

Brown Health Medical Plan



Understanding Your Benefits

Deductible

- **Preferred Network:**
\$250 per individual plan;
\$500 per family plan
- **National Blue Cross Network:**
\$1,000 per individual plan;
\$2,000 per individual plan
- **Out of Network:**
\$3,000 per individual plan;
\$6,000 per family plan

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 and National Blue Cross Network:**
\$4,000 per individual plan;
\$8,000 per family plan
- **Out of Network:**
\$9,450 per individual plan;
\$18,900 per family plan

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 the Preferred network, National Blue Cross Network and Out-of-network services.

Service	Preferred Network*	National Blue Cross Network	Out of Network
Primary Care	\$20 Copay after deductible	\$40 Copay after deductible	30% after deductible
Specialist	\$30 Copay after deductible	\$60 Copay after deductible	30% after deductible
Urgent Care	\$30 Copay after deductible	\$60 Copay after deductible	30% after deductible
Emergency Room	\$200 Copay after deductible	\$200 Copay after deductible	\$200 Copay after deductible
Ambulance	\$50 Copay after deductible	\$50 Copay after deductible	\$50 Copay after deductible
Chiropractic	\$30 Copay after deductible	\$50 Copay after deductible	30% after deductible
Acupuncture	\$30 Copay after deductible	\$30 Copay after deductible	\$30 Copay after deductible
Routine Eye Exam (1 per year)	\$20 Copay after deductible	\$30 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	\$300 Copay after deductible	\$1,000 Copay after deductible	30% after deductible
Inpatient Maternity	\$300 Copay after deductible	\$300 Copay after deductible	30% after deductible
Behavioral Health/Chemical Dependency- Inpatient	\$300 copay after deductible	\$300 copay after deductible	30% after deductible
Office Visit	\$20 copay after deductible	\$20 copay after deductible	
Rehabilitation (100 days per year)	Covered in full after deductible	\$400 copay after deductible	30% after deductible
Durable Medical Equipment	Covered in full after deductible	\$40 Copay after deductible	30% after deductible
Physical, Occupational, and Speech Therapy	Covered in full after deductible	\$40 Copay after deductible	30% after deductible

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

* The Preferred Network includes Rhode Island Hospital and its pediatric division, Hasbro Children's; The Miriam Hospital; Newport Hospital; Bradley Hospital; Brown University Health Home Medical, Gateway Healthcare, Brown University Health Urgent Care Centers, 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

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