# Network Blue New England

Blue Cross Blue Shield of Rhode Island

## 100/Not Covered $2,000 Coinsurance Plan

# Understanding Your Benefits

### *Deductibles*

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

- $2,000 per individual plan; $4,000 per family plan in network
- Not Covered per individual plan; Not Covered per family plan out of network
- **Hybrid deductible**: 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*

The following is the maximum amount you would pay out-of-pocket for covered healthcare services each year, including deductible, copays, and coinsurance.

- $6,000 per individual plan; $12,000 per family plan in network
- Not Covered per individual plan; Not Covered per family plan out of network
- **Hybrid out-of-pocket**: 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:*

This plan has a regional network, where all participating providers throughout New England (MA, RI, CT, NH, and ME) are in-network.

| What's Covered | What You Pay | |
|---|---|---|
| **Service** | **In-Network** | **Out-of-Network** |
| **Preventive Care**<br>▪ Adult preventive care<br>▪ Child preventive care<br>▪ Immunizations<br>▪ Preventive lab, X-ray, and imaging | $0 per visit | Not Covered |
| **Primary Care Office Visits**<br>▪ Adult primary care<br>▪ Adult gynecological exam<br>▪ Pediatric primary care | $30 per visit | Not Covered |
| **Specialist Office Visits**<br>▪ Specialty care<br>▪ Chiropractic* (limit 20 visits per year) | $50 per visit | Not Covered |
| **Routine Eye Exam**<br>(limit 1 visit per year) | $0 per visit | Not Covered |
| **Diabetics**<br>▪ Foot exam (limit 1 visit per year)<br>▪ Eye exam (limit 1 visit per year) | $0 per visit | Not Covered |
| **Outpatient Services**<br>▪ Diagnostic lab | $25 per visit | Not Covered |
| ▪ X-ray and imaging | $75 per visit | Not Covered |
| ▪ Medical/surgical care<br>▪ High-end radiology (e.g., MRI/CT/PET), nuclear medicine and sleep studies | 0% per visit after deductible | Not Covered |

continued

## 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 | What You Pay | |
|---|---|---|
| **Service** | **In-Network** | **Out-of-Network** |
| **Inpatient Services**<br>▪ Hospitalization<br>▪ Maternity<br>▪ Mental Health*<br>▪ Chemical dependency*<br>▪ Rehabilitation (limit 45 days per year) | 0% per visit after deductible | Not Covered |
| **Hospital Emergency Services*** | $200 per visit | $200 per visit |
| **Urgent Care*** | $100 per visit | $100 per visit |
| **Telemedicine Visits*** | $30 per visit | Not Covered |
| **Retail Based Clinic Visits*** | $30 per visit | Not Covered |
| **Ambulance**<br>▪ Ground<br>▪ Air/Water | $50 per occurrence | $50 per occurrence |
| **Durable Medical Equipment**<br>▪ Medical supplies<br>▪ Diabetic supplies<br>▪ Prosthetic devices | 20% per service/device after deductible | Not Covered |
| **Physical, Occupational, and Speech* Therapy** | 20% per visit after deductible | Not Covered |
| **Prescription Drugs** | **Retail (30 Day Supply):** $10-Tier 1, $30-Tier 2; $50-Tier 3; $75-Tier 4; $125-Tier 5<br>$2 for Asthma, Diabetes and COPD | **Mail-Order: (90 Day Supply):** $25-Tier 1; $75-Tier 2; $125-Tier 3; $225 Tier 4<br>Out-of-network not covered |
| **Pediatric Vision* (For dependents under age 19)**<br>▪ Collection prescription glasses<br>▪ Standard lenses and lens options<br>▪ Collection contact lenses | 0% per service | Not Covered |

*This service does not require a referral

Members must select a Primary Care Provider (PCP) during enrollment. Failure to select a PCP may result in a reduction in benefits.

This PCP will be the center of the member's care and provide referrals for specialists, tests and other services.

*This is a summary of your Network Blue New England 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.*

Blue Cross Blue Shield of Rhode Island
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