

Understanding Your Benefits

■ Deductibles

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

- \$0 per individual plan; \$0 per family plan in network
- \$0 per individual plan; \$0 per family plan out of network

■ Out-of-pocket Limits

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

- \$6,350 per individual plan; \$12,700 per family plan in network
- \$19,050 per individual plan; \$38,100 per family plan out of network

■ Please note:

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

* Out-of-network, non-participating providers are not covered except for emergency services.

What's Covered	What You Pay			
	Service	Tier 1	Tier 2	Out-of-Network Participating Providers*
Preventive Care				
▪ Adult preventive care	\$0 per visit	\$0 per visit	\$90 per visit	
▪ Child preventive care				
▪ Immunizations	\$0 per visit	\$0 per visit	20% per visit	
▪ Preventive lab	\$0 per visit	\$0 per visit	\$90 per visit	
▪ Preventive x-ray and imaging	\$0 per visit	\$0 per visit	\$675 per visit	
Primary Care Office Visits				
▪ Adult primary care	\$30 per visit	\$90 per visit	\$90 per visit	
▪ Adult gynecological exam				
▪ Pediatric primary care				
Specialist Office Visits				
▪ Specialty care	\$80 per visit	\$240 per visit	\$240 per visit	
▪ Chiropractic (limit 20 visits per year)				
▪ Routine eye exam (limit 1 visit per year)				
Diabetics				
▪ Foot Exam (limit 1 visit per year)	\$0 per visit	\$240 per visit	\$240 per visit	
▪ Eye Exam (limit 1 visit per year)				
Outpatient Services				
▪ Diagnostic lab	\$30 per visit	\$90 per visit	\$90 per visit	
▪ Diagnostic x-ray and imaging	\$225 per visit	\$675 per visit	\$675 per visit	
▪ High-end radiology (e.g., MRI/CT/PET), nuclear medicine and sleep studies	\$600 per visit	\$1,800 per visit	\$1,800 per visit	
▪ Medical/surgical care	\$1,250 per visit	\$3,750 per visit	\$3,750 per visit	
Inpatient Services				
▪ Hospitalization	\$2,500 per admission	\$6,350 per admission	\$6,350 per admission	
▪ Maternity				
▪ Rehabilitation (limit 45 days per year)	\$1,250 per admission	\$3,750 per admission	\$3,750 per admission	

Beyond Benefits

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

Access Your Benefits:

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

Health Topics and Discounts:

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

Need help?

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

VantageBlue Select Network providers are easy to find. Go to **Find a Doctor** on BCBSRI.com.

What's Covered	What You Pay		
	Service	Tier 1	Tier 2
<ul style="list-style-type: none"> Chemical dependency Mental health 	\$2,500 per admission	\$2,500 per admission	\$6,350 per admission
Hospital Emergency Services	\$800 per visit	\$800 per visit	\$800 per visit
Urgent Care Center	\$40 per visit	\$40 per visit	\$40 per visit
Ambulance			
<ul style="list-style-type: none"> Ground 	\$50 per occurrence	\$50 per occurrence	\$50 per occurrence
<ul style="list-style-type: none"> Air/Water 	\$300 per occurrence	\$300 per occurrence	\$300 per occurrence
Durable Medical Equipment	20% per service/device	20% per service/device	20% per service/device
Physical/Occupational Therapy			
<ul style="list-style-type: none"> Physical therapy Occupational therapy Speech therapy 	\$70 per visit	\$210 per visit	\$210 per visit
Prescription Drugs	\$5/\$18/\$60/\$160/\$200 \$2 for Asthma, Diabetes, and COPD		
Pediatric Vision (for dependents under age 19)			
<ul style="list-style-type: none"> Collection prescription glasses Standard lenses and lens options Collection contact lenses 	\$0 per service	\$0 per service	\$0 per service
Pediatric Dental (for dependents under age 19)			
<ul style="list-style-type: none"> Oral exams, cleanings, x-rays (bitewing, panoramic and individual), fluoride treatments and sealants 	\$0 per visit	\$0 per visit	\$0 per visit
<ul style="list-style-type: none"> All other covered dental services 	50% per visit	50% per visit	50% per visit

If you choose the VantageBlue Select plan, you must select a Primary Care Physician (PCP) and other healthcare providers (including hospitals, specialists, labs, and durable medical equipment suppliers) from the VantageBlue Select network in order to get the lowest out-of-pocket healthcare costs (e.g., copayments and coinsurance). Providers in the VantageBlue Select network can be found at www.BCBSRI.com/VBSelectProviders or in the Find A Doctor tool on BCBSRI.com. If you do not seek services from a VantageBlue Select network provider or receive a network referral you will be responsible for the applicable higher out-of-network cost sharing.



www.bcbstri.com

500 Exchange Street • Providence, RI 02903-2699

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

This is a summary of your VantageBlue Select benefits. It is not a contract. For details about your coverage, including any limitations or exclusions not noted here, please refer to your subscriber agreement or call the number located on the back of your BCBSRI card. If you have questions about receiving medical care, please call your doctor.