

Providence  
Schools

# City of Providence Providence Public School District

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2020 NEW TEACHER HEALTHCARE WORKSHOP

# Agenda

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## Welcome & Introduction

### Review of Benefits

- Core & Voluntary Benefits
- Medical Plans: Choices & Comparison
- Pharmacy Plans: Choices & Comparison

### New Hire Enrollment

### Wellness Incentive Program

### Telemedicine

### Questions & Wrap Up

# Core and Voluntary Benefits

	Benefit	Vendor
<b>CORE</b>	Medical	BCBSRI
	Prescription	CVS Caremark
	Dental	Delta Dental
	Life Insurance (through PTU)	Lincoln Financial
<b>VOLUNTARY</b>	Flexible Spending Account – FSA	London Health
	Vision	Davis Vision
	Supplemental/Optional Life Insurance (through PTU)	Allstate
	Critical Illness (through PTU)	Allstate
	403(b) Deferred Compensation	VOYA or VALIC (Contact OMNI)

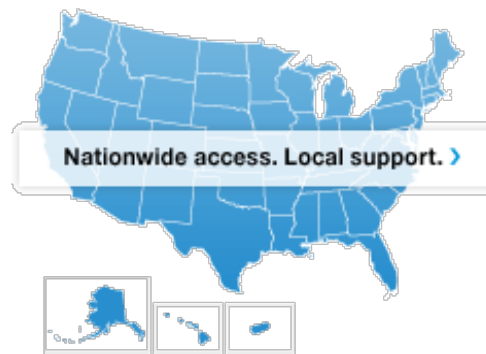
# Medical - BCBSRI

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## Unparalleled Access to Care

Our BlueCard® PPO national network of doctors and specialists gives you access to thousands of providers across the country, including:

- 96 percent of medical providers in Rhode Island
- More than 700,000 doctors and specialists nationwide
- And more than 5,300 hospitals across the country



# Medical – BCSBRI Terms

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**Deductible** – the amount you pay before your health plan starts to pay its share of certain medical bills.

**Copay** – a fixed amount, not percentage, charged each time a member receives a healthcare service

**Coinsurance** – a member pays a percentage of the total medical bill

**MOOP** – Maximum Out-of-Pocket Cost to you.

# Medical – Plan Comparison

	No Deductible Plan	\$750 Deductible Plan
<b>Deductible</b>	In Network: none Out of Network - \$100/\$300	\$750/\$1500 (No one member will exceed \$750)
<b>Out-of-Pocket Max</b>	\$4000/\$8000 (No one member will exceed \$4000)	\$4000/\$8000 (No one member will exceed \$4000)
<b>Office Visits</b>	Annual \$0 copay PCP & Spec \$10 Allergy & Dermatology \$15	Annual \$0 copay PCP & Spec \$30 Allergy & Dermatology \$30
<b>Hospital – Facility In-patient/Out-patient Medical/surgical</b>	BCBS pays 100%	BCBS pays 100% after deductible
<b>Emergency Room (Waived if admitted)</b>	\$100 co-pay (Annual Max per year \$200 / \$300 family)	\$100 co-pay
<b>Behavioral Health Mental Health &amp; Chemical Dependency</b>	Inpatient 100% / Office visit \$10 co-pay	Inpatient 100% after deductible / Office visits \$15 co-pay
<b>Diagnostic Lab, x-ray, machine Tests, Imaging and Sleep studies</b>	BCBS pays 100%	BCBS pays 100% after deductible
<b>Vision</b>	One Routine eye exam per calendar year \$10 co-pay	One Routine eye exam per calendar year (\$30 co-pay) + a maximum of \$100 reimbursement per benefit year towards the purchase of eyeglasses and/or frames and contact lenses

# Medical – Deductible Services \$750 Plan

	In-Network Per Individual Plan	In-Network Per Family Plan
<b>Deductible</b>	\$750	\$1,500
<b>Out-of-Pocket Maximum</b>	\$4,000	\$8,000

What You Pay	In-Network Service
0% after deductible	In-patient & Outpatient medical/surgical care
0% after deductible	High-end radiology services (e.g. MRI/CAT) and nuclear medicine, lab, x-rays, and machine tests
0% after deductible	Skilled Nursing Facility Care
20% after deductible	Durable medical equipment
20% after deductible	Physical/occupational/speech therapy

This is a summary of your HealthMate Coast to Coast benefits. For details about your coverage, including any limitations or exclusions not noted here, please refer to your Subscriber Agreement or call the BCBSRI Customer Service Department.

# Medical – Copay Services

In-Network Service	No Deductible Plan	\$750 Deductible Plan
<b>Primary care office visits</b>	\$10 per visit	\$30 per visit
<b>Specialist office visits</b> <ul style="list-style-type: none"> <li>• Specialty care</li> <li>• Chiropractic (limit 12 visits per year)</li> <li>• Routine eye exam (limit 1 visit per year)</li> </ul>	\$10 per visit (\$15 Allergy & Dermatology)	\$30 per visit
<b>Urgent care center visits</b>	\$10 per visit	\$50 per visit
<b>Emergency room care</b> <ul style="list-style-type: none"> <li>• Waived if admitted within 24 hours</li> <li>• If admitted, the deductible does apply</li> </ul>	\$100 per visit (\$200 Ind. /\$300 Fam.)	\$100 per visit (\$750 Ind./\$1,500 Fam.)



