VantageBlue℠ | Blue Cross Blue Shield of Rhode Island

80/60 3000 Coinsurance Plan

# Understanding Your Benefits

## *Deductibles*

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

- $3,000 per individual plan; $6,000 per family plan in network
- $6,000 per individual plan; $12,000 per family plan out of network

## *Out-of-pocket Limits*

The following is the maximum you would pay out of pocket for essential health benefits each year (including medical and pharmacy copayments, deductibles and coinsurance).

- $6,350 per individual plan; $12,700 per family plan in network
- $9,600 per individual plan; $19,200 per family plan out of network

## *Please note:*

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

| What's Covered | What You Pay | |
|---|---|---|
| | In-Network | Out-of-Network |
| **Preventive Care**<br>▪ Adult preventive care<br>▪ Child preventive care<br>▪ Immunizations<br>▪ Preventive lab, X-ray, and imaging | $0 | 40% per visit after deductible |
| **Primary Care Office Visits**<br>▪ Adult primary care<br>▪ Adult gynecological exam<br>▪ Pediatric primary care | $15 per visit for PCMH<br>$15 per visit for Non-PCMH up to age 19<br>$25 per visit for Non-PCMH over age 19 | 40% per visit after deductible |
| **Specialist Office Visits**<br>▪ Specialty care<br>▪ Routine eye exam (limit 1 visit per year) | $40 per visit | 40% per visit after deductible |
| ▪ Chiropractic (limit 12 visits per year) | $40 per visit | 40% per visit after deductible |
| **Diabetics**<br>▪ Foot exam (limit 1 visit per year)<br>▪ Eye Exam (limit 1 visit per year) | $0 per visit | 40% per visit after deductible |
| **Outpatient Services**<br>▪ Diagnostic lab, x-ray, and imaging<br>▪ Medical/surgical care<br>▪ High-end radiology (e.g., MRI/CT/PET), nuclear medicine and sleep studies | 20% per visit after deductible | 40% per visit after deductible |
| **Inpatient Services**<br>▪ Hospitalization<br>▪ Maternity<br>▪ Mental health<br>▪ Chemical dependency<br>▪ Rehabilitation (limit 45 days per year) | 20% per visit after deductible | 40% per visit after deductible |



continued

## Beyond Benefits

Sign in to your member page on **BCBSRI.com**, and you will have useful plan and wellness information at your fingertips.

### *Access your Benefits:*

- Get a list of your benefits and recent claims.
- See how much you've paid toward your deductible and out of pocket maximum.
- Check out our cost and quality tools.
- Find the member handbook to learn what to expect from BCBSRI.

### *Health Topics and Discounts:*

- Read about thousands of health topics in the Health Center.
- Learn how you can get discounts on gym memberships, as well as free one-week trial memberships.

## *Need help?*

Call Customer Service at the number located on the back of your BCBSRI ID card.

| What's Covered | What You Pay | |
|---|---|---|
| | In-Network | Out-of-Network |
| **Hospital Emergency Services** | $200 per visit | $200 per visit |
| **Urgent Care Center** | $75 per visit | $75 per visit |
| **Ambulance**<br>▪ Ground | $50 per occurrence | $50 per occurrence |
| ▪ Air/Water | $50 per occurrence | $50 per occurrence |
| **Durable Medical Equipment** | 20% per service/device after deductible | 40% per service/device after deductible |
| **Physical/Occupational Therapy**<br>▪ Physical therapy<br>▪ Occupational therapy<br>▪ Speech therapy | 20% per visit after deductible | 40% per visit after deductible |
| **Prescription Drugs** | $5-Tier 1; $18-Tier 2; $40-Tier 3; $90-Tier 4; $200-Tier 5 | Not covered |
| **Pediatric Vision (for dependents under age 19)**<br>▪ Collection prescription glasses<br>▪ Standard lenses and lens options<br>▪ Collection contact lenses | $0 per service | Not covered |
| **Pediatric Dental (for dependents under age 19)**<br>▪ Oral exams, cleanings, X-rays (bitewing, panoramic and individual), fluoride treatments, sealants and space maintainers | 0% per visit | 0% per visit |
| ▪ All other covered dental services | 50% per visit | 50% per visit |

*This is a summary of your VantageBlue Direct 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.*

Blue Cross Blue Shield of Rhode Island
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10/14 DPAY-15859