2011 RHODE ISLAND GUIDE TO BUYING MEDICARE SUPPLEMENT INSURANCE AND MEDICARE ADVANTAGE PLANS

The Rhode Island Guide to Buying Medicare Supplement and Medicare Advantage Plans is designed to give you the basic information you will need to make informed choices about your health care coverage. For additional assistance or counseling, call THE POINT, Rhode Island's Aging and Disability Resource Center.

THE POINT
50 Valley Street
Providence, RI 02909
401-462-4444
401-462-4445 (TTY)
www.ThePointRI.org

Rhode Island Department of Human Services
Division of Elderly Affairs
74 West Road
Cranston, RI 02920
401-462-3000
401-462-0740 (TTY)
www.dea.state.ri.us

This guide is produced by the Rhode Island Department of Human Services, Division of Elderly Affairs, in whole or in part, by grants from the U. S. Administration on Aging and the Centers for Medicare and Medicaid Services.

Lincoln D. Chafee, Governor

Catherine Terry Taylor, Director

AN INTRODUCTION TO MEDICARE

Medicare is the nation's health insurance program for people 65 and older, and younger people who are disabled or who have end stage renal disease. Medicare consists of four parts: Part A (Hospital Insurance), Part B (Medical Insurance), Part C (Medicare Advantage Insurance Plans) and Medicare Part D (Medicare Prescription Drug Plans). Almost all persons age 65 an older are automatically entitled to Medicare Part A if they or their spouse are eligible for Social Security or Railroad Retirement.

Part A covers inpatient hospital care, skilled nursing facility, home health and hospice care. Part B is optional insurance that complements Part A coverage. Part B covers physician services, outpatient hospital services, home health, durable medical equipment, laboratory and x-rays, ambulance and other services. In most cases, there's no cost for Part A; however it requires cost sharing, such as deductibles and coinsurance. Those who enroll in Part B pay a monthly premium, as well as 20% of most fees after meeting an annual deductible.

It is important to note that Medicare will not cover all of your medical expenses. Medicare beneficiaries can choose to get their coverage through traditional, fee-for-service Medicare, or through Medicare Advantage plans. Medicare pays these plans a set fee for each member to cover all Medicare services. Generally, members of Medicare Advantage Plans agree to receive all covered services through the plan's network of providers or by referrals made through the plan. Beneficiaries can also choose additional coverage by purchasing a Medicare supplement insurance plan.

New Medicare beneficiaries should take advantage of a "Welcome to Medicare" physical exam within the first 12 months of joining Medicare. This exam includes a review of your health, education about maintaining good health and wellness, referrals for other care if needed, and counseling about preventive services. Under the provisions of the Affordable Care Act (ACA), Medicare beneficiaries can get an annual "Wellness" exam with no co-payment. Other preventive services offered at no cost under ACA include cadiovascular, colorectal, diabetes and prostate cancer screenings, bone mass measurement, diabetes self-management training, flu shots, glaucoma tests, Pap tests and pelvic exams, medical nutrition therapy, mammograms, HIV screening, Hepatitis B shots, pneumococcal shots, flu shots and smoking cessation programs. For more information go to www.medicare.gov., or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

A word about Medicare fraud, waste and abuse... Medicare and Medicaid fraud, waste, abuse and healthcare billing errors impact everyone. They contribute to the rising cost of healthcare and diminish the quality of healthcare. In fact, The Centers for Medicare and Medicaid Services (CMS) estimates that $60 billion each year is lost to Medicare and Medicaid fraud, waste, and abuse.

Fraud occurs when an individual or organization deliberately deceives Medicare or Medicaid to get money they are not entitled to. Fraud usually involves billing for services that are not provided or billing for services at a higher than normal rate. Abuse occurs when goods and services are provided that are medically unnecessary or that do not meet medical standards.

The Rhode Island Senior Medicare Patrol (SMP) program helps Medicare benefiaries to get the most out of their healthcare. More importantly, beneficaries learn how to recognize and report fraud, waste, and abuse. For information on Rhode Island SMP, call the Rhode Island Department of Human Services, Division of Elderly Affairs (DEA) at 401-462-0931. TTY users can call 401-462-0740, or visit the DEA web site at www.dea.ri.gov.

OPTIONS FOR PAYING YOUR HEALTH CARE COSTS

Q. ***What are some of the expenses Medicare does not cover?***

A. Generally speaking, there are five costs not covered by Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance).

1. If you are admitted to the hospital, you must pay the first $1,156 (Part A deductible) for days 1-60 of a hospital stay. You are also responsible for paying $289 daily for days 61 through 90 of a hospital stay and $588 daily for Lifetime Reserve Days 91 through 150. You are responsible for all costs after day 150.

2. If you need skilled nursing or rehabilitation in a skilled nursing facility, you do not pay for days 1 through 20. You must pay $144.50 daily from days 21 through 100 of a covered stay in a skilled nursing facility.

