



North Smithfield Public Schools

A community dedicated to excellence

HealthMate Coast-to-Coast



100/80 \$1,000
Coinsurance Plan

Understanding Your Benefits

	What's Covered		What You Pay	
	Service	In-Network	Out-of-Network	
<ul style="list-style-type: none"> Deductibles You pay the following amounts each year before your health plan starts to pay toward the cost of covered services: <ul style="list-style-type: none"> \$1,000 per individual plan; \$2,000 per family plan in network \$2,000 per individual plan; \$4,000 per family plan out of network The deductible amount has a hybrid calculation which means that all deductible amounts paid count toward the family deductible, but the individual will never pay more than the individual deductible amount. Out-of-pocket Limits The following is the maximum you would pay out of pocket for essential health benefits each year (including medical and pharmacy copayments, deductibles and coinsurance). <ul style="list-style-type: none"> \$6,350 per individual plan; \$12,700 per family plan in network \$6,350 per individual plan; \$12,700 per family plan out of network The out-of-pocket limit has a hybrid calculation which means that all out-of-pocket amounts paid count toward the family out-of-pocket limit, but the individual will never pay more than their individual out-of-pocket limit. Please note: The deductible and out-of-pocket limits are separate for in-network and out-of-network services. 	Preventive Care <ul style="list-style-type: none"> Adult preventive care Child preventive care Immunizations Preventive lab, X-ray, and imaging 	\$0 per visit	20% per visit after deductible	
	Primary Care Office Visits <ul style="list-style-type: none"> Adult primary care Adult gynecological exam Pediatric primary care 	\$20 per visit	20% per visit after deductible	
	Specialist Office Visits <ul style="list-style-type: none"> Specialty care Chiropractic (limit 12 visits per year) Routine eye exam (limit 1 visit per year) 	\$30 per visit	20% per visit after deductible	
	Outpatient Services <ul style="list-style-type: none"> Diagnostic lab, x-ray, and imaging Medical/surgical care High-end radiology (e.g., MRI/CT/PET), nuclear medicine and sleep studies 	\$0 per visit	20% per visit after deductible	
	Inpatient Services <ul style="list-style-type: none"> Hospitalization Maternity Mental Health Chemical dependency Rehabilitation (limit 45 days per year) 	0% per visit after deductible	20% per visit after deductible	
	Hospital Emergency Services	\$150 per visit	\$150 per visit	
	Urgent Care	\$50 per visit	\$50 per visit	



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Beyond Benefits

Sign in to your member page on BCBSRI.com, and you will have useful plan and wellness information at your fingertips.

Access Your Benefits:

- Get a list of your benefits and recent claims.
- See how much you've paid toward your deductible and out of pocket maximum.
- Check out our cost and quality tools.
- Find the member handbook to learn what to expect from BCBSRI.

Health Topics & Discounts:

- Read about thousands of health topics in the Health Center.
- Learn how you can get discounts on gym memberships, as well as free one-week trial memberships.

Need Help

Call Customer Service

- Locally: (401) 459-5000
- Outside Rhode Island: 1-800-639-2227
- TTY/TDD (Telecommunication Device for the Deaf) Users should call 711

Hours:

Monday – Friday, 8:00 a.m. to 8:00 p.m., Saturday – Sunday, 8:00 a.m. to 12 p.m., Eastern Time

What's Covered Service	What You Pay	
	In-Network	Out-of-Network
Telemedicine Visits	\$20 per visit	Not Covered
Retail Based Clinic Visits	\$20 per visit	20% per visit after deductible
Ambulance		
▪ Ground	\$50 per occurrence	\$50 per occurrence
▪ Air/Water	0% per occurrence after deductible	0% per occurrence after deductible
Durable Medical Equipment	20% per service/device after deductible	20% per service/device after deductible
Physical/Occupational Therapy (limit 30 visits per year)		
▪ Physical therapy	20% per visit after deductible	20% per visit after deductible
▪ Occupational therapy		
▪ Speech therapy		



www.bcbsri.com

This is a summary of your HealthMate Coast-to-Coast 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 the number located on the back of your BCBSRI ID card. If you have questions about receiving medical care, please call your doctor.

