

HealthMate Coast-to-Coast Deductible Plan Variation

Benefit Summary

Benefit	Within the BlueCard® PPO Network you pay:	Outside of the BlueCard® PPO Network you pay:	Notes
Deductible	\$5,000	\$5,000	Individual plan deductible is \$2,000 per calendar year up to a maximum of two individuals per family. In- and out-of-network deductibles accumulate separately.
Coinsurance percentage	As noted below.	As noted below.	
Out-of-pocket maximum	\$6,000	\$12,000	Up to a maximum of two individuals per family. Once you exceed this amount, we will pay up to our allowance for most covered services. Deductibles and copayments do not apply to your out-of-pocket maximum. In- and out-of-network out-of-pocket maximums accumulate separately.
<i>Please remember that you are responsible for paying any copayment, coinsurance, and/or deductible to your provider. This is a mandatory requirement when receiving healthcare services. Copayments are due at the time of service. Any coinsurance and/or deductible amounts can be paid at the time of service or within the time frame specified by your provider. Coinsurance and deductible amounts are shown on the explanation of benefits that we send to you after processing your claim. You must pay the provider the total amount shown in the section labeled "Your Responsibility" on the explanation of benefits.</i>			
Preventive Care			
Adult preventive care	\$15	\$15 plus 40% after deductible	Includes one physical exam and one gynecological exam per calendar year.
Pediatric preventive care	\$15	\$15 plus 40% after deductible	
Immunizations	\$15	\$15 plus 40% after deductible	Includes adult and pediatric immunizations. An office visit copayment will apply if the provider bills for the immunization administration in addition to an office visit.
Lab services, machine tests, and X-rays	0% (deductible does not apply.)	40% after deductible	Includes pap smears, screening mammograms, and prostate-specific antigen (PSA) tests.
Office Visits			
Personal physician Includes family practitioners, internists, obstetricians, gynecologists, and pediatricians.	\$15	\$15 plus 40% after deductible	
Specialist Includes office visits to all other medical providers who specialize in a certain area of medicine, such as oncology, cardiology, ophthalmology, dermatology, etc.	\$25	\$25 plus 40% after deductible	Chiropractic visits are limited to 12 per calendar year. Routine eye exams are limited to 1 per calendar year. Mental health visits are limited to 30 per calendar year. Chemical dependency visits are limited to 30 hours per calendar year.
Urgent care center	\$25	\$25 plus 40% after deductible	
Outpatient Services			
Outpatient medical/surgical care (facility and doctor services)	20% after deductible	40% after deductible	Surgery performed in a physician's office or urgent care center is not subject to the deductible.
Obstetrical care	20% after deductible	40% after deductible	Prenatal visits, delivery, and postnatal care. \$15 office visit copayment applies to initial exam.
Lab services, machine tests, and X-rays (diagnostic)	0% (deductible does not apply.)	40% after deductible	

continued

Inpatient Services			
Inpatient hospital services, inpatient hospital facility, inpatient mental healthcare, and inpatient chemical dependency services	20% after deductible	40% after deductible	Unlimited days at general or mental health hospital; up to 45 days at a physical rehabilitation hospital. Inpatient care for chemical dependency is limited to 30 days per calendar year.
Inpatient medical/surgical care (doctor services)	20% after deductible	40% after deductible	Unlimited days at general or specialty hospitals; maximum of 45 days per year for physical rehabilitation.
Emergency Services			
Emergency room care	\$100	\$100	If emergency room visit results in hospital admission, \$100 copayment is waived. You may be billed an additional specialist copayment if you are seen by a specialist in the emergency room.
Ambulance services	\$50	\$50	Coverage for medically necessary/emergency services. Air and water ambulances are limited to a maximum of \$3,000 per occurrence.
Additional Services			
Prescription drugs	See prescription drug insert for details. Prescription drug copayments and coinsurance do not apply to your out-of-pocket maximum.		
Physical/occupational therapy	20% after deductible	40% after deductible	
Durable medical equipment (DME)	20% after deductible	40% after deductible	Must be purchased from a participating DME vendor. Pharmacies are NOT participating in the DME network.
Home and hospice care	20% after deductible	40% after deductible	Includes physician, nurse, and home health aide visits.

This grid provides a general summary of your HealthMate benefits. It is not a contract. For details about your coverage, including any limitations or exclusions not noted here, refer to your subscriber agreement or call our Customer Service Department at (401) 459-5000 or 1-800-639-2227 (outside Rhode Island only). If you have any questions about receiving medical care, call your personal physician.

How Your Deductible Works

Your plan features a deductible. The deductible is the amount of covered expenses you must pay per calendar year before we start to pay for covered services.

- Two family members must satisfy the individual deductible. Once the second family member meets their individual deductible, the family deductible is satisfied, and any part of the deductible paid by remaining family members will be reimbursed.
- Once the out-of-network deductible is met, the family only needs to pay coinsurance (if applicable) up to the out-of-pocket maximum.

The family out-of-pocket maximum accumulates the same way as the family deductible.

Family Deductible Example

Here's how your family deductible works:

- Member 1 incurs expenses totaling \$5,250. \$5,000 would be used to satisfy the member's individual deductible and \$250 would be paid at 80%.
- Member 2 incurs expenses totaling \$75. That amount is applied to the member's individual deductible.
- Member 3 incurs expenses totaling \$5,500. \$5,000 is used to satisfy the member's individual deductible and \$500 is paid at 80%.
- This also satisfies the family deductible, so the \$75 deductible credit taken on Member 2 is now paid at 80%.



Your Plan for Life.™

www.BCBSRI.com

444 Westminster Street • Providence, RI 02903-3279

Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association

MEMBER SINCE 1901