# Medical – What to Expect

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## *From a Company That's Here to Serve You.*

*Learn what to expect from Blue Cross & Blue Shield of Rhode Island health plans and services*

### **Member Handbook on BCBSRI.com**

**The Member Handbook (BCBSRI.com/plan info) contains important information about:**

- How to find a doctor
- How to get emergency and after-hours care
- How to get interpreter services
- Copays, coinsurance, and deductibles
- Policy limitations and exclusions
- How your health information is protected
- Where to access a summary of covered and non-covered benefits
- Our utilization management program
- Case and disease management programs

### **Visit BCBSRI.com**

**In addition to the member handbook, you can find other important information on our award-winning Website, including:**

#### *Specific Plan Options*

- Covered and non-covered benefits\*

#### *The Value of Blue*

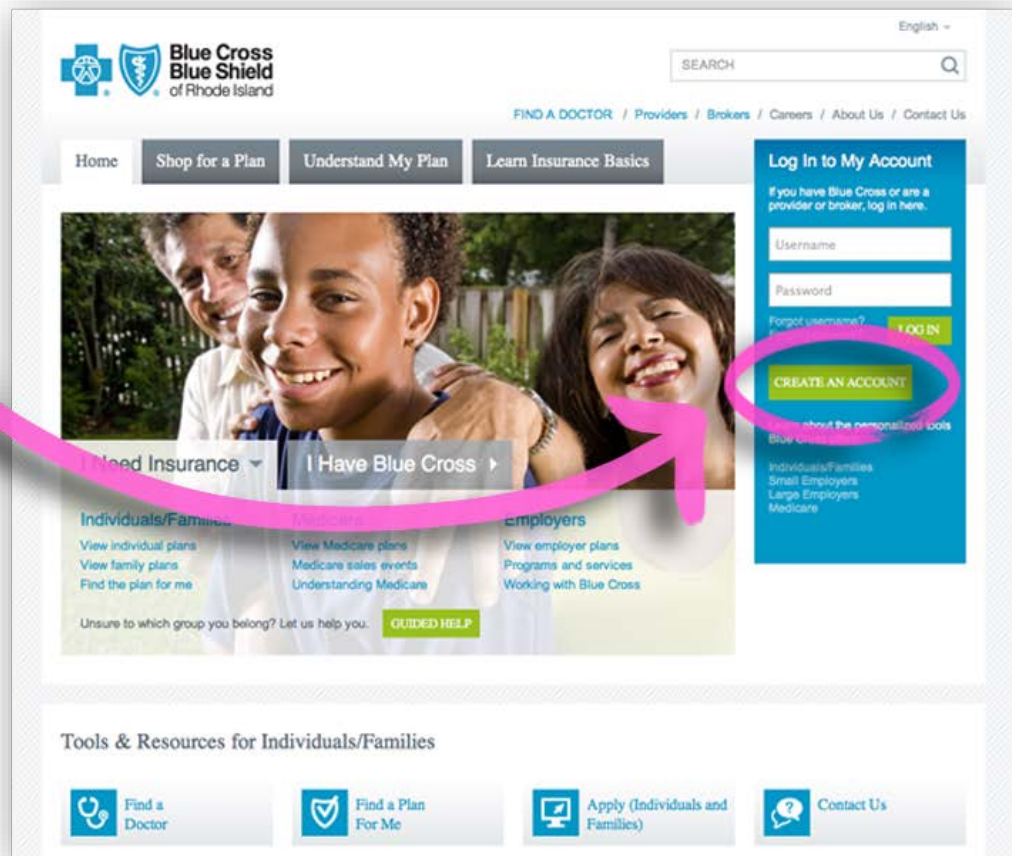
- Our initiatives, programs and commitment to diversity and social responsibility
- How we can best serve you

Members can also log in to take advantage of personalized tips and interactive tools to help improve your health or manage chronic conditions

*\*For a complete list of covered benefits and limitations and exclusions, please refer to your subscriber agreement/benefit booklet.*

# Medical – BCBSRI.COM

- Go to **BCBSRI.com** and click “Create An Account” on the right-hand side of the page
- Follow the registration instructions



# Pharmacy - Plan Comparison

**NOTE:** Medical Deductible does not apply to Pharmacy Benefits

	No Deductible Plan		\$750 Deductible Plan	
Drug Tier	Copay	Days Supply	Copay	Days Supply
Generic	\$5	30	\$5	30
Preferred Brand	\$15	30	\$15	30
Non Preferred Brand	\$15	30	\$30	30
<b>Maintenance Choice (required under both plans) – 90 day supply either at CVS Pharmacy or mail order</b>				
Generic	\$10	90	\$10	90
Preferred Brand	\$20	90	\$30	90
Non Preferred Brand	\$20	90	\$60	90
Annual Rx Cap	\$600 family (per CBA)		\$1,300 Individual /\$2,600 Family	

# Co-Share Costs *(pending final CBA)*

**Important to Note:** When deciding on which plan to enroll in, consider the co-share difference as well as the \$750/\$1,500 deductible, and difference in copays to determine exactly how your out of pocket costs will differ between the two plans.

**Super important to note** – in network providers are NOT allowed to require payment at point of service. The claim should always run through BCBSRI first.

