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# Welcome to Blue Cross & Blue Shield of Rhode Island

For employees of Brown University

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January 2017





# Welcome

It's good to be Blue®

By selecting Blue Cross & Blue Shield of Rhode Island, you can feel confident about your health coverage. You now have access to the best quality of care from the largest provider network in the nation.

Your Blue Cross membership comes with excellent resources to help you understand your health plan and how to make the most of it. Throughout this guide, these symbols will indicate where you can go to access tools and information for a specific topic:



Visit our main website at [www.MyHealthToolkitRI.com](http://www.MyHealthToolkitRI.com).



Go to our main website and log in to your **My Health Toolkit®** account.



Call the number on the back of your membership card to speak to a **customer service advocate**.





# Helpful terms

## Words commonly used in health care

Sometimes health care lingo can be confusing. But it's important to understand your health benefits and how they work. Here are some common terms to help.

**Benefits:** The items or services covered by your health insurance plan.

**Claim:** A request for payment that you or your health care provider submits to your health insurance company after you receive services.

**Coinsurance:** Your share of the costs for a covered health care service, calculated as a percentage. You pay coinsurance plus any deductibles you owe. For example, say your health plan's allowed amount for an office visit is \$100 and you've met your deductible. Your coinsurance payment of 20 percent would be \$20. Your health plan pays the rest of the allowed amount.

**Copayment:** The fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary, depending on the provider and the type of health care service.

**Deductible:** The amount you pay for services received before your health plan begins to pay. For example, if your deductible is \$1,000, your health plan will not pay for covered services until you've paid \$1,000 toward your covered health care expenses. After that, your health plan will pay for all covered services until the end of that benefit year.

**Dependent:** A child, spouse or other family member covered by a subscriber's health plan. For example, an employer-sponsored health plan may cover the employee (subscriber), plus the employee's spouse and their children (dependents).

**Facility:** The location where you receive health care services. For example, a medical facility could be a doctor's office or a hospital.

**Network:** The facilities, providers and suppliers your health plan contracts with to provide health care services. You will typically pay less for services received in network versus out of network.

**Out of pocket:** These are your costs for medical care expenses that aren't reimbursed by insurance. Out-of-pocket costs include deductibles, coinsurance and copayments for covered services plus all costs for services that aren't covered.

**Subscriber:** The person who enrolls in a health plan. There is only one subscriber per health plan. The subscriber can add eligible dependents to a family health plan.

**Preauthorization:** A decision that a service, prescription drug or type of treatment is medically necessary. Certain services and medications require preauthorization before you receive them, except in an emergency. You may also hear this referred to as precertification or prior authorization.

**Premium:** The amount you pay for your health plan, usually biweekly or monthly.

**Provider:** This can refer to the medical professional who delivers care or the location where you receive health care services. For example, your provider could be a doctor, specialist, nurse practitioner or hospital.

**Primary care physician (PCP):** The main doctor and primary contact for your health care services. Your PCP coordinates care if you need to see other doctors or medical specialists.

**Radiology:** Procedures such as X-rays, ultrasounds and magnetic resonance imaging (MRI) that are used to detect medical conditions.

**Specialist:** A doctor or health care professional who focuses on a specific area of medicine. For example, pediatricians, dermatologists and cardiologists are specialists.



# We've got you covered with your membership card

Get to know your card. Your Blue Cross membership card contains important information. Keep it with you at all times and show it to your health care provider at the beginning of your visit.

The diagram shows a sample Blue Cross BlueShield membership card with three callout boxes:

- Teal callout (top left):** The subscriber's name will appear on the card. Other family members covered by the health plan can use the card, but only the subscriber's name will be on it.
- Green callout (left):** Your member ID contains a set of letters and numbers that are unique to you.
- Blue callout (right):** Visit our main website for additional information and to log in to your My Health Toolkit account.

The card itself displays the following information:

- Blue Cross BlueShield logo and name
- Member Name: **NORAH K STARK**
- Member ID: **ABC123456789012**
- Website: [MyHealthToolkitRI.com](http://MyHealthToolkitRI.com)
- PPO logo

## What if you forget your card?

It can happen to anyone — you arrive at a doctor's appointment without your card. Luckily, you can use your mobile device to access the information you need.

