

Understanding Your Benefits

Registering Online at myBCBSRI

- Go to **myBCBSRI.com**
- Click on "Register Here"
- Follow the registration instructions provided

Deductibles

- \$750** per individual plan;
\$1,500 per family plan in network
- \$750** per individual plan;
\$1,500 per family plan out of network

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

- \$1,000** per individual plan;
\$3,000 per family plan in network
- \$1,000** per individual plan;
\$3,000 per family plan in network

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.

Office Visits	In-Network	Out-of-Network
Primary Care	\$0 Copay PCMH \$15 Copay Non PCMH	\$0 Copay 20% after deductible PCMH \$15 Copay plus 20% after deductible Non PCMH
Specialist	\$30 per visit	\$30 plus 20% per visit after deductible
Urgent Care	\$45 per visit	\$45 plus 20% per visit after deductible
Emergency Room	\$125 per visit	\$125 per visit
Doctors Online	\$7.50 per visit	Not Covered
Chiropractic (limit 15 visits per year)	\$30 per visit	\$30 plus 20% per visit after deductible

Other Covered Services	In-Network	Out-of-Network
Preventive Care	\$0 per visit	\$15 plus 20% per visit after deductible
Diagnostic Lab/X-ray	0% per visit after deductible	20% per visit after deductible
High-end Radiology	0% per visit after deductible	20% per visit after deductible
Outpatient Surgery	0% per visit after deductible	20% per visit after deductible
Inpatient Services	0% per visit after deductible	20% per visit after deductible
Durable Medical Equipment	20% per service/device after deductible	20% per service/device after deductible
Physical, Occupational, and Speech Therapy	20% per visit	20% per visit after deductible

0000CPM- Active City NU/NB
 0000PT3- Active School Aides/Safety
 00000PT5- Active School PPSD BEST
 000RPWSM – Retiree WSB NU/NB
 0000PR4 – Retiree City Class A After 09/85
 0000PWSM- Active WSB NU/NB
 0000RCPM- Retiree City NU
 00005D05- Active School NU
 00000PT9 – Retiree School Basic No Rx

0000PR4X – Retiree City 1033
 00000PT8 – Retiree School
 00005M22- Active WSB
 0000CITY- Active City 1033

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.



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Blue Cross & Blue Shield of Rhode Island is an independent licensee
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