## Co-Share Language in CBA: Appendix C: C-1 and C-2

Teachers hired AFTER August 1, 2004 No Deductible Plan		
<u>Tier</u>	<u>Per Paycheck</u>	<u>Per Year</u>
Individual	\$ 123.52	\$2,593.92
Family	\$ 340.00	\$7,140.00

Teachers hired AFTER August 1, 2004 \$750 Deductible Plan		
<u>Tier</u>	<u>Per Paycheck</u>	<u>Per Year</u>
Individual	\$ 57.37	\$1,204.77
Family	\$ 150.62	\$3,163.02

# Co-Share Example –

*Post 8/1/2004 New hire – Individual - Relatively Healthy*

	No Deductible Plan	\$750 Deductible Plan
Annual Physical	\$0	\$0
Annual Preventive Bloodwork	\$0	\$0
2 Sick Visits	\$20.00	\$60.00
1 Urgicenter Visit	\$10.00	\$30.00
1 Eye Exam	\$10.00	\$30.00
Copay Subtotals (from above)	\$40.00	\$120.00
Payment toward Deductible	\$0.00	\$0.00
Annual Co-share	\$2,593.92	\$1,204.77
<b>Total Annual Cost for Medical</b>	<b>\$2,633.92</b>	<b>\$1,324.77</b>
Savings		\$1,309.15

In this example, buying up to the no deductible plan cost this teacher \$1,309.15 more than if they had enrolled in the deductible plan.

# Co-Share Example –

*Post 8/1/2004 New hire – Individual – Hospitalization + Sick Visits*

	No Deductible Plan	\$750 Deductible Plan
Annual Physical	\$0.00	\$0.00
Annual Preventive Bloodwork	\$0.00	\$0.00
3 Sick Visits	\$30.00	\$90.00
1 Hospitalization (3 day stay - ~\$30,000)	\$0.00	\$750.00
1 MRI (high-end radiology - ~\$400-\$3,500)	\$0.00	\$0.00
20 Physical Therapy Visits (~\$100)	\$200.00	\$200.00
Copay Subtotals (from above)	\$230.00	\$1,040.00
Payment toward Deductible	\$0.00	\$0.00
Annual Co-share	\$2,593.92	\$1,204.77
<b>Total Annual Cost for Medical</b>	<b>\$2,823.92</b>	<b>\$2,244.77</b>
Savings		\$579.15

In this example, buying up to the no deductible plan cost this teacher \$579.15 more than if they had enrolled in the \$750 deductible plan.

# Co-Share Example –

*Post 8/1/2004 New hire – Individual*

## *WORST CASE SCENARIO*

	No Deductible Plan	\$750 Deductible Plan
Annual Co-share	\$2,593.92	\$1,204.77
Maximum Out of Pocket	\$4,000.00	\$4,000.00
<b>Total Annual Cost for Medical</b>	<b>\$6,593.92</b>	<b>\$5,204.77</b>
Savings		\$1,389.15

In this example, buying up to the no deductible plan cost this teacher \$1,389.15 more than if they had enrolled in the \$750 deductible plan.

# Co-Share Example –

*Post 8/1/2004 New hire – Family - Relatively Healthy*

	No Deductible Plan	\$750 Deductible Plan
Annual Physical	\$0	\$0
Annual Preventive Bloodwork	\$0	\$0
6 Sick Visits	\$60.00	\$180.00
2 Urgicenter Visits	\$20.00	\$60.00
3 Eye Exams	\$30.00	\$90.00
Copay Subtotals (from above)	\$110.00	\$330.00
Payment toward Deductible	\$0.00	\$0.00
Annual Co-share	\$7,140.00	\$3,163.02
<b>Total Annual Cost for Medical</b>	<b>\$7,250.00</b>	<b>\$3,493.02</b>
Savings		\$3,756.98

In this example, buying up to the no deductible plan cost this teacher \$3,756.98 more than if they had enrolled in the deductible plan.



# Co-Share Example –

*Post 8/1/2004 New hire – Family – Hospitalization + Sick Visits*

	No Deductible Plan	\$750 Deductible Plan
Annual Physical	\$0.00	\$0.00
Annual Preventive Bloodwork	\$0.00	\$0.00
9 Sick Visits	\$90.00	\$270.00
1 Hospitalization (3 day stay - ~\$30,000)	\$0.00	\$750.00
1 MRI (high-end radiology - ~\$400-\$3,500)	\$0.00	\$0.00
20 Physical Therapy Visits (~\$100)	\$200.00	\$200.00
Copay Subtotals (from above)	\$200.00	\$1,220.00
Payment toward Deductible	\$0.00	\$0.00
Annual Co-share	\$7,140.00	\$3,163.02
<b>Total Annual Cost for Medical</b>	<b>\$7,340.00</b>	<b>\$4,383.02</b>
Savings		\$2,956.98

In this example, buying up to the no deductible plan cost this teacher \$2,956.98 more than if they had enrolled in the \$750 deductible plan.

# Co-Share Example –


*Post 8/1/2004 New hire – Family*

## *WORST CASE SCENARIO*


	No Deductible Plan	\$750 Deductible Plan
Annual Co-share	\$7,140.00	\$3,163.02
Maximum Out of Pocket	\$8,000.00	\$8,000.00
<b>Total Annual Cost for Medical</b>	<b>\$15,140.00</b>	<b>\$11,163.02</b>
Savings		\$3,976.98

In this example, buying up to the no deductible plan cost this teacher \$3,976.98 more than if they had enrolled in the \$750 deductible plan.

