

HealthMate Coast-To-Coast Deductible



Teachers
PT2 P11, PT8 P3, PT9 P3

Understanding Your Benefits

■ **Deductibles**

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

- \$750 per individual plan;
\$1,500 per family plan in-network
- \$750 per individual plan;
\$1,500 per family plan in-network

The deductible has a hybrid calculation, which means that all deductible amounts paid count toward the family deductible, but the individual will never pay more than their individual deductible amount.

■ **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
- \$5,000 per individual plan;
\$10,000 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	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	\$30 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 	\$30 per visit	\$30 plus 20% per visit after deductible
Specialist Office Visits <ul style="list-style-type: none"> ■ Specialty care ■ Allergy & Dermatology ■ Chiropractic (limit 12 visits per year) ■ Routine eye exam (limit 1 visit per year) 	\$30 per visit	\$30 plus 20% per visit after deductible
<ul style="list-style-type: none"> ■ Acupuncture (limit 12 visits per year) 	\$10 per visit	\$10 per visit
Outpatient Services <ul style="list-style-type: none"> ■ Diagnostic lab, X-ray, and imaging ■ 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

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) 	0% per visit after deductible	20% per visit after deductible
Hospital Emergency Services	\$100 per visit	\$100 per visit
Urgent Care	\$50 per visit	\$50 plus 20% per visit
Ambulance <ul style="list-style-type: none"> Ground 	\$50 per occurrence	\$50 per occurrence
<ul style="list-style-type: none"> Air/Water 	\$50 per occurrence	\$50 per occurrence
Durable Medical Equipment	20% per service/device after deductible	20% per service/device after deductible
Physical/Occupational Therapy <ul style="list-style-type: none"> Physical therapy Occupational therapy 	20% per visit after deductible	20% per visit after deductible
<ul style="list-style-type: none"> Speech therapy 	\$30 per visit	\$30 plus 20% per visit after deductible
Vision Hardware <ul style="list-style-type: none"> Prescription glasses (frames and/or lenses) or contact lenses 	Age 0-18 up to \$100 per occurrence Age 19 and over \$100 every 2 calendar years See Vision Hardware Flyer	

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.



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