



2015 Quality Management Program Evaluation

Executive Summary

Our Commitment to Quality

Blue Cross Blue Shield of Rhode Island believes that a key element in achieving our mission and vision is an organization wide commitment to quality and continuous improvement, with a culture oriented toward the ability of all contributors to affect improvement. In 2015, we marked seventy-six years caring for and providing health coverage to the people of Rhode Island and neighboring counties.

We maintain a Quality Management Program that provides the structures, processes, resources, and expertise necessary to ensure that high quality, cost-effective care and services are provided to our members. We annually evaluate the overall effectiveness of our Quality Management Program, tracking progress in completion of objectives, monitoring the success of activities, and implementing changes to meet the needs of our membership and operations. This Executive Summary provides an overview of our Quality program's key accomplishments in 2015.

Scope

Our Quality Management Program includes all Commercial, Marketplace, and Medicare members, and encompasses activities designed to improve processes and outcomes including preventive, acute, and chronic care interventions, care coordination, and behavioral health services.

Quality Program Objectives

In 2015, we selected the following Quality Management Program objectives, aligned with our corporate mission and reflective of our enterprise-wide commitment to quality improvement:

- Perform quality improvement and assurance activities in alignment with corporate goals, missions, and strategies;
- Improve the quality, safety, and coordination of care for our members across the continuum;
- Integrate medical, pharmaceutical, and behavioral healthcare to improve the quality of care delivered to our members;
- Continuously promote and monitor evidence-based best clinical practices across our network of providers;
- Collaborate with community partners to achieve improved care for all BCBSRI members;
- Enhance the quality of member and provider engagement and satisfaction with the health plan, including access to care;
- Identify the spectrum of cultural and linguistic needs of our membership to offer a diverse array of services which provides meaningfully improved care to our members and supports our providers' care to our members;
- Improve the cost, quality, and efficiency of service delivered to our members and providers.

NCQA Accreditation and CMS Stars Rating

Blue Cross and Blue Shield of Rhode Island's Commercial PPO product was awarded a 3-Year Commendable accreditation status in August 2014 by the National Committee for Quality Assurance (NCQA). This distinction demonstrates our organization's reaffirmed commitment to quality in every aspect of our business. In 2015, we maintained our culture of continuous readiness as we prepared for our next two NCQA surveys: an FEP add-on survey in February 2016, and a re-accreditation survey in the summer of 2017.

In October 2015, BCBSRI's Medicare Advantage plan received a 4 Star overall rating from CMS for the third year in a row. Our overall raw score for the 2016 rating period was a 3.77, which is a decrease of 0.411 stars over the previous period. Part D achieved 4.5 Stars for this rating period based on a raw score of 4.32.

This was a decrease of 0.28 Stars from the previous year. BCBSRI year-over-year performance decreased, causing the plan to have to forfeit the Improvement measures, which are the most heavily weighted measures. These measures are applied for both Part C and Part D and are weighted a “5.” The Improvement measures are bonus stars given by CMS for statistically significant year-over-year quality improvements. As the landscape becomes more competitive, BCBSRI will look to maximize the Improvement Measures by focusing on measures that have scored below the 4 star level.

High Scores on Corporate Equality Index

In 2015, BCBSRI scored 100 percent on the Corporate Equality Index (CEI), a national benchmarking survey and report on corporate practices relating to lesbian, gay, bisexual, and transgender (LGBT) workplace equality, administered by the Human Rights Campaign Foundation. With a score of 100 percent, BCBSRI was one of only two companies in Rhode Island to receive perfect CEI scores in 2015, reflecting our commitment to LGBT workplace equality with respect to tangible policies, benefits, and practices, as well as our engagement with the local LGBT community.

