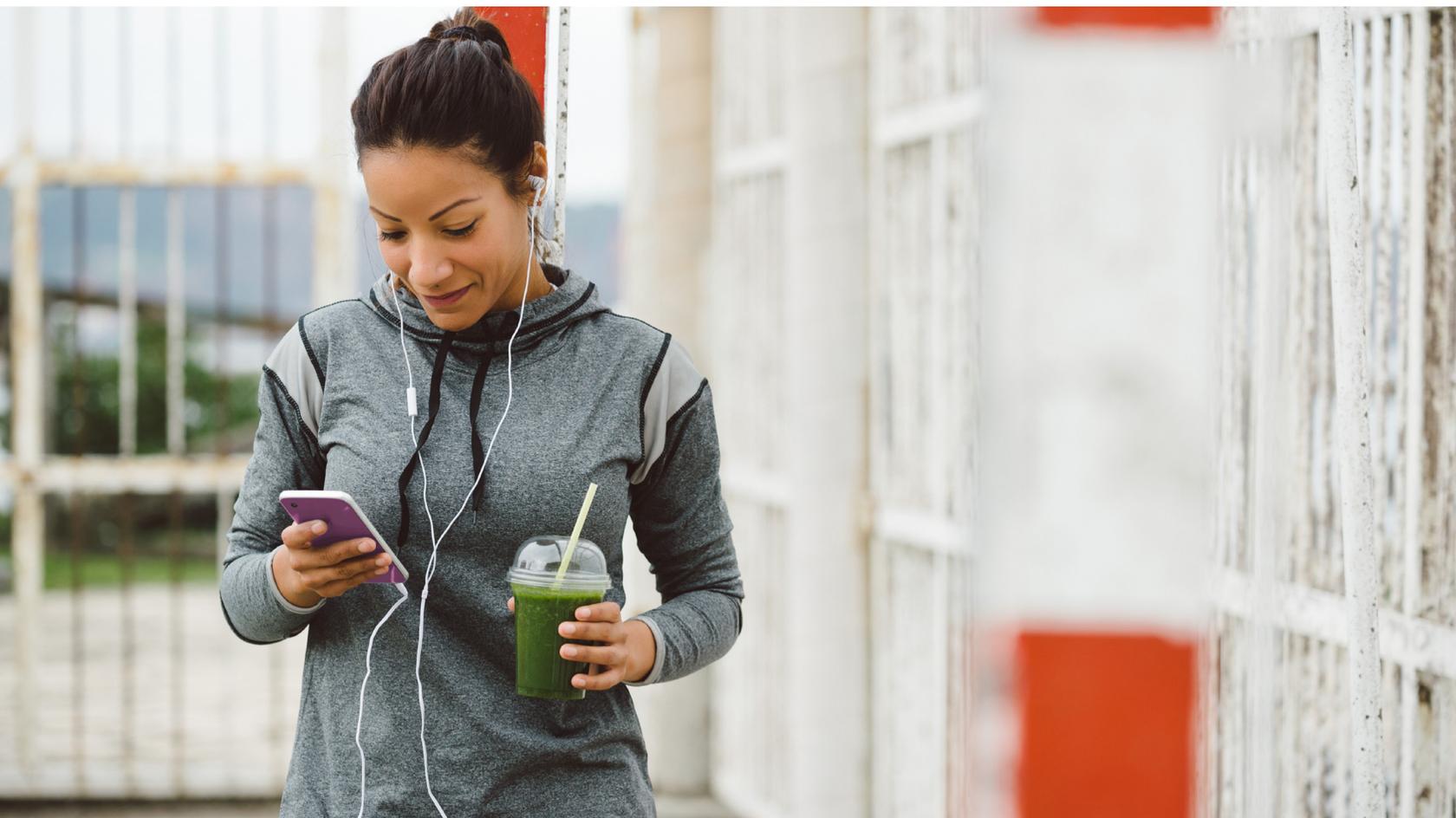




WELCOME TO  
BLUE CROSS & BLUE SHIELD  
OF RHODE ISLAND



For employees of Brown University

January 2020

[MyHealthToolkitRI.com](http://MyHealthToolkitRI.com)

# BE HEALTHY. BE HAPPY.

## How this book can help

What do you do when you get a new cellphone, TV or computer?  
You figure out how it works, right?