 Log in to **My Health Toolkit** from your mobile device and select **Member ID Card** from the main menu.

## How do you request a new card?

If you lose your card or need an additional card for a covered family member, you can easily request one.

 Log in to your **My Health Toolkit** account, select the **Benefits** tab, then click **ID Card Request**.



# Membership Card Checklist

You probably know that your insurance card contains important information to share with health care providers. But did you also know it lets you sign up for free tools and services?

Use the **Member ID** located on your insurance card to complete this checklist. You can learn more about any of these services on the following pages.

## Enroll in Member Messaging



All members age 16+ can sign up for member messaging.

1. Call **844-206-0624**.
2. Enter the numbers in your Member ID.  
*Do not include the letters at the beginning of your Member ID.*
3. Enter your date of birth to complete enrollment.

## Sign up for My Health Toolkit



All members age 16+ can sign up for personal accounts.

1.  Go to **www.MyHealthToolkitRI.com**.
2. Select "Register Now."
3. Follow the instructions to complete registration.

## Shop for Member Discounts



1.  Go to **MyHealthToolkitRI.com**.
2. Select the Member Discounts tab.
3. Use your Blue membership to access special rates on fitness and wellness programs, hearing and vision services and much more.

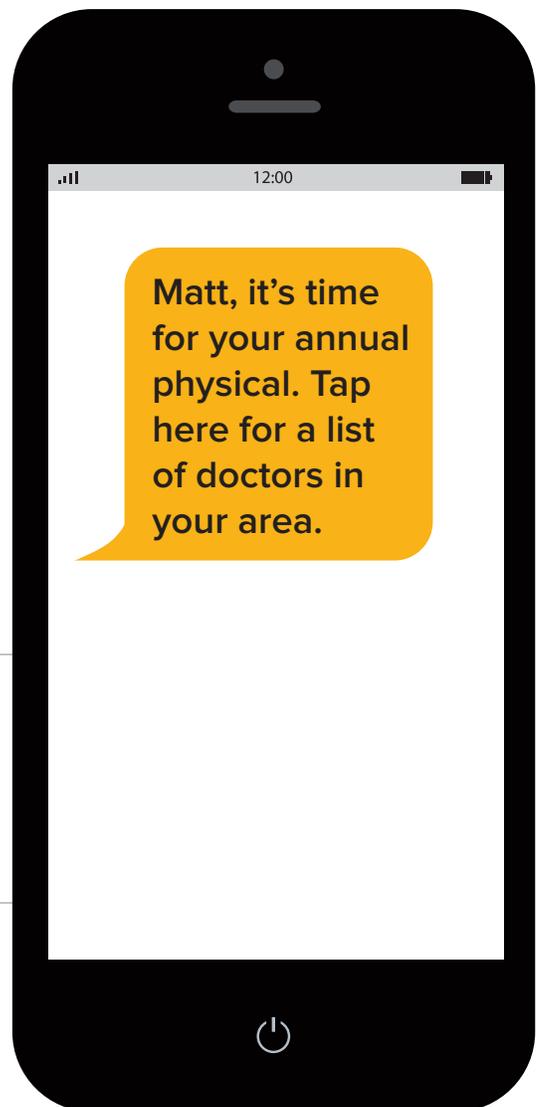


# Member messaging provides on-the-go health info

Text messages are a great way to keep up with family, friends and appointments. And now they can help you stay on top of your health.

Is it time for your annual checkup? When does flu season start? Are you interested in health and fitness discounts?

Sign up for member messaging to get cost-saving tips, health and wellness reminders and updates for your specific benefits. It's a simple and secure way to get information you can use.



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**It's easy to enroll.  
Call 844-206-0624 today!**

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# Where should you go when you need care?

Your primary care physician should be your first call for routine medical care. But what if your doctor's office is closed? Or it's an emergency?