Enhanced Delegation Oversight

The Delegation Oversight team, formed in 2013 to formally manage delegate relationships and oversee regulatory adherence, was located within the Quality department until late 2015. The expansion of CMS regulations governing delegate relationships as well as the increasing volume and complexity of delegation arrangements led to more collaboration between the Delegation Oversight team and Compliance department. In early 2016, Delegation will join the Compliance department. The Delegation Oversight Workgroup, comprised of representatives from accreditation, legal, compliance, vendor sourcing and delegation oversight continues to meet biweekly to discuss delegate issues and assists in the identification of potential delegates. The Delegation Oversight Committee, comprised of staff from the quality, legal, compliance, sourcing, claims, credentialing, network, pharmacy, behavioral health, case management, and other departments, continues to meet on a quarterly basis to review the performance and oversight of delegated vendors to ensure their service and quality of care meets regulatory, accreditation and business requirements, as well as to review capabilities of potential delegates.

Network Adequacy

In order to ensure needed and culturally competent practitioners are available to all plan members, BCBSRI annually evaluates its practitioner network in several ways. We conduct an evaluation of practitioner availability for all primary care practitioners, high volume specialists and behavioral health (BH) specialists against our established availability standards. In a separate report, we also assess member cultural, ethnic, racial, and linguistic needs and compare these results with those produced by an evaluation of our practitioner network’s cultural, ethnic, racial, and linguistic characteristics. Where assessments indicate a need, we strive to adjust our network accordingly. The results of our 2015 evaluations are detailed in the 2015 Quality Management Program Evaluation.

In 2015, BCBSRI incorporated primary care practitioner accessibility (the ability of members to obtain PCP appointments and services in a timely manner) into our study of network adequacy. Components of accessibility include the number of hours worked by physicians, the role of mid-level practitioners (NPs, PAs) and variations in counting them when assessing PCP accessibility, practice scheduling policies, whether panels are open or closed, and statewide PCP shortages. Our 2016 work will include further investigation of PCP accessibility, development of accessibility standards, and improvement initiatives for both members and providers.

Physician Leadership

Dr. Katherine Dallow, MD, MPH, Vice President of Clinical Affairs and Quality, is the physician responsible for our Quality Program. She chairs the Clinical Quality Oversight Committee, the Network Quality Committee, the Pharmacy & Therapeutics Committee, and co-chairs the Accreditation Steering Committee with the Director of Quality. Dr. Brian Wolf, Senior Medical Director, chairs the Professional Advisory and Credentialing Committee (PACC), and the Utilization Management Committee. Dr. Kathleen Calenda, Medical Director, collaborates with Quality staff and leadership on quality of care complaint management.

Executive Leadership Team (ELT)

Our Executive Leadership Team (ELT) recognizes and supports the integral role of Quality Management in achieving our mission. Dr. Augustine Manocchia, Vice President and Chief Medical Officer, is a member of ELT and chairs our Executive Quality Council (EQC). Accreditation and quality updates are provided monthly at ELT meetings, and ELT members have provided clear avenues for addressing and escalating quality issues requiring attention across all business activities.

Key Accomplishments

Our 2015 Workplan contained 108 items, of which 99 were completed and 2 were discontinued. This included clinical and service quality improvement projects, focusing on population health, chronic condition management, access and availability of the network, hospital quality, customer service, diversity initiatives, and numerous other areas. This Executive Summary features key clinical and service Quality Program accomplishments from our work in 2015. Our complete 2015 Quality Management Program Evaluation fully describes the scope and results of our work. To receive a copy of this document (available in April 2016), visit our website at www.bcbsri.com (and search on keyword “quality”), or contact Customer Service at 800.639.2227; TTY/TTD 711.

