

## HealthMate Coast-to-Coast HDHP Benefit Summary

HealthMate Coast-to-Coast HDHP is a health savings account (HSA) qualifying high-deductible health plan that can be combined with an HSA through an administrator of your choice.

- **An extensive nationwide network.** You can receive in-network coverage from more than 536,000 doctors and 4,300 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 deductible.
- **Health Savings Accounts.** An HSA is a tax-favored savings account set up to pay for current and future unreimbursed medical expenses. Contributions to an HSA can be made by you and/or your employer, and the money in the account can be used from one year to the next.

	Within the BlueCard® PPO Network you pay:	Outside of the BlueCard® PPO Network you pay:	Notes
<b>Calendar year deductible</b>	\$3,000 individual plan \$6,000 family plan	\$3,000 individual plan \$6,000 family plan	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.
<b>Coinsurance</b>	0%	40%	
<b>Calendar year out-of-pocket maximum</b>	\$3,000 individual plan \$6,000 family plan	\$6,000 individual plan \$12,000 family plan	The deductible and coinsurance apply to your out-of-pocket maximum.
<i>Please remember that you are responsible for paying any coinsurance and/or deductible to your provider. This is a mandatory requirement when receiving health-care services. 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 (EOB) 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 EOB.</i>			
<b>Preventive Care</b>			
<b>Adult preventive care</b>	\$0 (Deductible does not apply.)	40% (Deductible does not apply.)	Includes one physical exam and one gynecological exam per calendar year.
<b>Pediatric preventive care</b>	\$0 (Deductible does not apply.)	40% (Deductible does not apply.)	Pediatric preventive care is covered according to federal guidelines.
<b>Immunizations</b>	\$0 (Deductible does not apply.)	40% (Deductible does not apply.)	Includes adult, pediatric, and travel immunizations.
<b>Lab services, machine tests, and X-rays</b>	\$0 (Deductible does not apply.)	40% (Deductible does not apply.)	Includes Pap smears, screening mammograms, and prostate-specific antigen (PSA) tests.
<b>Office Visits</b>			
<b>Personal care physician (PCP)</b>	\$0 after deductible	40% after deductible	
<b>Specialist</b>	\$0 after deductible	40% after deductible	- Chiropractic visits are limited to 12 per calendar year. - Routine eye exams are limited to 1 per calendar year.
<b>Outpatient Services</b>			
<b>Outpatient services</b> - medical/surgical care - facility and doctor services	\$0 after deductible	40% after deductible	
<b>Lab services, machine tests, and X-rays</b> (diagnostic)	\$0 after deductible	40% after deductible	

	Within the BlueCard® PPO Network you pay:	Outside of the BlueCard® PPO Network you pay:	Notes
<b>Inpatient Services</b>			
<b>Inpatient hospital services</b> - acute care - maternity	\$0 after deductible	40% after deductible	Unlimited days at a general or specialty hospital. Up to 45 days per calendar year for physical rehabilitation.
<b>Mental Health and Chemical Dependency Treatment Services</b>			
<b>Inpatient</b>	\$0 after deductible	40% after deductible	
<b>Outpatient</b>	\$0 after deductible	40% after deductible	
<b>Office Visits</b>	\$0 after deductible	40% after deductible	
<b>Urgent Care or Emergency Care</b>			
<b>Urgent care center</b>	\$0 after deductible	40% after deductible	
<b>Emergency room care</b>	\$0 after deductible	40% after deductible	If emergency room visit results in hospital admission, coinsurance is waived. The annual deductible and/or coinsurance for inpatient hospital services will apply.
<b>Ambulance services</b>	\$0 after deductible	40% after deductible	Coverage for medically necessary/emergency services. Air and water ambulances are limited to a maximum of \$3,000 per occurrence.
<b>Additional Services</b>			
<b>Prescription drugs</b>	\$0 after deductible	Not covered	Not covered at out-of-network pharmacies.
<b>Physical/occupational therapy</b>	\$0 after deductible	40% after deductible	
<b>Durable medical equipment (DME)</b>	\$0 after deductible	40% after deductible	Must be purchased from a participating DME vendor. Pharmacies are NOT participating in the DME network.
<b>Home and hospice care</b>	\$0 after deductible	40% after deductible	Includes physician, nurse, and home health aide visits.

*This grid provides a general summary of your HealthMate Coast-to-Coast HDHP 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.

**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 and deductible 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, or allergy.

## 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 percent.

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



www.BCBSRI.com

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.

10/10

HM-7976