# Voluntary Vision: Davis Vision



**DAVIS VISION**  
EYECARE REFRAMED™




### Fashion Vision Plan

Healthy eyes and clear vision are an important part of your overall health and quality of life. Your vision plan helps you care for your eyes while saving you money by offering:

- Paid-in-full eye examinations and eyeglasses!** Frame Collection: Your plan includes a selection of designer, name brand frames that are completely covered in full.\*
- One-year eyeglass breakage warranty included on plan eyewear at no additional cost!**

**How to locate a Network Provider...**  
Just log on to the Open Enrollment section of our Member site at [davisvision.com](http://davisvision.com) and click "Find a Provider" to locate a provider near you including:



**Contact your Human Resources department today to enroll.**

For more details about the plan, just log on to the Open Enrollment section of our Member site at [davisvision.com](http://davisvision.com) or call 1.877.923.2847 and enter Client Code 3920

**IN-NETWORK BENEFITS**

<b>Eye Examination</b>	Every January 1. Covered in full after \$10 copayment
<b>Eyeglasses</b>	
<b>Spectacle Lenses</b>	Every January 1. Covered in full. For standard single-vision, lined bifocal, or trifocal lenses after \$10 copayment
<b>Frames</b>	Every January 1. Covered in full. Any Fashion Frame from Davis Vision's Collection* (value up to \$100). OR \$100 retail allowance toward any frame from provider, plus 20% off balance** OR \$150 allowance, plus 20% off balance** to go toward any frame from a Visionworks family of store locations.**
<b>Contact Lenses</b>	
<b>Contact Lens Evaluation, Fitting &amp; Follow Up Care</b>	Every January 1. Non Collection Contacts: 15% discount*
<b>Contact Lenses (in lieu of eyeglasses)</b>	Every January 1. \$130 retail allowance toward provider supplied contact lenses, plus 15% off balance**

**ADDITIONAL DISCOUNTED LENS OPTIONS & COATINGS**

MOST POPULAR OPTIONS	Without Davis Vision		With Davis Vision
	Without	With	
Scratch-Resistant Coating	\$25	\$0	
Polycarbonate Lenses	\$98	\$0/\$335	
Standard Anti-Reflective (AR) Coating	\$63	\$40	
Standard Progressive (in-line bifocal)	\$108	\$65	
Photochromic Lenses (i.e. Transitions® etc.)†	\$110	\$70	

**Lower costs and more benefits! See the savings!**

Service	Without Davis Vision	With Davis Vision
Eye Examination	\$103	\$10
Lenses		
Bifocals	\$116	\$10
Scratch-Resistant Coating	\$25	\$0
Transitions®†	\$110	\$70
Frame	\$160	\$0
<b>Total</b>	<b>\$514</b>	<b>\$90</b>

Savings up to **\$424**

Employee Contributions	Monthly	Annually
Employee	\$4.98	\$50.76
Employer plus CME	\$9.45	\$113.40
Employee plus Family	\$14.54	\$174.48

## Davis Vision plans offer...

**Value for our Members**  
A comprehensive benefit ensuring low out-of-pocket cost to members and their families. Our goal is 100% member satisfaction.

**Convenient Network Locations**  
A national network of credentialed preferred providers throughout the 50 states.

**Freedom of Choice**  
Access to care through either our network of independent, private practice doctors (optometrists and ophthalmologists) or select retail partners.

**Value-Added Features:**

- Mail Order Contact Lenses: Replacement contacts (after initial benefit) through [DavisVisionContacts.com](http://DavisVisionContacts.com) mail-order service ensures easy, convenient, purchasing online and quick, direct shipping to your door. Log on to our member Web site for details.
- Laser Vision Correction discounts of up to 25% off the provider's Usual & Customary fees, or 5% off advertised specials, whichever is lower.

**Contact Info**  
For more details about the plan, just log on to the Open Enrollment section of our Member site at [davisvision.com](http://davisvision.com) or call 1.877.923.2847 and enter Client Code 3920.

ADDITIONAL OPTIONS	WITHOUT DAVIS VISION	WITH DAVIS VISION
<b>FRAMES</b>		
Fashion Frame (from the Davis Vision Collection)	\$100	\$0
Designer Frame (from the Davis Vision Collection)	\$160	\$15
Premier Frame (from the Davis Vision Collection)	\$195	\$40
<b>LENSES</b>		
All Ranges of Prescriptions and Sizes	\$90	\$0
Plastic Lenses	\$78	\$0
Oversized Lenses	\$20	\$0
Tinting of Plastic Lenses	\$25	\$15
Scratch-Resistant Coating	\$25	\$0
Polycarbonate Lenses	\$66	\$0† or \$35
Ultraviolet Coating	\$25	\$15
Standard Anti-Reflective (AR) Coating	\$63	\$40
Premium AR Coating	\$104	\$65
Ultra AR Coating	\$121	\$60
Standard Progressive Addition Lenses	\$198	\$65
Premium Progressive Addition Lenses	\$247	\$105
Ultra Progressive Addition Lenses	\$369	\$140
High-Index Lenses	\$120	\$60
Polarized Lenses	\$103	\$75
Photochromic Lenses (i.e. Transitions®, etc.)†	\$110	\$70
Scratch Protection Plan (Single vision   Multifocal lenses)		\$20   \$40

† Polycarbonate lenses are covered in full for dependent children, monocular patients and patients with prescriptions 6.00 diopters or greater.

† Transitions® is a registered trademark of Transitions Optical, Inc.

