



THE 2015 RHODE ISLAND GUIDE TO BUYING MEDICARE SUPPLEMENT AND MEDICARE ADVANTAGE PLANS

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INTRODUCTION

The *Rhode Island Guide to Buying Medicare Supplement and Medicare Advantage Plans* is published by the Rhode Island Department of Human Services, Division of Elderly Affairs (DEA), to help you make informed health insurance plan choices.

Individual, confidential counseling for Medicare health and Medicare prescription drug plans (Medicare Part D) is provided by Rhode Island Senior Health Insurance Program (SHIP) volunteer counselors. SHIP is a national partnership designed to help seniors, adults with disabilities, families, and caregivers understand health care cost and coverage. SHIP counselors can discuss Medicare, Medicare Part D, supplemental insurance, Medicare Advantage plans and other health insurance options. To locate the SHIP agency in your area, call DEA at 401-462-3000, or go to www.dea.ri.gov. TTY users can call 401-462-0740. You can also call THE POINT, Rhode Island's Aging and Disability Resource Center, at 401-462-4444. TTY users can call 401-462-4445.

The Senior Health Insurance Program is funded by the Administration for Community Living.

THE AFFORDABLE CARE ACT

The Health Insurance Marketplace, a key part of the Patient Protection and Affordable Care Act (ACA-commonly referred to as "Obamacare,") offers persons with no health insurance the opportunity to explore their options and select a plan that fits their budget and health care needs.

Rhode Island has set up a state Health Insurance Marketplace called HealthSourceRI, Rhode Island." For information on health insurance plans in Rhode Island under the Affordable Care Act, call HealthSourceRI at 1-855-840-HSRI (4774), or go to www.healthsourceri.com. The HealthSourceRI offices are located at 70 Royal Little Drive, Providence 02904.

Some seniors remain confused about Obamacare and its impact on Medicare beneficiaries. The law **DOES NOT** eliminate or substantially change Medicare. In fact, Obamacare has already had a positive impact on the Medicare program. If you have Medicare, a Medicare Supplement Insurance (Medigap) policy, or a Medicare Advantage plan, you are considered to be covered. In other words, you do not have to take any action to comply with the law. Medicare coverage is protected under the health care law. You will not have to replace your coverage.

THE AFFORDABLE CARE ACT

Under the provisions of ACA, persons who reach the “donut hole” in their Part D plans receive specified discounts on name brand and generic medications. Beneficiary copayments and coinsurances will gradually decrease until 2020, when beneficiaries will have a 25 percent patient responsibility for both name brand and generic drugs while they are in the “donut hole.”

The new health care law also added preventive services such as screenings for colon cancer, wellness visits, and mammograms. The Affordable Care Act also reduced the beneficiary copayments for mental health services.

The Medicare open enrollment period is October 15 through December 7 of each year. The open enrollment period offers beneficiaries the opportunity to look at their Medicare health plans and Part D coverage to make sure that they are getting the most appropriate coverage at an affordable price. To sum it up, the health insurance marketplace is not for persons with Medicare coverage. ***Do not drop your Medicare coverage. Be alert to scam artists that tell you that they need your personal medical or financial information to send you a new Medicare card, as a result of the Affordable Care Act.***

If you have questions about your benefits, call 1-800-MEDICARE (1-800-633-4227), or go to www.medicare.gov. The TTY number is 1-877-486-2048.

MEDICARE BASICS

Medicare is the nation’s health insurance program for people 65 and older, and younger people who are disabled, have end stage renal disease, or ALS (Lou Gehrig’s 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 and 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.

MEDICARE BASICS

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 (MA) plans. Medicare pays MA 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. More details about MA and Medicare supplement insurance, also known as Medigap plans, are available in the guide.

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, Medicare beneficiaries can get an annual *Wellness* exam with no co-payment. Other preventive services offered at no cost under ACA include cardiovascular, 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.

Medicare and Medicaid fraud, waste and abuse and healthcare billing errors impact everyone. They contribute to the rising cost of healthcare and diminish the quality of healthcare. The Centers for Medicare and Medicaid Services (CMS) estimates that \$60 billion each year is lost to Medicare and Medicaid fraud, waste, and abuse. Protect your Medicare information. Recognize Medicare fraud. Report Medicare fraud.

The *Rhode Island Senior Medicare Patrol (SMP) program helps Medicare beneficiaries to get the most out of their healthcare. More importantly, beneficiaries 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.

*Rhode Island SMP is supported by Grant #90MPO166/02 from the Administration for Community Living (ACL). The contents of this guide are solely the responsibility of the Rhode Island Division of Elderly Affairs and do not represent the official views of ACL.

OPTIONS FOR PAYING 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. For 2015, if you are admitted to the hospital, you must pay a Part A deductible of \$1,260 for each benefit period. For days 1-60, the coinsurance is zero. For days 61 through 90, the coinsurance is \$315 per day and \$630 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 \$157.50 daily from days 21 through 100 of a covered stay in a skilled nursing facility.

