

PPSD Aides/Monitors – PT3
 PPSD Aides/Monitors COBRA – 1F423
 PPSD BEST – PT5
 PPSD BEST COBRA – 1F425

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

The deductible has an aggregate calculation, which means that all deductible amounts paid count toward the family deductible amount, and one or all can meet it.

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).

- \$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

The out-of-pocket limit has a hybrid calculation, which means that all out-of-pocket amounts paid count toward the family out-of-pocket limit, but the individual will never pay more than their individual out-of-pocket limit.

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 	\$0 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 ▪ 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) 	\$15 per visit	\$15 plus 20% per visit after deductible
<ul style="list-style-type: none"> ▪ Routine eye exam (limit 1 visit per year) 	\$15 per visit	\$15 plus 20% per visit after deductible
<ul style="list-style-type: none"> ▪ Allergy and Dermatology 	\$20 per visit	\$20 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 	\$50 per visit	\$50 plus 20% per visit

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
Inpatient Services <ul style="list-style-type: none"> Hospitalization Maternity Mental health Chemical dependency Rehabilitation (limit 45 days per year) 	\$50 per visit	\$50 plus 20% per visit
Hospital Emergency Services	\$100 per visit	\$100 per visit
Urgent Care	\$15 per visit	\$15 plus 20% per visit after deductible
Ambulance	\$50 per occurrence	\$50 per occurrence
Durable Medical Equipment	20% per service/device	20% per service/device after deductible
Physical/Occupational Therapy <ul style="list-style-type: none"> Physical therapy Occupational therapy Speech therapy 	20% per visit	20% per visit after deductible

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.