City of Providence – Local Union 1033 Health Reimbursement Arrangement (HRA) Plan

Benefits Grid

For Employees Hired After March 1, 2019

Benefits Effective 03/01/2019 – 12/31/2019 (calendar year ded.)	Health Plan	HRA Pays (embedded ded.)	You Pay
In/Out Network Annual Deductible per Individual (Ind)	**$750**	**First $400**	**Remaining $350**
In/Out Network Annual Deductible per Family (Fam)	**$1,500**	**First $800**	**Remaining $700**
Outpatient Preventive and Diagnostic Services			
Preventative Office Visits, Routine GYN, Well Baby Visits	100% Coverage	$0	$0
Preventive Diagnostic X-Rays, Lab Tests, & Imaging	100% Coverage	$0	$0
Adult & Pediatric Preventive Care & Immunizations	100% Coverage	$0	$0
Primary Care Office Visits	$0 PCMH/ $15 Non PCMH	$0	$0 PCMH/ $15 Non PCMH
Specialty Care Office Visits	$30 Copay	$0	$30 Copay
Chiropractic Office Visits (Max 15 visits per year)	$30 Copay	$0	$30 Copay
Eye Exams (limit 1 visit per year)	$15 Copay	$0	$15 Copay
Outpatient Mental Health & Substance Abuse Treatment	$15 Copay	$0	$15 Copay
Urgent Care (i.e.. Walk-in treatment centers)	$45 Copay	$0	$45 Copay
Ambulance Services	$50 Copay	$0	$50 Copay
Emergency Room (Waived if admitted)	$125 Copay	$0	$125 Copay
Prescription Drug			
Oral Medications	See Maxor Benefit Summary	$0	See Maxor Benefit Summary
Non-Oral & Specialty Medication	See CVS Caremark Benefit Summary	$0	See CVS Caremark Benefit Summary
Inpatient Services			
Facility Services	100% after Deductible	$400 Ind/$800 Fam of Deductible	$350 Ind/$700 Fam of Deductible
In Patient Hospital & Physician Services	100% after Deductible	$400 Ind/$800 Fam of Deductible	$350 Ind/$700 Fam of Deductible
Maternity-Pre & Post Natal Care	100% after Deductible	$400 Ind/$800 Fam of Deductible	$350 Ind/$700 Fam of Deductible
Inpatient Mental Health & Substance Abuse	100% after Deductible	$400 Ind/$800 Fam of Deductible	$350 Ind/$700 Fam of Deductible
Outpatient Services			
Facility Services	100% after Deductible	$400 Ind/$800 Fam of Deductible	$350 Ind/$700 Fam of Deductible
Physician/Surgeon Services	100% after Deductible	$400 Ind/$800 Fam of Deductible	$350 Ind/$700 Fam of Deductible
Diagnostic Labs, X-Rays & Imaging	100% after Deductible	$400 Ind/$800 Fam of Deductible	$350 Ind/$700 Fam of Deductible
High-end Radiology, Major Diagnostics, and Nuclear Medicine	100% after Deductible	$400 Ind/$800 Fam of Deductible	$350 Ind/$700 Fam of Deductible
Hospice Care	100% after Deductible	$400 Ind/$800 Fam of Deductible	$350 Ind/$700 Fam of Deductible
Infertility Services & Infertility Oral & Injectable Drugs	100% after Deductible	$400 Ind/$800 Fam of Deductible	$350 Ind/$700 Fam of Deductible
Short-term Rehab Therapy (Speech,Physical & Occupational)	80% after Deductible	$400 Ind/$800 Fam of Deductible	$350 Ind/$700 Fam of Ded. .+ 20% after Ded
Durable Medical Equipment	80% after Deductible	$400 Ind/$800 Fam of Deductible	$350 Ind/$700 Fam of Ded. .+ 20% after Ded

- Please note, the first $300 and $600 of the deductible for individual plans and family plans is paid by the City of Providence. The next $100 and $200 of the deductible for individual plans and family plans is paid by Local Union 1033 to the HRA of Local Union 1033 employees for the first year of their employment.
- This benefit description is not a contract or a complete listing of benefits. For more detailed information, please refer to your subscriber agreement and summary of benefit coverage on your secure member home page on BCBSRI.com or call BCBSRI Customer Service.