



Member Handbook

Get the most from your healthcare coverage

In this member handbook, you'll find information about the many health benefits, programs, and services available to you as a Blue Cross & Blue Shield of Rhode Island (BCBSRI) member. The information presented in this handbook is applicable for all health plans unless otherwise noted. We offer many different plans, so please see your subscriber agreement/benefit booklet for details on your plan's specific benefits. If you have questions about your benefits or anything in this handbook, we're happy to help. You can speak with a Care Guide using your BlueCare Connect account or by calling the number on the back of your member ID card.

- Your member ID card 3
- Introducing BlueCare Connect 4
- Your primary care provider: the doctor who knows you best 5
- Patient-centered medical homes: extra care when you need it 7
- Emergency care and urgent care 8
- Medical management 9
- Medical and behavioral health management 10
- Programs to support your health and wellness 11
- Additional resources 12
- Your member rights and responsibilities 13
- Your financial responsibilities 15
- Complaints and appeals 18
- How we protect your health information 21

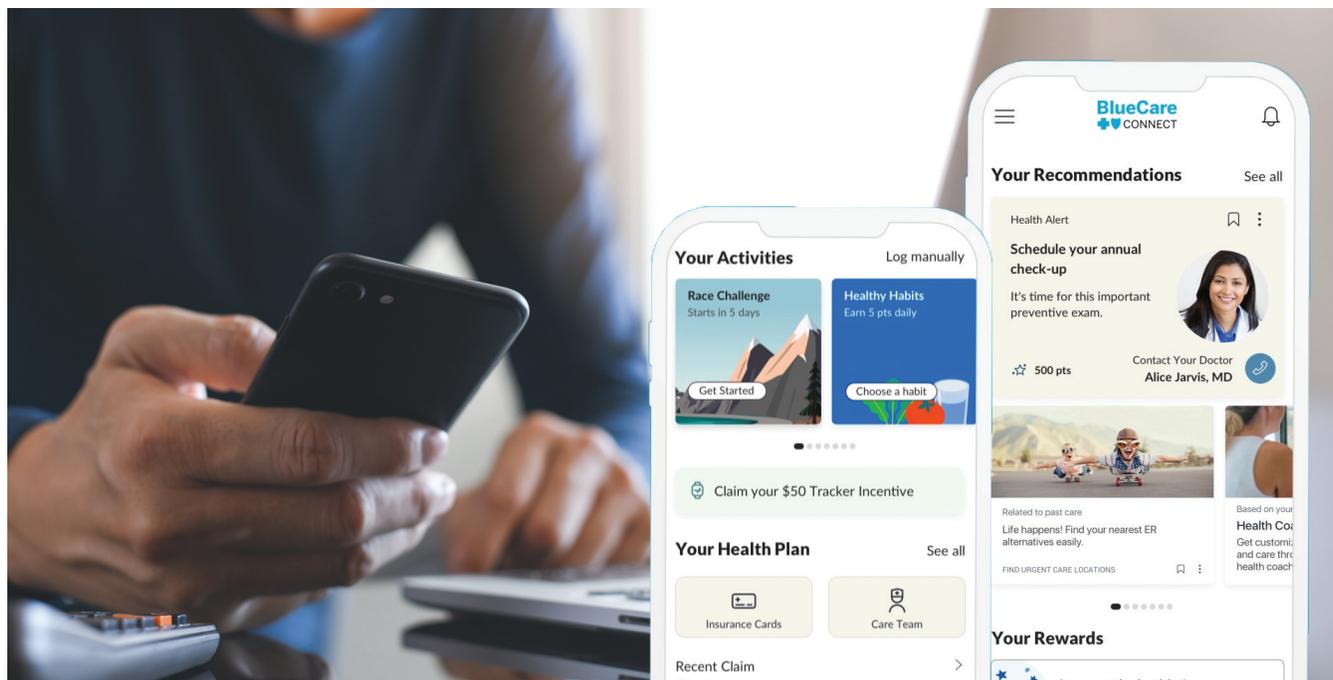
Please remember that this handbook is not a contract. The benefit details of your plan are described in your subscriber agreement/benefit booklet. When you need specific information about your plan, please refer to your subscriber agreement/benefit booklet or call the number on the back of your member ID card.

Your member ID card

It's one of the most important cards in your wallet. Your BCBSRI member ID card provides important information about your benefits, so please keep it with you at all times and treat it with the same care as your credit cards.

Helpful tips

- **Do check your card**, and make sure all the information on it—including your primary care provider (PCP) information—is correct. If you spot an error, please call a Care Guide so we can issue a new card.
- **Do give your card to your provider** whenever you receive care.
- **Do hold on to your children's cards** so they don't get lost. Show the card when you bring your children in for medical care.
- **Do register your account** with our member service platform, BlueCare Connect. Go to **bluecareconnectri.com** to register and then download the BlueCare Connect app for added convenience. This will give you access to all of your health plan benefits information, including a digital version of your member ID card.
- **Do contact a BlueCare Connect Care Guide** immediately if you lose your card. This will help us mail your replacement card sooner.



BlueCare Connect: your front door to everything healthcare

BlueCare Connect is the service and support platform for members with employer-sponsored or individual health plans. Your BlueCare Connect account can help you understand your available health benefits, navigate care options, and get personalized assistance when and how you need it.

Online, on the app, or over the phone

You can access BlueCare Connect however you prefer. Call a Care Guide or use the member portal or app to:

- Ask about coverage, claims, costs, and other plan info
- Get help finding doctors and scheduling appointments
- Receive reminders about needed visits or screenings
- Connect with health management programs
- Access the wellness program (if applicable)
- Find help for urgent or chronic health needs

One-on-one service and support

Care Guides are available by phone or online messaging to answer health plan questions and assist with care needs—for example, finding an allergy specialist, scheduling an overdue mammogram, or learning about care management programs.

Registered nurses can address health-related questions, evaluate urgent care needs, and suggest appropriate sites of care.

Certified health coaches can provide support for nutrition, fitness, stress management, and other health goals.

How to get started with BlueCare Connect

Register your account at bluecareconnectRI.com to enjoy all of its features and services. For added convenience, download the BlueCare Connect RI app.

