

Police Retirees Before 7/77 - CP2 class 001
 Police Retirees After 7/77 - CP4 class 001
 Class A Retirees Before 1982 - PR2 class 001
 Teachers and Admin. Retirees - MPT9 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	20% per visit after deductible in network
▪ Specialty care	20% per visit after deductible out of network
▪ Chiropractic	
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	0% per visit in network
▪ Maternity	0% per visit out of network
▪ Mental health	
▪ Chemical dependency	
▪ Rehabilitation (limit 45 days per year)	
Emergency Services	\$0 per visit in network
▪ Hospital emergency care	\$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	20% per visit after deductible in network
<ul style="list-style-type: none"> ▪ Physical therapy ▪ Occupational therapy ▪ Speech therapy 	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.