HEDIS PERFORMANCE

HEDIS (Healthcare Effectiveness Data & Information Set) is a set of measures developed by the National Committee for Quality Assurance (NCQA), a non-profit healthcare accrediting agency. HEDIS data is collected by health plans and publicly reported for a variety of clinical measures affecting consumers of all ages, ranging from preventive healthcare, such as breast cancer screening or immunizations, to treatment for certain chronic illnesses, such as asthma medication or depression follow-up care. HEDIS provides consumers with a consistent way to evaluate and compare health plan performance. BCBCSRI utilizes HEDIS rates to help understand the needs of our members and to guide our improvement efforts. We are proud to have increased the number of measures in 2015 that measured in the 90th National Percentile or better. Overall, our 2015 results demonstrated both strengths and opportunities for improvement, which are highlighted below:

2015 HEDIS COMMERCIAL

- **Strengths:** Of 32 measures, we scored in the 90th national percentile or better for 9 measures and in the 75th national percentile for 11 measures.
 - **Measures in the 90th National Percentile:** Counseling for Nutrition in Children and Adolescents, Counseling for Physical Activity in Children and Adolescents, Use of Spirometry in the Assessment and

Diagnosis of COPD, Childhood Immunization Status Combination 2, Controlling High Blood Pressure, and Pharmacotherapy Management of COPD Exacerbation: Systemic Corticosteroid.

- Measures in the 95th National Percentile: Childhood Immunization Status Combination 10, Timeliness of Prenatal Care, and Cervical Cancer Screening
- Measures in the 75th National Percentile: Appropriate Testing for Children with Pharyngitis, Appropriate Treatment for Children with Upper Respiratory Infection, BMI Percentile in Children and Adolescents, Colorectal Cancer Screening, Chlamydia Screening in Women, Follow-up After Hospitalization for Mental Illness 7 Days, Breast Cancer Screening, Flu Shots for Adult Age 50-64, Comprehensive Diabetes Care: Eye Exam, Follow-up Care for Children Prescribed ADHD Medication: Initiation Phase, and Postpartum Care.

- Opportunities for Improvement: Comprehensive diabetes care, appropriate medications and follow-up care for behavioral health conditions, healthy weight in adults and children, cardiovascular care, respiratory care, and other topics will be the focus for a variety of Commercial member clinical projects in 2016.

2015 HEDIS MEDICARE

- Strengths: Of thirty measures, we scored the 90th national percentile for two measures, and in the 75th percentile for 8 measures.
 - Measures in the 90th National Percentile: Pharmacotherapy Management of COPD Exacerbation: Systemic Corticosteroid and Potentially Harmful Drug-Disease Interactions in the Elderly Dementia & Tricyclic Antidepressants or Anticholinergic Agents.
 - Measures in the 75th National Percentile: Colorectal Cancer Screening, Controlling High Blood Pressure, Comprehensive Diabetes Care: Poor HbA1c Control, Breast Cancer Screening, Use of Spirometry in the Assessment and Diagnosis of COPD, Comprehensive Diabetes Care: HbA1c < 8, Comprehensive Diabetes Care: BP < 140/90, and Persistence of Beta Blocker Treatment After a Heart Attack.
- Opportunities for Improvement: Comprehensive diabetes care, appropriate medications for a variety of behavioral and medical conditions, cardiovascular health, and osteoporosis management are areas targeted for improvement and the focus of Medicare improvement projects in 2016.

SELECTED CLINICAL ACCOMPLISHMENTS

POST-ACUTE CARE QUALITY WORKGROUP

Objectives: In 2014, BCBSRI formed the Post-Acute Care Quality Workgroup to guide the addition of skilled nursing facilities (SNFs) to our network quality program. Recognizing the high cost of skilled nursing facility care and SNF-to-hospital readmissions - tens of millions of dollars – the Post-Acute Care Quality Workgroup's focus in 2015 was to ensure our members receive high quality care while admitted to SNFs. Our main objectives were as follows: 1) supporting members, providers, systems of care, and hospitals in making quality-centric facility selections using the most comprehensive quality information available; and 2) facilitating SNFs' engagement in quality improvement activities.