Learn more about your drug coverage

If your BCBSRI medical plan includes pharmacy benefits, you can use your BlueCare Connect account to:

- Review your prescription drug history
- View the covered drug list (the formulary)
- Learn how to save money with generic drugs
- Review quantity limits, step therapy, and other information regarding restrictions
- Understand the medical exception process

Your PCP: the doctor who knows you best

A PCP is a physician, physician assistant, or nurse practitioner who provides care when you are sick and when you are healthy, such as your annual well visit.

How to find a doctor

Log in to your BlueCare Connect member account and select the “Find Care” tab to locate a PCP, specialist, imaging center, lab, hospital, or facility.

Provider listings include provider office hours and locations (including directions, if you need them), as well as information on any performance awards, provider race and ethnicity, languages spoken, areas of specialty, and so on.

You can also speak with a Care Guide for help locating a PCP.

Tips for partnering with your PCP

The more information your doctor has, the easier it is to give you the care you need. Be sure to make an appointment for an annual well visit (sometimes called an annual physical) and discuss any healthcare questions or concerns you have.

- Call your PCP’s office if you cannot keep an appointment. Most offices require you to cancel at least 24 hours in advance, but check your doctor’s policy. If you don’t cancel your appointment as required by your PCP’s policy, you may be charged for that appointment time.
- Bring a list of questions or issues that concern you. Have you had troubling symptoms? Write down your concerns and share them with your doctor. It may be helpful to take notes during your visit.
- Bring a list of your medications, their doses, and how often you take them. Include prescriptions, over-the-counter drugs, herbal medicines, vitamins, and nutrition/diet aids.
- List any healthcare providers you’ve seen since your last appointment and any medical tests you’ve had.
- If you do not understand something, let your doctor know. It is important that you are clear about all parts of your care and treatment.

Getting care after hours

If you need care after hours or when your PCP is not available, you should still call your PCP’s office. PCPs make arrangements for continuous coverage, 24 hours a day, seven days a week.

Important note: Call 911, not your doctor, if you are having a medical emergency. See page 8 for more information on emergency care.



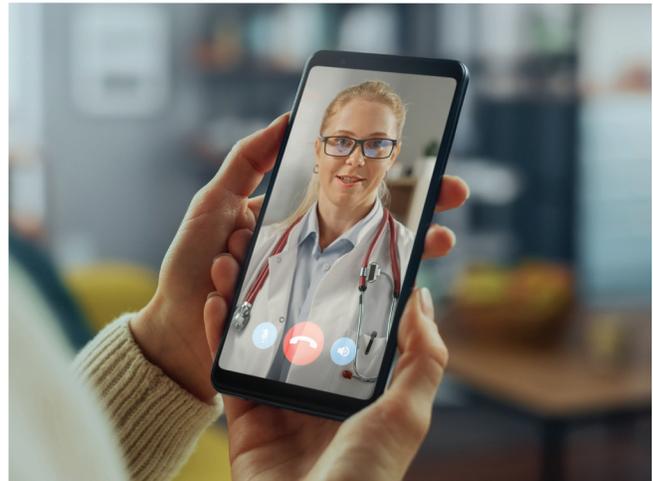
When you see a **BCBSRI Safe Zone logo**, this identifies a health-related facility that provides a safe, affirming, and welcoming setting for all Rhode Islanders. To earn that logo, facilities must align with best practices in caring for the community, such as affirming all patient identities, providing nondiscrimination protections, making resources for patients available, providing staff training, and more.

Other options for care

Doctors Online

Doctors Online* offers 24/7 care via video chat. It is included with all direct pay and fully insured health plans. If you are not sure whether your plan includes Doctors Online, speak with your employer or contact a BlueCare Connect Care Guide.

Doctors Online is an ideal choice when your PCP is not available or when seeing the doctor in person isn't an option. You and the family members on your plan (including your children) can see a board-certified doctor for common, non-emergency health issues like colds and flu, allergies, bronchitis, and urinary tract infections.



Licensed therapists and board-certified psychiatrists are also available by appointment for non-emergency behavioral healthcare needs issues, including depression, anxiety, stress, and grief.

To create your Doctors Online account, log in to BlueCare Connect. Select All Benefits from the Benefits page and follow the prompts.

Other providers you may need

There may be times when you need to see a healthcare provider who has a particular medical specialty, such as a cardiologist for a heart condition or a behavioral health counselor for anxiety. Depending on your plan, you may need a referral from your PCP. Even if you don't need a referral, it's a good idea to ask your PCP for a recommendation. They may even be able to set up an appointment for you.

Be sure to give the specialist your PCP's name and contact information so they can coordinate your care.

If you need help finding a doctor or hospital/facility in our network, please use the Find Care feature in your BlueCare Connect member account or call the number on the back of your member ID card.

**In the case of an emergency, you should always call 911. Doctors Online is not intended to replace these services and should not be used in those circumstances. Doctors Online is a telemedicine service provided by American Well®, an independent company that administers Doctors Online on behalf of Blue Cross & Blue Shield of Rhode Island (BCBSRI).*

Patient-centered medical homes: extra care when you need it

If you are looking for a new PCP or want an extra level of care, consider a doctor who is part of a patient-centered medical home (PCMH). At a PCMH, you'll receive care from a team led by a PCP. Your team includes a nurse case manager and may also include a pharmacist and other provider specialists, like substance use disorder or mental health providers. They'll help you create a personalized care plan that keeps you focused on your health goals.

Features of PCMH-centered care include:

- Access to a comprehensive team of care providers
- Extended office hours
- Centralized referral management, if a referral is necessary
- Pharmacists in the office who consult on medications
- Integration of behavioral health professionals
- Patient reminders to ensure necessary testing is completed before a scheduled appointment
- Assistance managing chronic and complex medical conditions
- Planning, coordination, and support for a hospital or skilled nursing facility discharge
- Expanded community and office-based resources



Emergency care and urgent care

It's important to understand the different types of care and know where to go when you need services.

Emergency care

What is an emergency?

An emergency is a medical problem that places your health in serious danger. It's an illness, injury, symptom, or condition so serious that a reasonable person would seek care right away to avoid severe harm. Such a medical problem is often life-threatening if you don't get treatment right away.

