

100/80 750 Coinsurance Plan

Teachers – PT2 class 011
COBRA – Teachers – 1F422 011

Understanding Your Benefits

■ Deductibles

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

- \$750 per individual plan; \$1,500 per family plan in network
- \$750 per individual plan; \$1,500 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.

- \$2,000 per individual plan; \$4,000 per family plan in network
- \$5,000 per individual plan; \$10,000 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.

What's Covered	What You Pay
Preventive Care	\$0 per visit in network
<ul style="list-style-type: none"> ■ Adult preventive care ■ Child preventive care 	\$30 plus 20% per visit after deductible out of network
<ul style="list-style-type: none"> ■ Immunizations 	\$0 in network 20% per visit out of network
<ul style="list-style-type: none"> ■ Preventive and diagnostic lab, X-ray, and imaging 	\$0 in network 20% per visit after deductible out of network
Primary Care Office Visits	\$30 per visit in network
<ul style="list-style-type: none"> ■ Adult primary care ■ Adult gynecological exam ■ Pediatric primary care 	\$30 plus 20% per visit after deductible out of network
Specialist Office Visits	\$30 per visit in network
<ul style="list-style-type: none"> ■ Specialty care ■ Chiropractic (limit 12 visits per year) ■ Routine eye exam (limit 1 visit per year) 	\$30 plus 20% per visit after deductible out of network
Outpatient Services	0% per visit after deductible in network
<ul style="list-style-type: none"> ■ Medical/surgical care ■ High-end radiology services, major diagnostics, and nuclear medicine (e.g., MRI/CAT/PET) 	20% per visit after deductible out of network
Inpatient Services	0% per visit after deductible in network
<ul style="list-style-type: none"> ■ Acute care ■ Maternity ■ Mental health ■ Chemical dependency ■ Rehabilitation (limit 45 days per year) 	20% per visit after deductible out of network
Emergency Services	\$100 per visit in network
<ul style="list-style-type: none"> ■ Hospital emergency care 	\$100 per visit out of network

What's Covered	What You Pay
Ambulance	\$50 per occurrence in network \$50 per occurrence out of network
Urgent Care Center	\$50 per visit in network \$50 plus 20% per visit after deductible out of network
Durable Medical Equipment	20% per occurrence after deductible in network 20% per occurrence after deductible out of network
Physical/Occupational Therapy <ul style="list-style-type: none"> ▪ Physical therapy ▪ Occupational therapy ▪ Speech therapy 	20% per visit after deductible in network 20% per visit after deductible out of network

Beyond Benefits

When you sign in to your member page on **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.
- Access our Blue365sm wellness information and discount program.



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



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.

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