We encourage you to check out this guide for a brief look at how your health benefits work. Our goal is to support your efforts to have a healthier, happier life.

Your benefits plan gives you access to top-quality care from the largest provider network in the nation. We want you to make the most of those benefits — and we want to make that easy for you.

### Topics in this guide include:



◆ Using your member ID card



◆ Getting health info by texts



◆ Discounts on health products and services



◆ Finding doctors and cost details on our website



◆ Tips on the benefits available with your health plan



◆ And more!

For your health,  
Blue Cross & Blue Shield of Rhode Island

### Symbols in this guide:



Log in to your **My Health Toolkit**® account.



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

# HELPFUL TERMS

## Words commonly used in health care

Health care lingo can be confusing. But it's important to understand your health benefits and how they work. Here are some terms you might need to know.

**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 verifying 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 might 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 specialists.

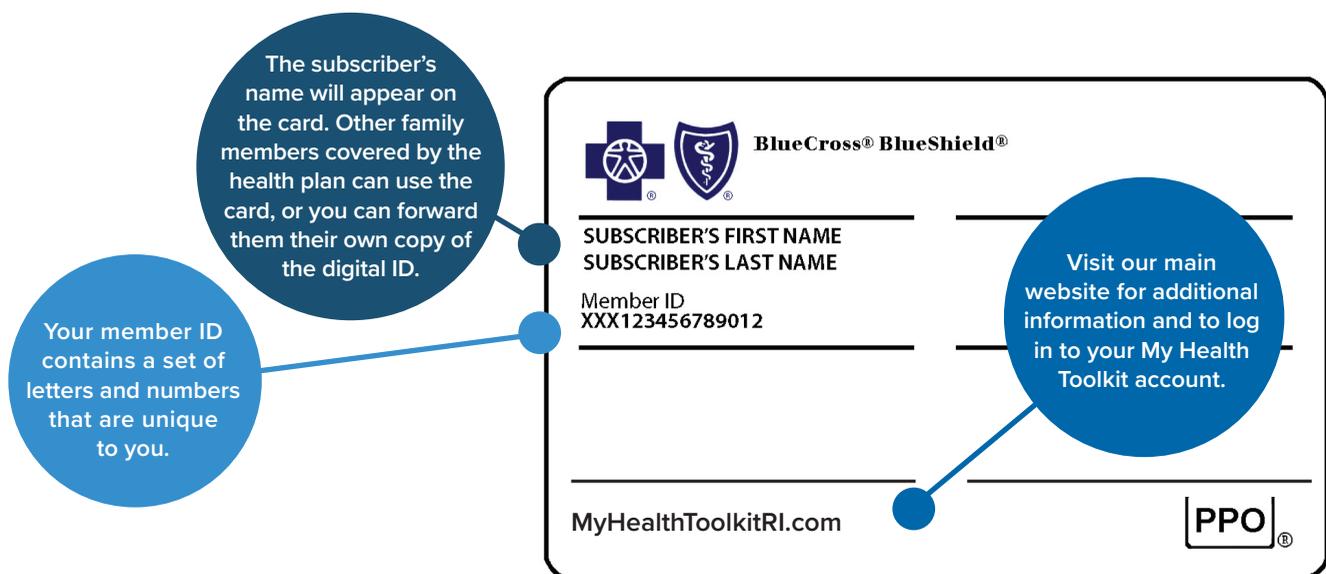
**Radiology:** Procedures such as X-rays, ultrasounds and magnetic resonance imaging (MRI) that are used to detect medical conditions.

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

**Telehealth:** Allows a patient to connect with a health care provider with virtual visits through an electronic device such as a smartphone or computer. Licensed telehealth providers offer non-emergency consultations for a variety of conditions and can prescribe medication, when appropriate.