3. You have to pay the first $140 a year (Part B deductible) for the allowable cost of medical services such as doctors' office visits, surgery, anesthesia, out-of-hospital x-rays and lab tests, durable medical equipment, prosthetic devices, ambulance transportation, chiropractic services, and hospital outpatient and accident room services.

4. You have to pay 20% (Part B co-insurance) of the approved charges for these medical services after you pay the $140 deductible.

5. Medical expenses not covered by Medicare:
- Hearing aids and eyeglasses
- Personal or custodial care in nursing homes
- Cost of medical services above what Medicare determinessas allowable
- Routine dental care
- Out-of-hospital prescription drugs
- Private duty nursing and homemaker service
- First three pints of blood (if not replaced).

Q. ***What is Medicare supplement insurance?***

A. Medicare supplement insurance, sometimes referred to as Medigap insurance, is private health insurance designed to supplement Medicare benefits to pay some of the deductibles, co-payments and other expenses Medicare does not pay. You must understand Medicare before you can understand Medicare supplement insurance. Call 1-800-MEDICARE (1-800-633-4227) for a free copy of *Medicare and You 2012*. TTY users can call 1-877-486-2048. You can also log onto www.medicare.gov.

Q. ***What are Medicare Advantage insurance plans?***

A. A Medicare Advantage Plan (like an HMO or PPO) is another Medicare health plan choice you may have as part of Medicare. Medicare Advantage Plans, sometimes called "Part C" or "MA Plans," are offered by private companies approved by Medicare. If you join a Medicare Advantage Plan, the plan will provide all of your Part A (Hospital Insurance) and Part B (Medical Insurance) coverage. Medicare Advantage Plans may offer extra coverage, such as vision, hearing, dental, and/or health and wellness programs. Most include Medicare prescription drug coverage (Part D).

OPTIONS FOR PAYING YOUR HEALTH CARE COSTS

PLEASE NOTE: The deductible and co-payment amounts for Medicare Part A and Medicare Part B apply to services received in 2011. They are subject to change each year. Beneficiaries may also pay a higher monthly Part B premium if their income exceeds $85,000 for a single person and $170,000 for a couple as reported on Federal tax returns.

Q. ***What is the difference between Medicare and Medicaid?***

A. Generally, Medicare is a federal health insurance program for people 65 or older, or who have received Social Security disability for 24 months, or who have kidney failure. Medicaid (Medical Assistance) is a federal-state program for medical care for low-income people who have limited resources. In Rhode Island, if you're 65 or older, or blind, or disabled with a gross monthly income of less than $923 for a single person and $1,235 for a married couple and have less than $4,000 in resources for a single person amd $6,000 for a married couple, you may qualify for Medical Assistance. If you are eligible, you don't need any other health insurance policy. You will need coverage for prescription drugs. Apply at your local Rhode Island Department of Human Services office. Contact THE POINT at 401-462-4444 for additional assistance. TTY users can call 401-462-4445, or you can log on to www.ThePointRI.org.

Q. ***What if I do not qualify for Medical Assistance?***

A. The safest course of action is to choose one Medicare supplement insurance policy or a Medicare Advantage plan that's best for you. Medicare supplement insurance policies are stated in terms of Medicare deductibles and co-payment amounts, rather than in terms of fixed benefit amounts.

Q. ***I've heard about programs called QMB and SLMB. What are they about?***

A. Under the Medicare Premium Payment program (MPP), the Qualified Medicare Beneficiary (QMB) and Specified Low-Income Medicare Beneficiary (SLMB) programs provide for the state to pay the Medicare medical insurance premiums for limited income persons with few cash resources.

Under QMB, the state pays both the Part A (if necessary) premium and the Part B premium of $115.40 per month in 2011. Individuals must have a gross monthly income under $923 to qualify for QMB. Couples must have income less than $1,235. Anyone who qualifies for QMB also qualifies for Medical Assistance.

Individuals eligible for SLMB must have a monthly income below $1,103. Married couples must have incomes below $1,477. SLMB pays the Medicare Part B medical insurance premium.

The Qualifying Individuals-1 (QI-1) program pays the Part B premium, if state funds are available, for individuals with incomes under $1,239 per month. Married couples may qualify if their monthly income does not exceed $1,660.

Resources for a single person cannot exceed $6,680 or $10,200 for a married couple in order to qualify for QMB, SLMB, or QI-1 MPP programs.

