### Understanding Your Benefits 2016

#### 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

#### Beyond Benefits
When you sign in to your member page on BCBSRI.com, you have useful plan and wellness information at your fingertips.

**Manage your plan:**
- Get a list of your benefits and recent claims.
- See how much you’ve paid toward your deductible.

**Get healthy:**
- Read about thousands of health topics in the Health Center.
- Learn how you can get the guaranteed lowest rate on gym memberships, as well as free one-week trial memberships.

<table>
<thead>
<tr>
<th>What’s Covered</th>
<th>What You Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preventive Care</strong></td>
<td></td>
</tr>
<tr>
<td>▪ Adult preventive care</td>
<td>20% per visit after deductible in network</td>
</tr>
<tr>
<td></td>
<td>20% per visit after deductible out of network</td>
</tr>
<tr>
<td>▪ Child preventive care</td>
<td>$10 per visit in network</td>
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<tr>
<td></td>
<td>$10 per visit out of network</td>
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<tr>
<td>▪ Immunizations</td>
<td>$0 in network</td>
</tr>
<tr>
<td>▪ Preventive &amp; Diagnostic lab, X-ray, and imaging</td>
<td>$0 out of network</td>
</tr>
<tr>
<td><strong>Primary Care Office Visits</strong></td>
<td></td>
</tr>
<tr>
<td>▪ Adult primary care</td>
<td>20% per visit after deductible in network</td>
</tr>
<tr>
<td>▪ Adult gynecological exam</td>
<td>20% per visit after deductible out of network</td>
</tr>
<tr>
<td>▪ Pediatric primary care</td>
<td></td>
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<tr>
<td><strong>Specialty Office Visits</strong></td>
<td></td>
</tr>
<tr>
<td>▪ Specialty care</td>
<td>20% per visit after deductible in network</td>
</tr>
<tr>
<td>▪ Chiropractic</td>
<td>20% per visit after deductible out of network</td>
</tr>
<tr>
<td><strong>Outpatient Services</strong></td>
<td></td>
</tr>
<tr>
<td>▪ Medical/surgical care</td>
<td>0% per visit in network</td>
</tr>
<tr>
<td>▪ High-end radiology services, major diagnostics, and nuclear medicine (e.g., MRI/CAT/PET)</td>
<td>0% per visit out of network</td>
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<tr>
<td><strong>Inpatient Services</strong></td>
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<tr>
<td>▪ Acute Care</td>
<td>0% per visit in network</td>
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<tr>
<td>▪ Maternity</td>
<td>0% per visit out of network</td>
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<tr>
<td>▪ Mental health</td>
<td></td>
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<tr>
<td>▪ Chemical dependency</td>
<td></td>
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<tr>
<td>▪ Rehabilitation (limit 45 days per year)</td>
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<tr>
<td><strong>Emergency Services</strong></td>
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<tr>
<td>▪ Hospital emergency care</td>
<td>$0 per visit in network</td>
</tr>
<tr>
<td></td>
<td>$0 per visit out of network</td>
</tr>
<tr>
<td><strong>Ambulance (Ground)</strong></td>
<td></td>
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<tr>
<td></td>
<td>$50 per occurrence in network</td>
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<tr>
<td></td>
<td>$50 per occurrence out of network</td>
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<tr>
<td><strong>Urgent Care Center</strong></td>
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<tr>
<td></td>
<td>20% per visit after deductible in network</td>
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<tr>
<td></td>
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<td>-----------------------------------</td>
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| Durable Medical Equipment         | 20% per occurrence after deductible in network  
|                                   | 20% per occurrence after deductible out of network  |
| Physical/Occupational Therapy     |                                             |
| • Physical therapy                | 20% per visit after deductible in network    |
| • Occupational therapy            | 20% per visit after deductible out of network|
| • Speech therapy                  |                                             |
| Vision Hardware                   |                                             |
| • See Vision Hardware Flyer       | Age 0-18 up to $12 per occurrence           |
| • Frames                          | Age 19 and over $12 every other calendar year|
| • Lenses or contact lenses.       | Age 0-18 up to $18 per occurrence           |
|                                   | Age 19 and over $18 per calendar year       |