

Providence School Administrators Classic – M5D05/1F418

Providence Teachers Active Classic – MPT2/1F419

Providence School Dept. Misc. Retirees Classic – MPT7/1F454

Providence School Dept. Misc. Retirees 1999 – Present – MPT8/1F455

Providence School Dept. Misc. Retirees Basic 1989 – Present CLS –  
MPT9/1F456

## Benefit Summary

ClassicBlue, our traditional indemnity plan,  
combines comprehensive benefits with complete freedom of choice.

- **An extensive nationwide network.** You can receive in-network coverage from our extensive network of hospitals and providers.
- **No paperwork for in-network services.** Simply show your BCBSRI member ID card, and the provider will do the rest. You're only responsible for paying any applicable copayment, coinsurance, or deductible.
- **The freedom to choose.** If you visit an out-of-network provider for covered services, simply pay for the service up front and then file a claim for reimbursement. You may have to pay higher out-of-pocket costs when you visit non-network providers. Please see your plan's subscriber agreement for details or call Customer Service.

	Within the BlueCard® Traditional Network you pay:	Outside of the BlueCard® Traditional Network you pay:	Notes
<i>Please remember that you are responsible for paying any copayment, coinsurance, and/or deductible to your provider. This is a mandatory requirement when receiving healthcare services. Copayments are due at the time of service. Any coinsurance and/or deductible amounts can be paid at the time of service or within the time frame specified by your provider. Coinsurance and deductible amounts are shown on the explanation of benefits (EOB) that we send to you after processing your claim. You must pay the provider the total amount shown in the section labeled "Your Responsibility" on the EOB.</i>			
<b>Preventive Care</b>			
<b>Adult preventive care</b>	20%*	20%*	Includes one physical exam and one gynecological exam per calendar year.
<b>Pediatric preventive care</b>	\$10	\$10	Includes routine physicals.
<b>Immunizations</b>	\$0	\$0	Includes adult and pediatric immunizations. An office visit copayment will apply if the provider bills for the immunization administration in addition to an office visit.
<b>Lab services, machine tests, and X-rays</b>	\$0	\$0	Includes Pap smears, screening mammograms, and prostate-specific antigen (PSA) tests.
<b>Office Visits</b>			
<b>Personal care physician (PCP)</b>	20%*	20%*	
<b>Specialist</b>	20%*	20%*	Routine eye exams are not covered.
<b>Outpatient Services</b>			
<b>Outpatient medical/surgical care</b> (facility and doctor services)	\$0	\$0	
<b>Lab services, machine tests, and X-rays</b> (diagnostic)	\$0	\$0	
<b>Inpatient Services</b>			
<b>Inpatient hospital services</b> - acute care - maternity	\$0	\$0	Unlimited days at a general or specialty hospital. Up to 45 days per calendar year for physical rehabilitation.

\*After meeting the \$50 annual Major Medical deductible. Deductibles vary by plan.

*continued*

	Within the BlueCard® Traditional Network you pay:	Outside of the BlueCard® Traditional Network you pay:	Notes
<b>Mental Health and Chemical Dependency Treatment Services</b>			
Inpatient	\$0	\$0	
Outpatient	\$0	\$0	
Office Visits	20%*	20%*	
<b>Urgent Care or Emergency Care</b>			
Urgent care center	20%*	20%*	
Emergency room care	\$0	\$0	You may be billed an additional specialist copayment if you are seen by a specialist in the emergency room.
Ambulance services	\$50	\$50	Coverage for medically necessary/emergency services. Air and water ambulances are limited to a maximum of \$3,000 per occurrence.
<b>Additional Services</b>			
Prescription drugs	20%*	20%*	
Physical/occupational therapy	\$0	\$0	Coverage for services of a hospital-based therapist and within 30 days following a hospital stay, home care, or surgical procedure; otherwise covered at 80 percent after major medical deductible.
Durable medical equipment (DME)	20%*	20%*	Must be purchased from a participating DME vendor. Pharmacies are NOT participating in the DME network.
Home and hospice care	\$0	\$0	Includes physician, nurse, and home health aide visits.

\*After meeting the \$50 annual Major Medical deductible. Deductibles vary by plan.

*This grid provides a general summary of your ClassicBlue 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 our Customer Service Department at (401) 459-5000 or 1-800-639-2227 (outside of Rhode Island). If you have any questions about receiving medical care, call your personal care physician.*

## Key Terms

**Coinsurance:** The percentage of our allowance that you must pay for a covered healthcare service.

**Copayment:** A fixed dollar amount that you must pay for a covered healthcare service.

**Major Medical Deductible:** A fixed amount that you must pay for covered healthcare services each calendar year before we start to pay for those services.

**Out-of-pocket maximum:** Highest amount of coinsurance that you must pay each calendar year for certain covered healthcare services.

**Personal care physician (PCP):** Includes family practitioners, internists, and pediatricians.

**Specialist:** Includes office visits to all other medical providers who specialize in a certain area of medicine, such as but not limited to: oncology, cardiology, ophthalmology, dermatology, or allergy.



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