Initiatives and Results: A SNF quality comparison grid was developed as an at-a-glance resource for obtaining the most meaningful information published by the Centers for Medicare and Medicaid Services (CMS), the RI Department of Health, and calculated from BCBSRI claims. The comparison tool allows the user to sort and filter facilities by geographical location, size, ownership, CMS Nursing Home Compare ratings, RI Department of Health site survey results, readmission rates, and emergency department (ED) visit rates. In 2015, this tool was shared with several hospitals, systems of care, and PCP groups. In 2016 and beyond, Quality hopes to update and further develop the quality comparison grid and distribute it to a wider audience.

BCBSRI has achieved significant gain in strengthening our relationship with the SNF network community. In July 2015, the Quality department hosted a SNF network meeting to share our SNF quality work and plans, set expectations, and offered a forum for facilities to share their perspectives. The meeting was well attended and feedback was very positive. In December 2015, Quality followed up with a SNF Quality Forum, which gave SNFs the opportunity to share best practices and successful quality improvement projects with one another.

BCBSRI has partnered with Healthcentric Advisors, the regional Quality Innovation Network - Quality Improvement Organization (QIN-QIO) to drive towards improving the quality of care provided to Rhode Islanders. As part of their CMS-contracted work, Healthcentric Advisors tracks SNF performance on numerous quality measures and offers many opportunities to foster quality improvement. In BCBSRI's partnership with the QIN-QIO, we are encouraging all SNFs in our network to engage with Healthcentric Advisors and requesting access to quality performance data collected by Healthcentric Advisors. For SNFs with CMS Nursing Home Compare overall rating of one or two stars, the data-share agreement and engagement with Healthcentric Advisors is required, to serve as a monitoring and tracking platform for lower performing SNFs in our network.

DIABETES WORKGROUP

Objective: HEDIS 2014 data showed that a large number of Commercial members with diabetes experienced poor glycemic control as measured by hemoglobin A1c test. Standards of care for people with diabetes recommend maintaining an A1c level of 8% or less. A1c values higher than 8% are known to cause eye, renal, neurological, and cardiovascular complications and contribute to poor quality of life and premature death. Anecdotal information from meetings with Patient-Centered Medical Home nurse care managers (many of whom manage chronically ill patients) indicated that cost of diabetes supplies and medication is a common concern for Rhode Islanders with diabetes. We convened a multidisciplinary workgroup to further investigate barriers to glycemic control in the Commercial membership with diabetes.

Initiatives: The Diabetes Workgroup is comprised of staff from Quality, Case Management, Disease Management, PCMH, Medical Economics, Pharmacy, and Member Experience. In 2015, the group considered focus groups and online surveys before deciding on a paper survey. The survey was created with group input and guidance from subject matter experts. The group agreed to incent participation by raffling five \$50 Visa gift cards. The survey was mailed in August 2015 to the 12,000 Commercial members with diabetes enrolled in our Diabetes Disease Management program. Survey data was reviewed by the Workgroup in December 2015. At that time, we also welcomed a member of Product Marketing to the group, whose expertise will help inform diabetes-specific product development going forward.

Results: Of the 12,000 surveys mailed, we received approximately 1600 in return, a response rate of 13.3%. Five of the members who returned completed surveys were selected using a random number generator to receive \$50 Visa gift cards. The surveys yielded important data about a portion of our Commercial members living with diabetes; highlights are summarized below and details are available in our Quality Management Program Evaluation. In 2016, the Workgroup plans to make product recommendations designed to decrease cost barriers and foster adherence with diabetes treatment recommendations, design interventions based on expressed needs (such as diabetes classes emphasizing meal planning), and promote existing resources to help address barriers.

Type of Diabetes: 1623 members responded to this question.

- 1289 (or 79.4%): Type 2 diabetes
- 241 (or 14.8%): Type 1 diabetes
- 9 (or 0.05%): gestational diabetes
- 64 (or 3.9%) are 'not sure' of their diabetes type
- 20 (or 1.2%) left this survey question blank

How Members Care for Their Diabetes: 1662 members responded to this question, and could select multiple answers. The top four responses were diet, exercise, checking one's blood sugar, and taking pills for diabetes.

