

Understanding Your Benefits

\$1,500/\$3,000
High Deductible Health Plan
HSA Qualifying

Deductibles

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

- \$1,500 per individual plan; \$3,000 per family plan in network
- \$3,000 per individual plan; \$6,000 per family plan out of network
- The deductible has an aggregate calculation which means that all deductible amounts paid count toward the family deductible amount, one or all can meet it.

Out-of-pocket Limits

The following is the maximum you would pay out of pocket for essential health benefits each year (including medical and pharmacy copayments, deductibles and coinsurance).

- \$1,500 per individual plan; \$3,000 per family plan in network
- \$3,000 per individual plan; \$6,000 per family plan out of network
- The out of pocket maximum has an aggregate calculation which means that all amounts paid count toward the family out of pocket amount, one or all can meet it.

Please note:

The deductible and out-of-pocket limits are separate for in-network and out-of-network services.

| What's Covered Service | What You Pay | |
|---|-------------------------------|--------------------------------|
| | In-Network | Out-of-Network |
| Preventive Care <ul style="list-style-type: none"> ▪ Adult preventive care ▪ Child preventive care ▪ Immunizations ▪ Preventive lab, X-ray, and imaging | \$0 per visit | 40% per visit after deductible |
| Primary Care Office Visits <ul style="list-style-type: none"> ▪ Adult primary care ▪ Adult gynecological exam ▪ Pediatric primary care | 0% per visit after deductible | 40% per visit after deductible |
| Specialist Office Visits <ul style="list-style-type: none"> ▪ Specialty care ▪ Chiropractic (limit 12 visits per year) ▪ Routine eye exam (limit 1 visit per year) | 0% per visit after deductible | 40% per visit after deductible |
| Outpatient Services <ul style="list-style-type: none"> ▪ Diagnostic lab, x-ray, and imaging ▪ Medical/surgical care ▪ High-end radiology (e.g., MRI/CT/PET), nuclear medicine and sleep studies | 0% per visit after deductible | 40% per visit after deductible |
| Inpatient Services <ul style="list-style-type: none"> ▪ Hospitalization ▪ Maternity ▪ Mental Health ▪ Chemical dependency ▪ Rehabilitation (limit 45 days per year) | 0% per visit after deductible | 40% per visit after deductible |
| Hospital Emergency Services | 0% per visit after deductible | 0% per visit after deductible |
| Urgent Care | 0% per visit after deductible | 0% per visit after deductible |

Beyond Benefits

Sign in to your member page on BCBSRI.com, and you will have useful plan and wellness information at your fingertips.

Access Your Benefits:

- Get a list of your benefits and recent claims.
- See how much you've paid toward your deductible and out of pocket maximum.
- Check out our cost and quality tools.
- Find the member handbook to learn what to expect from BCBSRI.

Health Topics & Discounts:

- Read about thousands of health topics in the Health Center.
- Learn how you can get discounts on gym memberships, as well as free one-week trial memberships.

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., Saturday – Sunday, 8:00 a.m. to 12 p.m., Eastern Time

| Service | What You Pay | |
|---|--|---|
| | In-Network | Out-of-Network |
| Telemedicine | 0% per visit after deductible | Not covered |
| Retail Based Clinic Visits | 0% per visit after deductible | 40% per visit after deductible |
| Ambulance | 0% per occurrence after deductible | 0% per occurrence after deductible |
| ▪ Ground | | |
| ▪ Air/Water | 0% per occurrence after deductible | 0% per occurrence after deductible |
| Durable Medical Equipment | 0% per service/device after deductible | 40% per service/device after deductible |
| Physical/Occupational Therapy (limit 30 visits per year) | 0% per visit after deductible | 40% per visit after deductible |
| ▪ Physical therapy | | |
| ▪ Occupational therapy | | |
| ▪ Speech therapy | | |
| Prescription Drugs | 0% after deductible | Not covered |



www.bcsri.com

This is a summary of your BlueSolutions 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 the number located on the back of your BCBSRI ID card. If you have questions about receiving medical care, please call your doctor.

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Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.