500 Exchange Street • Providence, RI 02903-2699
Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.



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Here's an overview of your CVS Caremark benefits.

Welcome to your new prescription benefit administered by CVS Caremark. Your prescription benefit is designed to bring you quality pharmacy care that will help you save money.

Following is a brief summary of your prescription benefits. On the back side, you will find details about Maintenance Choice, which offers two ways for you to save on your long-term medications. CVS Caremark and The Trust are confident you will find value with your new prescription benefit program.

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	CVS Caremark Retail Pharmacy Network (Up to a 30-supply)	CVS Caremark Mail Service Pharmacy or CVS Pharmacy Locations (Up to a 90-day supply)
Generic Medicines Always ask your doctor if there's a generic option available. It could save you money.	\$7 for a generic medicine	\$17.50 for a generic medicine
Preferred Brand-Name Medicines If a generic is not available or appropriate, ask your doctor to prescribe from your plan's preferred drug list.	\$25 for a preferred brand-name medicine	\$62.50 for a preferred brand-name medicine
Non-Preferred Brand-Name Medicines Drugs that aren't on your plan's preferred list will cost more.	\$40 for a non-preferred brand-name medicine	\$100 for a non-preferred brand-name medicine
Refill Limit	None	None
Specialty Medicines	\$40	
Annual Deductible	None	
Maximum Out-of-Pocket	\$6,350 per individual / \$12,700 per family	

Please Note: When a generic is available, but the pharmacy dispenses the brand-name medication for any reason, you will pay the brand copayment.

Copayment, copay or coinsurance means the amount a plan participant is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan.

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

NUBAAG





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Use Maintenance Choice to Fill Your Long-Term Medications

Maintenance Choice offers you choice and savings when it comes to filling long-term prescriptions. Now you have **two ways to save:**

CVS Caremark Mail Service Pharmacy:

- Enjoy convenient home delivery
- Receive your medications in private, tamper-resistant and (when needed) temperature-controlled packaging
- Talk to a pharmacist by phone

CVS Pharmacy:

- Pick up your medication at a time that is convenient for you
- Enjoy same-day prescription availability
- Talk with a pharmacist face-to-face

Plus, you can easily order refills and manage your prescriptions anytime at www.caremark.com.

To Get Started

The following chart provides detailed steps to help you start enjoying all the benefits of Maintenance Choice.

IF YOU WOULD LIKE...	THEN...
To continue with mail service	Your existing prescriptions will transfer to CVS Caremark. We'll send your medications to your location of choice. To initiate your next refill after July 1, 2018: <ul style="list-style-type: none"> • Register or log into www.caremark.com; or • Call Customer Care at 1-888-202-1654. We'll handle the rest.
To pick up at CVS Pharmacy	Please let us know. You can do so quickly and easily. Choose the option that works best for you: <ul style="list-style-type: none"> • Register or log into www.caremark.com to select a CVS Pharmacy location for pick up • Visit your local CVS Pharmacy and talk to the pharmacist • Call us toll-free using the number on the back of your Prescription Card, and we'll handle the rest
To sign up for mail service for the first time	You can do so easily online or by phone. <ul style="list-style-type: none"> • Register or log into www.caremark.com, select Request a new prescription • Call Customer Care at 1-888-202-1654. We'll handle the rest
More information	Give us a call. Use the phone number on the back of your Prescription Card to call us toll-free.

Before you reach your 30-day fill limit and your out-of-pocket cost increases, we will contact you to help you get started with Maintenance Choice. We'll then help you get a 90-day prescription from your doctor so you can choose to fill it through mail service or at a CVS Pharmacy.

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