

HealthMate Coast-To-Coast



Fire Department – PF1
Fire Retirees Post 1996 – 6L61 P2

Understanding Your Benefits

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

The following is the maximum you would pay out of pocket for health benefits each year.

- \$1,000 per individual plan;
\$3,000 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.

*3 family members must meet the individual amount.

What's Covered	What You Pay	
	Service	In-Network
Preventive Care <ul style="list-style-type: none"> Adult preventive care Child preventive care 	\$15 per visit	\$15 plus 20% per visit after deductible
<ul style="list-style-type: none"> Immunizations Preventive lab, X-ray, and imaging 	\$0 per visit	20% per visit after deductible
Primary Care Office Visits <ul style="list-style-type: none"> Adult primary care Pediatric primary care 	\$15 per visit	\$15 plus 20% per visit after deductible
Specialist Office Visits <ul style="list-style-type: none"> Specialty care Adult gynecological exam Chiropractic (limit 12 visits per year) Routine eye exam (limit 1 visit per year) 	\$20 per visit	\$20 plus 20% per visit after deductible
Outpatient Services <ul style="list-style-type: none"> Medical/surgical care 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
Inpatient Services <ul style="list-style-type: none"> Hospitalization Maternity Mental health Chemical dependency Rehabilitation (limit 45 days per year) 	0% per visit	20% per visit after deductible

■ **Beyond Benefits**

Sign in to your member page on bcbsri.com for 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 (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 noon
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		\$15 per visit	\$15 plus 20% per visit after deductible
Ambulance	■ Ground	\$50 per occurrence	\$50 per occurrence
	■ Air/Water	\$50 per occurrence	\$50 per occurrence
Durable Medical Equipment		20% per service/device	20% per service/device after deductible
Physical/Occupational Therapy	■ Physical therapy	20% per visit	20% per visit after deductible
	■ 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 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.