3. You have to pay the first \$147 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 \$147 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 determines as allowable
- Routine dental care
- Out-of-hospital prescription drugs
- Private duty nursing and homemaker service
- The 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 2015*. TTY users can call 1-877-486-2048. You can also log onto www.medicare.gov.

OPTIONS FOR PAYING HEALTH CARE COSTS

Q. *What are Medicare Advantage insurance plans?*

A. A Medicare Advantage Plan 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).

NOTE: The deductible and co-payment amounts for Medicare Part A and Medicare Part B apply to services that will be received in 2015. They are subject to change each year. Beneficiaries may also pay a higher monthly Part B premium if their income exceeds certain limits. Consult the *Medicare and You* handbook for the ranges of income and extra premium amounts, 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 Income (SSDI) 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, blind or disabled with a gross monthly income of less than \$858 and have less than \$4,000 in resources for a single person and \$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 to retain your Medicare Part A and Part B coverage. 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.

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

A. The safest course of action is to choose a 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. 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 \$104.90 per month in 2015. Individuals must have a gross monthly income under \$973 to qualify for QMB. Couples must have income less than \$1,311. Anyone who qualifies for QMB also qualifies for Medical Assistance.

Individuals eligible for SLMB must have a monthly income below \$1,167. Married couples must have incomes below \$1,573. 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 \$1,313 per month. Married couples may qualify if their monthly income does not exceed \$1,770.

Resources for a single person cannot exceed \$7,160, or \$10,750 for a married couple, in order to qualify for QMB, SLMB, or QI-1 MPP programs.

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 benefit check by the state paying your Medicare premiums might affect your eligibility for Medical Assistance. Applications for these programs can be filed at your 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.

OPTIONS FOR PAYING HEALTH CARE COSTS

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 Part B. This is a very important opportunity. During this period, 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 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 costs 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 HEALTH CARE COSTS

Q. *What is the difference between “issue age,” “attained age,” and “community rated 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. *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 \$147 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. *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. 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, DBR may not be able to help you. All companies listed in this guide are licensed in Rhode Island.

OPTIONS FOR PAYING HEALTH CARE COSTS

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 Part B. If an employer has less than 20 employees, the company may require the employee to enroll in Medicare Part B and then provide a Medigap or Medicare Advantage plan. If the employer has less than 20 employees and will offer only these plans, the employee should enroll in Medicare Parts A and B during their initial enrollment period to avoid enrollment penalties. Consult the *Medicare and You* handbook for details.

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 (DEA) 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 DEA at 462-3000. TTY users can call 462-0740. Beneficiaries may also call THE POINT, Rhode Island's Aging and Disability Resource Center at 462-4444. TTY users can call 462-4445.

2015 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	All but \$1,260	\$1,260
	61 st to 90 th day	All but \$315 per day	\$315
	91 st to 150 th day	All but \$630 per day	\$630
	Beyond 150 days	\$0	All cost
SKILLED NURSING FACILITY CARE: Semiprivate room and board, skilled nursing and rehabilitative services and other services and supplies.	First 20 days	100% of approved Amount	\$0
	Additional 80 days	All but \$157.50 per day	Up to \$157.50 per day
	Beyond 100 days	\$0	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.

2015 MEDICARE PART B SERVICES

Services	You Pay
Part B Deductible	You pay \$147 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 between 20 to 40% of the Medicare-approved amount for most outpatient mental health care, depending on the plan.
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.

NOTE: 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.

2015 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 details about these Medicare preventive benefits, please refer to the *2015 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
Glaucoma Screening
Colon Cancer Screening: Barium Enema
Prostate Cancer Screening
Digital Rectum Exam

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.

PLAN NOTES: Rates published in this guide are based on information provided by the insurance companies in response to an annual survey conducted by the Rhode Island Department of Human Services, Division of Elderly Affairs. The rates are accurate based on available information on November 1, 2015. Medigap rates shown in this guide are rounded to the nearest dollar. Rates are subject to change. Check with the insurance company to verify their rates.

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	X				
Part B Excess Charges					X	X				
Foreign Travel Emergency (Up to Plan Limits)			X	X	X	X			X	X

MEDICARE SUPPLEMENT INSURANCE PLANS-MONTHLY PREMIUMS

AARP Medicare Supplement Insurance Plans *Community Rated*
Insured by UnitedHealthcare Insurance Company
1-800-523-5800

Non-Tobacco Rates

Age	Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N(*)
65*	\$79	\$114	\$137	\$138	\$48	\$78	\$90
70**	\$96	\$139	\$166	\$167	\$59	\$95	\$109
75***	\$124	\$180	\$215	\$216	\$76	\$123	\$141

Tobacco Rates

Age	Plan A	Plan B	Plan C	Plan F	Plan K	Plan L	Plan N
65*	\$87	\$126	\$151	\$151	\$53	\$86	\$99
70**	\$105	\$153	\$183	\$184	\$65	\$104	\$120
75***	\$136	\$198	\$237	\$238	\$83	\$135	\$155

PLAN NOTES:

*Rates listed for age 65 include early enrollment discount.

