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Coverage & Copays

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Member Information

Member ID:
DOB:
Gender:
Relationship:

Member Address

Subscriber Information

Member ID:
DOB:

Primary Care Physician (PCP)

No PCP on file.
Provider ID:
Effective Date:

Coverage

Effective Date: 04/01/2007
Group: DIRECT PAY MONTHLY
Group #:
Product: HC2C CO OPTNS
Type: SINGLE
Member Since: 10/01/2006
Max Student Age: 25

Rx Copays

Generic	20%
Preferred	25%
Non-Preferred	50%
Specialty Pharmacy	\$75

Please [contact us](#) for additional details on these benefits.

Office Visit Copays

Personal Physician	\$20
Allergist/Dermatologist	\$40
Chiropractic Medicine	\$40
Mental Health Individual	\$40
Mental Health Group	\$40
Specialist	\$40
Pediatric Preventive Care	\$20
Routine Vision	\$40
Urgi-Center	\$75
Emergency Room	\$200

Limits & Deductibles

Plan Deductible	2000 YEARLY
General Hospital Days	UNLIMITED
Mental Health Days	UNLIMITED
In-Network Coinsurance	20%
Maternity Deductible	Plan deductible may apply
Inpatient/Day Deductible	Plan deductible may apply
Inpatient/Year Deductible	Plan deductible may apply
Inpatient Admission Copay	Plan deductible may apply

Workers Compensation Coverage

Coverage Type No Coverage

Family Deductible

Amount Met	\$0.00
Amount Remaining	\$4,000.00

Individual Deductible

Amount Met	\$0.00
Amount Remaining	\$2,000.00

Dental Coverage

Maximum Dental Student Age No Coverage

Blue Cross & Blue Shield of Rhode Island ("Blue Cross") provides this information for your convenience to assist in determining the benefits available to our members. This is a summary of the basic plan provisions for the subscriber listed above, and it is based on the current information in our records. As such, it is not a contract or guarantee of payment. It does not take into account that deductibles may have been satisfied, or that payment or benefit maximums may have already been reached. All of the information contained herein, including the active status of any member, is subject to change, including the possibility of retroactive termination of a member or of the group coverage provided to a member. Blue Cross shall not be responsible for coverage in the case of such changes. Payment is based on maximum allowances for covered procedures. Certain exclusions / limitations not noted here may apply.