

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:

- \$5,000 per individual plan/\$10,000 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:

- \$5,000 per individual plan /\$10,000 per family plan in network

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

What's Covered	What You Pay
Preventive Care <ul style="list-style-type: none"> • Adult preventive care • Child preventive care • Immunizations • Lab services 	\$0 in network
Primary Care Office Visits <ul style="list-style-type: none"> • Adult primary care • Adult gynecological exam • Pediatric primary care 	\$30 per visit in network
Specialist Office Visits <ul style="list-style-type: none"> • Specialty care 	\$60 per visit in network
Outpatient Services <ul style="list-style-type: none"> • Medical/surgical care • Lab & X-ray services 	20% after deductible in network
Inpatient Services <ul style="list-style-type: none"> • Acute care • Maternity • Mental health • Chemical dependency • Rehabilitation (limit 45 days/year) 	20% after deductible in network
Emergency Services <ul style="list-style-type: none"> • Hospital emergency care 	\$200 per visit in network \$200 per visit out of network
Ambulance	\$50 per occurrence in network \$50 per occurrence out of network

What Your Health Plan Covers



What's Covered	What You Pay
Urgent Care Center	\$100 per visit in network \$100 per visit out of network
Durable Medical Equipment	30% after deductible in network
Physical/Occupational Therapy <ul style="list-style-type: none"> • Physical therapy • Occupational therapy • Speech therapy 	\$60 per occurrence in network
Prescription Drugs	\$10 Tier 1; \$40 Tier 2*; \$75 Tier 3*; \$75 Tier 4*

*A separate \$250 per individual/\$500 per family deductible applies to all brand name prescription drugs.

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.



500 Exchange Street • Providence, RI 02903-2699
Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.