What Prevents You From Managing Your Diabetes? 1662 members responded to this question and could select multiple answers. The top four barriers reported are creating/following a diabetes meal plan, stress related to diabetes, cost of diabetes supplies, and cost of medication.

What Three Things Would Help You Manage Your Diabetes Better? 1662 members responded to this question and could select multiple answers. The top five responses were as follows: help creating/following a meal plan; cost of diabetes supplies; information or education about diabetes; cost for diabetes pills; help/support with stress or bad feelings related to diabetes.

POPULATION HEALTH REGISTRY

Objective: Data are the underpinning of our work, and key in informing the direction and priorities of our clinical improvement program. Population health reporting and practice-level data have long been program components. However, we recognized an opportunity for the bi-directional exchange of data with our providers, and their need for information to better manage the care of their members. Our new Population Health Registry meets those needs and provides BCBSRI with an innovative way to integrate clinical improvement programming, value based care, population health, and quality while engaging and supporting our network.

Initiatives: BCBSRI's Population Health Registry is a robust web-based solution that allows providers to better manage the health of their populations of patients by aggregating disparate medical and pharmacy claims, lab results EHR data and immunization data. Providers have the ability to both track the health of their patients over time with a near-real time 'member 360' page, and view prospective gaps in care for their panel of members. They may also enter data into the tool to close gaps in care or enter exclusions that we may not otherwise know about. After many months of strategy and planning, BCBSRI's Population Health Registry went live on October 1, 2015. We held two large training for all primary care physician (PCP) offices and Systems of Care in late September and have held multiple group and individual trainings since then. Additional trainings and webinars will be scheduled the second quarter of 2016. BCBSRI has had strong adoption of the Registry to date. This initiative will have a significant impact on our HEDIS scores and our CMS 5 STAR Rating score.

Results (as of 2/5/2016):

Number of groups and practices that have access:

- All 5 Systems of Care in Rhode Island.
- 93 practice sites
- 330 users

Progress to date:

- 25 measures have data entry capability
- Over 19,000 gaps in care closed or exclusions entered in the tool

SELECTED SERVICE ACCOMPLISHMENTS

MEMBER SAFETY INITIATIVES

INITIATIVE	DESCRIPTION
Member Education	<p>BCBSRI provides members with information on medication safety on BCBSRI.com. Sample articles are included below:</p> <ul style="list-style-type: none"> Warfarin: Taking Your Medicine Safely Buying Online Drugs Safely Insulin: Reusing Syringes and Lancets Safely Depression: Taking Antidepressants Safely Staying Safe When You Take Several Medicines Taking Medicines as Prescribed Depression: Taking Antidepressants Safely Depression: Dealing With Medicine Side Effects Quick Tips: Taking Medicines Wisely Questions to Ask About Your Medicines How to Get Rid of Medicines Using Antibiotics Wisely Tips for Swallowing Medicines Monitoring Your Medicines Dealing With Medicine Side Effects and Interactions Grapefruit Juice and Medicines Questions About Medicines for Epilepsy Cardiac Rehab: Medicine and Exercise ADHD: Should My Child Take Medicine? High Blood Pressure: Over-the-Counter Medicines to Avoid Kidney Disease: Medicines to Avoid FDA Advisories for Antidepressants Non-Diabetes Medicines That May Raise or Lower Blood Sugar Risks and Benefits of Medicines for Heart Failure Diabetes: Safe Use of Nonprescription Medicine
Practitioner Communication	Through our newsletter <i>Provider Update</i> , we notify providers about policy changes, updates to practice guidelines, recalls and safety issues relevant to the care of our members.
Transitions of Care	Our Transitions of Care Program helps members reduce avoidable hospital readmissions through nurse intervention and education about the member's care plan and medication safety.
Member Complaint Review	Member complaints are reviewed to identify and address complaints related to quality of care, accessibility, and availability.
Pharmacy Management	Through our pharmacy benefit manager, Catamaran, we implement prior authorizations and quantity limits on specific drugs to prevent over-utilization, ensure appropriateness of medications, identify poly-pharmacy issues, identify narcotic abuse, and reduce member exposure to new medications with uncertain side-effects. We also notify members and practitioners of drug recalls and/or withdrawals.
Clinical Practice Guidelines	BCBSRI has clinical practice guidelines in place to ensure that members receive care based on the latest scientific evidence
Electronic Medical Records	Our support of Patient Centered Medical Homes includes encouraging the use of electronic medical records (EMR). Implementation of the EMR allows practitioners to share information more efficiently and reduce handwritten medical errors.
Network Adequacy	BCBSRI performs an analysis of the member population and the provider network at least annually to determine if the network is adequate to support the healthcare needs of the members we serve. When opportunities for improvement are identified, Contracting staff work to develop contracts with most-needed providers.
Credentialing	BCBSRI credentials providers and performs site visits according to regulatory and accreditation requirements, ensuring practices meet standards for safety, cleanliness, documentation, and access.