# WE'VE GOT YOU COVERED WITH YOUR MEMBERSHIP CARD

Your Blue Cross membership card contains important information that helps providers apply your benefits correctly. Keep it with you at all times — or download a digital ID card to keep on your smartphone. A health care provider usually will ask to see your insurance card at the beginning of your visit.



## More about your digital ID card

It's all about convenience! Your digital ID card has the same information as the plastic card, but you can:

- ◆ View the digital ID on a smartphone, tablet or computer.
- ◆ Email the card to a spouse, child, doctor's office or pharmacy.
- ◆ Print the card from a smartphone, tablet or computer and use the printout just like a plastic card.

### Accessing your digital ID

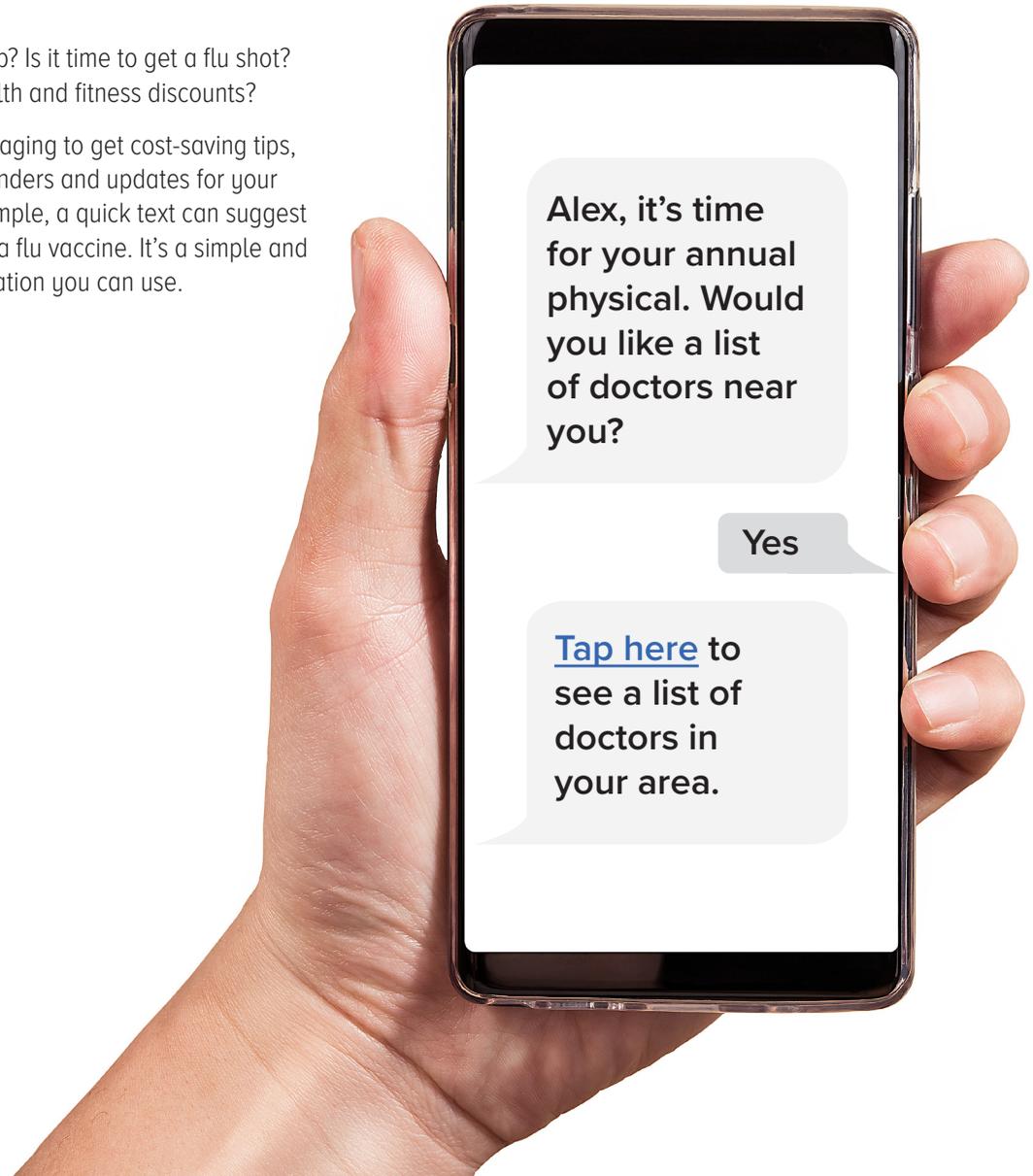
- ◆  Log in to **My Health Toolkit**.
- ◆ From a mobile device, select **Insurance Card**.
- ◆ From a computer, select **Insurance Card** and then **View Your Card**.