*Here are some general guidelines to help you choose the right type of care while saving time and money.*

Doctor's Office	Urgent Care Center	Emergency Room
 <p><b>Your primary care physician, or regular doctor, is the best option for routine medical care like:</b></p> <ul style="list-style-type: none"><li>• Annual checkups, physicals</li><li>• Health screenings, immunizations</li><li>• Prescription refills</li></ul> <p><b>And unexpected health issues, if they can wait a day, like:</b></p> <ul style="list-style-type: none"><li>• Sprained muscles</li><li>• Minor cuts and bruises</li><li>• Cold and flu symptoms, including fever, coughing, sore throat and mild nausea</li><li>• Sinus or respiratory infections</li><li>• Urinary tract infections</li><li>• Seasonal allergies</li><li>• Pinkeye</li><li>• Migraines</li><li>• Rashes, insect bites, sunburn, other skin irritations</li></ul>	 <p><b>If you can't wait for an appointment with your regular doctor, an urgent care center may be your best option for unexpected health issues like:</b></p> <ul style="list-style-type: none"><li>• Minor fractures and sprains, especially if an X-ray is required</li><li>• Minor cuts and animal bites, especially if stitches may be required</li><li>• Cold and flu symptoms, including fever, coughing, sore throat and mild nausea</li><li>• Sinus or respiratory infections</li><li>• Urinary tract infections</li><li>• Seasonal allergies</li><li>• Pinkeye</li><li>• Migraines</li><li>• Rashes, insect bites, sunburn and other skin irritations</li></ul>	 <p><b>Go to the ER or call 911 for potentially life-threatening conditions like:</b></p> <ul style="list-style-type: none"><li>• Heavy, uncontrolled bleeding</li><li>• Signs of a heart attack, like chest pain that lasts more than two minutes</li><li>• Signs of stroke, such as numbness, sudden loss of speech or vision</li><li>• Loss of consciousness or sudden dizziness</li><li>• Major injuries such as broken bones or head trauma</li><li>• Coughing up or vomiting blood</li><li>• Severe allergic reactions</li></ul>



# My Health Toolkit

My Health Toolkit is the one-stop shop for answers about your health care — customized just for you! It has everything you need to understand your health plan coverage and manage your benefits. All members ages 16 and older, including spouses and dependents, should sign up for an account. It's easy to register and it's free.

## *Register in just a few clicks*

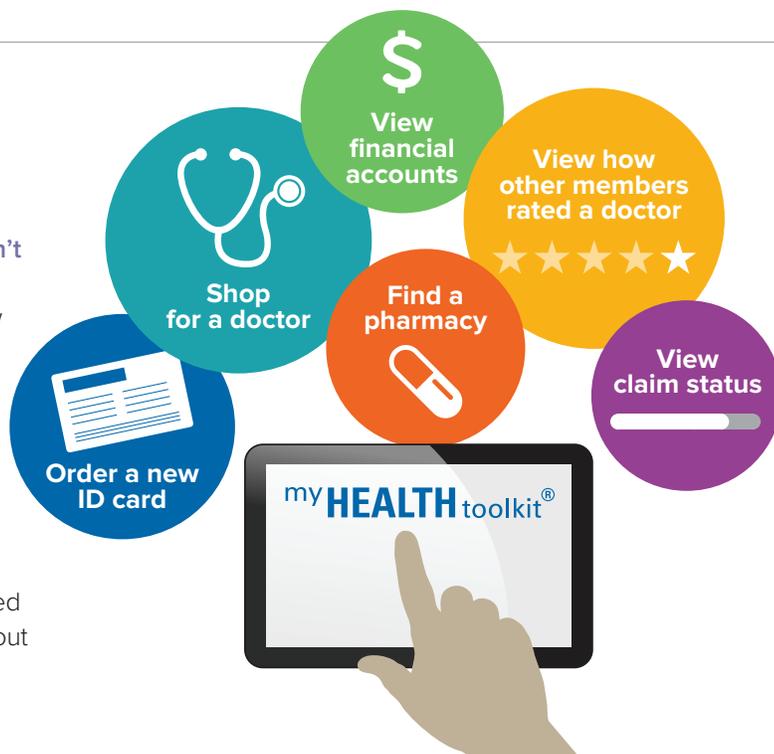
1. Go to [www.MyHealthToolkitRI.com](http://www.MyHealthToolkitRI.com).
2. Click the **Register Now** button on the right-hand side of the page.
3. Enter the **Member ID** located on your membership card.
4. Follow the instructions to **Create Your Profile**.