Examples of emergency care include:

- Chest pain
- Convulsions
- Heart attack
- Loss of consciousness
- Major burns
- Poisoning
- Severe difficulty breathing
- Spinal injury
- Stroke
- Uncontrollable bleeding

What should I do if I have a medical emergency?

When you need emergency care, call 911 or go to the nearest emergency room. It's a good idea to contact your PCP to arrange follow-up care. Refer to your subscriber agreement/benefit booklet for details on your emergency care coverage.

Urgent Care

What is urgent care?

Even if you do not have a true emergency, you might still need care within 24 hours. This is called urgent care. Some reasons you might need urgent care include:

- Minor injuries, such as sprains or strains
- Illness, such as pink eye or prolonged vomiting or diarrhea
- Pain or distress that is moderate in nature but not life-threatening

What should I do if I need urgent care?

If you need urgent medical care, it's a good idea to call your PCP first. Remember that you can call your PCP 24 hours a day, seven days a week, whenever you feel you need medical attention. Your PCP should be able to schedule an appointment within 24 hours for urgent care needs. If your PCP cannot see you, then go to an urgent care center or walk-in clinic.

What if I need urgent care away from home?

BCBSRI participates in the BlueCard Program, which enables you to access the BlueCard national network if you need urgent care when away from home. Call a BlueCare Connect Care Guide to verify your benefits and find a provider in the local area. You can also call **1-800-810-BLUE (2583)** or visit **bcbsri.com** to access the 24-hour-a-day doctor and hospital finder.

For information about out-of-network coverage, please see page 16.

Medical management

Preauthorization

At BCBSRI, we work with your doctor to ensure that you get the care you need at the right time and in the appropriate setting. For some types of care, it is recommended or required that you get prior approval (preauthorization) from BCBSRI.

Your PCP or specialist may contact us or one of our vendors for preauthorization for some kinds of care. This care includes, but is not limited to, the following:

- Pre-scheduled, elective hospital admissions (such as surgery)
- Certain radiology services (including MRI, MRA, CAT scans, and nuclear cardiac imaging)
- Certain prescription drugs

In some cases, we may review your care and decide that it could have taken place in a more appropriate setting or determine that it is not a covered benefit under your plan. If we deny coverage for a service, you may appeal our decision. (See page 18 for details.)

For members with BlueCHiP plans

Some medical services included in your plan require a referral from your PCP. We strongly recommend that you review your plan-specific subscriber agreement to determine which services require a referral. If you obtain services that require a referral and you have not received the referral from your PCP, your claim could be denied or could result in a higher cost share.

Reviews

We work with your doctor to ensure that you receive the care that meets your needs. In addition to preauthorization, we sometimes perform a concurrent review (an evaluation of your medical chart at time of care) or a retrospective review (an evaluation of your medical chart after you receive care). These reviews are all part of our Utilization Management Program, which ensures that members are receiving the appropriate care and services in the proper healthcare setting.

Utilization Management Program

All utilization review decisions are based only on appropriateness of care, service, existence of coverage, and setting of the covered service. Please note:

- We do not use financial incentives in conjunction with our Utilization Management Program.
- We do not reward doctors who conduct utilization review for issuing denials of coverage or service.
- We do not offer financial incentives to utilization management decision makers that encourage decisions resulting in underutilization.

To request preauthorization or to discuss other utilization management matters, please call the **Utilization Management Department** at **(401) 272-5670** (TTY: 711) or **1-800-635-2477** (outside of Rhode Island only) during normal business hours: Monday through Friday, 8:00 a.m. to 4:30 p.m. If you need interpreter services to discuss utilization management matters, please ask one of our representatives about using an interpreter. After hours, if it is a non-urgent matter, you will be directed to leave a brief message with your name and number. Your call will be returned the next business day. Calls received between midnight and 8:00 a.m. Monday through Friday will receive a response on the same business day.

As part of our Utilization Management Program, members have the right to appeal our review decisions (see medical appeals on page 18).

Medical and behavioral health management

Care Management

Whether you have a chronic health condition or need support following a new diagnosis, the BCBSRI Care Management team can work with you and your providers to get you on the path to a healthier life. Our team of registered nurses, registered dietitians, behavioral health specialists, and pharmacists work together to get you the care you need when you need it. There's no extra cost for these services and no referral is needed.

If you have a chronic health condition

We'll provide tips and resources to help you manage your condition, and we'll be there to offer extra support if you need it. We can help with:

- Diabetes
- High blood pressure (also called hypertension)
- COPD
(chronic obstructive pulmonary disease)
- Heart failure
(also called congestive heart failure)
- Asthma
- Obesity
- Depression and other behavioral health issues

If you're feeling lost in the healthcare system

We'll be there to guide you through a new or ongoing challenge, such as:

- Chronic joint or back pain
- Cancer
- High-risk pregnancies
- Pediatric conditions
- Rare diseases
- Palliative and end of life care



If you've just had a hospital stay

We'll help to ensure you get the follow-up care you need. We can:

- Communicate with your doctors to help coordinate care
- Arrange follow-up appointments
- Help you access support services at home
- Provide medication review
- Check-in regularly to see how you're doing

If you have a behavioral health concern

We can connect you with resources and treatment options for help with anxiety, depression, and other mental concerns, obsessive-compulsive disorder (OCD), eating disorders, and substance use disorders. Urgent appointments for therapy and psychiatry are also available.

For more information on any Care Management services, call **(401) 459-2273** or speak with a BlueCare Connect Care Guide and ask to be connected with a care manager.

NOTE: For certain programs, members must meet specific eligibility criteria. Participation in any care management program is voluntary, and you may opt out at any time by contacting BCBSRI.

Programs to support your health and wellness

Your BCBSRI health plan includes programs and services to help you feel your best, physically and emotionally.

Make preventive care a priority

Preventive healthcare services can help you avoid potential health problems or find them early when they are most treatable—which might be before you feel sick or have any symptoms. We pay in full for the preventive care services that are listed in your plan benefits.

Note: In order for preventive services to be covered without cost-sharing, you must receive services from a network provider, and certain age, sex, and risk profile requirements may apply. For details about preventive services coverage, please refer to the plan's Subscriber Agreement or call the number on the back of your member ID card.

