

2000/4000 Deductible Plan Benefit Summary

HealthMate Coast-to-Coast focuses on preventive care, setting the foundation for continued good health. Plus, you benefit from:

- **An extensive nationwide network.** You can receive in-network coverage from more than 727,000 doctors and 6,300 hospitals through the BlueCard® PPO network.
- **No paperwork for in-network services.** Simply show your BCBSRI member ID card, and the provider will do the rest. You're only responsible for paying any applicable copayment, coinsurance, or deductible.
- **The freedom to choose.** If you visit an out-of-network provider for covered services, simply pay for the service up front and then file a claim for reimbursement. You may have to pay higher out-of-pocket costs when you visit non-network providers. Please see your plan's subscriber agreement for details or call Customer Service.

	Within the BlueCard® PPO Network you pay:	Outside of the BlueCard® PPO Network you pay:	Notes
Deductible	\$2,000 per individual \$4,000 per family	\$4,000 per individual \$8,000 per family	For family coverage: The family deductible can be satisfied by one family member or an accumulation of all family members. In- and out-of-network deductibles accumulate separately.
Coinsurance	0% after deductible	20% after deductible	
Out-of-pocket maximum	\$2,000 per individual \$4,000 per family	\$8,000 per individual \$16,000 per family	For family coverage: The family out-of-pocket maximum can be satisfied by one family member or an accumulation of all family members. Once you exceed this amount, we will pay up to our allowance for most covered services. The deductible and coinsurance apply to your out-of-pocket maximum. In- and out-of-network out-of-pocket maximums accumulate separately.

Please remember that you are responsible for paying any copayment, coinsurance, and/or deductible to your provider. This is a mandatory requirement when receiving healthcare services. Copayments are due at the time of service. Any coinsurance and/or deductible amounts can be paid at the time of service or within the time frame specified by your provider. Coinsurance and deductible amounts are shown on the explanation of benefits that we send to you after processing your claim. You must pay the provider the total amount shown in the section labeled "Your Responsibility" on the explanation of benefits.

Preventive Care

Adult preventive care	\$0 (Deductible does not apply.)	20% after deductible	Includes one physical exam and one gynecological exam per calendar year.
Pediatric preventive care	\$0 (Deductible does not apply.)	20% after deductible	
Immunizations	\$0 (Deductible does not apply.)	20% after deductible	Includes adult and pediatric immunizations.
Lab services, machine tests, and X-rays	\$0 (Deductible does not apply.)	20% after deductible	Includes Pap smears, screening mammograms, and prostate-specific antigen (PSA) tests.
Routine eye exam	\$0 (Deductible does not apply.)	20% after deductible	Routine eye exams are limited to 1 per calendar year per member

Office Visits

Personal care physician (PCP)	\$0 after deductible	20% after deductible	
Specialist	\$0 after deductible	20% after deductible	Chiropractic visits are limited to 12 per calendar year.

Outpatient Services

Outpatient medical/surgical care (facility and doctor services)	0% after deductible	20% after deductible	
Lab services, machine tests, and X-rays (diagnostic)	0% after deductible	20% after deductible	

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Inpatient Services			
Inpatient hospital services - acute care - maternity - mental health - chemical dependency	0% after deductible	20% after deductible	Unlimited days at a general, specialty, or mental health hospital. Up to 45 days per calendar year for physical rehabilitation.
Urgent Care or Emergency Care			
Urgent care center	0% after deductible	20% after deductible	
Emergency room care	0% after deductible	0% after deductible	
Ambulance services	0% after deductible	0% after deductible	Coverage for medically necessary/emergency services. Air and water ambulances are limited to a maximum of \$3,000 per occurrence.
Additional Services			
Prescription drugs	See prescription drug insert for details. Prescription drug copayments and coinsurance do not apply to your out-of-pocket maximum.		
Physical/occupational therapy	0% after deductible	20% after deductible	
Durable medical equipment (DME)	0% after deductible	20% after deductible	Must be purchased from a participating DME vendor. Pharmacies are NOT participating in the DME network.
Home and hospice care	0% after deductible	20% after deductible	Includes physician, nurse, and home health aide visits.

This grid provides a general summary of your HealthMate Coast-to-Coast 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 at (401) 459-5000 or 1-800-639-2227 (outside of Rhode Island). If you have any questions about receiving medical care, call your personal care physician.

Key Terms

Coinsurance: The percentage of our allowance that you must pay for a covered healthcare service.

Copayment: A fixed dollar amount that you must pay for a covered healthcare service.

Deductible: A fixed amount that you must pay for covered healthcare services each calendar year before we start to pay for those services.

Out-of-pocket maximum: Highest amount of coinsurance that you must pay each calendar year for certain covered healthcare services.

Personal care physician (PCP): Includes family practitioners, internists, and pediatricians.

Specialist: Includes office visits to all other medical providers who specialize in a certain area of medicine, such as but not limited to: oncology, cardiology, ophthalmology, dermatology, allergy, and psychiatry.

How Your Deductible Works

Your plan features a deductible. The deductible is the amount of covered expenses you must pay per calendar year before we start to pay for covered services.

- Each family member pays for all covered healthcare services (with the exception of preventive services) up to our allowance until the amount paid by any one or all family members equals the family deductible.
- Once the in-network deductible is met, all in-network services are covered at 100%.

The family out-of-pocket maximum accumulates the same way as the family deductible.

Family Deductible Example

Here's how an in-network deductible would work for a family of three enrolled in the HealthMate 2000/4000 Deductible Plan:

- Member 1 has a surgical procedure that costs \$2,000.
- Member 2 sees the doctor several times for a total of \$500.
- Member 3 has a sports injury and her medical bills total \$1,500.

Together, they've reached their deductible amount of \$4,000. They're now covered at 100% for any additional in-network services they might receive.



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500 Exchange Street • Providence, RI 02903-2699

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