

# 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.

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 Customer Service prior to accessing these services. The Customer Service number is located 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 Customer Service at 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. 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 Customer Service at the number on the back of your member ID card.*

## 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 Customer Service at 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.