**Rates listed for age 70 include early enrollment discount. They are available for those individuals age 70 whose effective date for coverage is within 6 months of their 65th birthday or Medicare Part B effective date, if later, and meeting medical underwriting requirements. Rates may be higher based on underwriting.

***Rates listed for age 75 are available for those individuals age 70 whose effective date for coverage is within 6 months of their 65th birthday or Medicare Part B effective date, if later, and meeting medical underwriting requirements. Rates may be higher based on underwriting.

(*) Plan N has a \$20 dollar co-pay going to the doctors, a \$50 dollar co-pay at the emergency room(if not admitted, and you need to meet the Part B Deductible of \$147 dollars

Rates vary according to Medicare enrollment date, discount eligibility, and responses to medical questions. You may be eligible for additional discounts, such as electronic funds transfer or multi-insured. Call for exact rates.

Blue Cross/Blue Shield of Rhode Island Plan 65 Supplement Insurance Plans

Age-In Issue

401-351-BLUE (2583)

1-800-505-BLUE (2583)

Plan 65 Medicare Supplement Insurance (Medigap) Rates

2015 Rates	Plan A	Plan B*	Plan C*	Plan F
Discount Rate	\$142		\$209	
Base Rate	\$157	\$141	\$232	\$224
Age-in Rate for ages 65 to 67	\$103			\$146
Age-in Rate for ages 68 to 70	\$123			\$175
Age-in Rate for ages 71 to 72	\$141			\$202
Year One (1) Age-in Rate			\$163	
Year Two (2) Age-in Rate			\$186	
Year Three (3) Age-in Rate			\$209	

Plan 65 Select Rates

2014 Rates	Select B*	Select C*	Select F	Select L*
Discount Rate	\$131	\$166	\$160	
Standard Rate	\$159	\$226	\$219	\$134
Age-in Rate for ages 65 to 67			\$104	
Age-in Rate for ages 68 to 70			\$125	
Age-in Rate for ages 71 to 72			\$144	
Year One (1) Age-in Rate		\$116		
Year Two (2) Age-in Rate		\$133		
Year Three (3) Age-in Rate		\$150		

PLAN NOTES:

*Designates that the plan is currently closed to new enrollment.

Colonial Penn Insurance/Bankers Life & Casualty
Attained Age

1-800-800-2254

Age	Plan A	Plan B	Plan F	Plan F-HD	Plan G	Plan K	Plan L	Plan M	Plan N
65 Preferred Female	\$108	\$133	\$148	\$36	\$135	\$58	\$93	\$117	\$85
70	\$132	\$162	\$179	\$44	\$166	\$70	\$112	\$144	\$109
75	\$160	\$195	\$218	\$53	\$204	\$88	\$136	\$178	\$140
80	\$187	\$228	\$259	\$63	\$245	\$108	\$164	\$213	\$173

Age	Plan A	Plan B	Plan F	Plan F-HD	Plan G	Plan K	Plan L	Plan M	Plan N
65 Preferred Male	\$120	\$147	\$166	\$40	\$149	\$64	\$104	\$129	\$94
70	\$146	\$179	\$199	\$49	\$184	\$78	\$124	\$160	\$122
75	\$178	\$217	\$242	\$59	\$226	\$98	\$151	\$198	\$155
80	\$208	\$253	\$288	\$70	\$273	\$120	\$182	\$237	\$193

Age	Plan A	Plan B	Plan F	Plan F-HD	Plan G	Plan K	Plan L	Plan M	Plan N
65 Standard Female	\$120	\$147	\$165	\$40	\$149	\$64	\$104	\$129	\$94
70	\$146	\$179	\$199	\$49	\$184	\$78	\$124	\$160	\$122
75	\$178	\$217	\$242	\$59	\$226	\$98	\$151	\$198	\$155
80	\$208	\$253	\$288	\$70	\$273	\$120	\$182	\$237	\$193

Age	Plan A	Plan B	Plan F	Plan F-HD	Plan G	Plan K	Plan L	Plan M	Plan N
65 Standard Male	\$133	\$164	\$183	\$45	\$166	\$71	\$115	\$144	\$105
70	\$163	\$199	\$221	\$54	\$204	\$87	\$138	\$178	\$135
75	\$198	\$240	\$268	\$65	\$251	\$108	\$168	\$220	\$173
80	\$231	\$281	\$320	\$78	\$303	\$134	\$202	\$263	\$214

PLAN NOTES: *HD designates a High-Deductible Plan.

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

Age	Plan A (Female-NT)	Plan F (Female-NT)	Plan N (Female-NT)
65	\$106	\$152	\$106
70	\$137	\$198	\$139
75	\$169	\$241	\$169
80	\$191	\$273	\$191
Age	Plan A (Male-NT)	Plan F (Male-NT)	Plan N (Male-NT)
65	\$117	\$168	\$117
70	\$153	\$219	\$153
75	\$186	\$266	\$186
80	\$211	\$301	\$211

PLAN NOTES: The designation NT refers to Non-Tobacco users. T refers to Tobacco users.