**Out-of-Network Benefits**  
You may receive services from an out-of-network provider, although you will receive the greatest value and maximize your benefit dollars if you select a provider who participates in the network. If you choose an out-of-network provider, you must pay the provider directly for all charges and then submit a claim for reimbursement to:  
**Vision Care Processing Unit**  
P.O. Box 1525  
Latham, NY 12110

OUT-OF-NETWORK REIMBURSEMENT SCHEDULE
Eye Examination up to \$40   Frame up to \$50 Spectacle Lenses (per pair) up to: Single Vision \$40, Bifocal \$60, Trifocal \$60, Lenticular \$100 Elective Contacts up to \$80, Visually Required Contacts up to \$225

## COST

Employee:

\$59.76/year

\$2.85/pay

Employee +1:

\$113.40/year

\$5.40/pay

Family:

\$174.48/year

\$8.31/pay

19

# Flexible Spending Accounts (FSA)

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## ENROLLMENT OCCURS IN JUNE FOR A JULY 1<sup>ST</sup> EFFECTIVE DATE

### MEDICAL FSA

- Use to pay for any out of pocket medical expenses (medical, dental, vision, prescription) for yourself and any of your tax qualified dependents
- You may contribute up to \$2,750 (pre-tax) each plan year (July 1-June 30)
- **Election amount is front-loaded and \$ does not roll over - use it or lose it**

### DEPENDENT DAY CARE FSA

- Use to pay for your qualified adult or child **day care** expenses
- You may contribute up to \$5,000 on a pre-tax basis for eligible dependents
- **Money is available as it is contributed via payroll deduction**

### Parking or Transit FSA

- Use to pay for your qualified transportation expenses associated with work
- You may contribute up to \$270 on a pre-tax basis per month
- **Money is available as it is contributed via payroll deduction**

# Open Enrollment

September 1 – 30, 2020

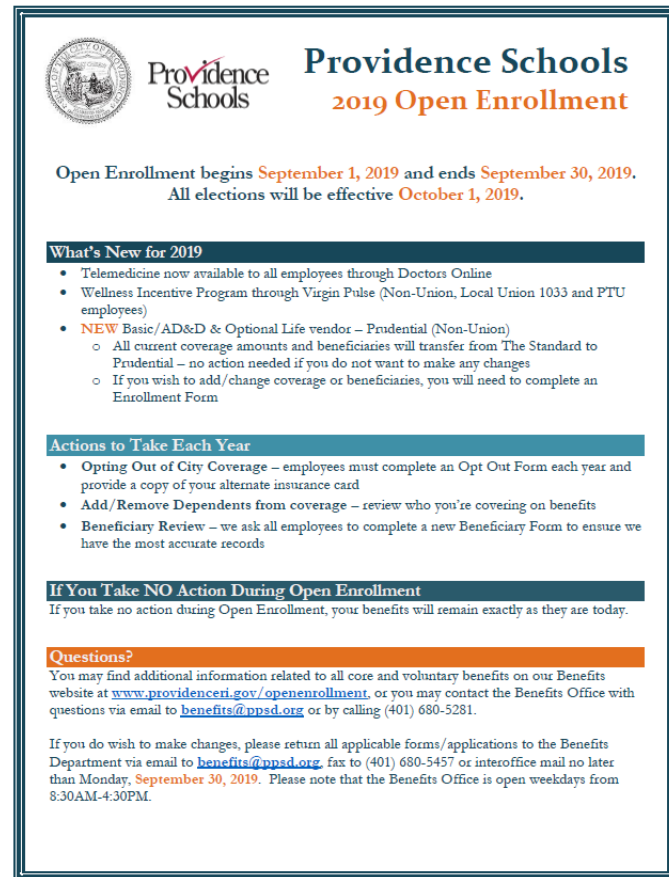
All changes effective **October 1st**

This is your opportunity to:


- Change medical plan
- Add dependents to coverage
- Elect **Voluntary Benefits** (Vision)
- **Opt-Out** of medical coverage

Reminder about Flexible Spending Accounts (FSA) – Open Enrollment June 1 -30, effective July 1, but we will accept enrollment/changes through 12/31/2020!

Open Enrollment will be communicated soon from [benefits@ppsd.org](mailto:benefits@ppsd.org)



The flyer features the Providence Schools logo on the left, which includes a circular seal with a figure and the text 'PROVIDENCE SCHOOLS'. To the right of the logo, the text reads 'Providence Schools' in a serif font, followed by '2019 Open Enrollment' in a larger, bold, orange sans-serif font. Below the header, the text states 'Open Enrollment begins September 1, 2019 and ends September 30, 2019. All elections will be effective October 1, 2019.' The flyer is divided into sections with colored headers: 'What's New for 2019' (dark blue), 'Actions to Take Each Year' (teal), 'If You Take NO Action During Open Enrollment' (dark blue), and 'Questions?' (orange). The 'What's New for 2019' section lists three bullet points: Telemedicine availability, Wellness Incentive Program, and a new vendor for Basic/AD&D & Optional Life. The 'Actions to Take Each Year' section lists three items: Opting Out of City Coverage, Add/Remove Dependents, and Beneficiary Review. The 'If You Take NO Action During Open Enrollment' section states that benefits will remain the same. The 'Questions?' section provides contact information for the Benefits Office, including a website, email, and phone number, and notes the office's hours.

 Providence Schools  
**Providence Schools**  
**2019 Open Enrollment**

Open Enrollment begins **September 1, 2019** and ends **September 30, 2019**.  
All elections will be effective **October 1, 2019**.

