benefit	\$0	\$0	\$0	\$0	\$0
Outpatient surgery	Up to \$350	Up to \$275	Up to \$150	Up to \$150	Up to \$150
Lab services	\$5	\$5	\$0	\$0	\$0
Diagnostic tests and X-rays	\$5	\$5	\$0	\$0	\$0
High tech radiology services (MRIs, CAT scans, etc.)	\$200	\$125	\$150	\$150	\$150
Emergency room	\$90	\$90	\$75	\$75	\$90
Ambulance	\$150	\$150	\$75	\$75	\$150
Out-of-pocket maximum	\$5,000	\$4,500	\$2,800	\$2,250	\$3,500
Part D Prescription Drugs					
Pharmacy deductible	\$200	\$100	\$0	\$0	
Pharmacy network	Preferred/ Standard	Preferred/ Standard	Preferred/ Standard	Preferred/ Standard	Not covered
Tier 1 (preferred generic)	\$2/\$10	\$1/\$9	\$3 / \$11	\$3/\$11	
Tier 2 (generic)	\$9 / \$17	\$8/\$16	\$6/\$14	\$6 / \$14	
Tier 3 (preferred brand)	\$47 / \$47	\$47 / \$47	\$47 / \$47	\$47 / \$47	
Tier 4 (non-preferred brand)	\$100 / \$100	\$100 / \$100	\$100 / \$100	\$100 / \$100	
Tier 5 (specialty)	29% / 29%	31% / 31%	33% / 33%	33% / 33%	
Mail order	\$0 for Tiers 1&2	\$0 for Tiers 1&2	\$0 for Tiers 1&2	\$0 for Tiers 1&2	

 $<sup>^*</sup> Consider this plan if you are opting out of prescription drug coverage or get it through another source.\\$ 

	Ac	Good option for Veterans*			
	BlueCHiP for Medicare	BlueCHiP for Medicare	BlueCHiP for Medicare	BlueCHiP for Medicare	BlueCHiP for Medicare
Benefit Features	Advance (HMO)	Standard with Drugs (HMO)	Plus (HMO)	Preferred (HMO-POS)	Core (HMO)
Out-of-network benefit				<b>√</b>	
Preventive services	<b>✓</b>	<b>√</b>	<b>√</b>	<b>√</b>	<b>√</b>
Nutritional counseling	<b>✓</b>	<b>/</b>	<b>✓</b>	<b>√</b>	<b>/</b>
Benefit					
Gym membership	\$0	\$0	\$0	\$0	\$0
Max Buzz <sup>™</sup> fitness tracker					
Wellness reimbursement					
Over-the-counter (OTC)	Get \$25/quarter	Get \$75/quarter	Get \$100/quarter	Get \$100/quarter	Get \$50/quarter
Vision hardware allowance	Get \$100/year	Get \$125/year	Get \$150/year	Get \$200/year	Get \$150/year
Hearing aids			Costs \$200-\$1,675		
	per ear	per ear	per ear	per ear	per ear
Acupuncture visit					

	Dental Rider Coverage	DENTAL BENEFITS			Dental Rider Coverage
Benefit Features	BlueCHiP for Medicare Advance (HMO)	BlueCHiP for Medicare Standard with Drugs (HMO)	BlueCHiP for Medicare Plus (HMO)	BlueCHiP for Medicare Preferred (HMO-POS)	BlueCHiP for Medicare Core (HMO)
Premium	\$19.60	Built-In	Built-In	Built-In	\$19.60
Annual benefit maximum	\$1,000	\$1,500	\$1,500	\$1,500	\$1,000
<b>Preventive Services</b>					
Annual exam	\$0	\$0	\$0	\$0	\$0
Cleanings	\$0	\$0	\$0	\$0	\$0
X-Rays					
Bitewing X-rays	\$0	\$0	\$0	\$0	\$0
• Full mouth set	\$0	\$0	\$0	\$0	\$0
Individual X-rays	\$0	\$0	\$0	\$0	\$0
Comprehensive Services					
<ul><li>Fillings</li><li>Palliative treatment</li><li>Simple extractions</li><li>Denture repairs</li></ul>	50%	20%	\$0	\$0	50%
Root canals and oral surgery		20%	\$0	\$0	
<b>Major Restorative Services</b>					
<ul><li> Crowns &amp; onlays</li><li> Periodontal services</li></ul>					





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