

HealthMate C2C Coinsurance PPO



Understanding Your Benefits

Online member account

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

Deductibles

In Network:

\$750 per individual plan
\$1,500 per family plan

Out of Network:

\$1,000 per individual plan
\$2,000 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

In Network:

\$3,500 per individual plan
\$7,000 per family plan

Out of Network:

\$7,000 per individual plan
\$14,000 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 in-network and out-of-network services.

Network:

Extensive national network, with access to thousands of providers across the country.

Office Visits	In-Network	Out-of-Network
Primary Care	\$30 per visit	40% per visit after deductible
Specialist	\$40 per visit	40% per visit after deductible
Urgent Care	\$50 per visit	\$50 per visit
Emergency Room	\$200 per visit	\$200 per visit
Mental Health/Substance Abuse Office Visit	\$30 per visit	40% per visit after deductible

Other Covered Services	In-Network	Out-of-Network
Preventive Care	\$0 per visit	40% per visit after deductible
Diagnostic Lab/X-ray Freestanding/Office: Hospital:	\$10 per visit \$50 per visit	40% per visit after deductible
High-end Radiology* Freestanding/Office: Hospital:	\$200 per visit \$400 per visit	40% per visit after deductible
Outpatient Surgery	20% per visit after deductible	40% per visit after deductible
Inpatient Services	20% per visit after deductible	40% per visit after deductible
Durable Medical Equipment	20% per service/device after deductible	40% per service/device after deductible
Physical, Occupational, and Speech Therapy (limit 30 visits each per year)	20% per visit after deductible	40% per visit after deductible

* Please note that there is a \$0 copay on imaging related to MHSA

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.

Plan Year: 2025

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