

# Understanding Your Benefits 2015

## ■ Deductibles

You pay the following amounts each year before your health plan starts to pay toward the cost of covered services:

- \$0 per individual plan;  
\$0 per family plan  
in network
- \$100 per individual plan;  
\$300 per family plan  
out of network\*

## ■ Out-of-pocket Limits

To protect you from very high costs, your plan limits how much you could pay out of pocket for healthcare services.

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

### Please note:

The deductible and out-of-pocket limits are separate for in-network and out-of-network services.

\*3 family members must meet the individual amount.

What's Covered	What You Pay
<b>Preventive Care</b>	\$10 per visit in network
■ Adult preventive care	\$10 plus 20% per visit after deductible out of network
■ Child preventive care	
■ Immunizations	\$0 in network
■ Preventative and diagnostic lab, X-ray, and imaging	20% per visit after deductible out of network
<b>Primary Care Office Visits</b>	\$10 per visit in network
■ Adult primary care	\$10 plus 20% per visit after deductible out of network
■ Adult gynecological exam	
■ Pediatric primary care	
<b>Specialty Office Visits</b>	\$10 per visit in network
■ Specialty care	\$10 plus 20% per visit after deductible out of network
■ Chiropractic (limit 12 visits per year)	
■ Routine eye exam (limit 1 visit per year)	
■ Allergy & Dermatology	\$15 per visit in network \$15 plus 20% per visit after deductible out of network
■ Acupuncture (limit 12 visits per year)	\$10 per visit in network \$10 per visit out of network
<b>Outpatient Services</b>	0% per visit in network 20% per visit after deductible out of network
■ Medical/surgical care	
■ High-end radiology services, major diagnostics, and (and nuclear medicine (e.g., MRI/CAT/PET)	
<b>Inpatient Services</b>	0% per visit in network 20% per visit after deductible out of network
■ Acute Care	
■ Maternity	
■ Mental health	
■ Chemical dependency	
■ Rehabilitation (limit 45 days per year)	

## 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.

## 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

What's Covered	What You Pay
<b>Emergency Services</b>	\$100 per visit in network
■ Hospital emergency care	\$100 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>	\$10 per visit in network
	\$10 per visit plus 20% after deductible out of network
<b>Durable Medical Equipment</b>	20% per occurrence in network
	20% per occurrence after deductible out of network
<b>Physical/Occupational Therapy</b>	
■ Physical therapy	20% per visit in network
■ Occupational therapy	20% per visit after deductible out of network
■ Speech therapy	

*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 our Customer Service Department. If you have questions about receiving medical care, please call your doctor.*



[www.bcbsri.com](http://www.bcbsri.com)

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