HealthMate Coast-to-Coast



1/1/2019

Understanding Your Benefits

Post 65 Providence Non-Union/Bargained Ret - RCPMP+F PK1 Pre 65 Police and Fire - RCPMP+F PK2

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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-ofnetwork*

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	What You Pay		
Service	In-Network	Out-of-Network	
Preventive Care Adult preventive care Child preventive care 	\$15 per visit	\$15 plus 20% per visit	
 Immunizations Preventive lab, X-ray, and imaging 	\$0 per visit	20% per visit	
 Primary Care Office Visits Adult primary care Adult gynecological exam Pediatric primary care 	\$15 per visit	\$15 plus 20% per visit	
 Specialist Office Visits Specialty care Chiropractic (limit 12 visits per year) 	\$15 per visit	\$15 plus 20% per visit	
 Routine eye exam (limit 1 visit per year) 	\$10 per visit	\$10 plus 20% per visit	
Outpatient Services Diagnostic lab, x-ray, and imaging 	0% per visit	20% per visit after deductible	
 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 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-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	\$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 Diabetic supplies Prosthetic devices 	20% per service/device	20% per service/per device	
Physical, Occupational, and Speech Therapy	20% per visit	20% per visit	



www.bcbsri.com

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