## MEMBER MESSAGING PROVIDES ON-THE-GO HEALTH INFO

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

Are you due for a checkup? Is it time to get a flu shot?  
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. For example, a quick text can suggest convenient places to get a flu vaccine. It's a simple and secure way to get information you can use.



Don't miss out! Sign up for occasional texts to stay on top of your health and make the most of your benefits.

Call 844-206-0624 today!

# 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



**Your primary care physician, or regular doctor, is the best option for routine medical care like:**

- ◆ Annual checkups, physicals
- ◆ Health screenings, immunizations
- ◆ Prescription refills

**And unexpected health issues, if they can wait a day, like:**

- ◆ Sprained muscles
- ◆ Minor cuts and bruises
- ◆ Cold and flu symptoms, including fever, coughing, sore throat and mild nausea
- ◆ Sinus or respiratory infections
- ◆ Urinary tract infections
- ◆ Seasonal allergies
- ◆ Pinkeye
- ◆ Migraines
- ◆ Rashes, insect bites, sunburn, other skin irritations

## Urgent Care Center



**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:**

- ◆ Minor fractures and sprains, especially if an X-ray is required
- ◆ Minor cuts and animal bites, especially if stitches may be required
- ◆ Cold and flu symptoms, including fever, coughing, sore throat and mild nausea
- ◆ Sinus or respiratory infections
- ◆ Urinary tract infections
- ◆ Seasonal allergies
- ◆ Pinkeye
- ◆ Migraines
- ◆ Rashes, insect bites, sunburn and other skin irritations

## Emergency Room



**Go to the ER or call 911 for potentially life-threatening conditions like:**

- ◆ Heavy, uncontrolled bleeding
- ◆ Signs of a heart attack, like chest pain that lasts more than two minutes
- ◆ Signs of stroke, such as numbness, sudden loss of speech or vision
- ◆ Loss of consciousness or sudden dizziness
- ◆ Major injuries such as broken bones or head trauma
- ◆ Coughing up or vomiting blood
- ◆ Severe allergic reactions

# SHOPPING FOR CARE



Find the best health care options just like you check out your choices in cars, hotels or restaurants.

“Know before you go.” It’s a smart idea before you make any important decision, including finding a new doctor or choosing a location for surgery.

Your health plan makes these decisions easier with Shopping for Care. It’s a user-friendly resource accessible at your health plan’s **My Health Toolkit**® website or through your **My Health Toolkit** mobile app.

- ◆ Find health care providers and services within our vast provider network.
- ◆ Check out cost information to make sure you’re getting the care you need at the best possible price.\*
- ◆ See reviews from other patients who have rated a provider you’re considering.
- ◆ Identify the highest-quality providers in your area, with Blue Distinction® Total Care and Blue Distinction® Specialty Care designations.

