1/1/2019

PPSD Teachers Active Classic-MPT2

# **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.

### **Network:**

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

What's Covered	What You Pay	
Service	In-Network	Out-of-Network
Preventive Care  Adult preventive care	20% per visit after deductible	20% per visit after deductible
Child preventive care	\$10 per visit	\$10 per visit
<ul><li>Immunizations</li><li>Preventive lab, X-ray, and imaging</li></ul>	\$0 per visit	\$0 per visit
Primary Care Office Visits  Adult primary care  Adult gynecological exam Pediatric primary care	20% per visit after deductible	20% per visit after deductible
Specialist Office Visits  Specialty care Allergy and Dermatology Chiropractic	20% per visit after deductible	20% per visit after deductible
<ul><li>Acupuncture (limit 12 visits per year)</li></ul>	\$10 per visit	\$10 per visit
Outpatient Services  Diagnostic lab, x-ray, and imaging High-end radiology (e.g., MRI/CT/PET), nuclear medicine, and sleep studies  Medical/surgical care	0% per visit	0% per visit
Inpatient Services  Hospitalization  Maternity  Mental Health  Chemical dependency  Rehabilitation (limit 45 days per year)	0% per visit	0% 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-ofpocket 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	0% per visit	0% per visit
Urgent Care	20% per visit after deductible	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
<ul> <li>Durable Medical Equipment</li> <li>Medical supplies</li> <li>Diabetic supplies</li> <li>Prosthetic devices</li> </ul>	20% per service/device after deductible	20% per service/per device after deductible
Physical, Occupational, and Speech Therapy	20% per visit after deductible	20% per visit after deductible
Vision Hardware See Vision Hardware Flyer Frames	Age 0-18 up to \$12 per occurrence Age 19 and over \$12 every other calendar year	
Lenses and Contact Lenses	Age 0-18 up to \$18 per occurrence Age 19 and over \$18 per calendar year	

