

Providence 1033 Non-Bargained Retirees EXT BEN 7/2011-present PR4X P2  
1033 City – CITY PK5  
1033 Water - 5M22 PK1

# Understanding Your Benefits 2016

## ■ Deductibles

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

- \$0 per individual plan;  
\$0 per family plan in network
- \$100 per individual plan;  
\$300 per family plan out of network

## ■ Out-of-pocket Limits

To protect you from very high costs, your plan limits how much you could pay out of pocket for healthcare services.

- \$4,000 per individual plan;  
\$8,000 per family plan in network
- \$6,350 per individual plan;  
\$12,700 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	What You Pay
<b>Preventive Care</b> <ul style="list-style-type: none"> <li>■ Adult preventive care</li> <li>■ Child preventive care</li> </ul>	\$0 in network \$15 plus 20% per visit after deductible out of network
<ul style="list-style-type: none"> <li>■ Immunizations</li> <li>■ Preventive and Diagnostics lab, X-ray, and imaging</li> </ul>	\$0 in network 20% per visit after deductible out of network
<b>Primary Care Office Visits</b> <ul style="list-style-type: none"> <li>■ Adult primary care</li> <li>■ Adult gynecological exam</li> <li>■ Pediatric primary care</li> </ul>	\$15 per visit in network \$15 plus 20% per visit after deductible out of network
<b>Specialty Office Visits</b> <ul style="list-style-type: none"> <li>■ Specialty care</li> <li>■ Routine eye exam (limit 1 visit per year)</li> </ul>	\$15 per visit in network \$15 plus 20% per visit after deductible out of network
<ul style="list-style-type: none"> <li>■ Chiropractic (limit 12 visits per year)</li> <li>■ Allergy and Dermatology</li> </ul>	\$20 per visit in network \$20 plus 20% per visit after deductible out of network
<b>Outpatient Services</b> <ul style="list-style-type: none"> <li>■ Medical/surgical care</li> </ul>	\$100 per visit in network \$100 plus 20% per visit out of network
<ul style="list-style-type: none"> <li>■ High-end radiology services, major diagnostics, and nuclear medicine (e.g., MRI/CAT/PET)</li> </ul>	0% per visit in network 20% per visit after deductible out of network
<b>Inpatient Services</b> <ul style="list-style-type: none"> <li>■ Acute Care</li> <li>■ Maternity</li> <li>■ Mental health</li> <li>■ Chemical dependency</li> <li>■ Rehabilitation (limit 45 days per year)</li> </ul>	\$100 per visit in network \$100 plus 20% per visit after deductible out of network
<b>Emergency Services</b> <ul style="list-style-type: none"> <li>■ Hospital emergency care</li> </ul>	\$100 per visit in network \$100 per visit out of network
<b>Ambulance</b>	\$50 per occurrence in network \$50 per occurrence out of network

## Beyond Benefits

When you sign in to your member page on [BCBSRI.com](http://BCBSRI.com), you have useful plan and wellness information at your fingertips.

### Manage your plan:

- Get a list of your benefits and recent claims.
- See how much you've paid toward your deductible.

### Get healthy:

- Read about thousands of health topics in the Health Center.
- Learn how you can get the guaranteed lowest rate 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.,  
Eastern Time  
Saturday & Sunday  
8:00 a.m. to 12:00 p.m.,  
Eastern Time

What's Covered	What You Pay
Urgent Care Center	\$15 per visit in network \$15 plus 20% per visit after deductible out of network
Durable Medical Equipment	20% per occurrence in network 20% per occurrence after deductible out of network
Physical/Occupational Therapy	20% per visit in network 20% per visit after deductible out of network
	■ Physical therapy
	■ Occupational therapy
	■ Speech therapy

*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 benefit booklet or call our Customer Service Department. If you have questions about receiving medical care, please call your doctor.*



[www.bcbstri.com](http://www.bcbstri.com)

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Benefit Effective Date 7/1/16 – 6/30/17 MHM01298