

Understanding Your Benefits

■ **Deductibles**

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

- \$50 per individual plan;
\$100 per family plan in-network

■ **Please note:**

The deductible is combined for in-network and out-of-network services.

What's Covered	What You Pay		
	Service	In-Network	Out-of-Network
Preventive Care			
■ Adult preventive care		20% per visit after deductible	20% per visit after deductible
■ Child preventive care		\$10 per visit	\$10 per visit
■ Immunizations		\$0 per visit	\$0 per visit
■ Preventive lab, X-ray, and imaging		\$0 per visit	\$0 per visit
Primary Care Office Visits			
■ Adult primary care		20% per visit after deductible	20% per visit after deductible
■ Adult gynecological exam			
■ Pediatric primary care			
Specialist Office Visits			
■ Specialty care		20% per visit after deductible	20% per visit after deductible
■ Allergy and Dermatology			
■ Chiropractic			
■ Acupuncture (limit 12 visits per year)		\$10 per visit	\$10 per visit
Outpatient Services			
■ Medical/surgical care			
■ Diagnostic lab, X-ray, and imaging		0% per visit	0% per visit
■ High-end radiology (e.g., MRI/CT/PET), nuclear medicine, and sleep studies			
Inpatient Services			
■ Hospitalization			
■ Maternity			
■ Mental health		0% per visit	0% per visit
■ Chemical dependency			
■ Rehabilitation			
Hospital Emergency Services		0% per visit	0% 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	Out-of-Network
Urgent Care		20% per visit after deductible	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 visit after deductible	20% per visit after deductible
Physical/Occupational Therapy			
▪ Physical therapy		20% per visit after deductible	20% per visit after deductible
▪ Occupational therapy			
▪ Speech therapy			
Vision Hardware			
See <i>Vision Hardware Flyer</i>			
▪ Frames		Age 0-18 up to \$12 per occurrence Age 19 and over \$12 every other calendar year	
▪ Lenses or Contact Lenses		Age 0-18 up to \$18 per occurrence Age 19 and over \$18 per calendar year	

This is a summary of your ClassicBlue 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.



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Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.