## From your mobile device:

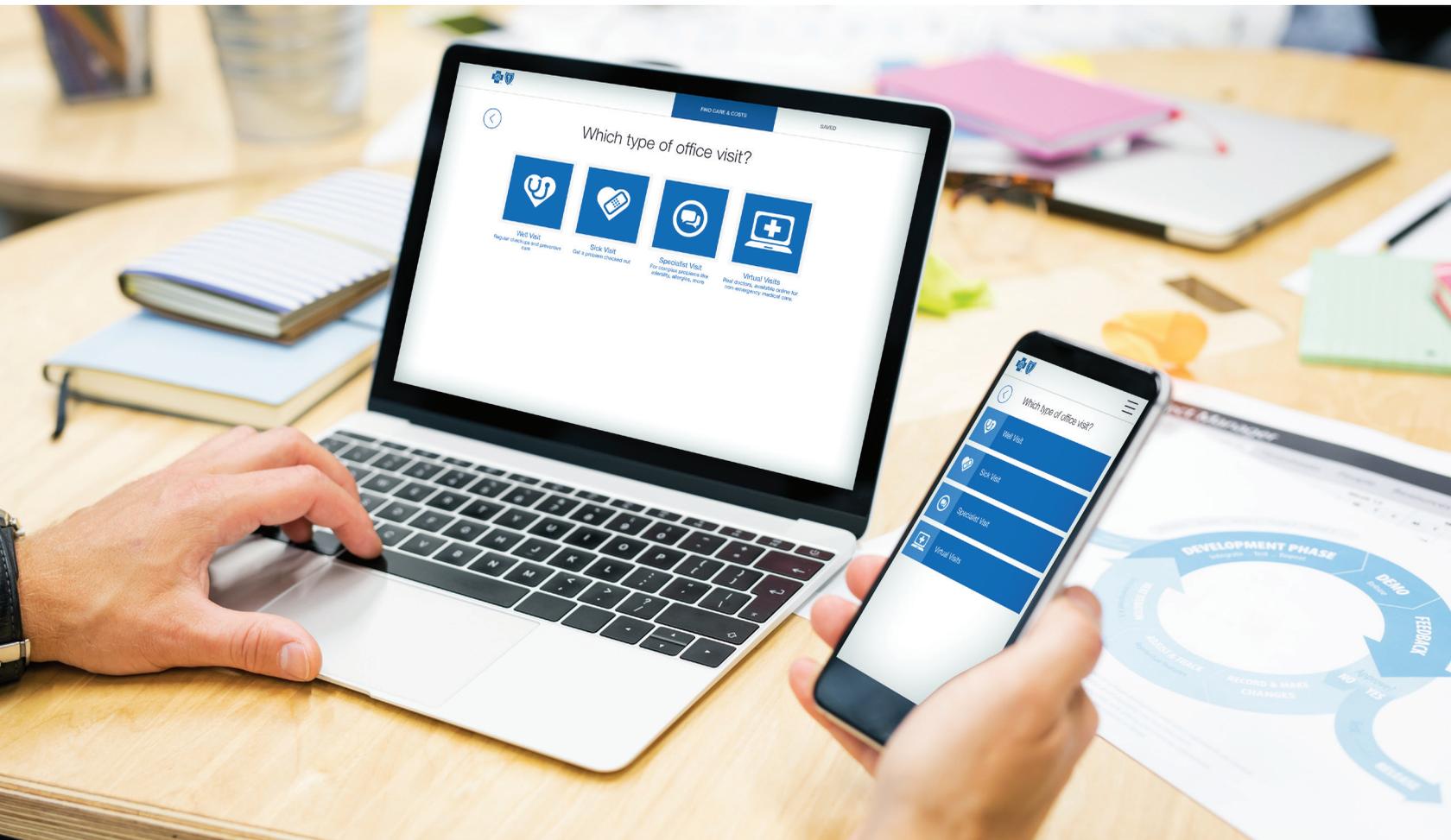
Log in to the **My Health Toolkit** app, select **Resources**, then **Shopping for Care**.

## From your computer:

- ◆ Visit your health plan’s **My Health Toolkit** site.
- ◆ Under the **Members** tab, select **Find Care**.
- ◆ Select **Find a Doctor** and follow the prompts.