2012 MEDICARE PART A BENEFITS

Services	Benefit	Medicare Pays	You Pay
HOSPITALIZATION: Semiprivate room and board, general nursing and other hospital services and supplies	First 60 Days 61st to 90th day 91st to 150th day Beyond 150 days	All but $1,156 All but $289 All but $578 $0	$1,156 $289 $578 All cost
SKILLED NURSING FACILITY CARE: Semiprivate room and board, skilled nursing and rehabilitative services and other services and supplies	First 20 days Additional 80 days Beyond 100 days	100% of approved Amount All but $144.50 per day $0	$0 $Up to $144.50 per day All costs
HOME HEALTH CARE: Part-time or intermittent skilled care, home health aide services, durable medical equipment and supplies and other services	Doctor or health care provider must order your care and care must be provided by a Medicare-certified home health agency. Must be homebound.	100% of approved amount; 80% of approved amount for durable medical equipment	Nothing for services; 20% of approved amount for durable medical equipment
HOSPICE CARE: Pain relief, symptom management and support services for terminally ill.	Doctor must certify that the beneficiary is expected to live 6 months or less. Service must be provided in a Medicare-approved facility or in your home	Coverage includes drugs for pain relief and symptom management, medical nursing, social services, durable medical equipment, spiritual and grief counseling	Hospice may not pay for a stay in a facility unless the hospice medical team determines that you need short term inpatient stay for pain and symptom management that cannot be addressed at home
BLOOD:	In most cases, if hospital gets blood from a blood bank, there is no charge. If hospital has to buy blood, you must pay for the first three pints or replace the three pints by donation	All but the first three pints per calendar year	May be responsible for the first three pints
RELIGIOUS NON-MEDICAL HEALTH CARE INSTITUTION (INPATIENT CARE)	Medicare will cover the non-medical, non-religious health care items and services (such as room and board) for persons who qualify for hospital or skilled nursing facility but for whom medical care isn't in agreement with their religious beliefs	Costs as defined for skilled nursing facilities	Medicare does not cover religious aspects of care

2012 MEDICARE PART B SERVICES

Services	You Pay
Part B Deductible	You pay $140 per year
Blood	In most cases, the provider gets blood from a blood bank at no charge, and you will not have to pay for it or replace it. However, you will pay a co-payment for the blood processing and handling services for every unit of blood you get and the Part B deductible applies. If the provider has to buy blood for you, you must pay either the provider's costs for the first three units of blood that you get in calendar year, or have the blood donated by you or somebody else. You pay a co-payment for additional units of blood you get as an outpatient (after the first three), and the Part B deductible applies.
Clinical Laboratory Services	You pay $0 for Medicare-approved services.
Home Health Services	You pay $0 for Medicare-approved services. You pay 20% of the Medicare-approved amount for durable medical equipment.
Medical and Other Services	You pay 20% of the Medicare-approved amount for most doctor services (including doctor services while you are a hospital inpatient), outpatient therapy*, and durable medical equipment.
Mental Health Services	You pay 40% of the Medicare-approved amount for most outpatient mental health care.
Other Covered Services	You pay co-payment or coinsurance amounts.
Outpatient Hospital Services	You pay a coinsurance (for doctor's services), or a co-payment amount for most outpatient hospital services. The co-payment for a single service can't be more than the amount of the inpatient hospital deductible.

PROGRAM NOTES: *In 2012, there may be limits on physical therapy, occupational therapy, and speech and language pathology services. If so, there may be exceptions to these limits.
All Medicare Advantage Plans must cover these services. Costs vary by plan and may be either higher or lower than those noted above. Please refer to the coverage cited in your plan information package.

2012 MEDICARE PREVENTIVE SERVICES

If you have Original Medicare, you pay no coinsurance or deductible for certain preventive services if your doctor participates in Medicare. You may have costs for some of these preventive services if your doctor makes a diagnosis during the service or does additional tests or procedures. For example, if your doctor removes a polyp during a colonoscopy, the colonoscopy will be considered to be diagnostic and costs may apply. Medicare covers preventive care whether or not you are in Original Medicare, or a Medicare Advantage Plan. Call your Medicare Advantage Plan for details.

For more detail about these Medicare preventive benefits, please refer to the *2012 Medicare and You* handbook.

Services Medicare Covers Without a Deductible or Coinsurance:
Welcome To Medicare Exam
Annual Wellness Visit
Breast Cancer Screenings
Heart Disease Screenings
Osteoporosis Screening
Diabetes Screenings
Colon Cancer Screenings
Vaccinations (Pneumonia, Flu, and Hepatitis B)
Smoking Cessation
Cervical Cancer Screenings
Prostate Cancer Screenings
Medical Nutrition Therapy

Services Original Medicare Covers With a Deductibles or Coinsurances:
Glaucoma Screening
Colon Cancer Screening: Barium Enema
Prostate Cancer Screening: Digital Rectum Exam

OPTIONS FOR PAYING YOUR HEALTH CARE COSTS

PLEASE NOTE: Be careful when applying for SLMB if you are already enrolled in, or are applying for, Medical Assistance. The additional income you get in your Social Security check by the state paying your Medicare premiums might affect your eligibility for Medical Assistance. Applications for these programs can be filed at the local office of the Department of Human Services

Q. ***How many Medicare supplement plans are there?***

A. In Rhode Island, insurers may offer one or several of the standard Medicare supplement plans. These standard plans include a basic policy (Plan A) which provides a core benefit package. Each of the other plans has a different combination of additional benefits (and a different letter designation), but they all include the core package. Insurers may not change the combination of benefits in any of the standard policies, or change the plan letter designations. This means that any insurer offering Plan C, for example, is offering the exact same combination of benefits as every other insurer that sells Plan C. If you get supplemental coverage through a former employer, or a union, it may give you a few extra benefits. No matter which choice you make in supplemental insurance, don't think that all your health care bills will be covered by Medicare and your Medicare supplemental insurance. They won't. Some costs will still be left for you to pay out-of-pocket.

