



**This is only a summary.** If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at [www.BCBSRI.com](http://www.BCBSRI.com) or by calling 1-800-639-2227 or (401) 459-5000.

Important Questions	Answers	Why this Matters:
What is the overall deductible?		

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the plan's allowed amount for an overnight hospital stay is \$1,000, your co









Common Medical Event	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non-Participating Provider	Limitations & Exceptions
If you need help recovering or have other special health needs	Home health care	Not Applicable	Not Applicable	The HRA will pay for or reimburse you for certain, qualified medical expenses up to the available account balance in your HRA.
	Rehabilitation services	Not Applicable	Not Applicable	The HRA will pay for or reimburse you for certain, qualified medical expenses up to the available account balance in your HRA.
	Habilitation services	Not Applicable	Not Applicable	

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Questions:



Acupuncture (if prescribed for rehabilitation purposes)	Chiropractic care
Bariatric surgery	Hearing aids

## Your Rights to Continue Coverage:

### **\*\* Individual health insurance sample –**

Federal and State laws may provide protections that allow you to keep this health insurance coverage as long as you pay your premium. There are exceptions, however, such as if:

You commit fraud

The insurer stops offering services in the State

You move outside the coverage area

For more information on your rights to continue coverage, contact the insurer at [contact number]. You may also contact your state insurance department at [insert applicable State Department of Insurance contact information].

### **\*\* Group health coverage sample –**

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a premium, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at [contact number]. You may also contact your



## About these Coverage Examples:

**Having a baby**  
(normal delivery)

**Managing type 2 diabetes**  
(routine maintenance of  
a well-controlled condition)

## Questions and answers about the Coverage Examples:

### What are some of the assumptions behind the Coverage Examples?

Costs don't include premiums.  
Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.  
The patient's condition was not an excluded or preexisting condition.  
All services and treatments started and ended in the same coverage period.  
There are no other medical expenses for any member covered under this plan.  
Out-of-pocket expenses are based only on treating the condition in the example.  
The patient received all care from in-network providers. If the patient had received care from out-of-network providers, costs would have been higher.

### What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how deductibles, copayments, and coinsurance can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited. If the patient had