HealthMate Coast-to-Coast Deductible

Blue Cross Blue Shield of Rhode Island

7/1/2019

00000CPM- City 1033 NB, City NB HRA After 1/1/19, and HRA New Hires
00000PT3- PPSD Aides/Monitors and PPSD Aides/Monitors HRA after 1/1/19
000000PT5- PPSD BEST and PPSD BEST HRA after 1/1/19
00005D05- PPSD Administrators - HRA New Hires
00005M22- 1033 Water and WSB 1033 HRA after 1/1/19
0000CITY- 1033 City and City 1033 HRA after 1/1/19
0000PWSM- WSB 1033 NB and WSB Non-Bargaining HRA after 1/1/19 and 000RPWSM- NB WSB Retirees
0000RCPM- City 1033 NB

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 out of network
- **Hybrid deductible**: All deductible payments count toward the family deductible amount, but the individual will never pay more than their individual deductible amount.

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.

- $1,000 per individual plan; $3,000 per family plan in-network
- $1,000 per individual plan; $3,000 per family plan out-of-network
- **Hybrid out-of-pocket**: All out-of-pocket payments count toward the family out-of-pocket limit. The individual will never pay more than their individual out-of-pocket amount.

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	What You Pay	
Service	**In-Network**	**Out-of-Network**
Preventive Care ▪ Adult preventive care ▪ Child preventive care	$0 per visit	$15 plus 20% per visit after deductible
▪ Immunizations ▪ Preventive lab, x-ray, and imaging	$0 per visit	20% per visit after deductible
Primary Care Office Visits ▪ Adult primary care ▪ Adult gynecological exam ▪ Pediatric primary care	$0 Copay PCMH $15 Copay Non PCMH	$0 Copay Plus 20% after deductible PCMH $15 Copay Plus 20% after deductible Non PCMH
Specialist Office Visits ▪ Specialty care ▪ Allergy and Dermatology ▪ Chiropractic (limit 15 visits per year)	$30 per visit	$30 plus 20% per visit after deductible
▪ Routine eye exam (limit 1 visit per year)	$15 per visit	$15 Copay Plus 20% after deductible
Outpatient Services ▪ 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
Inpatient Services ▪ Hospitalization ▪ Maternity ▪ Mental Health ▪ Chemical dependency ▪ Rehabilitation (limit 45 days per year)	0% per visit after deductible	20% per visit after deductible

continued

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	$125 per visit	$125 per visit
Urgent Care	$45 per visit	$45 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 ▪ Diabetic supplies ▪ Prosthetic devices	20% per service/device after deductible	20% per service/device after deductible
Physical, Occupational, and Speech Therapy	20% per visit after deductible	20% per visit after deductible

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.

Blue Cross Blue Shield of Rhode Island
www.bcbsri.com
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.