

HealthMate Coast-To-Coast



Post 65 Providence Non-Union/Bargained Ret - RCPMP+F PK1
Pre 65 Police and Fire - RCPMP+F PK2

Understanding Your Benefits

Deductibles

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

- \$200 per individual plan;
\$600 per family plan in-network*
- \$200 per individual plan;
\$600 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.

- \$2,000 per individual plan;
\$6,000 per family plan out-of-network

Please note:

The deductible and out-of-pocket limits are combined 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			
<ul style="list-style-type: none"> Adult preventive care Child preventive care 	\$15 per visit	\$15 plus 20% per visit	
<ul style="list-style-type: none"> Immunizations Preventive lab, X-ray, and imaging 	\$0 per visit	20% per visit	
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	
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) 	\$10 per visit	\$10 plus 20% per visit after deductible	
Outpatient Services			
<ul style="list-style-type: none"> Diagnostic lab, X-ray, and imaging 	0% per visit	20% per visit after deductible	
<ul style="list-style-type: none"> Medical/surgical care High-end radiology (e.g., MRI/CT/PET), nuclear medicine, and sleep studies 	0% per visit after deductible	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 after deductible	20% per visit after deductible	
Hospital Emergency Services			
	\$50 per visit	\$50 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		\$15 per visit	\$15 plus 20% per visit
Ambulance		\$50 per occurrence	\$50 per occurrence
▪ Ground			
▪ Air/Water		\$50 per occurrence	\$50 per occurrence
Durable Medical Equipment		20% per service/device	20% per service/device
Physical/Occupational Therapy			
▪ Physical therapy		20% per visit	20% per visit
▪ 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.