

HealthMate Coast-to-Coast



HealthMate City Council

City Non-Union – CPM P1

City Non-Bargained – CPM P3

PPSD Administrators Non-Union – 5D05 P1

PPSD Administrators Non-Bargained – 5D05 P3

WSB Non-Union – WSB P1

WSB Non-Bargained – WSB P3

City Non-Union – RCPM P1

City Non-Bargained – RCPM P3

WSB Retirees Non-Union – RPWSM P1

WSB Retirees Non-Bargained – RPWSM P3

1/1/2019

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 amount you would pay out-of-pocket for covered healthcare services each year, including deductible, copays, and coinsurance.

- \$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.

Network:

Extensive national network, with access to thousands of providers across the country.

*3 Family members must meet the individual amount.

| What's Covered Service | What You Pay | |
|---|-------------------------------|--|
| | 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 |
| Outpatient Services <ul style="list-style-type: none"> ▪ Diagnostic lab, x-ray, and imaging | 0% per visit | 20% per visit |
| <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 |

Registering Online

- Go to BCBSRI.com
- Click on “Log In to My Account”, then click “Register now”
- Follow the registration instructions provided

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.

Mobile Access:

Your Blue Touch RI – Mobile App

- Employees can see health benefits and remaining deductible and out-of-pocket amounts, search for doctors and other providers, and much more.
- Download the app from the Apple or Google app store (iOS® is a registered trademark of Cisco in the U.S. and is used by Apple under license. Android is a trademark of Google Inc).

Your Blue Wire RI – Text Messages

- Members can receive secure personalized messages on their mobile devices, like reminders about flu shots and important tests; money-saving tips; benefit updates, and more.
- Call 1-844-779-8820 to sign up

Need Help?

Call Customer Service

- Locally: (401) 459-5000
- Outside Rhode Island: 1-800-639-2227
- TTY/TDD (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 12 p.m., Eastern Time

| What's Covered | What You Pay | | |
|---|--------------|--|----------------------------|
| | Service | In-Network | Out-of-Network |
| Hospital Emergency Services | | \$50 per visit | \$50 per visit |
| Urgent Care | | \$15 per visit | \$15 plus 20% per visit |
| Telemedicine Visits | | \$7.50 per visit | Not Covered |
| Ambulance | | | |
| ▪ Ground | | \$50 per occurrence | \$50 per occurrence |
| ▪ Air/Water | | \$50 per occurrence | \$50 per occurrence |
| Durable Medical Equipment | | | |
| ▪ Medical supplies | | 20% per service/device | 20% per service/per device |
| ▪ Diabetic supplies | | | |
| ▪ Prosthetic devices | | | |
| Physical, Occupational, and Speech Therapy | | 20% per visit | 20% per visit |
| Vision Hardware | | | |
| ▪ Prescription glasses (frames and/or lenses) or contact lenses | | Age 0-18 up to \$100 per occurrence Age 19 and over \$100 every calendar year See Vision Hardware Flyer | |



www.bcsbri.com

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 subscriber agreement 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.