Take charge of your well-being

The BCBSRI wellness program is easy to use. It's included with your plan at no additional cost if you purchase your health plan directly, are covered by a small employer plan, or have coverage through a large employer plan that has contracted with us for wellness services. (If you're not sure whether your plan includes wellness, speak with your employer or call a BlueCare Connect Care Guide.)

You can access the wellness program through BlueCare Connect, online or on the app. You can use it to set goals and interests, track healthy activities, help improve your nutrition or sleep, and more. Depending on which program your employer offers, you could earn rewards for your healthy actions or receive other incentives directly from your employer. Once again, speak with your employer or call a BlueCare Connect Care Guide to learn more.

Blue365

This unique, member-only program offers discounts on health and wellness items and services—everything from fitness apparel and footwear to fitness trackers and meal plans. There are no limits on how many deals you can redeem and no limit on how much you could save.

You can access Blue365 through your BlueCare Connect account. Once logged in, select All Benefits, and then Blue365 Deals and Discounts.



Additional resources

Use our online tools to learn more about your health plan and ways to stay healthy—or stop by and see us in person.

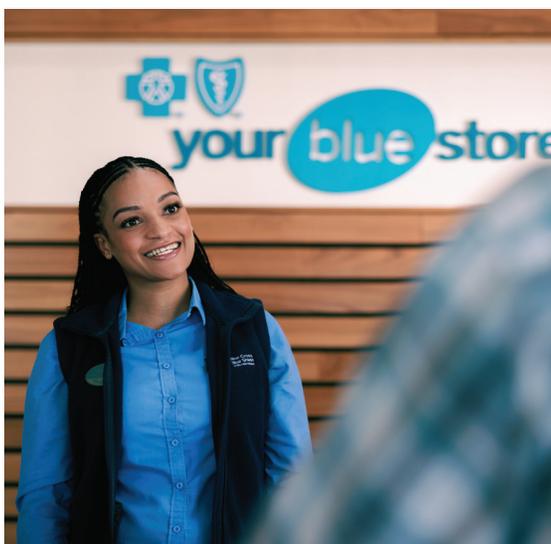
Online resources

The Rhode Ahead – This free, online resource includes useful information and expert advice to help BCBSRI members live their best lives. There are articles on important medical tests and preventive care, how to eat well on a budget, money-saving perks and member benefits, and much more. It's all available at rhodeahead.com.

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rhodeahead



Take 5 for You well-being series – Small steps can make a big difference in our physical and emotional well-being. Take 5 for You offers simple, actionable tips to help you feel more balanced, in control, and ready for life's challenges.



One-on-one support at Your Blue StoreSM

Sometimes you want to talk face to face—especially about important decisions like your health plan. Now that's easier than ever with our convenient store locations in Cranston, East Providence, Lincoln, Narragansett, and Warwick.

Our local team is happy to help you in English or Spanish and other languages if needed. Come by to:

- Ask a question about your plan
- Take a free class
- Make a payment and much more

Visit bcsri.com/yourbluestore to learn more.

Your member rights and responsibilities

You are a partner in your health, both with your doctor and with BCBSRI. That's why it's important to understand your rights and responsibilities. The rights and responsibilities listed below are applicable to both new and existing members. If you have any questions, please contact a BlueCare Connect Care Guide through your BlueCare Connect account or by calling the number on the back of your member ID card.

If you ever feel that any of your rights as a member have not been recognized, please let us know. On page 18, you'll find a description of our complaints and appeals procedures.

As a BCBSRI member, you have the right to:

- Receive information about BCBSRI, our services, our practitioners and providers, and your member rights and responsibilities.
- Be treated with respect and with recognition of your dignity and right to privacy.
- Receive a second opinion on the applicable copay, coinsurance, and/or deductible.
- Participate with practitioners in making decisions about your healthcare. This includes receiving information concerning your diagnosis, treatment, and prognosis in terms that can be reasonably understood. In the event your doctor considers access to such information inadvisable by reason of medical condition, age, and/or lack of decision-making capacity, the information will be given to an appropriate person on your behalf.
- Have a candid discussion about appropriate or medically necessary treatment options for your condition, regardless of cost or benefit coverage.
- Know about resources such as customer service representatives, complaints and appeals processes, and language interpretation resources that can help answer questions and resolve problems and complaints.
- Voice complaints or file appeals about BCBSRI or the medical care you receive.
- Make recommendations regarding BCBSRI's rights and responsibilities policies for members.
- Receive impartial (fair) access to treatment. This means that you have the right to all medically indicated treatment that is a covered benefit, regardless of your race, religion, sex, sexual orientation, gender identity, national origin, cultural background, disability, or financial status.
- Receive medical care and services provided by health professionals who meet the professional standards established by BCBSRI.

Care Guides

Our BlueCare Connect Care Guides are here to help with any questions or issues you may have. You can reach a Care Guide through your BlueCare Connect account or by calling the number on the back of your member ID card. Care Guides are available Monday through Friday, 8:00 a.m. – 8:00 p.m., and Saturday and Sunday, 8:00 a.m. to noon. An automated system is available outside of these hours.

If you need interpreter services

We have Spanish-speaking representatives, and we have access to interpreter services in numerous languages. This includes languages originating from Africa, Asia, Europe, the Middle East, South America, the Caribbean, and the Pacific Islands. We can also assist your provider in obtaining in-office sign language or interpreter services. For more information on these services, please call **1-800-639-2227**.

If you need Braille or large print

Communications can be converted to Braille or large print format if needed.

