Brown Health Low-Deductible Medical Plan

Understanding Your Benefits

Deductibles

Preferred Network & National Blue Cross Network:

$250 per individual plan; **$500** per family plan in-network

$3,000 per individual plan; **$6,000** per family plan out-of-network

Hybrid deductible: All deductible payments count toward the family deductible amount, but the individual will never pay more than their individual deductible amount.

Out-of-pocket limits

Preferred Network & National Blue Cross Network:

$3,000 per individual plan; **$6,000** per family plan in-network

$6,500 per individual plan; **$13,000** per family plan out-of-network

Hybrid out-of-pocket: All out-of-pocket payments count toward the family out-of-pocket limit. The individual will never pay more than their individual out-of-pocket amount.

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

Service	Preferred Network*	National Blue Cross Network	Out-of-network
Primary Care	$20 Copay after deductible	$30 Copay after deductible	30% after deductible
Specialist	$30 Copay after deductible	$45 Copay after deductible	30% after deductible
Urgent Care	$30 Copay after deductible	$60 Copay after deductible	30% after deductible
Emergency Room	$200 Copay	$200 Copay	$200 Copay
Ambulance	$50 Copay after deductible	$50 Copay after deductible	$50 Copay after deductible
Chiropractic	$30 Copay after deductible	$45 Copay after deductible	30% after deductible
Acupuncture	$30 Copay after deductible	$45 Copay after deductible	30% after deductible
Preventive Care	Covered in full	Covered in full	30% after deductible
Diagnostic Lab work**	Covered in full after deductible	$40 Copay after deductible	30% after deductible
Diagnostic imaging	Covered in full after deductible	$50 Copay after deductible	30% after deductible
Diagnostic Colonoscopy***	$200 Copay after deductible	$600 Copay after deductible	30% after deductible
High-end Radiology	Covered in full after deductible	$100 Copay after deductible	30% after deductible
Outpatient Surgery	$200 Copay after deductible	$600 Copay after deductible	30% after deductible
Inpatient Services	Covered in full after deductible	$1,000 Copay after deductible	30% after deductible
Inpatient Maternity	Covered in full after deductible	Covered in full after deductible	30% after deductible
Behavioral Health/Chemical Dependency-Inpatient Office Visit	Covered in full after deductible $20 copay after deductible	Covered in full after deductible $20 copay after deductible	30% after deductible
Durable Medical Equipment	Covered in full after deductible	Covered in full after deductible	30% after deductible

Service	Preferred Network*	National Blue Cross Network	Out-of-network
Physical, Occupational, and Speech Therapy	$20 Copay after deductible	$20 Copay after deductible	30% after deductible

* The Preferred Network includes Rhode Island Hospital and its pediatric division, Hasbro Children's; The Miriam Hospital; Newport Hospital; Bradley Hospital; Gateway Healthcare; Saint Anne's Hospital; Morton Hospital; Brown University Health Urgent Care Centers, Hawthorn Medical Associates, Prima CARE, Hawthorn Urgent Care, Pediatric Associates at Northwoods, Middleboro Pediatrics, Pediatric Associates of Fall River, Prima CARE Walk In, Revere Medical Group, Brown Health Medical Group, Brown Health Medical Group Primary Care, and related service locations. Visit bcbsri.com/brownhealth for the complete list of Preferred Network hospitals, providers, and laboratories.

** A copay will apply if your lab specimen is sent out to any non-Preferred Network Laboratory for processing.

*** Preventive colonoscopies: covered once every 5 years starting at age 45

Online member account:

Create your member account at **bluecareconnectRI.com** or download the BlueCare Connect app to get started.

This summary provides information about your Brown University Health benefits. This document does not entitle you to benefits offered by Brown University Health. Every effort has been made to ensure the accuracy of this communication. However, if there are discrepancies between this communication and the official plan documents and policies, the plan documents and policies will always govern

Need Help?

Call your Brown University Health Employee CARE Center

- *Locally: (401) 429-2102*
- *Outside Rhode Island: 1-866-987-3706*
- *TTY/TDD (Telecommunication Device for the Deaf) Users should call 711*

Hours:

Monday – Friday 8:00 am to 8:00 pm; Saturday 8:00 am to 12 pm, Eastern Time

Your Blue Stores:

- *East Providence- 71 Highland Ave*
- *Lincoln- 622 George Washington Hwy*
- *Warwick- 300 Quaker Ln*
- *Cranston- 1400 Oaklawn Ave*
- *Narragansett- 91 Point Judith Rd*