## *What if you don't know your Member ID?*

No problem. After you select **Register Now**, select **Haven't received your membership card?** Enter the subscriber's Social Security number and *your* date of birth, then follow the instructions to **Create Your Profile**.

## *Inside your toolkit*

My Health Toolkit is filled with resources that are customized to you and your health benefits. Look for this icon throughout the guide to learn more about what's inside. 



# Find the right doctor, choose the right care

It's a big decision. Who will you turn to when you have a nagging health problem, a sick child or symptoms that might be serious — or might not? The online Doctor and Hospital Finder makes the decision a lot easier.

## How to use the Doctor and Hospital Finder

1.  Log in to [My Health Toolkit](#)
2. Select the [Resources](#) tab
3. Click [Find a Doctor or Hospital](#)

You can search by city or ZIP code for doctors near your home or work. Or narrow your search to find specialists, such as pediatricians or allergists. If you already have a doctor's name, you can see whether he or she is in your network. You can even do an advanced search for doctors who match your gender or language preferences.

## What do other patients think?

See how other members rated the doctor you are considering. During your search, you can:

- See the percentage of members who recommend the provider or facility.
- Use the star ratings to gauge other members' experiences at-a-glance.
- Check out the member comments, pros and cons.

## Rate your own doctor

 After you see a doctor, share your experience to help others make the right decision. After your claim is processed for the visit:

- Log in to [My Health Toolkit](#)
- Select the [Resources](#) tab
- Click [Rate Your Visit](#)



# Know before you go with the Treatment Cost Estimator

Lots of people like surprises — but not when it comes to your medical bill. Our online Treatment Cost Estimator can help you avoid that type of surprise. Using this tool beforehand can help you make better decisions about many common medical tests and procedures.



You've probably heard there can be huge differences in the prices different health care providers charge for the same test or surgery. It's hard to sort these things out. The Treatment Cost Estimator gathers claims data from around the country. Then it shows you details on cost, quality and location. It estimates your costs based on your benefits plan, deductible and out-of-pocket status.

For example, say you need arthroscopic surgery and cartilage repair on your knee. This tool will show you data on certain hospitals, including how far away they are, how many members have gone there for this knee surgery, the estimated total cost and the estimated amount you would pay.

## Blue Distinction Specialty Care

Are you scheduling one of these procedures?

- Bariatric Surgery
- Cardiac Care
- Complex and Rare Cancers
- Knee and Hip Replacement
- Spine Surgery
- Transplants
- Maternity

If so, look for Blue Distinction Centers and Blue Distinction+ Centers. The hospitals recognized by the Blue Distinction program have proven to deliver better results — including fewer complications and readmissions — than those without these designations.

When using the Treatment Cost Estimator, your search results will indicate any hospital recognized with Blue Distinction designation.

### To use the Treatment Cost Estimator

1. Log in to **My Health Toolkit**.
2. Select the **Resources** tab.
3. Click **Treatment Cost Estimator**.





# Blue Distinction<sup>®</sup> Total Care

Blue Distinction Total Care (BDTC) is a national BlueCross BlueShield program that recognizes doctors and hospitals who are committed to improving health care for patients.



## *What's different about BDTC doctors?*

Doctors and hospitals with BDTC designation have access to enhanced technology and information that can improve the way they care for patients. BDTC doctors use a team-based approach to ensure their patients receive personalized treatment. For example, a patient's

team might include a primary care doctor, pharmacist, care coordinator and a dietitian. The primary care doctor will communicate closely with all team members to make sure each area is providing the best support for the overall treatment plan.

## *Who should use a BDTC doctor?*

Anyone can choose a doctor with BDTC designation. The team-based approach is especially helpful for people with chronic health conditions like high blood pressure, heart failure or diabetes.

