

## What Your Health Plan Covers



### Deductibles

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

- \$750 per individual plan/\$1,500 per family plan in network

### 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. The following is the most you would pay for deductibles and coinsurance each year:

- \$2,000 per individual plan/\$4,000 per family plan in network

Please note: This plan does not cover most out-of-network services.

What's Covered	What You Pay
<b>Preventive Care</b> <ul style="list-style-type: none"> <li>• Adult preventive care</li> <li>• Child preventive care</li> <li>• Immunizations</li> <li>• Lab services</li> </ul>	\$0 in 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>	\$10 per visit in network
<b>Specialist Office Visits</b> <ul style="list-style-type: none"> <li>• Specialty care</li> </ul>	\$50 per visit in network
<b>Outpatient Services</b> <ul style="list-style-type: none"> <li>• Medical/surgical care</li> <li>• Lab &amp; X-ray services</li> </ul>	0% after deductible in 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/year)</li> </ul>	0% after deductible in network
<b>Emergency Services</b> <ul style="list-style-type: none"> <li>• Hospital emergency care</li> </ul>	\$200 per visit in network \$200 per visit out of network

*continued*

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<b>Ambulance</b>	\$50 per occurrence in network \$50 per occurrence out of network
<b>Urgent Care Center</b>	\$100 per visit in network \$100 per visit out of network
<b>Durable Medical Equipment</b>	20% after deductible in network
<b>Physical/Occupational Therapy</b> <ul style="list-style-type: none"> <li>• Physical therapy</li> <li>• Occupational therapy</li> <li>• Speech therapy</li> </ul>	\$50 per occurrence in network
<b>Prescription Drugs</b>	\$10 Tier 1; \$40 Tier 2; \$75 Tier 3; \$75 Tier 4

## 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 wellness information and discount program.

## Need help?

### Call Customer Service:

- Locally: (401) 274-3500
- Outside Rhode Island: 1-800-564-0888
- TDD: 1-888-252-5051

Hours: Monday – Friday, 8:00 a.m. to 8:00 p.m.

*This is a summary of your BlueCHIP for Healthy Options 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.*



BlueCHIP for Healthy Options complies with the Rhode Island Office of the Health Insurance Commissioner's (OHIC) requirements for a HEALTHpact plan. HEALTHpact plans are designed to assist small employers in offering health coverage that encourages members to make healthy lifestyle choices by meeting certain wellness participation requirements.



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