

Retirees Ex&Ben -before 1995- MCCC1 class 001
 Teachers Active Classic – MPT2 class 001/1F419 class 001
 Teachers & Admin. Retirees – MPT7 class 001, class 003
 Teachers & Admin. Retirees - MPT8 class 001
 Providence School Administrators Classic – M5D05 Class 001

Understanding Your Benefits

Deductibles

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

- \$50 per individual plan.

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.

What's Covered	What You Pay
Preventive Care	20% per visit after deductible in network
▪ Adult preventive care	20% per visit after deductible out of network
▪ Child preventive care	\$10 per visit in network \$10 per visit out of network
▪ Immunizations	\$0 in network
▪ Preventive lab, X-ray, and imaging	\$0 out of network
Primary Care Office Visits	
▪ Adult primary care	20% per visit after deductible in network
▪ Adult gynecological exam	20% per visit after deductible out of network
▪ Pediatric primary care	
Specialist Office Visits	
▪ Specialty care	20% per visit after deductible in network
▪ Chiropractic	20% per visit after deductible out of network
Outpatient Services	
▪ Medical/surgical care	0% per visit in network
▪ High-end radiology services, major diagnostics, and nuclear medicine (e.g., MRI/CAT/PET)	0% per visit out of network
Inpatient Services	
▪ Acute care	
▪ Maternity	0% per visit in network
▪ Mental health	0% per visit out of network
▪ Chemical dependency	
▪ Rehabilitation (limit 45 days per year)	
Emergency Services	
▪ Hospital emergency care	\$0 per visit in network \$0 per visit out of network
Ambulance	\$50 per occurrence in network \$50 per occurrence out of network

What's Covered	What You Pay
Urgent Care Center	20% per visit after deductible in network 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



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

500 Exchange Street • Providence, RI 02903-2699
 Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.
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