HealthMate COAST•TO•COAST® | Blue Cross Blue Shield of Rhode Island

100/80 $250 Coinsurance Plan

Understanding Your Benefits

Deductibles

You pay the following amounts each year before your health plan starts to pay toward the cost of covered services:

- $250 per individual plan; 2 members per family plan in network
- $250 per individual plan; 2 members per family plan out of network
- An individual will never pay more than the individual deductible amount. Once 2 separate members on a family plan reach the individual deductible, then the family deductible has been met.

Out-of-pocket Limits

The following is the maximum you would pay out of pocket health benefits each year (Applies to coinsurance only).

- $4,000 per individual plan; 2 per family plan out of network
- The out-of-pocket limit: an individual will never pay more than the individual out-of-pocket limit. Once 2 separate members on a family plan reach the individual out-of-pocket limit, then the family limit has been met.
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Please note:

The deductible and out-of-pocket limits are separate for in-network and out-of-network services.

Beyond Benefits

What's Covered	What You Pay	
Service	**In-Network**	**Out-of-Network**
Preventive Care ▪ Adult preventive care ▪ Child preventive care ▪ Immunizations ▪ Preventive lab, X-ray, and imaging	$0 per visit	$15 plus 20% per visit after deductible
Primary Care Office Visits ▪ Adult primary care ▪ Adult gynecological exam ▪ Pediatric primary care	$15 per visit	$15 plus 20% per visit after deductible
Specialist Office Visits ▪ Specialty care ▪ Chiropractic (limit 12 visits per year) ▪ Routine eye exam (limit 1 visit per year)	$25 per visit	$25 plus 20% per visit after deductible
Outpatient Services ▪ Diagnostic lab, x-ray, and imaging ▪ High-end radiology (e.g., MRI/CT/PET), nuclear medicine and sleep studies	$0 per visit	20% per visit after deductible
▪ Medical/surgical care	0% per visit after deductible	20% per visit after deductible
Inpatient Services ▪ Hospitalization ▪ Maternity ▪ Mental Health ▪ Chemical dependency ▪ Rehabilitation (limit 45 days per year)	0% per visit after deductible	20% per visit after deductible

Sign in to your member page on BCBSRI.com, and you will have useful plan and wellness information at your fingertips.

Access Your Benefits:

- Get a list of your benefits and recent claims.
- See how much you've paid toward your deductible and out of pocket maximum.
- Check out our cost and quality tools.
- Find the member handbook to learn what to expect from BCBSRI.

Health Topics & Discounts:

- Read about thousands of health topics in the Health Center.
- Learn how you can get discounts on gym memberships, as well as free one-week trial memberships.

Need Help

Call Customer Service

- Locally: (401) 459-5000
- Outside Rhode Island: 1-800-639-2227
- TTY/TDD (Telecommunication Device for the Deaf) Users should call 711

Hours:
Monday – Friday, 8:00 a.m. to 8:00 p.m., Saturday – Sunday, 8:00 a.m. to 12 p.m., Eastern Time

What's Covered	What You Pay	
Service	**In-Network**	**Out-of-Network**
Hospital Emergency Services	$100 per visit	$100 per visit
Urgent Care	$25 per visit	$25 per visit
Telemedicine Visits	$15 per visit	Not Covered
Retail Based Clinic Visits	$15 per visit	$15 plus 20% per visit after deductible
Ambulance		
▪ Ground	$50 per occurrence	$50 per occurrence
▪ Air/Water	0% per occurrence after deductible	0% per occurrence after deductible
Durable Medical Equipment	20% per service/device after deductible	20% per service/device after deductible
Physical/Occupational Therapy		
▪ Physical therapy ▪ Occupational therapy ▪ Speech therapy	20% per visit after deductible	20% per visit after deductible

This is a summary of your HealthMate Coast-to-Coast benefits. It is not a contract. For details about your coverage, including any limitations or exclusions not noted here, please refer to your subscriber agreement or call the number located on the back of your BCBSRI ID card. If you have questions about receiving medical care, please call your doctor.

Blue Cross Blue Shield of Rhode Island
www.bcbsri.com
500 Exchange Street • Providence, RI 02903-2699

Your Prescription Drug Coverage

The BCBSRI formulary (drug list) covers a wide range of commonly prescribed medications. The chart below shows how the drugs are divided into four "tiers."

		Copayment per 30-day supply	Mail Order 90-day Supply
Tier 1	▪ Low-cost generics	**20%**	**20%**
Tier 2	▪ Higher-cost generics and preferred brand name drugs	**20%**	**20%**
Tier 3	▪ Highest cost generics and non-preferred brand name drugs	**20%**	**20%**
Tier 4	▪ Specialty drugs	**20% capped at $200**	**N/A**

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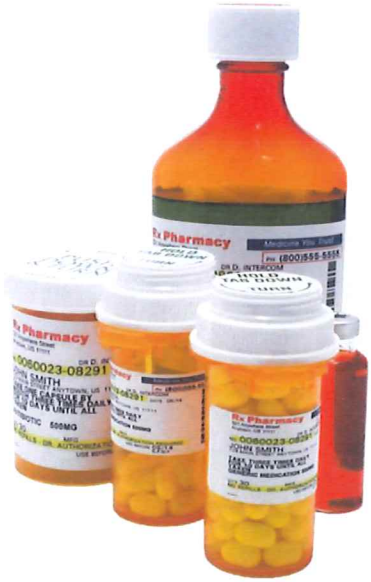
Your Prescription Drug Coverage



You can find the BCBSRI formulary by signing on to your BCBSRI.com member home page and following these steps:

1. Click "Pharmacy" in the navigation bar on the left.
2. Click "Premier" at the bottom of the page.
3. Click the "preferred drug list" link under the Drug Coverage section of the page.

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