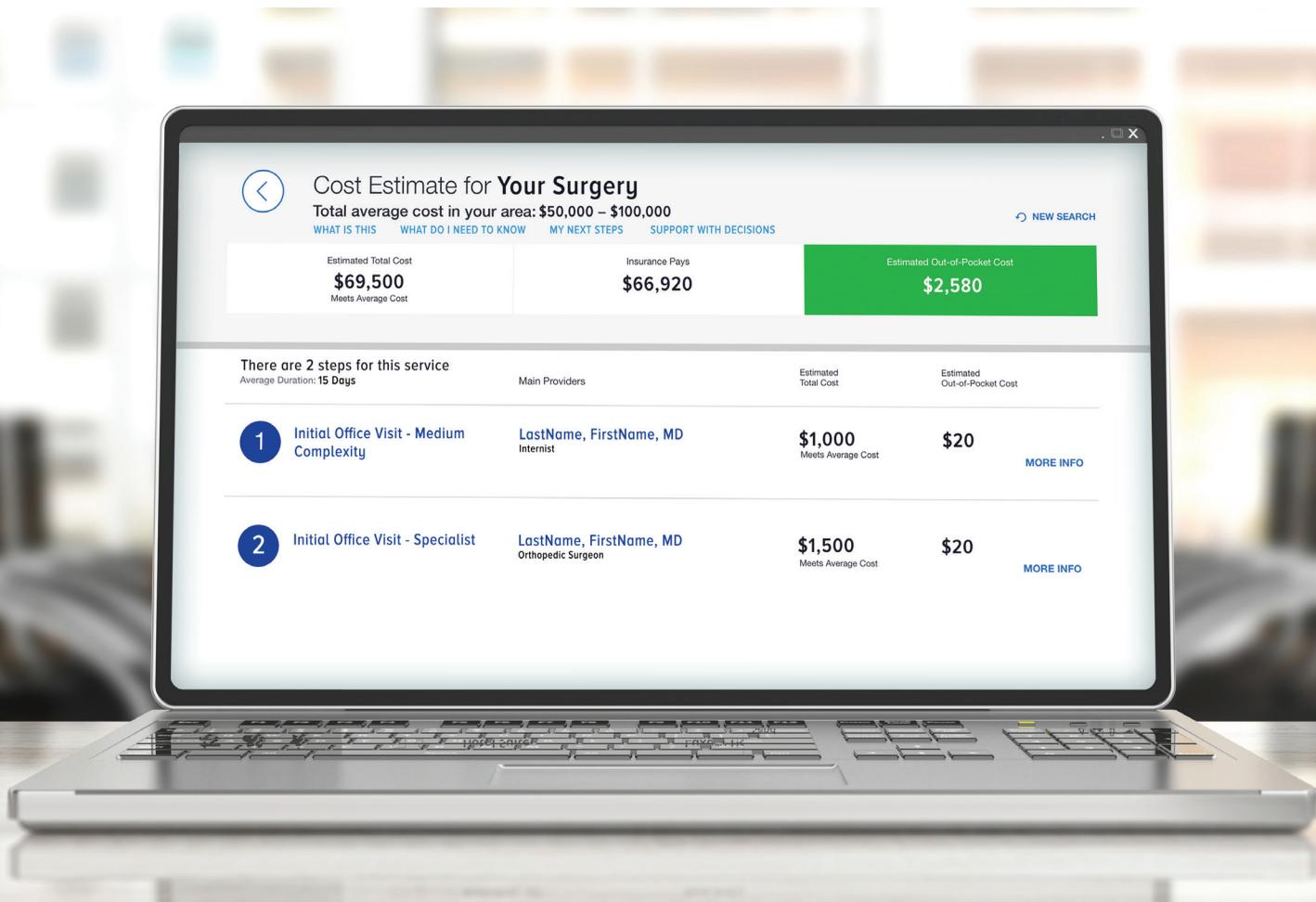
We’ll walk you through each step. It’s easy!

\*Cost details might not be included with all plans.



## “How much will it cost?”

 Estimates help you avoid surprises when the bills come.



Costs for a medical procedure — like an ultrasound, a checkup, X-rays or joint replacement — can vary by hundreds of dollars. Our Shopping for Care feature includes cost estimates to help you find the right care at the right price. (Cost information might not be included for all plans.)