Q. ***When can I sign up for Medicare supplement insurance?***

A. Federal law guarantees those 65 and older the opportunity to enroll in Medicare supplement plans for six months immediately following enrollment in Medicare medical insurance (Part B). This is a very important opportunity. At open enrollment, you may enroll in any of the Medicare supplement plans that are offered regardless of any existing medical problems you have. Please note that insurers can no longer offer plans H, I, and J to new subscribers. Those who elect to stay in these plan options can do so, but they must realize that these options are not "creditable coverage" under the Medicare Prescription Drug Program (Medicare Part D). Medicare Part D is discussed in more detail later on in this booklet.

Q. ***How much do Medicare supplements cost?***

A. Depending on the plan you choose, a Medicare supplement insurance policy cost can range from approximately $1,200 to several thousands of dollars a year. The prices quoted in this booklet apply to Medicare beneficiaries age 65 and older. *Most plans are NOT available to beneficiaries under 65. When they are available, the cost is sometimes more.*

Q. ***Should I get a Medicare supplement?***

A. You could. Or, you could choose to enroll in a Medicare Advantage plan. You could also choose to pay "out-of-pocket" for expenses not paid by Medicare by not enrolling in either a supplemental or Medicare Advantage plan. When you make the latter choice, you assume the financial risk for all other hospital and medical expenses not paid by Medicare. You pay "out-of-pocket" for anything not covered by Medicare. A healthy Medicare beneficiary who has not been hospitalized in the past several years and who seldom needs medical care would be a better candidate to decline Medicare supplement or Medicare Advantage plan. A person who is under regular medical care, is likely to be hospitalized, and who is taking prescriptions for a variety of illnesses should seriously consider purchasing a health insurance plan that helps them pay the expenses that Medicare does not pay.

OPTIONS FOR PAYING YOUR HEALTH CARE COSTS

Q. ***What is the difference between "issue age,"attained age," and "community ratec age?***

A. In the rate charts found in this booklet, you will see that some insurance companies charge different rates depending on the age of their customers.

Issue age means that your initial premium is based on your age when you buy your policy. Your rate will not increase because you get older. It will increase only if the company receives approval for a rate increase for all Rhode Island policyholders.

Attained age also means that your initial premium is based on your age when you buy the policy. However, your rate is subject to automatic increases as you get older. In addition, the rate may increase if the insurance company receives approval for a rate increase for all Rhode Island policyholders.

Community rated means that the premium is the same, regardless of age.

Q. ***Exactly what is assignment?***

A. Assignment means that the doctor receives the payment directly from Medicare and agrees to accept the amount that Medicare approves for covered services. The doctor may only charge the patient (or the patient's insurance) for any of the $162 deductible that has not been met and 20 percent coinsurance. Doctors or suppliers who participate in Medicare have agreed to accept assignment on all Medicare claims. Rhode Island Assignment Law 5-37-5.1 prohibits ***physicians*** from charging Medicare beneficiaries more than the amount of money that Medicare approves for covered services.

Q. ***After six months, under the Affordable Care Act (Health Care Reform), can insurance companies use pre-existing medical condtions to deny coverage or charge more for coverage?***

A. The Pre-Existing Condition Insurance Plan (PCIP) was created under the Affordable Care Act to ensure that more Americans with pre-existing conditions have access to affordable health care insurance and serves as a bridge to 2014 when insurers will no longer be allowed to deny coverage to people with any pre-existing condition, like cancer, diabetes, and asthma. Eligible residents of Rhode Island can apply for coverage through the state's PCIP that is run by Blue Cross Blue Shield of Rhode Island. For information, call 1-800-505-2583, or go to www.bcbsri.com. TTY users can call 1-888-252-5051.

OPTIONS FOR PAYING YOUR HEALTH CARE COSTS

Q. ***Are there any other hints on how to buy a good Medicare supplement?***

A. Deductibles aren't necessarily bad. True, a deductible means that you pay a certain amount yourself before your insurance pays anything. But, by not providing *first dollar* coverage, a company can charge you a lower premium. Until 2014, federal law allows a maximum of six months pre-existing condition exclusion on Medicare supplement plans. Also, you may switch from one Medicare supplement plan to another without facing pre-existing condition exclusion if you satisfied the exclusion under your prior policy. Not all policies are available to everyone. Some policies require that you belong to a national senior organization and some have periodic open enrollment. Federal law allows you a 30-day *free look* at Medicare supplement policies. If you return the policy within 30 days, the insurance company must refund your money. Buy from a company licensed in Rhode Island. If you buy from a Rhode Island-licensed company and you subsequently have a problem, the Rhode Island Department of Business Regulation (DBR) may be able to offer you assistance. Their telephone number is 462-9520. If the company is not licensed in Rhode Island, there is less that DBR can do on your behalf. All companies listed in this guide are licensed in Rhode Island.

