

Fire Retirees After 06/87 – PF2 class 001
 Fire Retirees Before 06/87 – PF3 class 001
 Class A Retirees After 1982 – PR3 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 <ul style="list-style-type: none"> ▪ Adult preventive care | 20% per visit after deductible in network |
| <ul style="list-style-type: none"> ▪ Child preventive care | \$10 per visit in network \$10 per visit out of network |
| <ul style="list-style-type: none"> ▪ Preventive lab, X-ray, and imaging ▪ Immunizations | \$0 in network \$0 out of network |
| Primary Care Office Visits <ul style="list-style-type: none"> ▪ Adult primary care ▪ Adult gynecological exam ▪ Pediatric primary care | 20% per visit after deductible in network 20% per visit after deductible out of network |
| Specialist Office Visits <ul style="list-style-type: none"> ▪ Specialty care ▪ Chiropractic | 20% per visit after deductible in network 20% per visit after deductible out of network |
| Outpatient Services <ul style="list-style-type: none"> ▪ Medical/surgical care ▪ High-end radiology services, major diagnostics, and nuclear medicine (e.g., MRI/CAT/PET) | 0% per visit in network 0% per visit out of network |
| Inpatient Services <ul style="list-style-type: none"> ▪ Acute care ▪ Maternity ▪ Mental health ▪ Chemical dependency ▪ Rehabilitation (limit 45 days per year) | 0% per visit in network 0% per visit out of network |
| Emergency Services <ul style="list-style-type: none"> ▪ Hospital emergency care | \$0 per visit in network \$0 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 | 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.