- ◆ At your health plan’s **My Health Toolkit** website, log in to your **My Health Toolkit** member account.
- ◆ Under **Resources**, click **Find a Doctor or Hospital** under **Shopping for Care**.

As you explore the **Find Care** categories further, you’ll see a **Cost Estimates** tab that’s loaded with price information about hundreds of procedures, from mammograms and MRIs to allergy testing, sleep studies, physical therapy and various types of surgery.

**Coming soon! Tailored out-of-pocket costs based on your plan (as shown in green box above).**

# BLUE DISTINCTION® TOTAL CARE

Blue Distinction Total Care (BDTC) is a national Blue Cross Blue Shield program that recognizes doctors and hospitals that 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 care 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 care that is specific to your individual health needs.
- ◆ 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

## Smart health care consumers check their EOBs!

Doctors' bills can be complicated — and then you get an email saying there's an Explanation of Benefits to look at. But don't skip your EOB or just stash it away. It's pretty simple, and an important way to stay on top of your health care spending.

### What is an EOB?

Whenever you use your health insurance, we send you an Explanation of Benefits. It shows you:

- ◆ How much the doctor charged.
- ◆ How much your health plan paid.
- ◆ The amount applied toward your deductible.
- ◆ How much you may still owe.

### Why look at your EOB?

When you eat out, you at least glance at the bill before paying, right? Double-checking your medical expenses is even more important. You can:

- ◆ Make sure you pay the right amount.
- ◆ Compare the charges with your doctor or hospital bills.
- ◆ Share your EOB with your provider if you notice any differences.

### Check your EOBs easily in My Health Toolkit®



We make it simple, through your health plan's website or our My Health Toolkit app.

- ◆ Log in to **My Health Toolkit** and select the **Benefits** tab.
- ◆ Click **Claims Status**, then “View Your Summary Explanation of Benefits.”
- ◆ To see a particular claim, check the **Claims Status List** or search by date or claim number.
- ◆ On the **My Health Toolkit** mobile app, just click on the **Claims** tab and select a specific claim to view your EOB.



# MAKE SURE YOU'RE COVERED

## Why coordination of benefits is important

### Do you have other health insurance?

Coordination of benefits — COB, for short — affects your benefits when you or a family member also is 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.

**Examples of other insurance:** These may include coverage under a spouse's insurance plan, Medicaid or Medicare.

**What you need to do:** Be sure we have up-to-date information about your other insurance. That way we can process your claims 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 **Other Health Coverage**.
- ◆  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.



### Getting benefits after you have declined coverage

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 stopped 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 generally are 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
- ◆ 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
- ◆ 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, 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), adults
- ◆ Asthma (adults and children)
- ◆ Bipolar disorder
- ◆ Coronary artery disease (CAD)
- ◆ Congestive heart failure (CHF)
- ◆ Chronic obstructive pulmonary disease (COPD)
- ◆ Depression
- ◆ Diabetes (adults and children)
- ◆ Hypertension (high blood pressure)
- ◆ Hyperlipidemia (high cholesterol)
- ◆ Metabolic health
- ◆ Migraine
- ◆ Recovery support for substance use disorder

## Wellness and healthy lifestyle coaching

- ◆ Back care
- ◆ Maternity (pregnancy 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®

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 **866-789-8155** 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.

Want to know more? Please visit your health plan's website to learn more about using Teladoc.

# Understanding Your Benefits 2020

## 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
- **Embedded deductible:** 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

The following is the maximum amount you would pay out-of-pocket for covered healthcare services each year, including deductible, copays, 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
- **Embedded out-of-pocket:** 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.