Q. ***Do I have other options?***

A. Employers with 20 or more employees must offer their workers 65 and older the same health benefits as they offer to their younger employees. Keeping this employer-sponsored coverage is usually the best option available for older workers and their dependents. Workers and their spouses who are covered by good employer-sponsored medical insurance do not need to buy Medicare Medical Insurance (Part B). Your cost can depend on when you were eligible for, or when you enrolled in Medicare Part B. When they are no longer working, or their spouse stops working, they may buy Medicare Medical Insurance at its current base rate immediately. Delayed enrollment in Medicare Part B until it is truly needed preserves your rights to your initial Medicare Medigap enrollment period.

Q. ***Can anyone help me sort through my health insurance options?***

A. The Rhode Island Department of Human Services, Division of Elderly Affairs has several options to help answer your questions or problems relating to medical coverage in your later years. Trained volunteer Senior Health Insurance Program (SHIP) counselors can help you understand the difference between supplemental insurance and Medicare Advantage organizations, the difference in coverage among standard Medicare supplement plans, Medicare prescription drug plans (Medicare Part D) and other programs that help you to pay for your health care. To contact a SHIP volunteer in your area, call THE POINT at 462-4444. TTY users can call 462-4445.

RHODE ISLAND SENIOR MEDICARE PATROL (SMP) PROGRAM

The Medicare program and Medicare beneficiaries lose an estimated $60 billion each year to health care fraud as older adults are increasingly targeted by scam artists. Senior Medicare Patrol (SMP) volunteers provide Medicare beneficiaries with the information they need to *PROTECT* themselves from Medicare errors, fraud and abuse; *DETECT* potential errors, fraud and abuse; and *REPORT* their concerns. SMP volunteers also help to educate and empower older adults in the fight against health care fraud.

Common Health Care Scams that Affect Beneficiaries:
*Services not Provided
*Medical equipment fraud
*Free health screenings
*Insurance bait & switch or cross-selling
*Counterfeit prescription drugs
*Medical identity theft

Your Senior Medicare Patrol (SMP) can help!
For assistance, call Rhode Island SMP at 401-462-0931, or go to www.dea.ri.gov. TTY users should call 401-462-0740.

Senior Medicare Patrol is supported by grant #90NP0001/01 from the U.S. Administration on Aging, Department of Health and Human Services, and is sponsored in Rhode Island by the Rhode Island Department of Human Services, Division of Elderly Affairs.

A WORD ABOUT MEDICARE SUPPLEMENT INSURANCE RATES (MEDIGAP) FOR RHODE ISLAND

Insurance rates are subject to increase in future years based on changes in Medicare deductible amounts, higher cost of medical services, increased utilization of medical services, and other forces which drive health care costs.

This guide shows Medicare supplemental insurance plan rates for persons at age 65, 70, 75, and 80. You may contact companies individually for those in-between rates, if applicable. Ask about any discounts available for payment in advance, pre-authorized withdrawal from your savings or checking accounts, e-mail payments, husband/wife coverage, or any other preferred rates a company may offer.

Rates are shown for those companies that replied to a letter of request from the Rhode Island Department of Human Services, Division of Elderly Affairs for the most current premiums for Medigap plans offered in Rhode Island.

Rates shown in this booklet for Medigap insurance plans are acurate as of October 1, 2011. Verify plan rates before signing up for a specific plan. Please note that Medigap rates shown in this guide are rounded to the nearest dollar.

COVERAGE-MEDIGAP PLANS

Medigap Benefits	A	B	C	D	F*	G	K**	L**	M	N
Part A Coinsurance	X	X	X	X	X	X	X	X	X	X
Up to 365 Days	X	X	X	X	X	X	X	X	X	X
Part B Coinsurance	X	X	X	X	X	X	X	X	X	X
Blood	X	X	X	X	X	X	X	X	X	X
Hospice Care Coinsurance	X	X	X	X	X	X	X	X	X	X
Skilled Nursing Coinsurance			X	X	X	X	50%	75%	X	X
Part A Deductible		X	X	X	X	X	50%	75%	50%	X
Part B Deductible			X			X				
Part B Excess Charges					X	X				
Foreign Travel Emergency (Up to Plan Limits)			X	X	X	X			X	X

PLAN NOTES: *Plan F has a high-deductible option.
**Plans K an L have out-of-pocket limits of $4,640 and $2,320 respectively.

MEDICARE SUPPLEMENT INSURANCE PLANS-MONTHLY PREMIUMS

AARP Medicare Supplement Insurance Plans *Community Rated*
Insured by UnitedHealthcare Insurance Company
1-877-494-9294 TTY 711

Non-Tobacco Rates

Plan	Base Rate	Tier 1 Rate	Tier 2 Rate	Monthly Base Rate
A	$95	$104	$142	$94
B	$145	$159	$217	$135
C	$172	$189	$258	$160
F	$173	$190	$259	$161
K	$64	$70	$96	$64
L	$98	$108	$147	$94
N	$110	$121	$165	$113

Tobacco Rates

Plan	Base Rate	Tier 1 Rate	Tier 2 Rate	Monthly Base Rate
A	$104	$115	$157	$103
B	$159	$175	$238	$148
C	$189	$208	$283	$175
F	$190	$209	$285	$177
K	$70	$77	$105	$70
L	$108	$118	$161	$103
N	$120	$133	$181	$124

PLAN NOTES: You may qualify for an enrollment discount based on your age and Medicare Part B effective date. The enrollment discount is applied to the current standard rate. The standard rate usually changes every year. The discount you receive in your first year of coverage depends on your age on your plan effective date. The discount percentage reduces three percent (3%) each year on the anniversary date of your plan until the discount runs out.

