HealthMate Coast-To-Coast

Blue Cross Blue Shield of Rhode Island

PPSD Teachers Active – PT2 P1
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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 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 amount.

- ***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**	**Out-of-Network**
Preventive Care ▪ Adult preventive care ▪ Child preventive care	$0 per visit	$10 plus 20% per visit after deductible
▪ Immunizations ▪ Preventive lab, X-ray, and imaging	$0 per visit	20% per visit after deductible
Primary Care Office Visits ▪ Adult primary care ▪ Adult gynecological exam ▪ Pediatric primary care	$10 per visit	$10 plus 20% per visit after deductible
Specialist Office Visits ▪ Specialty care ▪ Chiropractic (limit 12 visits per year) ▪ Routine eye exam (limit 1 visit per year)	$10 per visit	$10 plus 20% per visit after deductible
▪ Allergy & Dermatology	$15 per visit	$15 plus 20% per visit after deductible
▪ Acupuncture (limit 12 visits per year)	$10 per visit	$10 per visit
Outpatient Services ▪ 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

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**
Inpatient Services ▪ Hospitalization ▪ Maternity ▪ Mental health ▪ Chemical dependency ▪ Rehabilitation (limit 45 days per year)	0% per visit	20% per visit after deductible
Hospital Emergency Services	$100 per visit	$100 per visit
Urgent Care	$10 per visit	$10 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 ▪ 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.

Blue Cross Blue Shield of Rhode Island
www.bcbsri.com
500 Exchange Street • Providence, RI 02903-2699