Your member rights and responsibilities

As a BCBSRI member, you have the responsibility to:

- Fulfill financial obligations. You are responsible for paying applicable premiums, deductibles, copays, coinsurance, and other fees as outlined in your plan documents.
- Know the extent and limitations of your healthcare benefits, as described in your subscriber agreement/benefit booklet.
- Understand your health problems and participate in developing mutually agreeable treatment goals. This includes certain circumstances in which your doctor may recommend a course of treatment that is not covered by your plan. Ask your doctor to clearly explain your treatment plan and what is expected of you to ensure you fully understand.
- Schedule regular preventive care appointments with your PCP. This includes routine physical exams, health screenings, and immunizations.
- Give accurate and complete information (to the extent possible) about your present and past medical condition that BCBSRI and your healthcare provider need in order to provide care. You should report unexpected changes in your condition to your healthcare provider.
- Follow the treatment plan and instructions for care that you have agreed to with your healthcare provider. If you feel that you cannot follow through with your treatment, tell your healthcare provider.
- Present your member ID card whenever you seek care and use the card only as appropriate. Make sure that other people do not use your member ID card.
- Keep appointments. Know your provider's appointment cancellation policy, and promptly cancel any appointment that you do not need or cannot keep.
- Be considerate of healthcare professionals, staff, and other patients.
- Seek care through your PCP whenever possible (except in emergencies).

You deserve inclusive and equitable healthcare

Both in your member portal and over the phone with a BlueCare Connect Care Guide, BCBSRI welcomes you to share your race, ethnicity, language, sexual orientation, and gender identity (REL-SOGI) information. This data helps BCBSRI learn more about our membership and address inequities by prioritizing programming and opportunities that directly impact healthcare disparities. Sharing this information is completely optional, and BCBSRI protects your REL-SOGI data just as we protect your other healthcare information.

Your financial responsibilities

In addition to your general rights and responsibilities, you also have financial responsibilities as a BCBSRI member.

Premiums

If you buy your health plan directly from BCBSRI, you are responsible for making premium payments to us. If you have a group health plan, your employer may ask you to share in premium costs.

Deductible

Under your plan, some of your health services may be covered in full, while others require a deductible. A deductible is the amount a member pays before the health plan starts to pay for certain medical bills. It resets every calendar year or plan year. You must pay any applicable deductibles once the claim for your service is processed.

Coinsurance

Under your plan, some of your health services may be covered in full, while others require coinsurance. Coinsurance is the percentage of a covered service that you are responsible for paying. (For example, if your plan has 20% coinsurance for a healthcare service, you would pay 20% of the cost and your plan would pay the remaining 80%.) You must pay any applicable coinsurance once the claim for your service is processed.

Copays

Under your plan, some of your health services may be covered in full, while others require a copay. A copay is a fixed dollar amount you are required to pay for covered services at the time you receive care. (For example, you may have a \$20 copay for doctor's office visits.) You have a responsibility to make any applicable copays.

How claims are paid

Here's a quick overview of how a member's healthcare services are paid:

1. When you go to a network doctor, they submit a claim to BCBSRI for payment. The claim includes detailed information about:
 - What services were provided
 - Who provided the services
 - When the services were received
2. BCBSRI pays your doctor our share of the claim. Depending on your plan, we may pay all of the claim or part of the claim. You may owe part of the claim as a **copay, coinsurance, or deductible**.
 - **If you have a copay**, your doctor will probably ask you to pay a certain amount (such as \$20) at the time of your visit.
 - **If you have coinsurance or a deductible**, the amount that you pay will change, based on the cost of the service and whether or not you have met your deductible. Your doctor may wait to see what BCBSRI pays before sending you a bill. We will also send you an Explanation of Benefits (EOB) statement, which tells you how much the doctor was paid and how much you owe. The EOB is not a bill. You should wait to get a bill from your doctor before paying your share.

Your financial responsibilities

If you receive care from a non-network provider

If your plan covers out-of-network services, and you choose to receive care from a provider outside of our network, you are responsible for paying all charges upfront and submitting a claim to BCBSRI for consideration of payment. For healthcare services covered under your plan, we reimburse you or the non-network provider up to our allowance, which is the most that we pay for a covered service. Details on what you may be required to pay for out-of-network providers can be found in your Summary of Benefits or Subscriber Agreement. You can also contact a BlueCare Connect Care Guide for more information using your BlueCare Connect account or by calling the number on the back of your member ID card.

If your plan does not cover out-of-network services, services would only be covered in emergency and urgent situations. In all other instances, we strongly recommend that you call a Care Guide prior to accessing these services. You can reach a Care Guide through your BlueCare Connect account or by calling the number on the back of your member ID card. If you do not call, you may be responsible for all charges.

How to submit for reimbursement

Ask the non-network provider who treated you for an itemized statement (including diagnosis and procedures) and a receipt. The receipt should include the following information: diagnosis code/description, health service code/CPT code/description of service or item, charge for each service, patient ID number, patient name, provider name, provider address, the provider's letterhead/logo, provider tax ID number, and specific date(s) of service. Submit clear black and white copies of these items to BCBSRI with a letter explaining your request. Be sure your letter includes your name, address, and member ID number. Send your letter to:

Blue Cross & Blue Shield of Rhode Island
Attn: Claims Department
500 Exchange Street
Providence, RI 02903

Remember, if you receive medical services that are not covered by your plan, you are responsible for those costs. If you have any questions, call the number on the back of your member ID card.

If you have more than one health plan

If you, your spouse, or your children are covered by a BCBSRI plan and by another group health plan (your spouse's healthcare plan, for example), you must follow the coordination of benefits rule. This rule ensures that you get the most from your coverages and that healthcare services are not paid for twice.

How coordination of benefits works

The coordination of benefits rule helps decide which plan provides primary benefits and which provides secondary benefits. Generally, the plan that covers you as a subscriber (such as a plan through your employer) is primary and pays first, and the plan that covers you as a dependent (such as a plan through your spouse's employer) is secondary.

The primary plan provides benefits (healthcare services and reimbursements) according to your contract. The secondary plan also provides benefits, but may take into account any benefits you have already received from your primary plan. This avoids overpayments for healthcare services.

Healthcare plans generally follow the same rules to decide which plan is primary for a member and which is secondary. BCBSRI follows the rules as adopted by Rhode Island regulations.

If your children are dependent members under both your BCBSRI plan and your spouse's plan

Generally, the plan of the parent whose birthday (month and day) comes earlier in the year is primary. If you are divorced or separated, the plan of the custodial parent is primary, the plan of the spouse of the custodial parent is generally secondary, and the plan of the noncustodial parent is last, unless different arrangements have been stated in the divorce decree.

If none of the above rules establishes primary/secondary responsibility of the plan, then the plan that has been in force the longest is primary.