Blue Cross/ Blue Shield of Rhode Island Plan 65 Supplement Insurance Plans *Community Rated*
401-351-BLUE (2583) 1-800-505-BLUE (2583)

Plan A	Plan C	Select C
$150	$231	$152

PLAN NOTES: Newly retired members who sign up within six (6) months of becoming eligible for Medicare Part B receive a 30 percent (30%) discount in their first year enrollment. The discount then decreases by ten percent (10%) per year. After the third year, the regular rates apply.

Colonial Penn Insurance/Bankers Life & Casualty **1-800-800-2254** *Attained Age*

Age	Plan A	Plan B	Plan F	Plan FH	Plan G	Plan K	Plan L	Plan M	Plan N
65	$115	$140	$157	$38	$143	$61	$99	$124	$90
70	$140	$171	$190	$46	$175	$74	$118	$153	$116
75	$170	$206	$231	$56	$216	$93	$144	$189	$148
80	$191	$241	$275	$67	$260	$12	$173	$226	$184

Continental Life Insurance Company *Attained Age*
1-888-875-4463

Age	Plan A (Preferred Female)	Plan A (Preferred Male)	Plan A (Standard Female)	Plan A (Standard Male)
65	$84	$97	$94	$108
70	$96	$110	$106	$122
75	$112	$129	$124	$143
80	$123	$141	$137	$156
Age	Plan B (Preferred Female)	Plan B (Preferred Male)	Plan B (Standard Female)	Plan B (Standard Male)
65	$106	$122	$118	$136
70	$120	$139	$134	$154
75	$141	$162	$156	$180
80	$155	$178	$172	$198
Age	Plan D (Preferred Female)	Plan D (Preferred Male)	Plan D (Standard Female)	Plan D (Standard Male)
65	$107	$124	$119	$137
70	$122	$140	$135	$155
75	$142	$163	$158	$182
80	$157	$180	$174	$200

Continental Life Insurance Company (Continued) *Attained Age*
1-888-875-4463

Age	Plan F (Female Preferred)	Plan F (Male Preferred)	Plan F (Female Standard)	Plan F (Male Standard)
65	$124	$142	$137	$158
70	$139	$160	$154	$177
75	$159	$183	$177	$204
80	$172	$198	$192	$220
Age	Plan J (Female Preferred)	Plan J (Male Preferred)	Plan J (Female Standard)	Plan J (Male Standard)
65	$124	$143	$138	$159
70	$139	$160	$155	$178
75	$160	$184	$178	$205
80	$173	$199	$193	$221

Combined Insurance Company **1-800-544-5531** *Attained Age*

Age	Plan A (Female Non-Tobacco)	Plan F (Female Non-Tobacco)	Plan N (Female Non-Tobacco)
65	$106	$152	$106
70	$137	$198	$137
75	$169	$241	$169
80	$191	$273	$191
Age	Plan A (Male Non-Tobacco)	Plan F (Male Non Tobacco)	Plan N (Non Tobacco)
65	$117	$168	$117
70	$153	$219	$153
75	$187	$266	$187
80	$211	$301	$211

Globe Life and Accident Insurance Company *Attained Age*
1-800-801-6831

Age	Plan A	Plan B	Plan C	Plan F
65	$72	$108	$122	$123
70	$96	$137	$151	$152
75	$103	$155	$176	$178
80	$103	$157	$183	$178

Humana Insurance Company *Attained Age*
1-866-645-7322 TTY 711

Age	Plan A Female	Plan A Male	Plan B Female	Plan B Male	Plan C Female	Plan C Male	Plan F Female	Plan F Male	Plan F (HD) Female	Plan F (HD) Male	Plan K Female	Plan K Male	Plan L Female	Plan L Male
65	$117	$117	$127	$127	$146	$146	$149	$149	$57	$57	$69	$69	$97	$98
70	$133	$142	$145	$154	$167	$177	$170	$181	$65	$69	$79	$84	$112	$118
75	$154	$172	$168	$187	$193	$215	$197	$220	$77	$84	$94	$102	$133	$144
80	$180	$203	$196	$221	$226	$254	$230	$259	$88	$98	$107	$120	$151	$169

PLAN NOTE: The designation HD refers to high deductible plans. These plans have a lower monthly premium and a high initial deductible out-of-pocket cost

