

Understanding Your Benefits

Deductibles

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

Lifespan Preferred and BCBSRI National BlueCard PPO Network:

None

Out of Network:

\$2,000 per individual plan;

\$4,000 per family plan

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

The following is the maximum amount you would pay out-of-pocket for covered healthcare services each year, including, deductible, copays, and coinsurance.

Lifespan Preferred and BCBSRI National BlueCard PPO Network:

\$2,500 per individual plan;

\$5,000 per family plan

Out of Network:

\$3,000 per individual plan;

\$6,000 per family plan

Out-of-pocket: Your deductible, copays, and coinsurance counts towards 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 Lifespan Preferred Network, BCBSRI & National BlueCard PPO Network and out-of-network services.

What's Covered	What You Pay		
	Lifespan Preferred Network*	BCBSRI & National BlueCard PPO Network	Out of Network
Preventive Care <ul style="list-style-type: none"> Adult preventive care Child preventive care Immunizations Preventive lab, X-ray, and imaging 	Covered in full	Covered in full	20% after deductible
Primary Care Office Visits <ul style="list-style-type: none"> Adult primary care Adult gynecological exam Pediatric primary care 	\$20 copay	\$20 copay	20% after deductible
Specialist Office Visits <ul style="list-style-type: none"> Specialty care Chiropractic Routine eye exam (limit 1 per year) 	\$20 copay	\$20 copay	20% after deductible
<ul style="list-style-type: none"> Acupuncture 	\$30 copay	\$30 copay	\$30 copay
Outpatient Services <ul style="list-style-type: none"> Diagnostic lab work** 	Covered in full	\$25 copay	20% after deductible
<ul style="list-style-type: none"> Diagnostic imaging 	Covered in full	\$50 copay	20% after deductible
<ul style="list-style-type: none"> High-end radiology (e.g., MRI/CT/PET), nuclear medicine and sleep studies 	Covered in full	\$50 copay	20% after deductible
<ul style="list-style-type: none"> Outpatient Day Surgery 	Covered in full	\$300 copay	20% after deductible
<ul style="list-style-type: none"> Diagnostic Colonoscopy*** 	Covered in full	\$200 copay	20% after deductible

Registering Online

- Go to myBCBSRI.com
- Click "Register here"

Access Your Benefits:

- See your recent claims.
- See how much you've paid toward your deductible and out-of-pocket maximum.
- Get a summary of your health benefits and coverage.
- Check out our cost and quality tools.

Mobile Access:

Your Blue Touch RI – Mobile App

- You can see health benefits, access your ID card, search for doctors and other providers, and much more.
- Download the app from the Apple or Google app store (iOS® is a registered trademark of Cisco in the U.S. and is used by Apple under license. Android is a trademark of Google Inc).

Your Blue Wire RI – Text Messages

- Members can receive secure personalized messages on their mobile devices, like reminders about flu shots and important tests; money-saving tips; benefit updates, and more.
- Call **1-844-779-8820** to sign up

Need Help?

Call your Lifespan Employee CARE Center:

- Locally: (401) 429-2102
- Outside Rhode Island:
1-866-987-3706
- TTY/TDD (Telecommunication Device for the Deaf) Users should call 711

Hours:

Monday – Friday
8:00 am to 8:00 pm;
Saturday
8:00 am to 12 pm, Eastern Time

Your Blue Stores:

East Providence- 71 Highland Ave
Lincoln- 622 George Washington Hwy
Warwick- 300 Quaker Ln
Cranston- 1400 Oaklawn Ave

Service	What You Pay		
	Lifespan Preferred Network*	BCBSRI & National BlueCard PPO Network	Out of Network
Inpatient Services <ul style="list-style-type: none">HospitalizationRehabilitation (limit 100 days per year)	Covered in full	\$500 copay	20% after deductible
<ul style="list-style-type: none">Inpatient Maternity	Covered in full	Covered in full	20% after deductible
Behavioral Health/ Chemical Dependency <ul style="list-style-type: none">Inpatient Services	Covered in full	Covered in full	20% after deductible
<ul style="list-style-type: none">Office Visit	\$20 copay	\$20 copay	20% after deductible
Hospital Emergency Services	\$100 copay	\$100 copay	\$100 copay
Urgent Care	\$30 copay	\$30 copay	20% after deductible
Ambulance <ul style="list-style-type: none">GroundAir/Water	\$50 copay	\$50 copay	\$50 copay
Durable Medical Equipment	Covered in full	\$40 copay	20% after deductible
Physical, Occupational and Speech Therapy****	Covered in full	\$40 copay	20% after deductible

* Lifespan Preferred Network includes Rhode Island Hospital and its pediatric division, Hasbro Children's Hospital; The Miriam Hospital; Newport Hospital; Bradley Hospital; Lifespan Home Medical, Gateway Healthcare, Lifespan Urgent Care Centers, Women & Infants, and related service locations. Visit bcsri.com/lifespan for the complete list of Lifespan Preferred Network hospitals and providers.

** A copay will apply if your lab specimen is sent out to any non-Lifespan Lab for processing.

*** Preventive colonoscopies: covered once every 5 years

**** Physical and Occupational Therapy have a copay cap of \$320 not to be combined with Speech Therapy copay cap also of \$320. Copay is waived if ordered by a podiatrist or orthopedist for Physical and Occupational Therapy.



www.bcsri.com

This summary provides information about your Lifespan Health benefits. This document does not entitle you to benefits offered by Lifespan Health. Every effort has been made to ensure the accuracy of this communication. However, if there are discrepancies between this communication and the official plan documents and policies, the plan documents and policies will always govern.

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.