Your responsibilities regarding coordination of benefits

You must tell BCBSRI that you have other coverage and cooperate with us in our administration of coordination of benefits with your other plan. This includes agreeing to our right to receive and release information about benefits provided to you. While you and/or your dependents may receive benefits under both the primary and secondary plans, you may still be required to pay any deductibles, copays, or coinsurance that apply.

If you are hurt in an accident

If you are in an accident covered by another insurer (auto insurance, for example) or caused by someone else, your plan will cover the cost of your care in accordance with your covered benefits. We will have the right to seek payment from other individuals, organizations, or companies that are shown to be legally responsible for your injuries or otherwise required to compensate you for your injuries. The legal term for this process is subrogation.

Your responsibilities regarding subrogation

You must tell us that you have been in an accident. Examples include auto accidents, slips and falls, accidents resulting from the use of a specific product, and workers' compensation claims. Contact a Care Guide using your BlueCare Connect account or by calling the number on the back of your member ID card to get started. You must work with us in our subrogation efforts, including agreeing to our right to get and release information about benefits provided to you.

For details about coordination of benefits, subrogation, or any of your financial responsibilities under your plan, please see your subscriber agreement/benefit booklet or call a BlueCare Connect Care Guide.

Limitations and exclusions

There are certain limitations and exclusions to your BCBSRI policy. For example, BCBSRI plans do not cover cosmetic surgery, long-term care, custodial care, weight-loss programs, and routine foot care (unless there are systemic conditions). For a complete list of covered benefits and exclusions, please refer to your subscriber agreement/benefit booklet or call a contact a BlueCare Connect Care Guide using your BlueCare Connect account or by calling the number on the back of your member ID card.

Evaluating new technologies

Our medical directors and the medical policy department continually research medical technologies and treatments to decide if they should be covered. We also follow guidelines established by the Blue Cross and Blue Shield Association (BCBSA) and national guidelines.

Complaints and appeals

The Grievances and Appeals Unit (GAU) provides a thorough, timely, and unbiased review of complaints and administrative and medical appeals. This process supports the equitable administration of benefits in accordance with member contracts, regulatory mandates, accrediting standards, and BCBSRI policies. This process is put in place in an effort to achieve objective, equitable outcomes.

Complaints and administrative appeals

A **complaint** is a verbal (spoken) or written communication explaining that you are unhappy with any part of our operations or the quality of care you received. A complaint is not an appeal, an inquiry, or a problem of misinformation that is fixed right away by clearing up the misunderstanding or supplying the appropriate information to your satisfaction.

An **administrative appeal** is an oral or written request for BCBSRI to reconsider a full or partial administrative denial or a request for BCBSRI to reconsider an adverse decision that affects the member's ability to receive benefit coverage, access to care, access to services, or any unresolved member complaints.

We will let you know we received your complaint or administrative appeal in writing or by phone within 10 business days. The GAU will conduct a complete review of your complaint or administrative appeal and respond in the timeframes below.

We will respond to your complaint in writing within 30 calendar days of the date we receive your complaint. The letter with our decision will provide you with the reason for our response and information on the next steps available to you, if any, if you are not satisfied with the outcome (result) of the complaint.

Administrative appeal

If you wish to file an administrative appeal, you must do so within 180 days of receiving a denial or notification. We'll respond to your administrative appeal in writing within 30 calendar days if you appeal before you've received the services, or 60 calendar days if you appeal after you've received the services. The letter with our decision will provide information about why that decision was made.

BCBSRI does not offer a Level 2 administrative appeal. You may contact the Office of the Health Insurance Commissioner's consumer assistance helpline, RIPIN, with your concerns. Please refer to the judicial review section on page 20 for additional information.

Medical appeals

A **medical appeal** is a verbal or written request for us to reconsider a full or partial denial of payment for services that we decided were:

- Not medically necessary or appropriate; or
- Experimental or investigational.

If we deny payment for a service for medical reasons, you'll receive the denial in writing. The written denial you receive from us will explain the reason for the denial and provide specific instructions for the medical appeals process.

Reconsideration *Applicable only to members with employer group coverage.*

You may request reconsideration of any matter that is subject to medical appeal by making a request (preferably in writing) for such a review to BCBSRI within 180 calendar days of the initial decision letter.

You will receive written notification of the decision on a pre-service request for reconsideration within 15 calendar days of receipt of the request. If you are requesting reconsideration of a service that was denied after you already obtained the service (retrospectively), you will receive written notification of our decision within 15 calendar days of our receipt of the request.

Appeal of Request for Reconsideration *Applicable only to members with employer group coverage.*

You may request an appeal (preferably in writing) if our denial was upheld during the reconsideration process. Your appeal will be reviewed by a provider in the same specialty as your treating provider. You must submit your request for an appeal within 45 calendar days of the date of the reconsideration decision letter. Upon request for an appeal, BCBSRI will provide you with the opportunity to inspect the medical file and add information to the file.

For both a pre-service appeal and a retrospective appeal (for services you have already received), you will receive written notification of our decision within 15 calendar days of our receipt of the appeal request.

Appeal *Applicable only to members with individual coverage.*

You may request an appeal of any matter that is subject to medical appeal by making a request (preferably in writing) to BCBSRI within 180 calendar days of the initial decision letter. Your appeal will be reviewed by a provider in the same specialty as your treating provider. Upon request for an appeal, BCBSRI will provide you with the opportunity to inspect the medical file and add information to the file. You will receive written notification of the decision within 30 calendar days of the appeal request.

Expedited process

You may request an expedited (faster) review of denied services if the circumstances are urgent or if you are in an inpatient setting. You or your doctor must call the GAU at (401) 459-5784 or 1-800-528-4141 or fax your request to (401) 459-5005. An expedited decision will be made within 72 hours following receipt of the request, or sooner if the urgent nature of the circumstances requires a more immediate response. Members who are in urgent situations and are receiving an ongoing course of treatment may proceed with expedited external review at the same time as the internal appeals process.

