

# Brown Health Medical Plan-UNAP

## Understanding Your Benefits

### Deductible

- **Preferred and National Blue Cross Network:**  
None

- **Out of Network:**  
\$2,000 per individual plan;  
\$4,000 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:**  
\$2,500 per individual plan;  
\$5,000 per family plan

- **Out of Network:**  
\$3,000 per individual plan;  
\$6,000 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	\$20 Copay	20% after deductible
Specialist	\$20 Copay	\$20 Copay	20% after deductible
Urgent Care	\$30 Copay	\$30 Copay	20% after deductible
Emergency Room	\$100 Copay	\$100 Copay	\$100 Copay
Ambulance	\$50 Copay	\$50 Copay	\$50 Copay
Chiropractic	\$20 Copay	\$20 Copay	20% after deductible
Acupuncture	\$30 Copay	\$30 Copay	\$30 Copay
Routine Eye Care (1 per year)	\$20 Copay	\$20 Copay	20% after deductible
Preventive Care	Covered in full	Covered in full	20% after deductible
Diagnostic Lab work**	Covered in full	\$25 Copay	20% after deductible
Diagnostic imaging	Covered in full	\$50 Copay	20% after deductible
Diagnostic Colonoscopy***	Covered in full	\$200 Copay	20% after deductible
High-end Radiology	Covered in full	\$50 Copay	20% after deductible
Outpatient Surgery	Covered in full	\$300 Copay	20% after deductible
Inpatient Services	Covered in full	\$500 Copay	20% after deductible
Inpatient Maternity	Covered in full	Covered in full	20% after deductible
Behavioral Health/Chemical Dependency- Inpatient	Covered in full	Covered in full	20% after deductible
Office Visit	\$20 copay	\$20 copay	
Rehabilitation (100 days per year)	Covered in full	\$500 copay	20% after deductible
Durable Medical Equipment	Covered in full	\$40 Copay	20% after deductible
Physical, Occupational, and Speech Therapy****	Covered in full	\$20 Copay	20% 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; Women & Infants, Brown Health Medical Group, Brown Health Medical Group Primary Care, and related service locations. Visit [bcbsri.com/brownhealth](http://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

\*\*\*\*Physical and Occupational Therapy have a copay cap of \$320 not to be combined with Speech Therapy copay cap also of \$320. Copay is waived if ordered by a podiatrist or orthopedist for Physical and Occupational Therapy.

*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*