### HealthMate Coast to Coast – 90/70% \$500 Deductible RISD Staff – Mid Premium/Mid Deductible

Blue Cross Blue Shield of Rhode Island

RISD Staff – Mid Premium/Mid Deductible

## **Understanding** Your Benefits

| Office Visits                           | In-Network      | Out-of-Network                              |
|---|-----------------|---|
| Primary Care                            | \$25 per visit  | \$25 plus 30% per<br>visit after deductible |
| Specialist                              | \$25 per visit  | \$25 plus 30% per<br>visit after deductible |
| Urgent Care                             | \$25 per visit  | \$25 per visit                              |
| Emergency Room                          | \$100 per visit | \$100 per visit                             |
| Doctors Online                          | \$25 per visit  | Not Covered                                 |
| Chiropractic (limit 12 visits per year) | \$25 per visit  | \$25 plus 30% per<br>visit after deductible |

| Other Covered Services                     | In-Network                                    | Out-of-Network                                |
|--|---|---|
| Preventive Care                            | \$0 per visit                                 | \$25 plus 30% per<br>visit after deductible   |
| Diagnostic Lab/X-ray                       | 0% per visit                                  | 30% per visit after deductible                |
| High-end Radiology                         | 0% per visit                                  | 30% per visit after deductible                |
| Outpatient Surgery                         | 10% per visit after deductible                | 30% per visit after deductible                |
| Inpatient Services                         | 10% per visit after deductible                | 30% per visit after deductible                |
| Durable Medical Equipment                  | 10% per<br>service/device<br>after deductible | 30% per<br>service/device after<br>deductible |
| Physical, Occupational, and Speech Therapy | 10% per visit after deductible                | 30% per visit after deductible                |

# Registering Online at myBCBSRI

- Go to myBCBSRI.com
- Click on "Register Here"
- Follow the registration instructions provided

#### Deductibles

- \$500 per individual plan;
  \$1,000 per family plan in network
- \$500 per individual plan;
  \$1,000 per family plan out of network

Hybrid Deductible: All deductible payments count toward the family deductible amount, but the individual will never pay more than their individual deductible amount.

#### **Out-of-pocket Limits**

- \$3,000 per individual plan;
  \$9,000 per family plan in network
- \$3,000 per individual plan;
  \$9,000 per family plan out of network

Hybrid out-of-pocket: All outof-pocket payments count toward the family out-of-pocket limit. The individual will never pay more than their individual out-of-pocket amount.

#### Please note:

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

#### Network:

Extensive national network, with access to thousands of providers across the country.

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

Plan Year: 2025