

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.

■ **Please note:**

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

■ **Beyond Benefits**

What's Covered Service	What You Pay	
	In-Network	Out-of-Network
Preventive Care <ul style="list-style-type: none"> ■ 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 <ul style="list-style-type: none"> ■ Adult primary care ■ Adult gynecological exam ■ Pediatric primary care 	\$15 per visit	\$15 plus 20% per visit after deductible
Specialist Office Visits <ul style="list-style-type: none"> ■ 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 <ul style="list-style-type: none"> ■ 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
<ul style="list-style-type: none"> ■ Medical/surgical care 	0% per visit after deductible	20% per visit after deductible
Inpatient Services <ul style="list-style-type: none"> ■ 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		20% per visit after deductible	20% per visit after deductible
■ Occupational therapy			
■ Speech therapy			



www.bcsbri.com

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.

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Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.