External appeal *Available after the appeal denial.*

If you remain dissatisfied with the decision of BCBSRI's internal review processes, you may request an external review by an outside review agency. An external appeal is a complete re-examination of your case by an independent review organization (IRO). For members covered by group health plans, this external appeal is a voluntary level of appeal. This means that you may choose to participate in this level of appeal, or you may file suit in an appropriate court of law (see judicial review).

To request an external review, you must submit your request in writing to BCBSRI within four (4) months of your receipt of the medical appeal denial notification. Members are not required to bear any costs when requesting a case be sent for external review to an IRO. BCBSRI will forward your letter and the entire case file to the IRO within five (5) business days, or two (2) business days for an expedited appeal. Upon receipt of the necessary information, the IRO will notify you of the result of your appeal within 10 calendar days, or 72 hours for an expedited appeal. If the IRO overturns our decision, we will authorize or pay for the services in question.

Judicial Review

If you are dissatisfied with the final decision of the IRO, you are entitled to a final review (a judicial review). This review will take place in an appropriate court of law.

For members covered by group health plans, you have the right to bring a civil action following an adverse benefit determination on review pursuant to section 502(a) of the Employee Retirement Income Security Act of 1974. For these members, you may bring such action either after your appeal is decided for administrative appeals, or prior to the external review level for medical appeals.

Note: At any time, you may request copies of your case file (free of charge) by contacting us at the telephone number(s) listed on page 19 or in your decision letter.

How to file any complaint or appeal

If you're unhappy with any aspect of our operations, the quality of care you have received, or you have a request for us to reconsider a full or partial denial of services or benefits, please call the number on the back of your member ID card. A representative will log your inquiry and try to resolve your concern. If your concern is not resolved to your satisfaction, you may file a complaint or appeal verbally with the representative.

You may also file a complaint or appeal in writing. To do so, you must provide all of the information below:

- Your name, address, and member ID number
- A summary of the complaint or appeal, any previous contact with BCBSRI, and a brief description of the relief or solution you are seeking
- Any additional information such as referral forms, claims, or any other documentation that you would like us to review
- The date of the incident or service
- Your signature, if sending in writing

If someone is filing a complaint or any appeal for you, you must designate (name) someone to represent you in your appeal. BCBSRI requires a signed, written request from you authorizing that person to act on your behalf.

Please mail the complaint or appeal to:

Blue Cross & Blue Shield of Rhode Island
Attention: Grievances and Appeals Unit
500 Exchange Street
Providence, Rhode Island 02903

Other ways to submit a complaint or appeal:

- Call (401) 459-5784 or the number on the back of your member ID card
- Send an email to GAU_Complaints_Appeals@bcbsri.org
- Fax it to (401) 459-5005



How we protect your health information

BCBSRI is dedicated to protecting the privacy and confidentiality of your healthcare information. We maintain, use, and disclose confidential health information as permitted or required by applicable state and federal laws, such as the Rhode Island Confidentiality of Health Care Communications and Information Act and the Health Insurance Portability and Accountability Act of 1996 (HIPAA). We have administrative, technical, and physical safeguards in place to protect the privacy and security of your health information, as defined below.

Protected health information (health information)* is information that relates to your past, present, or future physical or mental health or condition, or the past, present, or future payment for the provision of healthcare to you, including demographic information, received from or on behalf of a healthcare provider, health plan, clearinghouse, or employer, that either identifies you or could be reasonably used to identify you. It includes such information contained in any form or medium (such as electronic, oral, and paper).

Our employees protect your health information

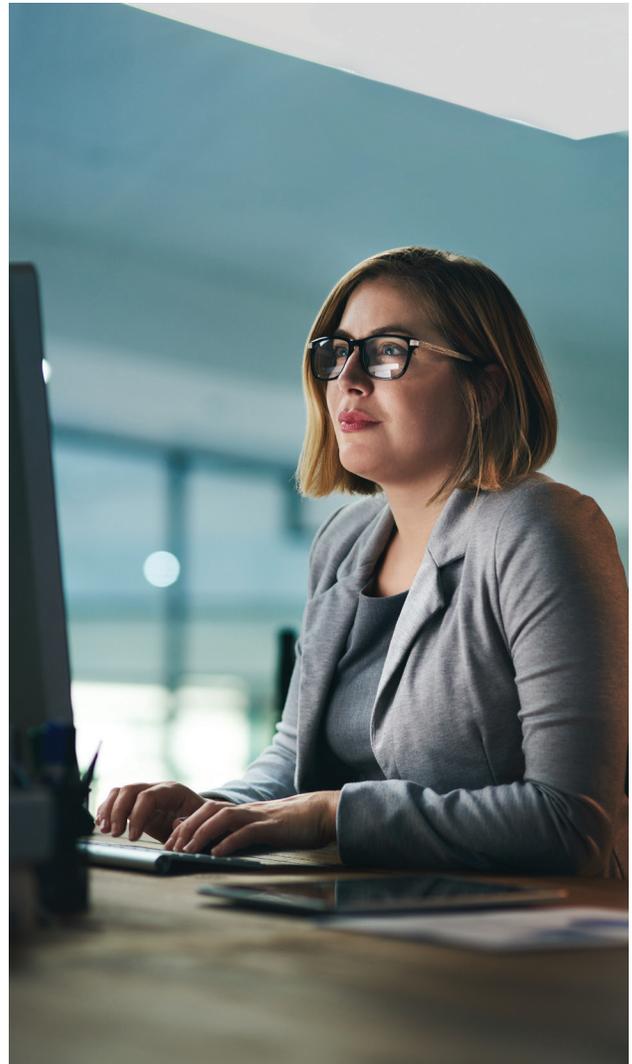
All BCBSRI employees are trained in confidentiality and our privacy policies and procedures upon hire, and are required to read and sign a confidentiality statement upon hire and then again every subsequent year. To further protect the privacy of our members' health information, employee access to health information is limited to only the information that they need to do their jobs. In addition, BCBSRI takes reasonable measures to protect the privacy and security of health information through safeguards including but not limited to ongoing monitoring, internal audits, and protecting physical access. Any employee who violates the confidentiality policy will be subject to disciplinary action.

You have the right to access your own health information

You have the right to view and get copies of your own health information and the right to request an amendment of your health information in accordance with state and federal laws.

Providers must keep your information private and confidential

Providers are responsible for maintaining the privacy and confidentiality of your health information in accordance with applicable state and federal laws.