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	\$100	\$115	\$111	\$128
70	\$113	\$130	\$126	\$145
75	\$132	\$152	\$147	\$169
80	\$146	\$168	\$162	\$186
Age	Plan B (Preferred Female)	Plan B (Preferred Male)	Plan B (Standard Female)	Plan B (Standard Male)
65	\$126	\$145	\$140	\$161
70	\$143	\$164	\$158	\$182
75	\$167	\$192	\$185	\$213
80	\$184	\$211	\$204	\$234
Age	Plan F (Preferred Female)	Plan F (Preferred Male)	Plan F (Standard Female)	Plan F (Standard Male)
65	\$146	\$168	\$163	\$187
70	\$164	\$189	\$182	\$210
75	\$189	\$217	\$210	\$241
80	\$204	\$225	\$227	\$261

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

Attained Age

Age	Plan F-HD (Female Preferred)	Plan F-HD (Male Preferred)	Plan F-HD (Female Standard)	Plan F-HD (Male Standard)
65	\$58	\$66	\$64	\$74
70	\$65	\$74	\$72	\$82
75	\$74	\$85	\$83	\$95
80	\$80	\$92	\$89	\$103
Age	Plan N (Female Preferred)	Plan N (Male Preferred)	Plan N (Female Standard)	Plan N (Male Standard)
65	\$102	\$117	\$113	\$130
70	\$115	\$133	\$128	\$147
75	\$135	\$155	\$150	\$172
80	\$148	\$171	\$165	\$190
Age	Plan G (Female Preferred)	Plan G (Male Preferred)	Plan G (Female Standard)	Plan G (Male Standard)
65	\$128	\$147	\$142	\$164
70	\$145	\$167	\$161	\$185
75	\$170	\$195	\$188	\$217
80	\$187	\$215	\$207	\$238

PLAN NOTE: *HD designates a High-Deductible Plan.

Globe Life and Accident Insurance Company
1-800-801-6831

Attained Age

Age	Plan A	Plan B	Plan C	Plan F	Plan F-HD
65	\$77	\$115	\$129	\$131	\$31
70	\$104	\$149	\$163	\$165	\$41
75	\$111	\$168	\$190	\$192	\$51
80	\$113	\$171	\$200	\$202	\$57

PLAN NOTE: *HD designates a High-Deductible Plan. *HD designates a High-Deductible Plan

Humana Insurance Company
1-866-645-7322 TTY 711

Attained Age

Age	Plan A Female	Plan A Male	Plan B Female	Plan B Male	Plan C Female	Plan C Male
65	\$117	\$117	\$127	\$127	\$146	\$146
70	\$133	\$142	\$145	\$154	\$167	\$177
75	\$154	\$172	\$168	\$187	\$193	\$215
80	\$180	\$203	\$196	\$221	\$226	\$254

Age	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	\$149	\$149	\$57	\$57	\$69	\$69	\$97	\$98
70	\$170	\$181	\$65	\$69	\$79	\$84	\$112	\$118
75	\$197	\$220	\$77	\$84	\$94	\$102	\$133	\$144
80	\$230	\$259	\$88	\$98	\$107	\$120	\$151	\$169

Liberty National Life Insurance Company
1-800-331-2513

Attained Age

Age 65

Premium	Plan A	Plan B	Plan F	Plan F-HD	Plan N
A	\$126 Female-NT	\$176 Female-NT	\$200 Female-NT	\$35 Female- NT	\$153 Female-NT
A	\$145 Male-NT	\$203 Male-NT	\$230 Male-NT	\$40 Male-NT	\$176 Male-NT
I	\$507 Female-NT				
I	\$583 Male-NT				

Age 70

Premium	Plan A	Plan B	Plan F	Plan F-HD	Plan N
A	\$152 Female-NT	\$218 Female-NT	\$249 Female-NT	\$45 Female-NT	\$195 Female-NT
A	\$174 Male-NT	\$250 Male-NT	\$287 Male-NT	\$52 Male-NT	\$225 Male-NT

Liberty National Life Insurance Company
1-800-331-2513

Attained Age

Age 75

Premium	Plan A	Plan B	Plan F	Plan F-HD	Plan N
A	\$161 Female-NT	\$239 Female-NT	\$283 Female-NT	\$57 Female-NT	\$225 Female-NT
A	\$185 Male-NT	\$275 Male-NT	\$325 Male-NT	\$65 Male-NT	\$259 Male-NT

Age 80

Premium	Plan A	Plan B	Plan F	Plan F-HD	Plan N
A	\$162 Female-NT	\$243 Female-NT	\$312 Female-NT	\$70 Female-NT	\$253 Female-NT
A	\$186 Male-NT	\$280 Male-NT	\$358 Male-NT	\$81 Male-NT	\$291 Male-NT

PLAN NOTES:

The designation NT refers to Non-Tobacco users; T refers to Tobacco users.

*HD designates a High-Deductible Plan.