**What's New for 2019**

- Telemedicine now available to all employees through Doctors Online
- Wellness Incentive Program through Virgin Pulse (Non-Union, Local Union 1033 and PTU employees)
- **NEW** Basic/AD&D & Optional Life vendor – Prudential (Non-Union)
  - All current coverage amounts and beneficiaries will transfer from The Standard to Prudential – no action needed if you do not want to make any changes
  - If you wish to add/change coverage or beneficiaries, you will need to complete an Enrollment Form

**Actions to Take Each Year**

- **Opting Out of City Coverage** – employees must complete an Opt Out Form each year and provide a copy of your alternate insurance card
- **Add/Remove Dependents from coverage** – review who you're covering on benefits
- **Beneficiary Review** – we ask all employees to complete a new Beneficiary Form to ensure we have the most accurate records

**If You Take NO Action During Open Enrollment**  
If you take no action during Open Enrollment, your benefits will remain exactly as they are today.

**Questions?**  
You may find additional information related to all core and voluntary benefits on our Benefits website at [www.providenceschools.org/openenrollment](http://www.providenceschools.org/openenrollment), or you may contact the Benefits Office with questions via email to [benefits@ppsd.org](mailto:benefits@ppsd.org) or by calling (401) 680-5281.

If you do wish to make changes, please return all applicable forms/applications to the Benefits Department via email to [benefits@ppsd.org](mailto:benefits@ppsd.org), fax to (401) 680-5457 or interoffice mail no later than Monday, **September 30, 2019**. Please note that the Benefits Office is open weekdays from 8:30AM-4:30PM.

# Wellness Incentive Program

The City of Providence/Providence Teachers Union Wellness Incentive Program is designed to reward eligible BCBSRI members who adopt and maintain a healthy lifestyle and to assist them in achieving healthy living milestones. Eligible union members who complete designated wellness requirements and activities between July 1 – June 30 can earn up **\$200 per employee** (or **\$400 for family**) in an annual wellness incentive payment in September 2021.

Employee	Spouse	Single Parent Family
<ul style="list-style-type: none"> <li>• Enroll in Virgin Pulse</li> <li>• Annual Well Visit (5,000 pts)</li> <li>• Annual Dental Exam (2,500 pts)</li> <li>• Earn additional 7,500 points for a total of 15,000 points</li> </ul>	<ul style="list-style-type: none"> <li>• Enroll in Virgin Pulse</li> <li>• Annual Well Visit (5,000 pts)</li> <li>• Annual Dental Exam (2,500 pts)</li> <li>• Earn additional 7,500 points for a total of 15,000 points</li> </ul>	<ul style="list-style-type: none"> <li>• All Employee Requirements</li> <li>• Child Annual Well Visit</li> </ul>
<ul style="list-style-type: none"> <li>• Connect a device and receiving points for the steps you take (up to 140 points per day)</li> <li>• Health Screenings (anywhere from 100-500 points)</li> <li>• Tracking Healthy Habits (sleep, mood, workouts, stairs or breakfast) (10 points for each, up to 30 points per day)</li> <li>• Completing Daily Cards which are healthy hints and tips (20 points each card, up to 40 points per day)</li> <li>• Vision Exam (500 points)</li> <li>• Health Assessment (1,500 points)</li> <li>• Nicotine Free Agreement (1,000 points)</li> <li>• Attend a Stop by event – schedule TBD (100 points)</li> <li>• Participate in an online presentation/webinar (100 points)</li> </ul>		

# Telemedicine – Doctors Online

## Download Doctors Online



# Telemedicine – Doctors Online

## Registration

**1 Sign Up**  
After opening the Doctors Online app, tap on the "Sign Up for Doctors Online" link at the bottom of the screen.

*Note: If you've already registered and have created an account with Doctors Online, then enter your email and password at the top of the screen.*

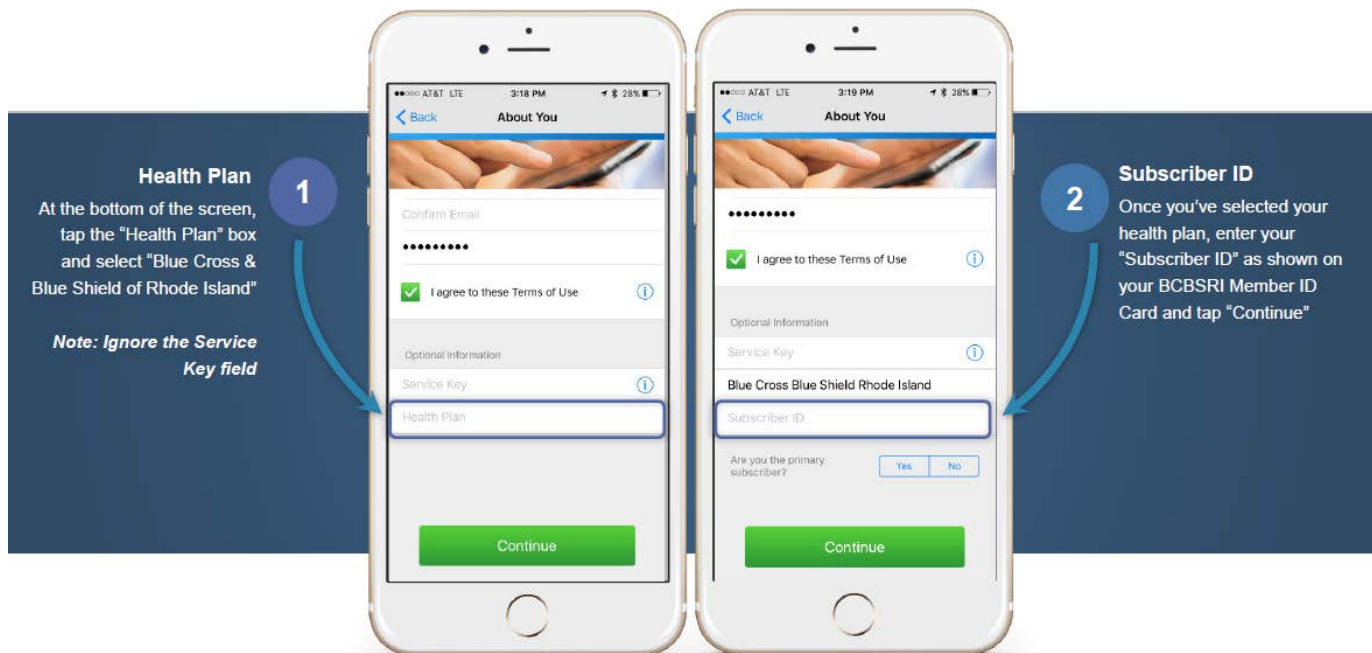
**2 Information**  
Enter all required information.

