

2000/4000 Deductible 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:

- \$2,000 per individual plan; \$4,000 per family plan in network
- \$4,000 per individual plan; \$8,000 per family plan out of network

■ **Out-of-pocket Limits**

To protect you from very high costs, your plan limits how much you could pay out of pocket for healthcare services. The following is the most you would pay for deductibles and coinsurance each year:

- \$2,000 per individual plan; \$4,000 per family plan in network
- \$12,000 per individual plan; \$24,000 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
Preventive Care <ul style="list-style-type: none"> ■ Adult preventive care ■ Child preventive care ■ Immunizations 	0% in network 40% per visit after deductible out of network
Primary Care Office Visits <ul style="list-style-type: none"> ■ Adult primary care ■ Adult gynecological exam ■ Pediatric primary care 	0% per visit after deductible in network 40% per visit after deductible out of network
Specialist Office Visits <ul style="list-style-type: none"> ■ Specialty care ■ Chiropractic (limit 12 visits per year) ■ Routine eye exam (limit 1 visit per year) 	0% per visit after deductible in network 40% per visit after deductible out of network
Outpatient Services <ul style="list-style-type: none"> ■ Medical/surgical care ■ Diagnostic lab, X-ray and imaging ■ High-end radiology services, major diagnostics, and nuclear medicine (e.g., MRI/CAT/PET) 	0% per visit after deductible in network 40% per visit after deductible out of network
Inpatient Services <ul style="list-style-type: none"> ■ Acute care ■ Maternity ■ Mental health ■ Chemical dependency ■ Rehabilitation (limit 45 days per year) 	0% per visit after deductible in network 40% per visit after deductible out of network
Emergency Services <ul style="list-style-type: none"> ■ Hospital emergency care 	0% per visit after deductible in network 0% per visit after deductible out of network
Ambulance	0% per occurrence after deductible in network 0% per occurrence after deductible out of network

What's Covered	What You Pay
Urgent Care Center	0% per visit after deductible in network 0% per visit after deductible out of network
Durable Medical Equipment	0% per occurrence after deductible in network 40% per occurrence after deductible out of network
Physical/Occupational Therapy (limit 30 visits per year) <ul style="list-style-type: none"> ▪ Physical therapy ▪ Occupational therapy ▪ Speech therapy 	0% per visit after deductible in network 40% per visit after deductible out of network
Prescription Drugs	0% after deductible

Beyond Benefits

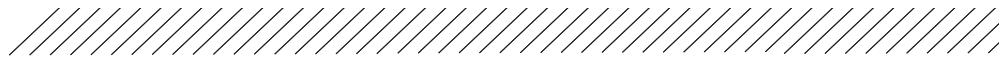
When you sign in to your member page on **BCBSRI.com**, you have useful plan and wellness information at your fingertips.

Manage your plan:

- Get a list of your benefits and recent claims.
- See how much you've paid toward your deductible.

Get healthy:

- Read about thousands of health topics in the Health Center.
- Learn how you can get the guaranteed lowest rate on gym memberships, as well as free one-week trial memberships.
- Access our Blue365sm wellness information and discount program.



Need help?

Call Customer Service:

- Locally: (401) 459-5000
- Outside Rhode Island: 1-800-639-2227
- TDD: 1-888-252-5051

Hours: Monday – Friday, 8:00 a.m. to 8:00 p.m., Eastern Time



This is a summary of your BlueSolutions 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 our Customer Service Department. If you have questions about receiving medical care, please call your doctor.

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