Mutual of Omaha Insurance Company
1-800-246-1158

Attained Age

Age	Plan A Female Non- Tobacco	Plan C Female Non- Tobacco	Plan D Female Non- Tobacco	Plan F Female Non- Tobacco	Plan A Male Non- Tobacco	Plan C Male Non- Tobacco	Plan D Male Non- Tobacco	Plan F Male Non- Tobacco
65	\$124	\$157	\$149	\$159	\$142	\$180	\$171	\$183
70	\$147	\$186	\$177	\$188	\$169	\$214	\$203	\$217
75	\$171	\$216	\$206	\$219	\$196	\$249	\$236	\$252
80+	\$196	\$249	\$237	\$252	\$226	\$286	\$272	\$290
Age	Plan A Female Tobacco	Plan C Female Tobacco	Plan D Female Tobacco	Plan F Female Tobacco	Plan A Male Tobacco	Plan C Male Tobacco	Plan D Male Tobacco	Plan F Male Tobacco
65	\$142	\$180	\$171	\$183	\$163	\$207	\$197	\$210
70	\$169	\$214	\$203	\$217	\$194	\$246	\$234	\$249
75	\$196	\$249	\$236	\$252	\$225	\$286	\$272	\$290
80+	\$226	\$286	\$272	\$290	\$260	\$329	\$313	\$334

PLAN NOTES: The designation NT refers to Non-Tobacco users; T refers to Tobacco users.

Transamerica Life Insurance Company
1-800-247-1771

Issue Age

Non-Tobacco Rates

Age	Plan A	Plan B	Plan C	Plan D	Plan F	PLAN G	Plan K	Plan L	Plan M	Plan N
65	\$88	\$117	\$139	\$129	\$140	\$129	\$64	\$95	\$118	\$111
70	\$113	\$149	\$175	\$166	\$175	\$167	\$80	\$119	\$147	\$138
75	\$146	\$187	\$219	\$203	\$219	\$205	\$100	\$149	\$184	\$173

Tobacco Rates

Age	Plan A	Plan B	Plan C	Plan D	Plan F	PLAN G	Plan K	Plan L	Plan M	Plan N
65	\$96	\$129	\$153	\$142	\$155	\$142	\$71	\$105	\$129	\$122
70	\$125	\$164	\$192	\$182	\$193	\$183	\$88	\$131	\$161	\$152
75	\$161	\$206	\$241	\$224	\$241	\$226	\$111	\$164	\$202	\$190

PLAN NOTES: Discounts are available for annual payment, or automatic monthly deductions from a bank account or credit card payment.

United American Insurance Company
1-800-331-2512

Issue Age
Attained Age

Age	Plan A	Plan B	Plan C	Plan D	Plan F	Plan F-HD	Plan G	Plan K	Plan L	Plan N
65 A	\$109 F-NT	\$162 F-NT	\$184 F-NT	\$171 F-NT	\$185 F-NT	\$29 F-NT	\$172 F-NT	\$86 F-NT	\$121 F-NT	\$138 F-NT
65 A	\$125 M- NT	\$186 M- NT	\$212 M- NT	\$196 M- NT	\$213 M- NT	\$33 M- NT	\$197 M- NT	\$99 M- NT	\$139 M- NT	\$159 M- NT
65 I		*\$500 F-NT				*\$202 F-NT				
65 I		*\$575 F-NT				*\$232 M- NT				

United American Insurance Company
1-800-331-2512

Attained Age

All rates in this chart are based on attained age and non-tobacco use.

Age	Plan A	Plan B	Plan C	Plan D	Plan F	Plan F-HD	Plan G	Plan K	Plan L	Plan N
70	\$131 F	\$200 F	\$230 F	\$217 F	\$231 F	\$38 F \$43	\$218 F	\$114 F	\$161 F	\$177 F
	\$151 M	\$230 M	\$264 M	\$249 M	\$266 M	M	\$250 M	\$131 M	\$185 M	\$204 M
75	\$140 F	\$200 F	\$261 F	\$247 F	\$262 F	\$47 F \$54	\$248 F	\$127 F	\$179 F	\$274 F
	\$160 M	\$253 M	\$299 M	\$284 M	\$301 M	M	\$285 M	\$146 M	\$205 M	\$234 M
80	\$140 F	\$223 F	\$286 F	\$273 F	\$287 M	\$53 F \$61	\$274 F	\$133 F	\$187 F	\$228 M
	\$161 M	\$256 M	\$329 M	\$314 M	\$330 M	M	\$315 M	\$153 M	\$215 M	\$262 M

PLAN NOTES:

F denotes female and M denotes male.

*Rates are for persons under 65 who meet medical underwriting.

USAA Life Insurance Company
1-800-531-USAA (8722)

Attained Age

AGE	PLAN A-NS	PLAN A-S	PLAN F-NS	PLAN F-S	PLAN N-NS	PLAN N-S
65	\$116	\$126	\$135	\$149	\$101	\$112
70	\$135	\$148	\$158	\$174	\$118	\$130
75	\$161	\$176	\$188	\$207	\$141	\$156
80	\$187	\$205	\$218	\$240	\$164	\$180

PLAN NOTES: NS denotes non-smoker. S denotes smoker.

