

Company Name	Blue Cross & Blue Shield of Rhode Island		
Phone Number	1-800-505-2582 ~ Possible Members 1-800-267-0439 ~ Current Members 1-800-505-2583 ~ Part D Questions		
Web Address	www.bcbsri.com		
<b>PLAN NAME</b>	<b>BlueCHIP Medicare Plus</b>	<b>BlueCHIP Medicare Preferred</b>	<b>BlueCHIP Standard with Part D</b>
<b>Premiums</b>	\$45.99 for Plan \$33.01 for Part D \$88.50 for Part B <b>Total = \$167.50</b>	\$107.30 for Plan \$46.70 for Part D \$88.50 for Part B <b>Total = \$242.50</b>	\$8.07 for Plan \$27.93 for Part D \$88.50 for Part B <b>Total = \$124.50</b>
<b>Yearly Max Out of Pocket Expenses for Inpatient Stays</b>	\$1,250	\$500	\$2,500
<b>Inpatient Stays</b>	\$200/day	\$50/day	\$265/day
<b>Skilled Nursing Facility Stays</b>	\$75/day	\$25/day	\$75/day
<b>Doctor Visits</b>	\$10 for PCP and \$20 for Specialist	SAME	SAME
<b>ER Visits</b>	\$50	SAME	SAME
<b>Dental</b>	No Copay - 1 Cleaning/year	No Copay - 2 Cleanings/year	NOT OFFERED
<b>Vision</b>	No Copay	No Copay	No Copay
<b>Drug Coverage</b>	Until you received \$2250 worth of medications:	Until you received \$2250 worth of medications:	Until you received \$2250 worth of medications:
Deductible	\$0	\$0	\$0
Copays	\$8 for generic \$24 for Tier 2 \$48 for Tier 3 25% for Tiers 4 & 5	\$8 for generic \$20 for Tier 2 \$40 for Tier 3 25% for Tiers 4 & 5	\$10 for generic \$26 for Tier 2 \$52 for Tier 3 25% for Tiers 4 & 5
Catastrophic Coverage	Once you have paid >\$3600 out of pocket - \$2 for generics and \$5 for brand <b>OR 5% Co-insurance WHICHEVER IS MORE</b>	Once you have paid >\$3600 out of pocket - \$2 for generics and \$5 for brand <b>OR 5% Co-insurance WHICHEVER IS MORE</b>	Once you have paid >\$3600 out of pocket - \$2 for generics and \$5 for brand <b>OR 5% Co-insurance WHICHEVER IS MORE</b>
Fraction of my drugs covered			

Company Name	United Health Care, Inc	
PLAN NAME	Medicare Complete Rx	Medicare Complete Choice Rx
Phone Number	1-800-448-4481 ~ Possible Members 1-800-643-4845 ~ Current Members	1-800-643-4845
Web Address	www.medicarecomplete.com	www.medicarecomplete.com
Premiums	\$0 for Plan \$0 for Part D \$88.50 for Part B <b>Total = \$88.50</b>	\$27.00 for Plan \$0 for Part D \$88.50 for Part B <b>Total = \$115.50</b>
Yearly Max Out of Pocket Expenses for Inpatient Stays	\$4,200	\$3,800
Inpatient Stays	\$175/day	\$280/day
Skilled Nursing Facility Stays	\$125/day	\$120/day
Doctor Visits	\$10 for PCP and \$20 for Specialist	SAME
ER Visits	\$50	SAME
Dental	NOT OFFERED	NOT OFFERED
Vision	\$20 Copay	No Copay
Drug Coverage	Until you received \$2250 worth of medications:	Until you received \$2250 worth of medications:
Deductible	\$0	SAME
Copays	\$3 for generic \$28 for Tier 2 \$58 for Tier 3 25% for Tier 4	SAME SAME SAME SAME
Catastrophic Coverage	Once you have paid >\$3600 out of pocket - \$2 for generics and \$5 for brand <b>OR</b> 5% Co-insurance <b>WHICHEVER IS MORE</b>	Once you have paid >\$3600 out of pocket - \$2 for generics and \$5 for brand <b>OR</b> 5% Co-insurance <b>WHICHEVER IS MORE</b>
Fraction of my drugs covered		