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
<b>Urgent Care</b>	\$10 per visit	\$10 per visit
<b>Telemedicine Visits</b>	\$0 per visit	Not Covered

## Registering Online

- Go to [www.myhealthtoolkitRI.com](http://www.myhealthtoolkitRI.com)
- Click on "Log In to My Account", then click "Register now"
- Follow the registration instructions provided

## 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.

## Need Help?

### Call 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
<b>Retail Based Clinic Visits</b>	\$10 per visit	20% per visit after deductible
<b>Ambulance</b> <ul style="list-style-type: none"><li>Ground</li></ul>	\$50 per occurrence	\$50 per occurrence
<ul style="list-style-type: none"><li>Air/Water</li></ul>	0% per occurrence after deductible	0% per occurrence after deductible
<b>Durable Medical Equipment</b> <ul style="list-style-type: none"><li>Medical supplies</li><li>Diabetic supplies</li><li>Prosthetic devices</li></ul>	20% per service/device after deductible	20% per service/device after deductible
<b>Physical, Occupational, and Speech Therapy (limit 30 visits each per year)</b>	20% per visit after deductible	20% per visit after deductible



*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.

# NON-DISCRIMINATION STATEMENT AND FOREIGN LANGUAGE ACCESS

We do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in our health plans, when we enroll members or provide benefits.

If you or someone you're assisting is disabled and needs interpretation assistance, help is available at the contact number posted on our website or listed in the materials included with this notice.

Free language interpretation support is available for those who cannot read or speak English by calling one of the appropriate numbers listed below.

If you think we have not provided these services or have discriminated in any way, you can file a grievance online at [contact@hcrcompliance.com](mailto:contact@hcrcompliance.com) or by calling our Compliance area at **800-832-9686** or the U.S. Department of Health and Human Services, Office for Civil Rights at **800-368-1019** or **800-537-7697 (TDD)**.

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Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de este plan de salud, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-396-0183. (Spanish)

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如果您，或是您正在協助的對象，有關於本健康計畫方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 [在此插入數字 1-844-396-0188]。 (Chinese)

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Nếu quý vị, hoặc là người mà quý vị đang giúp đỡ, có những câu hỏi quan tâm về chương trình sức khỏe này, quý vị sẽ được giúp đỡ với các thông tin bằng ngôn ngữ của quý vị miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-844-389-4838 (Vietnamese)

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이 건보함에 관하여 궁금한 사항 혹은 질문이 있으시면 1-844-396-0187 로 연락주십시오. 귀하의 비용 부담없이 한국어로 도와드립니다. PC 명조 (Korean)

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Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa planong pangkalusugang ito, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika nang walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-844-389-4839 . (Tagalog)

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Если у Вас или лица, которому вы помогаете, имеются вопросы по поводу Вашего плана медицинского обслуживания, то Вы имеете право на бесплатное получение помощи и информации на русском языке. Для разговора с переводчиком позвоните по телефону 1-844-389-4840. (Russian)

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إن كان لديك أو لدى شخص تساعد أسئلة بخصوص خطة الصحة هذه، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل ب 1-844-396-0189 (Arabic)

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Si ou menm oswa yon moun w ap ede gen kesyon konsènan plan sante sa a, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan 1-844-398-6232. (French/Haitian Creole)

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Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de ce plan médical, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-844-396-0190. (French)

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Jeśli Ty lub osoba, której pomagasz, macie pytania odnośnie planu ubezpieczenia zdrowotnego, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 1-844-396-0186. (Polish)

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Se você, ou alguém a quem você está ajudando, tem perguntas sobre este plano de saúde, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-844-396-0182. (Portuguese)

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Se tu o qualcuno che stai aiutando avete domande su questo piano sanitario, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare 1-844-396-0184. (Italian)

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あなた、またはあなたがお世話をされている方が、この健康保険についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、1-844-396-0185 までお電話ください。 (Japanese)

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Falls Sie oder jemand, dem Sie helfen, Fragen zu diesem Krankenversicherungsplan haben bzw. hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-844-396-0191 an. (German)

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اگر شما یا فردی که به او کمک می کنید سؤالاتی در باره ی این برنامه ی بهداشتی داشته باشید، حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت کنید. برای صحبت کردن با مترجم، لطفاً با شماره ی 1-844-398-6233 تماس حاصل نمایید. (Persian-Farsi)

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