Liberty National Life Insurance Company *Attained Age*
1-800-331-2512

Age	Plan A Non-Tobacco Female	Plan A Non-Tobacco Male	Plan B Non-Tobacco Female	Plan A Non-Tobacco Male	Plan F Non-Tobacco Female	Plan A Non-Tobacco Male	Plan F (HD) Non-Tobacco Female	Plan F (HD) Non-Tobacco Female
65	$110	$126	$154	$177	$175	$201	$40	$46
70	$133	$152	$190	$219	$218	$251	$52	$60
75	$141	$162	$209	$241	$248	$285	$66	$75
80	$141	$162	$213	$245	$273	$314	$82	$94

United American Insurance Company *Attained Age*
1-800-331-2512

Age	Plan A Female	Plan A Male	Plan B Female	Plan B Male	Plan C Female	Plan C Male	Plan D Female	Plan D Male	Plan F Female	Plan F Male	Plan F (HD) Female	Plan F (HD) Male	Plan G Female	Plan G Male
65	$99	$114	$145	$167	$165	$189	$153	$176	$166	$191	$38	$43	$154	$176
70	$120	$138	$179	$206	$206	$237	$194	$223	$207	$238	$50	$57	$195	$224
75	$127	$146	$197	$226	$233	$268	$221	$255	$234	$269	$62	$71	$222	$256
80	$127	$146	$200	$230	$256	$295	$244	$281	$257	$296	$70	$80	$245	$282

PLAN NOTE: All rates are non-tobacco rates.

A WORD ABOUT MEDICARE ADVANTAGE PLANS

Medicare Advantage plans provide health care services through their network of hospitals, skilled care facilities, doctors, home care agencies, durable medical equipment suppliers, laboratories, pharmacies, and other providers.

Q. ***How do I enroll in a Medicare Advantage plan?***
A. To enroll in a Medicare Advantage care plan, you must:

1. Be enrolled in Medicare Parts A and B; *and*
2. Live within the area in which the plan provides services; *and*
3. Cannot be medically determined to have end-stage renal disease (ESRD). If you develop ESRD after you are a member, you may continue to be a member and receive the necessary services through the plan; *and*
4. Sign up during your initial enrollment period (three months immediately before the month your Medicare A and B became effective); during November of any year; during a special enrollment period; or if you move out of you current plan's service area into another area which has a Medicare managed care plan.

Q. ***What should I know about Medicare Advantage plans?***
A. Anyone thinking of joining such a plan should understand:

1. You must use the plan's providers and facilities to minimize your out-of-pocket financial liability. You are not free to go to any physician, hospital, or other provider you choose, unless you choose a plan with an out-of-network benefit.
2. You must choose a primary care physician and in some cases, you must receive prior approval of your primary care physician to see a specialist, have surgery, or obtain equipment or other medical services.
3. It can take up to 30 days to enroll or disenroll.

Q. ***Tell me about Rhode Island Medicare Advantage plans.***
A. Medicare Advantage plans in Rhode Island are available to beneficiaries both over and under 65 years of age. You must continue to pay the monthly Medicare Part B premium. Medicare Advantage plans cover all services that Medicare Part A and B provide. They all offer extensive coverage for medical and surgical care, lab tests and x-rays, diagnostic tests and treatments, therapies, inpatient hospital care, skilled nursing facility care, home health care, and other medical services. In addition, they can offer extra benefits. Some plans charge a monthly premium; some do not. Plans require certain co-payments. Rates for plans do not vary according to age. A person with end stage renal disease cannot enroll into a Medicare Advantage Plan. The only exception is if they are going from a commercial plan to a Medicare Advantage Plan within the same insurance company.

Rates shown in this booklet for Medicare Advantage plans are acurate as of October 1, 2011. Verify plan rates and benefits before signing up for a specific plan. Please note that Medicare Advantage rates are rounded to the nearest dollar.

MEDICARE ADVANTAGE PLANS-MONTHLY PREMIUMS

NOTE: Plan designations are described as follows:
PPO: Preferred Provider Organization HMO: Health Maintenance Organization POS: Point of Service SNP: Special Needs Plan

AARP MedicareComplete Plans-Insured by UnitedHealthcare
1-866-231-7710

Plan Name	Plan Type	Premium	Extra Coverage in the Gap
AARP MedicareComplete Plus	HMO-POS	$0	No
AARP MedicareComplete Choice	Regional PPO	$20	No

Blue Cross Blue Shield of Rhode Island BlueCHip Plans
351-BLUE (2583)
1-800-505-BLUE (2583) TTY 1-877-232-8432

Plan Name	Plan Type	Premium	Extra Coverage in the Gap
BlueCHiP for Medicare Value	HMO-POS	$0	No
BlueCHip for Medicare Core No Part D	HMO	$35	No
BlueCHiP for Medicare Standard with Drugs	HMO	$46	Yes
BlueCHiP for Medicare Plus With Drugs	HMO	$157	Yes
BlueCHiP for Medicare Preferred With Drugs	HMO-POS	$279	Yes

Program for the All-Inclusive Care of the Elderly (PACE)
401-490-6566

Plan Name	Plan Type	Premium	Extra Coverage in the Gap
PACE of Rhode Island with Drugs	National PACE	$92	No
PACE of Rhode Island with Drugs	National PACE	$134	No