## *How does BDTC benefit you?*

- Care is personalized and consistent. You will see a member of your team who knows you and your medical history.
- Results of your medical procedures are shared with members of your team. That way, they have a complete picture of your health when treating you.
- Your team can help you stay on track with preventive care specific to your medical conditions.
- Typically, BDTC providers have extended office hours and same-day visits, when necessary. You can even talk to an on-call physician after hours.

## *To find BDTC doctors and hospitals:*

-  Log in to **My Health Toolkit** and select the **Resources** tab
- Click **Find a Doctor or Hospital**
- Enter your location and the doctors' specialty type, then click **Search**
- Under **Quality Recognitions**, click "Is BDTC Certified" to refine your results
-  Or call the number on the back of your membership card to talk to a customer service advocate.



# Explanation of Benefits (EOB)

## Know your role and take control

Don't let that bill from your doctor frighten you. As our member, you have the upper hand when it comes to managing your health care costs. Before you pay a bill, take a quick look at your explanation of benefits, or EOB.

### *What's an EOB?*

This is a report that's created whenever your health insurance processes a claim. An EOB shows you:

- How much your doctor charged for services
- How much your health plan paid
- The amount applied toward your deductible
- The amount you owe out of pocket

### *Why is it important to check your EOB?*

The amount you pay your doctor depends on your specific health plan. To make sure you don't pay more than you should, simply compare your doctor's bill to the amount listed on your EOB. We send EOBs to our members every 21 days. But if you don't want to wait that long, you can view your EOB online.

### *View your summary EOB*

-  Log in to [My Health Toolkit](#)
- Select the [Benefits](#) tab
- Click [Claims Status](#)
- Click "View Your Summary of Explanation of Benefits"

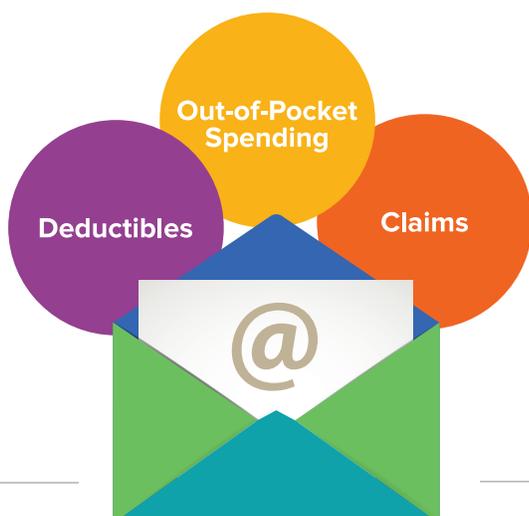
### *View an individual EOB for a specific service*

-  Log in to [My Health Toolkit](#)
- Select the [Benefits](#) tab
- Click [Claims Status](#)
- Search by date of service, date range or claim number
- Or select a claim from the Claims Status List

### *We encourage you to go paperless!*

Choose paperless notifications and we'll email you whenever a new EOB is ready to view:

-  Log in to [My Health Toolkit](#)
- Select the [Profile](#) tab
- Select [Change Notifications](#)
- Click [Online](#) as your preference





# Details, details

## Information to make sure you're covered

### *Coordination of benefits*

Coordination of benefits — COB, for short — affects your benefits when you or a family member also are covered under another health insurance plan. COB makes sure the right plan processes your claims first. It prevents overpayments and duplication of services. And that helps keep costs down for everyone.

**What you need to do:** Be sure we have up-to-date information about your other insurance. That way your claims will be processed correctly and promptly.

- If you receive an Other Health Insurance Questionnaire in the mail, fill it out and return it right away. Even if you do not have coverage with another health plan, we need to know that, too.
-  You also can give us this information by logging in to **My Health Toolkit**. Select the **Benefits** tab, then click **Other Health Insurance**.
-  Or call the number on the back of your membership card and provide the information to a customer service advocate.

We appreciate your help with this.

### *Special enrollment rights*

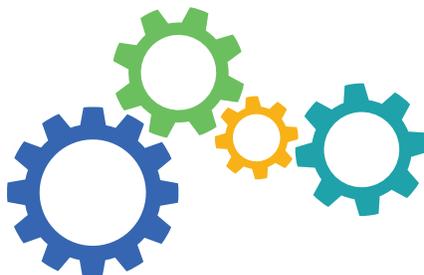
Special enrollment rights may apply to you, your spouse or other dependents even after you have declined coverage.

