

## 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 Service	What You Pay	
	In-Network	Out-of-Network
<b>Preventive Care</b>		
▪ 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
<b>Primary Care Office Visits</b>		
▪ Adult primary care	20% per visit after deductible	20% per visit after deductible
▪ Adult gynecological exam		
▪ Pediatric primary care		
<b>Specialist Office Visits</b>		
▪ Specialty care	20% per visit after deductible	20% per visit after deductible
▪ Allergy and Dermatology		
▪ Chiropractic		
<b>Outpatient Services</b>		
▪ 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		
<b>Inpatient Services</b>		
▪ Hospitalization		
▪ Maternity	0% per visit	0% per visit
▪ Mental health		
▪ Chemical dependency		
▪ Rehabilitation (up to 45 days)		
<b>Hospital Emergency Services</b>	0% per visit	0% per visit
<b>Urgent Care</b>	20% per visit after deductible	20% per visit after deductible

### Beyond Benefits

Sign in to your member page on [bcbsri.com](http://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
<b>Ambulance</b>			
▪ Ground	\$50 per occurrence	\$50 per occurrence	
▪ Air/Water	\$50 per occurrence	\$50 per occurrence	
<b>Durable Medical Equipment</b>	20% per visit after deductible	20% per visit after deductible	
<b>Physical/Occupational Therapy</b>			
▪ Physical therapy	20% per visit after deductible	20% per visit after deductible	
▪ Occupational therapy			
▪ Speech therapy			
<b>Vision Hardware</b>			
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.*