CUSTOMER AND PROVIDER ISSUE ESCALATION MODEL.

Objective: Escalations are member or provider concerns requiring research and a timely response.

Escalations may originate in various parts of the organization, including with a member of the Executive Leadership Team (ELT). Previously escalations were handled by a variety of departments within BCBSRI, with no standards for resolution, timeliness, or consistency. ELT escalations were often assigned to multiple people, and ELT may not have been informed of the resolution. Customer and Provider Services sought to streamline and standardize the process of handling escalations.

Initiatives: In February 2015, a centralized handling team accountable for responding to all escalated customer and provider issues was created to ensure proper handling, consistency of response, and resolution. The core team consisted of four leaders from the Customer and Provider Service unit and their team members. The team developed workflows governing the handling of escalations and distributed them to customer-facing departments, Legal, Public Relations, the Grievance and Appeals Unit (GAU), all administrative support staff, and the Executive Leadership Team (ELT) to help direct escalations to a sole working group. Escalations are typically received in the form of a letter, email, or phone call, and may come from members of all product lines, providers, and employer groups. The escalation team developed a database for the tracking of escalations, and a process by which escalations are entered into the database as they are received, and cases updated as new developments and communications occur. According to the new model for handling escalations, clear parameters now govern resolution, notification, and timeliness of escalations. The new model became effective on March 1, 2015.

Results: From March 1—December 31, 2015, 156 escalations were handled and resolved. Of these, 25 were constituent cases from legislative offices (US Senate, US House and RI General Assembly), 26 cases were escalated to the President/CEO, and 105 cases were escalated to senior staff. Escalations will be moved to our Grievance and Appeals Unit (GAU) in early 2016, for optimal alignment with complaint handling resources.

IMPROVING BCBSRI'S ACCESSIBILITY FOR MEMBERS

Objective: Provide additional contact and customer service options that increase access to the plan and ancillary services to help meet the growing needs of our membership.

Initiatives:

- **Customer Service Call Center Open Seven Days a Week:** In September 2015, we began offering Customer Service 7 days a week to our commercial, individual and Medicare members by adding Saturday and Sunday call center staff from 8 a.m. to noon. During the Medicare open enrollment season (October through February), our call center hours are 8 a.m. to 8 p.m., 7 days a week.
- **Nurse Care Line Added:** In October 2015, a Nurse Care Line was launched, available at no cost to fully-insured Commercial, Individual, and Medicare members, 24 hours a day. This service is offered by Health Dialog (a subsidiary of Rite Aid/Walgreens), and staffed by nurses with an average of 13 years' experience. Many of the nurses are bilingual, and translation services are available for over 200 languages. The Nurse Care Line is also available to members who are deaf or hearing-impaired. The Nurse Care Line helps members determine the right treatment option for a variety of concerns such as colds, flu, minor injuries such as sprains and cuts, headaches, medications and side effects, and health problems such as diabetes or asthma.
- **Third Retail Store Opened:** In October 2015, BCBSRI opened its third retail location, Your Blue Store, at the Lincoln Mall in Lincoln, RI. Like its counterparts in Bristol and Warwick, the Lincoln store offered members and potential members the opportunity to meet face-to-face with a BCBSRI employee to ask questions about plans or coverage, pay monthly bills, enroll in or switch plans, and attend free community and wellness events (such as zumba, yoga, and educational workshops). Many of our retail store employees are bilingual. A nurse is also available for consultation with members by appointment or for walk-ins.

