

1/1/2019

PPSD Aides/Monitors – PT3
 PPSD Aides/Monitors COBRA – 1F423
 PPSD BEST – PT5
 PPSD BEST COBRA – 1F425

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
- **Aggregate deductible:** All deductible payments count toward the family deductible, one or all can meet it.

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.

- \$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
- **Aggregate out-of-pocket:** All out-of-pocket payments count toward the family out-of-pocket limit, one or more can meet it.

Please note:

The deductible and out-of-pocket limits are separate for in-network and out-of-network services.

Network:

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

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 	\$0 per visit	\$15 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 	\$15 per visit	\$15 plus 20% per visit after deductible
Specialist Office Visits <ul style="list-style-type: none"> ▪ Specialty care ▪ Chiropractic (limit 12 visits per year) ▪ Routine eye exam (limit 1 visit per year) 	\$15 per visit	\$15 plus 20% per visit after deductible
<ul style="list-style-type: none"> ▪ Allergy and Dermatology 	\$20 per visit	\$20 plus 20% per visit after deductible
Outpatient Services <ul style="list-style-type: none"> ▪ 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
<ul style="list-style-type: none"> ▪ Medical/surgical care 	\$50 per visit	\$50 plus 20% per visit
Inpatient Services <ul style="list-style-type: none"> ▪ Hospitalization ▪ Maternity ▪ Mental Health ▪ Chemical dependency ▪ Rehabilitation (limit 45 days per year) 	\$50 per visit	\$50 plus 20% per visit

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		\$100 per visit	\$100 per visit
Urgent Care		\$15 per visit	\$15 plus 20% per visit after deductible
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 after deductible
▪ Diabetic supplies			
▪ Prosthetic devices			
Physical, Occupational, and Speech Therapy		20% per visit	20% per visit after deductible



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.

500 Exchange Street • Providence, RI 02903-2699
Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.