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 your 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.

NOTE: Rates for Medicare Advantage plans are effective as of January 1, 2015.

MEDICARE ADVANTAGE PLANS-MONTHLY PREMIUMS

NOTE: Plan designations are described as follows:

PPO: Preferred Provider Organization HMO: Health Maintenance Organization

POS: Point of Service

AARP Medicare Complete Plans-Insured by UnitedHealthcare 1-866-231-7710

AARP Medicare Complete Plan 1-HMO

Monthly Premium: \$0

Annual out-of-pocket maximum: \$6,700

Benefit Highlights: Benefits covered by Original Medicare and AARP Medicare Complete Plan 1-HMO

Medical Benefits	In-Network
Doctor's office visit	Primary care: \$25 co-payment Specialists: \$50 co-payment (Referral needed)
Preventive services	\$0 co-pay
Inpatient hospital care	\$395 co-payment per day (Days 1-4)
Skilled Nursing Facility	\$0 co-payment per day (Days 1-20) \$155 co-payment per day (Days 21-64) \$0 co-payment per day (Days 65-100)
Outpatient surgery	20% co-insurance
Diabetes monitoring supplies	\$0 co-payment for covered brands
Home health care	\$0 co-payment
Diagnostic services (such as MRIs, CI scans)	20% co-insurance
Lab services	\$13 co-payment
Outpatient X-rays	\$16 co-payment
Ambulance	\$250 co-payment
Emergency care	\$65 co-payment (Worldwide)
Urgent care	\$30-\$40 co-payment

PRESCRIPTION DRUG COVERAGE-AARP MedicareComplete Plan 1-HMO

Annual prescription drug deductible: \$0 co-payment for Tier 1, Tier 2, and Tier 5, and \$210 co-payment for Tier 3 and Tier 4.

Initial coverage stage	Standard retail (30 days)	Preferred mail order (90 days)
Tier 1: Preferred generic drugs	\$2 co-payment	\$4 co-payment
Tier 2: Non-preferred generic drugs	\$9 co-payment	\$18 co-payment
Tier 3: Preferred brand drugs	\$45 co-payment	\$125 co-payment
Tier 4: Non-preferred brand drugs	\$95 co-payment	\$275 co-payment
Tier 5: Specialty tier drugs	33% co-insurance	33% co-insurance

Coverage gap stage: After your total drug costs reach \$2,960, you will pay no more than 45% of the total drug cost for brand name drugs, for any drug tier during the coverage gap.

Catastrophic coverage stage: After your total out-of-pocket costs reach \$4,700, you will pay the greater of a \$2.65 co-payment for generic drugs (including brand name drugs treated as generic), and a \$6.60 co-payment for all other drugs, or 5% of the cost.

AARP MedicareComplete Plan 2-HMO

Monthly Premium: \$29

Annual out-of-pocket maximum: \$5,900

Benefit Highlights: Benefits covered by Original Medicare and AARP MedicareComplete Plan 2-HMO

Medical Benefits	In-Network
Doctor’s office visit	Primary care: \$20 co-payment Specialists: \$45 co-payment (Referral needed)
Preventive services	\$0 co-pay
Inpatient hospital care	\$395 co-payment per day (Days 1-4)
Skilled Nursing Facility	\$0 co-payment per day (Days 1-20) \$155 co-payment per day (Days 21-59) \$0 co-payment per day (Days 60-100)
Outpatient surgery	20% co-insurance
Diabetes monitoring supplies	\$0 co-payment for covered brands
Home health care	\$0 co-payment

AARP MedicareComplete Plan 2-HMO (Continued)

Monthly Premium: \$29

Annual out-of-pocket maximum: \$5,900

Benefit Highlights: Benefits covered by Original Medicare and AARP MedicareComplete Plan 2-HMO

Medical Benefits	In-Network
Diagnostic services (such as MRIs, CI scans)	20% co-insurance
Lab services	\$13 co-payment
Outpatient X-rays	\$16 co-payment
Ambulance	\$250 co-payment
Emergency care	\$65 co-payment (Worldwide)
Urgent care	\$30-\$40 co-payment

PRESCRIPTION DRUG COVERAGE-AARP MedicareComplete Plan 2-HMO

Annual prescription drug deductible: \$0 co-payment for Tier 1, Tier 2, and Tier 5, and \$210 co-payment for Tier 3 and Tier 4.

Initial coverage stage	Standard retail (30 days)	Preferred mail order (90 days)
Tier 1: Preferred generic drugs	\$2 co-payment	\$4 co-payment
Tier 2: Non-preferred generic drugs	\$9 co-payment	\$18 co-payment
Tier 3: Preferred brand drugs	\$45 co-payment	\$125 co-payment
Tier 4: Non-preferred brand dugs	\$95 co-payment	\$275 co-payment
Tier 5: Specialty tier drugs	33% co-insurance	33% co-insurance

Coverage gap stage: After your total drug costs reach \$2,960, you will pay no more than 45% of the total drug cost for brand name drugs, for any drug tier during the coverage gap.