*Note: DO NOT tap continue until you've reviewed the next slide.*



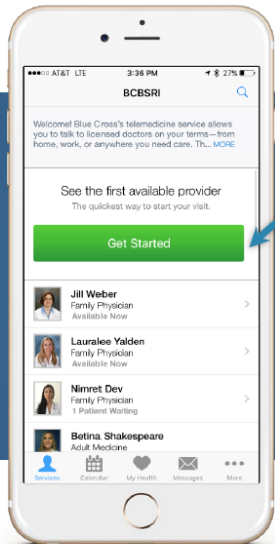
# Telemedicine – Doctors Online

## Registration



# Telemedicine – Doctors Online

## Starting a Visit



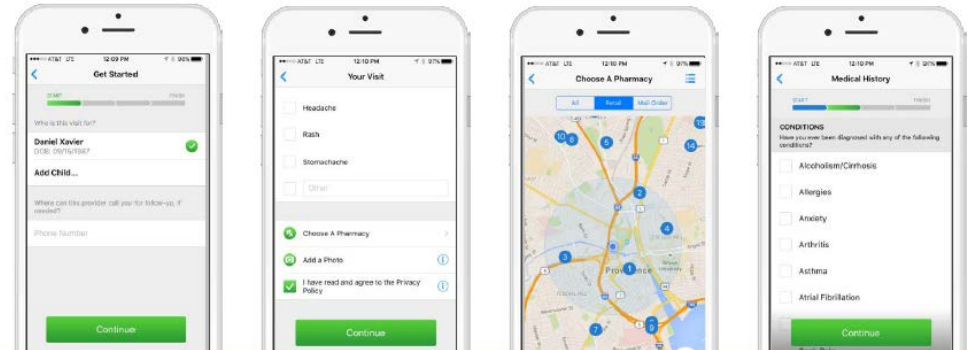
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### Get Started

Once you've completed your registration, the "Services" screen will appear. Here you can choose to "Get Started" with the first available provider or select a specific provider you prefer within the Doctors Online Network.

## Starting a Visit

Once you've selected a provider, proceed with the following steps as you would if you were visiting your PCP's office



1

**Get Started**  
Who is the visit for? Yourself or a dependent?

2

**Visit Details**  
Tell the provider why you're using this service and attach photos if needed

3

**Pharmacy**  
Set up a preferred pharmacy

4

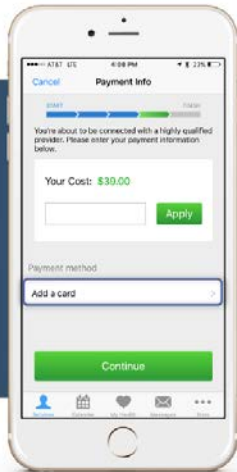
**History**  
Let the provider know of any pre-existing conditions or prior medical issues

# Telemedicine – Doctors Online

## Enjoy Your Visit

### Starting a Visit

Once you've entered your visit information, you'll be presented with the following "Payment Info" screen.



1

#### Payment Information

At the bottom of your screen, add a major credit card/debit card you will be using or use your HSA debit card (if applicable).



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#### Virtual Provider Visit

Once your payment has been processed, you'll begin your session with the provider. Depending on the demand, there may be a wait.

# Telemedicine – Doctors Online

Seeing a doctor just got easier



**Getting sick is never convenient. With virtual visits, you can consult a doctor anytime online.**

At Blue Cross & Blue Shield of Rhode Island, we know some questions can't wait. If you need your medical questions answered when your doctor's office is closed, use our telemedicine service, Doctors Online. You can talk to a top-rated, board-certified doctor from your home or work, or when you're traveling—365 days a year, 24 hours a day. It's the easy access to care you and your family need, made that much easier.

#### Why Wait?

We've all spent too much time flipping through old magazines in waiting rooms. With Doctors Online, you can speak to a board-certified doctor right away or you can make an appointment, depending on what works best for you.

- Most virtual visits take 10 to 15 minutes.
- A doctor will be able to see you any time of the day or night, seven days a week.
- A doctor can virtually diagnose and treat a wide range of medical conditions.

