

Police Retirees EXT BEN – MCPC1 class 001  
 Fire Retirees EXT BEN – MPFC1 class 001  
 Fire – MPF1 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.
- \$100 per family plan.

## 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.

- \$500 per individual plan; \$1,000 per family plan in network
- \$500 per individual plan; \$1,000 per family plan out of network

What's Covered	What You Pay
<b>Preventive Care</b> <ul style="list-style-type: none"> <li>▪ Adult preventive care</li> </ul>	20% per visit after deductible in network
<ul style="list-style-type: none"> <li>▪ Child preventive care</li> </ul>	\$10 per visit in network \$10 per visit out of network
<ul style="list-style-type: none"> <li>▪ Preventive lab, X-ray, and imaging</li> <li>▪ Immunizations</li> </ul>	\$0 in network \$0 out of network
<b>Primary Care Office Visits</b> <ul style="list-style-type: none"> <li>▪ Adult primary care</li> <li>▪ Adult gynecological exam</li> <li>▪ Pediatric primary care</li> </ul>	20% per visit after deductible in network 20% per visit after deductible out of network
<b>Specialist Office Visits</b> <ul style="list-style-type: none"> <li>▪ Specialty care</li> <li>▪ Chiropractic</li> </ul>	20% per visit after deductible in network 20% per visit after deductible out of network
<b>Outpatient Services</b> <ul style="list-style-type: none"> <li>▪ Medical/surgical care</li> <li>▪ High-end radiology services, major diagnostics, and nuclear medicine (e.g., MRI/CAT/PET)</li> </ul>	0% per visit in network 0% per visit out of network
<b>Inpatient Services</b> <ul style="list-style-type: none"> <li>▪ Acute care</li> <li>▪ Maternity</li> <li>▪ Mental health</li> <li>▪ Chemical dependency</li> <li>▪ Rehabilitation (limit 45 days per year)</li> </ul>	0% per visit in network 0% per visit out of network
<b>Emergency Services</b> <ul style="list-style-type: none"> <li>▪ Hospital emergency care</li> </ul>	\$0 per visit in network \$0 per visit out of network

## What's Covered

## What You Pay

### 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 Blue365<sup>sm</sup> wellness information and discount program.

### 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

- Physical therapy
- Occupational therapy
- Speech therapy

20% per visit after deductible in network

20% per visit after deductible out of network

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### 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



www.bcsri.com

*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

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