UnitedHealthcare Nursing Home Plan
1-800-474-4467

Plan Name	Plan Type	Premium	Extra Coverage in the Gap
UnitedHealthcare Nursing Home Plan with Drugs	PPO-SNP	$32	No

A WORD ABOUT MEDICARE PRESCRIPTION DRUG (MEDICARE PART D PLANS)

Beginning January 1, 2006, new federal Medicare Prescription Drug Plans (PDPs), also known as Medicare Part D, became available to Medicare beneficiaries, including 182,000 in Rhode Island. The prescription drug insurance program was part of the Medicare Modernization Act of 2003 and is one of the most significant changes in Medicare since its inception in 1965.

Part D insurance plans are available to all Medicare beneficiaries. For a monthly plan premium, as well as specified plan deductibles, co-payments, and coverage gaps, if applicable, coverage is offered for both generic and brand name medications.

Medicare beneficiaries can choose from an extensive set of plan options offered by several prescription drug insurance organizations. If you are on Original Medicare, and/or also have a Medigap insurance plan, you may enroll in any "stand-alone" (not part of a Medicare Advantage plan) Medicare Part D plan. **If you are enrolled in a Medicare Advantage plan and want Part D coverage, you must enroll in a drug plan offered your Medicare Advantage plan. You CANNOT enroll in a "stand-alone" plan.**

Assistance in paying plan premiums and other expenses (Extra Help) may be available for beneficiaries with limited incomes and resources under the Low-Income Subsidy (LIS) provision of Part D law. Annual income cannot exceed $16,245 for a single person and $21,855 for a married couple. Resources must not exceed $12,510 for a single person and $25,010 for a married couple. For more information about LIS (Extra Help), contact Social Security at 1-800-772-1213, 1-800-325-0778 (TTY), or go to www.ssa.gov.

For information on exploring Medicare Part D plan options, call 1-800-633-4227 (Voice), 1-877-486-2048 (TTY), or go to www.medicare.gov. For individual counseling regarding Medicare Part D plans, please make an appointment with the health insurance counselor in your area. To find the nearest SHIP counselor call THE POINT at 462-4444, or go to www.ThePointRI.org. TTY users can call 462-4445.

A WORD ABOUT THE RHODE ISLAND PHARMACEUTICAL ASSISTANCE TO THE ELDERLY (RIPAE) PROGRAM AND OTHER MEDICATION ASSISTANCE PROGRAMS

The Rhode Island Pharmaceutical Assistance to the Elderly (RIPAE) program pays a portion of the cost of generic prescriptions purchased during the deductible phas of Part D plans and offers reimbursement to enrollees who enter the "donut hole" of their Medicare Prescription Drug Plan (Medicare Part D), to treat Alzheimer's disease, arthritis, diabetes (including insulin and syringes for insulin injections), heart problems, depression, anti-infectives, Parkinson's Disease, high blood pressure, cancer, urinary incontinence, circulatory insufficiency, high cholesterol, asthma and chronic respiratory conditions, osteoporosis, glaucoma and prescription vitamins and mineral supplements for renal patients for eligible Rhode Island residents 65 and older, or adults receiving Social Security Disability (SSDI) payments. RIPAE also offers limited coverage for the cost of injectible prescription drugs used to treat Multiple Sclerosis. to participate in RIPAE, the applicant must provide proof that he/she is enrolled in a Medicare Part D plan, and must apply for LIS (Extra Help), if applicable.

Income guidelines increase each year in accordance with the Social Secial Security Cost-Of-Living Adjustment (COLA). RIPAE enrollees can purchase all other FDA-approved prescriptions (except for those used to treat cosmetic conditions) at a 15% discount. For more information, call the Department of Human Services, Division of Elderly Affairs, at 462-3000. The TTY number is 462-0740 and the web site is www.dea.ri.gov.

A number of pharmaceutical manufacturers make some of their drugs available free of charge to patients who have difficulty paying for them. Call the Pharmaceutical Research and Manufacturers of America at 877-743-6779 or go to www.RxforRI.org., or contact the Partnership for Prescription Assistance at 1-888-4PPA-NOW, or www.pparx.org.

The University of Rhode Island (URI) Pharmacy Outreach Program provides educational seminars, health screens, and discussion groups on health related topics as well as medication information Call to schedule a program. The URI Medication Information Line provides information on the use of prescription medications. Pharmacists can answer medication questions. For URI programs, call 1-800-215-9001.

A GUIDE TO HELPFUL WEB SITES

RI Department of Human Services
www.dhs.ri.gov

RI Department of Human Services
Division of Ederly Affairs
www.dea.ri.gov

RI Department of Health
www.health.state.ri.us

RI Department of Behavioral Health
Developmental Disabiliites and Hospitals
www.bhddh.ri.gov

THE POINT
www.ThePointRI.org

Medicare
www.medicare.gov

Social Security
www.ssa.gov

Veterans Services
www.va.gov

YOUR NOTES