#### When to Use It

Doctors Online provides general treatment or pediatric care for many common, non-emergency health issues, including:

- Cold and flu symptoms
- Allergies
- Bronchitis and other respiratory infections
- Urinary tract infections
- Skin irritations
- Sinus problems
- Migraines
- And more!

In the case of an emergency, you should always call 911 or your local emergency services. Doctors Online is not intended to replace these services and should not be used in an emergency.

Doctors Online is a telemedicine service provided by American Well, an independent company that administers Doctors Online on behalf of Blue Cross & Blue Shield of Rhode Island.



#### THE DOCTORS OF DOCTORS ONLINE

Doctors Online doctors provide consultation, diagnosis and even prescriptions (when available and appropriate). They are all U.S. board-certified, licensed, and have online profiles so you can see their education and practice experience.

#### How Do I Sign Up?

- Creating an account is easy.
- Search "Drs. Online" from the Apple or Google app store\*, or visit [drs-online.com](http://drs-online.com).
  - Have your BCBSRI member ID information handy
  - Provide your contact information
  - Set up your username and password



\*Apple and the Apple logo are trademarks of Apple Inc., registered in the U.S. and other countries. App Store is a service mark of Apple Inc. Google Play is a trademark of Google Inc.

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## Doctors Online Frequently Asked Questions



#### What is an online doctors visit?

It's a convenient way to address routine medical issues. Doctors Online's mobile technology makes it possible to see a doctor without leaving your home, office, school, vacation, or wherever you happen to be.

#### When should I use Doctors Online?

There are several ideal times when Doctors Online is likely to be more convenient for you than making an office appointment with your doctor. Here are a few:

- You can't fit it into your schedule
- Your doctor's office is closed, s/he's on vacation, or s/he's booked too far out
- You feel too sick to drive your car
- You have children at home and don't want to bring them along
- You're on a business trip and don't have access to your doctor

#### What can Doctors Online treat effectively?

Doctors Online provides general health treatment or pediatric care for many of common, non-emergency health issues, including:

- Cold and flu symptoms
- Allergies
- Bronchitis and other respiratory infections
- Urinary tract infections
- Skin irritations
- Sinus problems

#### Can I trust the doctors featured on Doctors Online?

Clinical services on Doctors Online are provided by the Online Care Group, the nation's first and largest primary care group devoted to telehealth. The doctors in this group...

- ...have an average of 15 years of experience in primary and urgent care.

- ...are U.S. Board Certified and licensed.
- ...have profiles online, so you can see their education and practice experience.
- ...are rated by other patients, so you can review and select the doctor that meets your specific needs.

#### What is the cost and when do I have to pay?

Member benefits vary depending on the specific plan. You should refer to your benefit booklet, evidence of coverage, or subscriber agreement for applicable Doctors Online services/benefits/coverage. Applicable costs must be paid by you at the time of the virtual visit and will apply toward your deductible and out-of-pocket maximum. You can use a credit, debit, or, if you have one, a health savings account debit card to pay.

#### Who can use Doctors Online?

Most Blue Cross & Blue Shield of Rhode Island plans include coverage of Doctors Online. Please refer to your benefit booklet, evidence of coverage or subscriber agreement, or contact our customer service for benefits and coverage information.

#### How do I sign up for Doctors Online? It's easy!

- Search "Drs. Online" from the Apple or Google app store\* or visit [drs-online.com](http://drs-online.com)
- Have your BCBSRI member ID information handy
- Provide your contact information
- Set up your username and password
- This login information can be used for desktop and mobile versions of Doctors Online

#### How do I add my spouse to Doctors Online?

Your spouse must create a separate account to enroll.

#### How do I add a child to my account?

Parents and guardians can add their children who are under age 18 to their account and have doctor visits on their behalf. Enroll yourself first and then add your child or dependent to your account. If you have a child over the age of 18 still on your health insurance, they should enroll as an adult and create their own separate account.

#### Is my online doctor visit secure?

It is critically important to Doctors Online to maintain patient privacy and keep information secure. Doctors Online makes every reasonable effort to protect your information and keep it secure. For more information about Doctors Online's privacy protections, please see its policy [americanwell.com/privacy-policy](http://americanwell.com/privacy-policy).



#### Any further questions?

If you have questions about Doctors Online not addressed here, email our support team: [doctorsonline.support@americawell.com](mailto:doctorsonline.support@americawell.com), or call (800) 345-3419

**In the case of an emergency, you should always call 911 or your local emergency services. Doctors Online is not intended to replace these services and should not be used in those circumstances.**



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# When to Contact Benefits

The Benefits Office is available to answer questions regarding –

- **New Hire and Open Enrollment**
- **Request for insurance cards**
- **Claims and/or billing questions**
- **Coordination of Benefits**
- **Opt Out of Coverage**

City Hall – Room 410 25 Dorrance Street Providence, RI 02903		401-680-5457 (fax)	benefits@ppsd.org (email)
Stacy Roberts	Benefits Manager	401-680-5749	sroberts@providenceri.gov
Jennifer Charbonneau	Sr. Benefits Analyst	401-680-5280	jcharbonneau@providenceri.gov
Claire Girard	Benefits Specialist	401-680-5535	cgirard@providenceri.gov
Jesse Lee	Benefits Clerk - Actives	401-680-5281	jlee@providenceri.gov
Evelyn Dennis	Benefits Clerk - Retirees	401-680-5822	edennis@providenceri.gov

# QUESTIONS?

