

7/1/2020

Retiree Police Ext Ben – MPCP1
Retiree Fire Ext Ben – MPFC1

Understanding Your Benefits

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 in-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.

- \$500 per individual plan;
- \$1,000 per family plan in-network

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.

What's Covered Service	What You Pay	
	In-Network	Out-of-Network
Preventive Care <ul style="list-style-type: none"> ▪ Adult preventive care 	20% per visit after deductible	20% per visit after deductible
<ul style="list-style-type: none"> ▪ Child preventive care 	\$10 per visit	\$10 per visit
<ul style="list-style-type: none"> ▪ Immunizations ▪ Preventive lab, X-ray, and imaging 	\$0 per visit	\$0 per visit
Primary Care Office Visits <ul style="list-style-type: none"> ▪ Adult primary care ▪ Adult gynecological exam ▪ Pediatric primary care 	20% per visit after deductible	20% per visit after deductible
Specialist Office Visits <ul style="list-style-type: none"> ▪ Specialty care ▪ Allergy and Dermatology ▪ Chiropractic 	20% per visit after deductible	20% per visit after deductible
Outpatient Services <ul style="list-style-type: none"> ▪ Diagnostic lab, x-ray, and imaging ▪ High-end radiology (e.g., MRI/CT/PET), nuclear medicine, and sleep studies ▪ Medical/surgical care 	0% per visit	0% per visit
Inpatient Services <ul style="list-style-type: none"> ▪ Hospitalization ▪ Maternity ▪ Mental Health ▪ Chemical dependency ▪ Rehabilitation (limit 45 days per year) 	0% per visit	0% per visit

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 Service	What You Pay	
	In-Network	Out-of-Network
Hospital Emergency Services	0% per visit	0% per visit
Urgent Care	20% per visit after deductible	20% per visit after deductible
Telemedicine Visits	\$7.50 per visit after deductible	Not Covered
Ambulance		
▪ Ground	\$50 per occurrence	\$50 per occurrence
▪ Air/Water	\$50 per occurrence	\$50 per occurrence
Durable Medical Equipment		
▪ Medical supplies	20% per service/device after deductible	20% per service/per device after deductible
▪ Diabetic supplies		
▪ Prosthetic devices		
Physical, Occupational, and Speech Therapy	20% per visit after deductible	20% per visit after deductible
Vision Hardware See <i>Vision Hardware Flyer</i>		Age 0-18 up to \$12 per occurrence Age 19 and over \$12 every other calendar year
▪ Frames		
▪ Lenses and Contact Lenses		Age 0-18 up to \$18 per occurrence Age 19 and over \$18 per calendar year



www.bcsbri.com

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 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.

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