- For example, you might have declined coverage because other health insurance or another group health plan was in effect. Later, you may want to seek coverage with this plan if you or your dependents became ineligible for the other coverage or the employer stops contributing to the other coverage. You must request our coverage within 30 days after this other coverage ends OR after the employer contribution stops.

- You also may be able to get coverage if you have a new dependent because of marriage, birth, adoption or placement for adoption. Again, you must request enrollment within 30 days of the event.

Please note that you may have been required to provide a written statement when you declined enrollment with us. If you did not provide this written statement, this health plan is not required to grant special enrollment rights to you or your dependents.

For more information, contact your employer's benefit department.





# Member Perks

Discounts for you — just for being Blue!



In addition to superior health coverage, your membership provides access to exclusive discounts on a variety of products and services. The member discounts program includes items that are generally not covered by health insurance.

 Go to our website and select the **Member Discounts** tab. You'll find details on discounts for:



## *Fitness*

- Gym memberships
- Wearable fitness devices
- Activewear
- Magazine subscriptions
- 5K and obstacle course registration
- Home fitness equipment
- Vitamins and nutritional supplements



## *Personal care*

- Allergy relief
- Acupuncture
- Chiropractic services
- Massage therapy
- Cosmetic surgery
- Hair restoration
- Teeth whitening



## *Healthy Eating*

- Weight loss programs
- Cookbooks and recipes
- Online cooking classes



## *Hearing and Vision*

- Hearing aids
- Lasik eye surgery
- Eyewear



## *Lifestyle*

- Travel clubs
- Vacation packages
- Medical tourism
- Pet care



# You've got a health coach in your corner

Ready to get on track with your health but not sure where to start? You don't have to figure it out on your own. Your health plan includes one-on-one coaching from a health care professional for free.

## *What is a health coach?*

Our team of nationally accredited health coaches includes registered nurses, dietitians, health educators, respiratory therapists, certified diabetes educators, licensed behavioral health specialists and other health and well-being professionals. Wherever you are in your journey, we can connect you to the right coach. He or she will work with you to make positive, meaningful changes at your own pace.

## *Behavioral and chronic disease Coaching*

- Attention deficit hyperactivity disorder (ADHD)
- Asthma (pediatric and adult)
- Bipolar disorder
- Coronary artery disease (CAD)
- Congestive heart failure (CHF)
- Chronic obstructive pulmonary disease (COPD)
- Depression
- Diabetes (adult and pediatric)
- Hypertension (high blood pressure)
- Hyperlipidemia (high cholesterol)
- Metabolic health
- Migraine
- Recovery support

## *Wellness and healthy lifestyle coaching*

- Back care
- Maternity (preconception, maternity and postpartum care)
- Stress management
- Tobacco-free living
- Weight management (adults and children)

## *Ready to become a healthier you?*

 To learn more and download resources, log in to [My Health Toolkit](#), select the [Wellness](#) tab, then click [Health Coaching](#).

To enroll, call the health coaching team at [855-838-5897](tel:855-838-5897).



# Quality care ... anytime and anywhere with Teladoc<sup>®</sup>

Why wait for the care you need now? Teladoc gives you 24/7/365 access to a board-certified physician through the convenience of phone or video consults. Teladoc is an independent company that provides telehealth consultation services on behalf of your health plan.

## *The care you need*

Teladoc doctors can treat many of the most common medical conditions, including:

- Cold and flu symptoms
- Allergies
- Bronchitis
- Urinary tract infections
- Respiratory infections
- Sinus problems
- And more!

They can also write prescriptions according to the regulatory guidelines of your state.

## *When you need it*

Teladoc has a national network of doctors ready to answer your call. With an average call back time of only eight minutes, you can forget about spending hours in the waiting room. Now, you can quickly and easily consult with an experienced doctor from the comfort of your home.