Catastrophic coverage stage: After your total out-of-pocket costs reach \$4,700, you will pay the greater of a \$2.65 co-payment for generic drugs (including brand name drugs treated as generic), and a \$6.60 co-payment for all other drugs, or 5% of the cost.

AARP MedicareComplete Choice-Regional PPO

Monthly Premium: \$40

Annual out-of-pocket maximum: \$6,700 in-network, \$10,000 combined in and out-of-network.

Benefit Highlights: Benefits covered by Original Medicare and AARP MedicareComplete Choice Regional PPO

Medical Benefits	In-network	Out-of-network
Doctor's office visit	Primary care physician: \$25 co-payment \$50 co-payment (No referral needed)	Primary care physician: 40% co-insurance 40% co-insurance (No referral needed)
Preventive services	\$0 co-payment	\$0 co-payment-40% co-insurance (depending on service)
Inpatient hospital care	\$495 co-payment per day (Days 1-3)	40% co-insurance per admission
Skilled Nursing Facility	\$0 co-payment (Days 1-20) \$155 per day co-payment (Days 21-64) \$0 co-payment (Days 65-100)	40% co-insurance per admission, up to 100 days
Outpatient surgery	20% co-insurance	40% co-insurance
Diabetes monitoring supplies	\$0 co-payment for covered brands	40% co-insurance
Home health care	\$0 co-payment	50% co-insurance
Diagnostic tests (such as MRIs, CT scans)	20% co-insurance	40% co-insurance
Lab services	\$13 co-payment	\$13 co-payment
Outpatient X-rays	\$16 co-payment	40% co-insurance
Ambulance	\$250 co-payment	\$250 co-payment
Emergency care	\$65 co-payment (Worldwide)	N/A
Urgent care	\$30 co-payment	\$40 co-payment

PRESCRIPTION DRUG COVERAGE-AARP MedicareComplete Choice PPO

Annual prescription drug deductible: \$0 co-payment for Tier 1, Tier 2, and Tier 5, and \$255 co-payment for Tier 3 and Tier 4.

Initial coverage stage	Standard retail (30 days)	Preferred mail order (90 days)
Tier 1: Preferred generic drugs	\$2 co-payment	\$4 co-payment
Tier 2: Non-preferred generic drugs	\$8 co-payment	\$16 co-payment
Tier 3: Preferred brand drugs	\$45 co-payment	\$125 co-payment
Tier 4: Non-preferred brand drugs	\$95 co-payment	\$275 co-payment
Tier 5: Specialty tier drugs	33% co-insurance	33% co-insurance

Coverage gap stage: After your total drug costs reach \$2,960, you will pay no more than 45% of the total drug cost for brand name drugs, for any drug tier during the coverage gap.

Catastrophic coverage stage: After your total out-of-pocket costs reach \$4,700, you will pay the greater of a \$2.65 co-payment for generic drugs (including brand name drugs treated as generic), and a \$6.60 co-payment for all other drugs, or 5% of the cost.

PLAN NOTES: Some AARP MedicareComplete plans offer additional benefits or programs not covered by Original Medicare. Check with AARP MedicareComplete Plans-Insured by UnitedHealthcare.

BLUE CROSS/BLUE SHIELD OF RHODE ISLAND
1-800-505-BLUE (2583) TTY/TDD 711

BlueCHip for Medicare \$0 premium plans.

Plan Features	BlueCHip for Medicare Select (HMO)*	BlueCHip for Medicare Value (HMO-POS)	BlueCHip for Medicare Core
Monthly premium	\$0**	\$0**	*0**
Out-of-pocket maximum	\$3,850	\$5,000	\$3,950
Co-payments:			
Primary care physician office visits	\$0	\$0-\$25	\$0-\$10
Specialists	\$45	\$45	\$30
Inpatient medical hospitalization	\$285 per day (Days 1-5)	\$345 per day (Days 1-5)	\$180 per day (Days 1-5)
Skilled nursing facility	\$0 (Days 1-20) \$150 per day (Days 21-45) \$0 (Days 46-100)	\$0 (Days 1-20) \$155 per day (Days 21-45) \$0 (Days 46-100)	\$0 (Days 1-20) \$130 per day (Days 21-45) \$0 (Days 46-100)
Diagnostic tests, X-rays, and lab services	\$15	\$15	\$0
Home health care	\$0	\$0	\$0
Emergency	\$65	\$65	\$65
Ambulance	\$200 per trip	\$200 per trip	\$75 per trip
Nutritional counseling	\$0	\$0	\$0
Out-of-network costs for POS option	N/A	30% co-insurance, \$5,000 out-of-pocket maximum	N/A
Prescription drugs:	\$200 deductible applies to Tiers 2,3, and 4	\$320 deductible applies to Tiers 2,3, and 4	N/A
Tier 1 (generic)	\$0	\$2	N/A
Tier 2 (preferred brand)	\$45	\$45	N/A
Tier 3 (non-preferred brand)	\$95	\$95	N/A
Tier 4 (specialty drugs)	28% co-insurance	25% co-insurance	N/A

PLAN NOTES: *Must receive care within Select network of providers. **You must continue to pay your Medicare Part B premium.