Results:

- **Customer Service Call Center Open Seven Days a Week:** As a result of our extended call center hours, BCBSRI staff took an additional 1,420 weekend calls from commercial or individual members from September-December 2015 (beyond our seasonal Medicare AEP weekend coverage).
- **Nurse Care Line Added:** Our new Nurse Care Line fielded 93 member calls regarding health concerns in the fourth quarter of 2015.
- **Third Retail Store Opened:** From its opening on October 15, 2015, to the end of 2015, our new Your Blue Store in Lincoln had 2936 member visits.

ENHANCEMENTS TO THE MEMBER EXPLANATION OF BENEFITS (EOB)

Objective: To increase transparency and member understanding of their plan, we made enhancements to the Member Explanation of Benefits as part of our continuous improvement of member health care services statements.

Initiatives: We improved readability of documents that explain members' use of their plan, and changed EOB formatting. We also added watermarking to the EOB to reinforce that this document is not a bill.

Results: We saw a decrease in the volume of statements returned by members with checks, mistakenly thinking the EOB was a bill (anecdotally reported as an issue and anecdotally reported as now alleviated by the addition of the watermark).

ATTN: Membership - 87274
Blue Cross & Blue Shield of RI
500 Exchange Street
Providence, RI 02903-2699

Electronic Service Requested

46 0.0008
[Barcode]

WHITE STOCK
TEST

Blue Cross
Blue Shield
of Rhode Island

BCBSRI.com
(401) 459-5000 or 1-800-639-2227
TDD: 711

BCBSRI Member ID #: [Redacted]
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Statement Date: 07/29/2015

Healthcare Services Summary

This statement shows healthcare services you recently received, including what BCBSRI paid your healthcare providers and your share of the costs for these services. This is not a bill.

Total amount billed by your healthcare provider(s)	\$150.00
Your discount for using the BCBSRI network	\$32.66
What BCBSRI paid	\$87.34
Other deductions (such as other insurance coverage)	\$0.00
Your share of the costs owed to your healthcare provider(s)	\$30.00

This includes copays, coinsurance, and/or deductibles, which you may have already paid.
Your healthcare provider(s) may bill you this amount and you must pay the provider(s) directly.

You saved 22% by using BCBSRI network discounts!

Plan Benefit Period: 01/01/2015 - 12/31/2015

Your Individual Deductible

In Network \$250.00 Max	\$0.00 Met	\$250.00 Remaining
Out of Network 1 \$1000.00 Max	\$0.00 Met	\$1,000.00 Remaining

Your Family Deductible

In Network \$500.00 Max	\$0.00 Met	\$500.00 Remaining
Out of Network 1 \$2000.00 Max	\$0.00 Met	\$2,000.00 Remaining

Your Individual Out of Pocket

In Network \$750.00 Max	\$44.38 Met	\$705.62 Remaining
Out of Network 1 \$3000.00 Max	\$0.00 Met	\$3,000.00 Remaining

Your Family Out of Pocket

In Network \$1500.00 Max	\$44.38 Met	\$1,455.62 Remaining
Out of Network 1 \$6000.00 Max	\$0.00 Met	\$6,000.00 Remaining

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