HealthMate Coast to Coast – 100/80% $250/$500 Deductible
RISD Staff, Part-Time Faculty High Premium/Low Deductible

Understanding Your Benefits

Deductibles

$250 per individual plan; **$500** per family plan in-network

$250 per individual plan; **$500** 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; **$6,000** per family plan in-network

$4,000 per individual plan; **$8,000** per family plan out-of-network

Hybrid out-of-pocket: All out-of-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:

This plan has an extensive national network with access to thousands of providers across the country.

Covered Services	In-network	Out-of-network
Primary Care	$15 per visit	$15 plus 20% per visit after deductible
Specialist	$25 per visit	$25 plus 20% per visit after deductible
Urgent Care	$25 per visit	$25 per visit
Emergency Room	$100 per visit	$100 per visit
Behavioral Health	$15 per visit	$15 plus 20% per visit after deductible
Doctors Online	$15 per visit	N/A
Chiropractic (limit 12 visits per year)	$25 per visit	$25 plus 20% per visit after deductible
Preventive Care • Adult annual visits and Pediatric preventive visits	$0 per visit	$15 plus 20% per visit after deductible
• Well-Woman annual/preventive visit	$0 per visit	$25 plus 20% per visit after deductible
Diagnostic Lab	0% per visit	20% per visit after deductible
Diagnostic X-ray	0% per visit	20% per visit after deductible
High-end Radiology	0% per visit	20% per visit after deductible
Outpatient Surgery	0% per visit after deductible	20% per visit after deductible

Benefits continue on next page

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Covered Services	In-network	Out-of-network
Inpatient Services	0% per visit after deductible	20% per visit after deductible
Durable Medical Equipment	20% per service/device after deductible	20% per service/device after deductible
Physical, Occupational, and Speech Therapy	20% per visit after deductible	20% per visit after deductible

N/A – Not Applicable

Online member account:

Create your member account at **bluecareconnectRI.com** or download the BlueCare Connect app to get started.

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 benefit booklet 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: 2027
Class: 0007/0009