

## 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](http://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.

What's Covered	What You Pay
<b>Preventive Care</b>	20% per visit after deductible in network
■ Adult preventive care	20% per visit after deductible out of network
■ Child preventive care	\$10 per visit in network \$10 per visit out of network
■ Immunizations	\$0 in network
■ Preventive & Diagnostic lab, X-ray, and imaging	\$0 out of network
<b>Primary Care Office Visits</b>	
■ Adult primary care	20% per visit after deductible in network
■ Adult gynecological exam	20% per visit after deductible out of network
■ Pediatric primary care	
<b>Specialty Office Visits</b>	20% per visit after deductible in network
■ Specialty care	20% per visit after deductible out of network
■ Chiropractic	
<b>Outpatient Services</b>	
■ Medical/surgical care	0% per visit in network
■ High-end radiology services, major diagnostics, and nuclear medicine (e.g., MRI/CAT/PET)	0% per visit out of network
<b>Inpatient Services</b>	
■ Acute Care	0% per visit in network
■ Maternity	0% per visit out of network
■ Mental health	
■ Chemical dependency	
■ Rehabilitation (limit 45 days per year)	
<b>Emergency Services</b>	\$0 per visit in network
■ Hospital emergency care	\$0 per visit out of network
<b>Ambulance (Ground)</b>	\$50 per occurrence in network \$50 per occurrence out of network
<b>Urgent Care Center</b>	20% per visit after deductible in network 20% per visit after deductible out of network

## 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.,  
Eastern Time  
Saturday & Sunday  
8:00 a.m. to 12:00 p.m.,  
Eastern Time

What's Covered	What You Pay
<b>Durable Medical Equipment</b>	20% per occurrence after deductible in network 20% per occurrence after deductible out of network
<b>Physical/Occupational Therapy</b> <ul style="list-style-type: none"> <li>▪ Physical therapy</li> <li>▪ Occupational therapy</li> <li>▪ Speech therapy</li> </ul>	20% per visit after deductible in network 20% per visit after deductible out of network
<b>Vision Hardware</b> <i>See Vision Hardware Flyer</i> <ul style="list-style-type: none"> <li>▪ Frames</li> </ul>	Age 0-18 up to \$12 per occurrence Age 19 and over \$12 every other calendar year
<ul style="list-style-type: none"> <li>▪ Lenses or contact lenses.</li> </ul>	Age 0-18 up to \$18 per occurrence Age 19 and over \$18 per calendar year

*This is a summary of your ClassicBlue benefits. It is not a contract. For details about your coverage, including any limitations or exclusions not noted here, please refer to your benefit booklet or call our Customer Service Department. If you have questions about receiving medical care, please call your doctor.*



www.bcsri.com

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