## *It's easy to get started*

Grab your insurance card and go to [www.Teladoc.com](http://www.Teladoc.com) or call **800-Teladoc** to set up your account. Once you have an account, simply log in with your username and password whenever you need to consult with a Teladoc physician.





# Understanding Your Benefits 2017

■ **Deductibles**

You pay the following amounts each year before your health plan starts to pay toward the cost of covered services:

- \$0 per individual plan; \$0 per family plan in network
- \$200 per individual plan; \$600 per family plan out of network

■ **Out-of-pocket Limits**

The following is the maximum you would pay out of pocket for essential health benefits each year (including medical copayments, deductibles and coinsurance).

- \$2,750 per individual plan; \$5,500 per family plan in network
- \$2,750 per individual plan; \$5,500 per family plan out of network

■ **Please note:**

The deductible and out-of-pocket limits are separate for in-network and out-of-network services.

What's Covered Service	What You Pay	
	In-Network	Out-of-Network
<b>Preventive Care</b> <ul style="list-style-type: none"> <li>■ Adult preventive care</li> <li>■ Child preventive care</li> <li>■ Immunizations</li> <li>■ Preventive lab, X-ray, and imaging</li> </ul>	\$0 per visit	20% per visit after deductible
<b>Primary Care Office Visits</b> <ul style="list-style-type: none"> <li>■ Adult primary care</li> <li>■ Adult gynecological exam</li> <li>■ Pediatric primary care</li> </ul>	\$10 per visit	20% per visit after deductible
<b>Specialist Office Visits</b> <ul style="list-style-type: none"> <li>■ Specialty care</li> <li>■ Chiropractic (limit 12 visits per year)</li> <li>■ Routine eye exam (limit 1 visit per year)</li> </ul>	\$10 per visit	20% per visit after deductible
<b>Outpatient Services</b> <ul style="list-style-type: none"> <li>■ Diagnostic lab, x-ray, and imaging</li> <li>■ Medical/surgical care</li> <li>■ High-end radiology (e.g., MRI/CT/PET), nuclear medicine and sleep studies</li> </ul>	\$0 per visit	20% per visit after deductible
<b>Inpatient Services</b> <ul style="list-style-type: none"> <li>■ Hospitalization</li> <li>■ Maternity</li> <li>■ Mental Health</li> <li>■ Chemical dependency</li> <li>■ Rehabilitation (limit 45 days per year)</li> </ul>	\$0 per visit	20% per visit after deductible
<b>Hospital Emergency Services</b>	\$75 per visit	\$75 per visit

■ **Beyond Benefits**

Sign in to your member page on [www.myhealthtoolkitRI.com](http://www.myhealthtoolkitRI.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 Resources section.
- Access our Blue365<sup>sm</sup> wellness information and discount program.

*Need Help*

**Customer Service:**

- 1-855-704-5366

Hours:  
Monday – Friday, 8:00 a.m.  
to 8:00 p.m., Eastern Time

What's Covered Service	What You Pay	
	In-Network	Out-of-Network
Urgent Care	\$10 per visit	20% per visit after deductible
Ambulance	\$50 per occurrence	\$50 per occurrence
Durable Medical Equipment	20% per service/device	20% per service/device after deductible
Physical/Occupational Therapy <ul style="list-style-type: none"> <li>■ Physical therapy</li> <li>■ Occupational therapy</li> <li>■ Speech therapy</li> </ul>	20% per visit	20% per visit after deductible

*This is a summary of your benefits. It is not a contract. For details about your coverage, including any limitations or exclusions not noted here, please refer to your plan documents 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.*



Clip and keep this wallet card.

Skip the waiting room

Teladoc®

1-800-TELADOC  
www.Teladoc.com

*Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association. Teladoc is an independent company that provides telehealth consultation services on behalf of your health plan.*



Clip and keep this wallet card.

Call the Health Management team and  
get connected to your personal health coach

Health Coaching

855-838-5897



*Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.*

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We are excited to have you as part of the Blue Cross family. Our goal is to help you get the most out of your benefit plan. Getting more information or answers to your questions is easy. Simply visit us online at [www.MyHealthToolkitRI.com](http://www.MyHealthToolkitRI.com)

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