**Blue Cross Blue Shield of Rhode Island-BlueCHIP for Medicare Plans
1-800-505-BLUE (2583) TTY/TDD 711**

Plan Features	BlueChip for Medicare Extra (HMO-POS)	BlueChip for Medicare Standard with Drugs (HMO)	BlueChip for Medicare Plus (HMO)	BlueChip for Medicare Preferred (HMO-POS)
Monthly premium	\$84*	\$44*	\$166*	\$251*
Out-of-pocket maximum	\$3,750	\$4,500	\$2,800	\$2,250
Co-payments:				
Primary care physician office visits	\$0-\$10	\$0-\$18	\$0-\$5	\$0-\$5
Specialists	\$35	\$45	\$30	\$30
Inpatient medical hospitalization	\$275 per day (Days 1-5)	\$345 per day (Days 1-5)	\$190 per day (Days 1-5)	\$180 per day (Days 1-5)
Skilled nursing facility	\$0 (Days 1-20) \$140 per day (Days 21-45) \$0 (Days 46-100)	\$0 (Days 1-20) \$155 per day (Days 21-45) \$0 (Days 46-100)	\$0 (Days 1-20) \$135 per day (Days 21-45) \$0 (Days 46-100)	\$0 (Days 1-20) \$130 per day (Days 21-45) \$0 (Days 46-100)
Diagnostic tests, X-rays, and lab services	\$0	\$15	\$0	\$0
Home health care	\$0	\$0	\$0	
Emergency	\$65	\$65	\$65	
Ambulance	\$200 per trip	\$200 per trip	\$75 per trip	
Nutritional counseling	\$0	\$0	\$0	\$0
Out-of-network costs for POS option	20% co-insurance, \$3,750 out-of-pocket maximum	N/A	N/A	20% co-insurance, \$2,250 out-of-pocket maximum

PLAN NOTES: *You must continue to pay your Medicare Part B premium.

**Blue Cross Blue Shield of Rhode Island-BlueCHIP for Medicare Plans
1-800-505-BLUE (2583) TTY/TDD 711**

Continued-Prescription drug coverage

Prescription drugs	BlueChip for Medicare Extra (HMO-POS)	BlueChip for Medicare Standard with Drugs (HMO)	BlueChip for Medicare Plus (HMO)	BlueChip for Medicare Preferred (HMO-POS)
Deductible	No deductible	\$200 deductible applies to Tiers 2,3, and 4	No deductible	No deductible Tier 1 through the coverage gap
Tier 1 (generic)	\$4	\$7	\$3	\$3
Tier 2 (preferred brand)	\$45	\$45	\$45	\$45
Tier 3 (non-preferred brand)	\$95	\$95	\$95	\$95
Tier 4 (specialty drug tier)	33% co-insurance	28% co-insurance	33% co-insurance	33% co-insurance

PLAN NOTES: Some BlueChiP for Medicare plans offer additional benefits or programs not covered by Original Medicare. Check with Blue Cross Blue Shield of Rhode Island.

MEDICARE PART D PRESCRIPTION DRUG PLANS

Medicare beneficiaries can purchase Medicare Prescription Drug Plans (PDPs), also known as Medicare Part D, to help them pay for prescription medications. For a monthly plan premium (in some cases), as well as specified plan deductibles, co-payments, and coverage gaps, if applicable, Part D 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.**

MEDICARE PART D PRESCRIPTION DRUG PLANS

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 Rhode Island Division of Elderly Affairs at 462-3000, or go to www.dea.ri.gov. The TTY number is 462-0740. You can also call THE POINT, Rhode Island's Aging and Disability Resource Center, at 462-4444. TTY users can call 462-4445.

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. 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.

Coverage details and costs for “stand-alone” Part D plans offered in Rhode Island are available in the *Medicare and You Handbook 2015*.

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 some of the cost of RIPAE-approved prescription medications during the deductible phase and offers partial reimbursement for RIPAE-approved medications to enrollees who enter the “donut hole” of their Medicare Part D plans, or if a medication is not covered by a Part D plan and is on the RIPAE formulary. Rhode Island residents 65 and older who meet certain income limits and provide proof of Medicare Part D coverage, and adults age 55 to 64 receiving Social Security Disability (SSDI) payments, may be eligible.

For more information about RIPAE, call the Division of Elderly Affairs at 462-3000, or go to www.dea.ri.gov. The TTY number is 462-0740.

OTHER MEDICATION ASSISTANCE PROGRAMS

NeedyMeds is an information clearinghouse that helps those who are unable to afford their medications or health care costs to access patient assistance programs. Call 1-978-281-6666, or go to www.needymeds.org.

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

OTHER MEDICATION ASSISTANCE PROGRAMS

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 presentation. 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.

FOR YOUR NOTES: