



Welcome to Blue Cross & Blue Shield of Rhode Island

For employees of Brown University

January 2016





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:

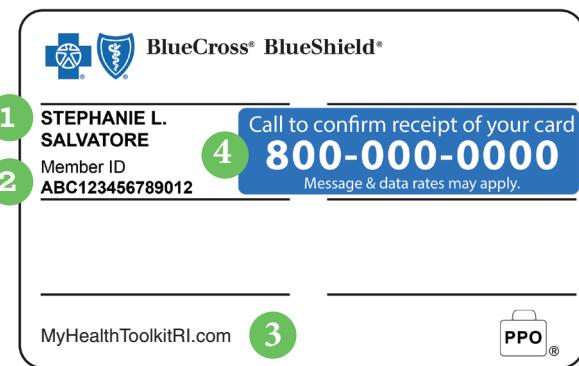
-  Visit our main website at www.MyHealthToolkitRI.com.
-  Go to our main website and log in to your **My Health Toolkit®** account.
-  Call the number on the back of your membership card to speak to a **customer service advocate**.





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.



1. 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.
2. Your member ID contains a set of letters and numbers that are unique to you.
3. Visit our main website for additional information and to log in to your **My Health Toolkit** account.
4. Call the number provided on your new card to confirm receipt.

What should you do when you receive your card?

New members and some current members will receive a new membership card in the mail. When you receive the card, there will be a sticker on the front with a phone number. Call this number to confirm receipt of your card and enroll in our free member messaging program.

If you are a current member, you may not need a new card — but you can still enroll in member messaging by calling 844-206-0624.

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**.



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.
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 little easier.

You can search by city or ZIP code for providers near your home or work. Or narrow your search to find providers in certain specialties, 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 providers who match your gender or language preferences.

Other tools, such as quality reports and patient reviews, provide extra insight about the doctors and facilities you're considering. It's worth taking a little time to check them out — and make sure you end up with exactly the kind of health services you want and need.

 **To use the Doctor and Hospital Finder, log in to your My Health Toolkit account. Select the Resources tab, then click Find a Doctor or Hospital.**





Doctor ratings and reviews

Your feedback can help others make the right choice

How do you find a new doctor or specialist? It feels like a decision that's too important to make by simply picking a name from a list. Often it's useful to ask friends or family members for recommendations. Our Rate Your Visit tool and Patient Reviews can help, as well. They are part of the Doctor and Hospital Finder. Here's how they work.

Rate your visit

Share your experience after you see a doctor and we process your claim. Rate the doctors and facilities you have used. That provides useful information for members who are trying to make decisions about their care.



To rate your visit, log in to **My Health Toolkit**, select the **Resources** tab, then **Rate Your Visit**. Click the button next to the appointment you want to review on your list of recent providers.

Patient reviews

This section of the Doctor and Hospital Finder lets you see how other members rated the doctor you are considering. You can:

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



To use the Doctor and Hospital Finder, log in to **My Health Toolkit**. Select the **Resources** tab, then **Find a Doctor or Hospital**.



These tools might help you find the health care providers who are right for you — and might help others, too.



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.

No doubt you wouldn't make an important purchase without doing some research and shopping around. The Treatment Cost Estimator helps you be a smart shopper for health care, too.

 To use the Treatment Cost Estimator, log in to [My Health Toolkit](#). Select the [Resources](#) tab, then [Treatment Cost Estimator](#).





Blue Distinction® Specialty Care

The choices you make matter — especially when it comes to your care. When you're planning a medical procedure, the hospital or outpatient facility you select is important. It can have a direct impact on the care you receive and the outcome of your procedure. That's why we developed the Blue Distinction Specialty Care program to identify hospitals with proven expertise.

Measuring performance

We turned to the medical community for input on how to measure performance. Our criteria include:

- Expertise of the medical team
- How many times the hospital has performed a certain procedure
- Hospital's track record for procedure results

Recognizing the best of the best

There are two designations for Blue Distinction hospitals:

- Blue Distinction Centers — Hospitals recognized for their expertise
- Blue Distinction+ Centers — Hospitals recognized for their expertise *and* lower cost

The facilities recognized by the Blue Distinction program have a proven track record. They deliver better results — including fewer complications and readmissions — than those without these designations.

Blue Distinction Specialty Care programs

Blue Distinction Center and Blue Distinction+ Center designations recognize hospitals delivering these types of specialty care:

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

* Blue Distinction Center designation only

To find hospitals recognized by the Blue Distinction program, log in to [My Health Toolkit](#), select [Resources](#), then [Find a Doctor or Hospital](#). Your search results will indicate any facility recognized as a Blue Distinction Center or Blue Distinction+ Center.



Blue Distinction Centers (BDC) met overall quality measures for patient safety and outcomes, developed with input from the medical community. A Local Blue Plan may require additional criteria for facilities located in its own service area; for details, contact your Local Blue Plan. Blue Distinction Centers+ (BDC+) also met cost measures that address consumers' need for affordable health care. Each facility's cost of care is evaluated using data from its Local Blue Plan. Facilities in CA, ID, NY, PA and WA may lie in two Local Blue Plans' areas, resulting in two evaluations for cost of care; and their own Local Blue Plans decide whether one or both cost of care evaluation(s) must meet BDC+ national criteria. National criteria for BDC and BDC+ are displayed on [www.bcbs.com](#). Individual outcomes may vary. For details on a provider's in-network status or your own policy's coverage, contact your Local Blue Plan and ask your provider before making an appointment. Neither Blue Cross and Blue Shield Association nor any Blue Plans are responsible for non-covered charges or other losses or damages resulting from Blue Distinction or other provider finder information or care received from Blue Distinction or other providers.



Discounts for you — just for being Blue

Besides the health benefits outlined in this booklet, you have access to discounts on a variety of products and services to enhance your quality of life. Think of them as special perks just for being Blue.

Your regular health plan benefits generally will not cover these services. You are responsible for any costs of these services your benefit plan does not cover ... but they may help you take charge of your health and save money.

Check out the discounts on items such as:

- | | | | |
|----------------------|----------------------|---------------------------|-------------------------------|
| • Hearing screenings | • Cosmetic dentistry | • Eyewear | • Companion Global Healthcare |
| • Hearing aids | • Hair restoration | • Lasik services | • Companion Global Dental |
| • Cosmetic surgery | • Eye care | • Weight loss programs | |
| | | • Allergy relief products | |

Are there alternative health services you find helpful — or want to try?

- | | | | |
|---------------------------------|-------------------|-------------------|--------------------------------|
| You also can find discounts on: | • Massage therapy | • Fitness centers | • Diet and supplement advisers |
|---------------------------------|-------------------|-------------------|--------------------------------|

For details on discounts:

1. Go to our website.
2. Select **Member Discounts**, then choose a category.





Explanation of Benefits

Your health claims at a glance

Your Summary Explanation of Benefits (EOB) can help you keep up with the details for your health insurance — services you've received, how much you owe on your deductible and what you've spent out of pocket. It provides an at-a-glance look at how you and your covered family members are using your insurance benefits.

You will receive a Summary EOB every 21 days if we process a claim during that time. This report shows information such as:

- How much you have paid for health services
- How much your health plan has paid
- Where you stand with your deductibles and out-of-pocket payments
- Ways to get more information by phone or online

You can also view your claims online. Log in to [My Health Toolkit](#), select the **Benefits** tab, then **Claims Status**.

Take advantage of this handy tool to keep up with your claims and benefits.

Want to go paperless with your Summary EOBS? Log in to [My Health Toolkit](#) and select **Modify Profile** to change your preference. We'll email you whenever there is a new EOB for you to view online.

Or call the number on the back of your membership card to ask a customer service advocate to update 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 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 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

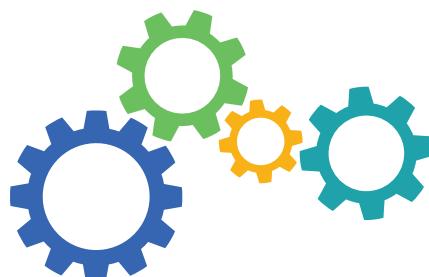
Special enrollment rights may apply to you, your spouse or other dependents even after you have declined coverage.

- 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, see Brown's *Benefit Enrollment Decision Guide*.





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.

Coinurance: 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 met the \$1,000 deductible. 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.

Preadmission: A decision that a service or type of treatment is medically necessary. Certain services require preadmission 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.

Preventive services: Routine health care that includes screenings, checkups and counseling to prevent illnesses or other health problems.

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.



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. Our health coaches are here to help!

Behavioral health and chronic disease coaching

It can feel overwhelming to live with a chronic condition. Are you seeing the right doctors and taking the right medications? Are you doing what's needed to keep your symptoms in check? Your personal health coach can help you better understand your condition and the steps you can take to achieve your best health. We offer programs for chronic diseases and behavioral health conditions including:

- | | |
|---|---|
| <ul style="list-style-type: none">• Anxiety• Attention deficit hyperactivity disorder (ADHD)• Asthma (pediatric and adult)• Bipolar disorder• Coronary artery disease (CAD)• Congestive heart failure (CHF)• Chronic obstructive pulmonary disease (COPD) | <ul style="list-style-type: none">• Depression• Diabetes (adult and pediatric)• Hypertension (high blood pressure)• Hyperlipidemia (high cholesterol)• Metabolic health• Migraine• Recovery support |
|---|---|

Wellness and healthy lifestyle coaching

You've decided it's time for improvement — kicking a bad habit, exercising more or switching up your diet. Or maybe you need guidance as you adjust to a major change in your life, such as pregnancy. By working with a health coach, you have support each step of the way. Together, you can create an action plan to meet your personal goals. Our wellness and healthy lifestyle programs include:

- | | |
|--|---|
| <ul style="list-style-type: none">• Back care• Maternity (preconception, maternity and postpartum care)• Stress management | <ul style="list-style-type: none">• Tobacco-free living• Weight management (adults and children) |
|--|---|

**Ready to become a healthier you?
Call the health coaching team at 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 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.





Benefit Summary: Medical

Brown University - Healthmate Coast-to-Coast



Understanding Your Benefits 2016

| 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">■ \$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). <ul style="list-style-type: none">■ \$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. |

| Service | What's Covered | | What You Pay |
|---|----------------|----------------|--------------------------------|
| | In-Network | Out-of-Network | |
| 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 | \$10 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) | \$10 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 | | 20% per visit after deductible |
| Hospital Emergency Services | \$75 per visit | | \$75 per visit |



Benefit Summary: Medical

| Beyond Benefits Sign in to your member page on www.myhealthtoolkitRI.com , and you will have useful plan and wellness information at your fingertips. | |
|--|--|
| Access Your Benefits: <ul style="list-style-type: none">▪ 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: <ul style="list-style-type: none">▪ Read about thousands of health topics in the Resources section.▪ Access our Blue365™ wellness information and discount program. | |
| Need Help | |
| Open Enrollment/Benefits: Support Nov. 2 – Nov. 23, 2015 • 1-877-705-5429 | |
| Customer Service: Support starting January 1, 2016 • 1-855-704-5366 | |
| Hours: Monday – Friday, 8:00 a.m. to 8:00 p.m., Eastern Time | |

| Service | What's Covered | | 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">▪ Physical therapy▪ Occupational therapy▪ Speech therapy | 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.

About Your Medical Plan

Beginning January 1, 2016

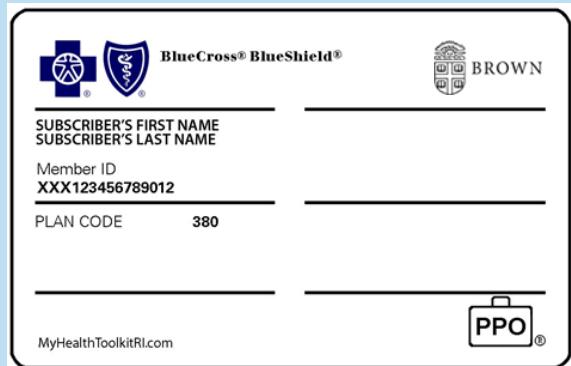


Your New Member ID Card

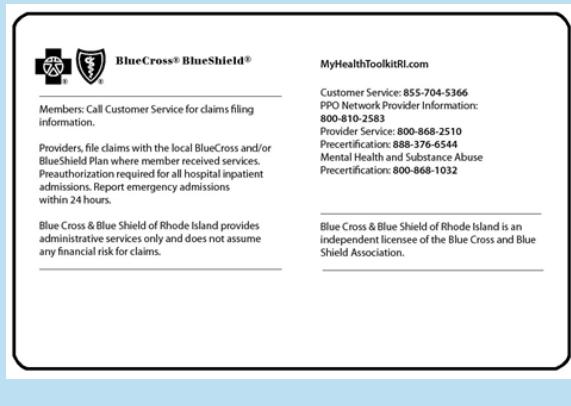
You will be receiving new medical member ID cards in the mail near the end of December. These cards will be in an unmarked envelope. If family members are covered on your plan, you will receive two ID cards. After January 1, you can order more cards by calling the customer service phone number on your ID card.

All ID cards will include the employee name only—the dependent's name will not be listed.

Sample Front of Member ID Card



Sample Back of Member ID Card



Questions?

- **Open Enrollment/Benefits:**
Support available Nov. 2 - Nov. 23
Call 1-877-705-5429
- **Customer Service:**
Support starting January 1
Monday – Friday, 8am – 8pm EST
Call 1-855-704-5366
- **PPO Network Provider Information:**
MyHealthToolkitRI.com
Call 1-800-810-2583
- **Precertification:**
MyHealthToolkitRI.com
Call 1-888-376-6544
- **Mental Health and Substance Abuse Precertification:**
MyHealthToolkitRI.com
Call 1-800-868-1032

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

MyHealthToolkitRI.com



Notes



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



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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



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