**All references to "health information" on pages 21-22 refer to "protected health information."*

When (and how) your health information is shared

We will share your health information with an individual who has been named by you as your personal representative and who has qualified for such designation in accordance with relevant state law. Before we will share health information with this person, you must submit a written notice that they are your personal representative.

You may also allow us to share your health information with anyone else, based on your written permission. We must get your written permission to use or share your health information for any purpose not described within the Notice of Privacy Practices. If you give us that permission, you may also take back the permission in writing, which will be effective for future uses and sharing of health information. Taking back this permission will not be effective, however, for health information that we already have used or shared relying on the permission.

Permission will be required for any use or sharing of psychotherapy notes. We also must get your written permission to sell information about you to a third party or, in most circumstances, to use or share your health information to send you communications about products and services, unless the products or services are associated with your coverage or are offered by BCBSRI.

If you are covered by a plan sponsored by an employer (or employee organization, such as a union), we generally cannot share your health information with the employer (or other sponsor) of your health plan. We may provide employers (and other plan sponsors) information about who is enrolled in (or has disenrolled from) the group health plan, as well as summary reports of the enrollees in your group health plan. The summary information will be stripped of demographic information about specific enrollees in the group health plan. If the sponsor of your group health plan takes appropriate steps to meet federal privacy regulations, we may share more detailed health information with the sponsor for the sponsor's administration of the group health plan.

For more information about how BCBSRI protects the privacy and confidentiality of your health information, please view our Privacy Policy and Notice of Privacy Practices on **bcsri.com**.

Nondiscrimination and language assistance

Blue Cross & Blue Shield of Rhode Island (BCBSRI) complies with applicable Federal civil rights laws and does not discriminate or treat people differently on the basis of race, color, national origin, age, disability, or sex (consistent with the scope of sex discrimination required under federal law).

BCBSRI provides reasonable modifications and free appropriate auxiliary aids and services, and language assistance services, to people with disabilities and to people whose primary language is not English when such services are necessary to ensure accessibility and to communicate effectively with us.

If you need these services, contact us at 1-800-639-2227.

If you believe that BCBSRI has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with us through the Corporate Compliance Officer:

- by mailing the Corporate Compliance Officer c/o Grievance and Appeals Department, Blue Cross & Blue Shield of Rhode Island, 500 Exchange Street, Providence RI 02903,
- by calling (401) 459-5000 or 1-800-639-2227 (TTY/TDD: 711),
- by sending an email to GAU_Complaints_Appeals@bcsri.org, or
- by faxing (401) 459-5005.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This notice is available at BCBSRI's website: bcsri.com

English ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-639-2227 (TTY/TDD: 711).

Spanish ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al Call 1-800-639-2227 (TTY/TDD: 711).

Portuguese ATENÇÃO: Se você fala português, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-800-639-2227 (TTY/TDD: 711).

Chinese 注意: 如果您说[中文], 我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务, 以无障碍格式提供信息。致电 1-800-639-2227 (文本电话: TTY/TDD: 711)。

Haitian Creole ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòm aksèsib yo disponib gratis tou. Rele nan 1-800-639-2227 (TTY/TDD: 711).

Hmong LUS CEEV TSHWJ XEEB: Yog hais tias koj hais Lus Hmoob muaj cov kev pab cuam txhais lus pub dawb rau koj. Cov kev pab thiab cov kev pab cuam ntxiv uas tsim nyog txhawm rau muab lus qhia paub ua cov hom ntaub ntawv uas tuaj yeem nkaq cuag tau rau los kuj yeej tseem muaj pab dawb tsis xam tus nqi dab tsi ib yam nkaus. Hu rau 1-800-639-2227 (TTY/TDD: 711).

Khmer សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយ ភាសាខ្មែរ សេវាកម្មជំនួយភាសាភតិភក្តីមានសម្រាប់អ្នក។ ជំនួយ និងសេវាកម្មដែលជាការជួយដ៏សមរម្យ ក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បាន ក៏អាចរកបាន ដោយភតិភក្តីផងដែរ។ ហៅទូរសព្ទទៅ 1-800-639-2227 (TTY/TDD: 711)។

French ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-639-2227 (TTY/TDD: 711).

Italian ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama 1-800-639-2227 (TTY/TDD: 711).

Laos ເລີນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 1-800-639-2227 (TTY/TDD: 711).

Arabic

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-800-639-2227 (TTY/TDD: 711).

Russian ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-800-639-2227 (TTY/TDD: 711).

Vietnamese LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-800-639-2227 (Người khuyết tật: TTY/TDD: 711).

Liberian Bassa DYÉ-GBO-DÈ-ĐÈ: Ɔ jù ké n̄m dyi B́ásoó-̀wùdù Bassa po-nyo jùin, wuđu-xwínín-mú-zà-zà b̄ě n̄i bó n̄m bìi. Gbo-kpá-so ̀wòò b̄ě bó bo ̀b̄ě tò jè dé cèè-dyèdè kò-kò b̄ě múε n̄i bó dekè, ké o se wídí-péè-péè d̄ò ko. ̀Đá 1-800-639-2227 (TTY/TDD: 711).

Ibo IHE ILEBA-ANYA: Ọ bụrụ na ị na-asụ ịgbo, ị ga-enweta enyemaka asụsụ n'efu. A ga-enyekwa ị enyemaka na ọrụ ndị ọzọ kwesịrị ekwesị ịji nye ịgbo ọmụma n'ụdị ndị dị mfe ma nweta ya n'efu. Kpọọ 1-800-639-2227 (TTY/TDD: 711).

Yoruba KÉRE O: Bí o bá sọ Yorùbá, àwọn ịṣẹ èdè ọlọfẹ̀ wà fún ẹ. Àwọn amúgbálẹ̀gbẹ̀ẹ̀ irànlọ́wọ̀ àti ịṣẹ̀ láti pèsè àlàyé ní ọ̀nà alárọ̀wọ̀tọ̀ wà lọ́fẹ̀-lófo. Pe 1-800-639-2227 (TTY/TDD: 711).

Polish UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-800-639-2227 (TTY/TDD: 711).

