

80/60 2000 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:

- \$2,000 per individual plan;
\$4,000 per family plan in network
- \$2,000 per individual plan;
\$4,000 per family plan out of network

■ **Out-of-pocket Limits**

The following is the maximum you would pay out of pocket for essential health benefits each year (including medical and pharmacy copayments, deductibles and coinsurance).

- \$3,000 per individual plan;
\$6,000 per family plan in network
- \$6,000 per individual plan;
\$12,000 per family plan out of network

■ **Please note:**

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

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	40% per visit after deductible
Primary Care Office Visits <ul style="list-style-type: none"> ■ Adult primary care ■ Adult gynecological exam ■ Pediatric primary care 	\$20 per visit	40% 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) 	\$30 per visit	40% per visit after deductible
Outpatient Services <ul style="list-style-type: none"> ■ Diagnostic lab, x-ray, and imaging 	20% per visit after deductible	40% per visit after deductible
<ul style="list-style-type: none"> ■ Medical/surgical care ■ High-end radiology (e.g., MRI/CT/PET), nuclear medicine and sleep studies 	20% per visit after deductible	40% per visit after deductible
Inpatient Services <ul style="list-style-type: none"> ■ Hospitalization ■ Maternity ■ Mental Health ■ Chemical dependency ■ Rehabilitation (limit 45 days per year) 	20% per visit after deductible	40% per visit after deductible
Hospital Emergency Services	\$150 per visit	\$150 per visit

Beyond Benefits

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.
- Access our Blue365sm wellness information and discount program.

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., Eastern Time

What's Covered Service	What You Pay	
	In-Network	Out-of-Network
Urgent Care	\$30 per visit	\$30 per visit
Ambulance		
▪ Ground	\$50 per occurrence	\$50 per occurrence
▪ Air/Water	20% per occurrence after deductible	20% per occurrence after deductible
Durable Medical Equipment	20% per service/device after deductible	40% per service/device after deductible
Physical/Occupational Therapy		
▪ Physical therapy	20% per visit after deductible	40% per visit after deductible
▪ Occupational therapy		
▪ Speech therapy		



www.bcsri.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.

500 Exchange Street • Providence, RI 02903-2699
Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.