



Blue Cross  
Blue Shield  
of Rhode Island



A Health Plan You  
Can Count On



Pre-existing Condition Insurance Plan for Rhode Island

# Introducing guaranteed coverage for Rhode Islanders with health conditions

## Pre-existing Condition Insurance Plan for Rhode Island\*

Thank you for your interest in our newest health plan, which provides comprehensive coverage to uninsured Rhode Islanders with pre-existing medical conditions. This plan—which is funded through the federal Patient Protection & Affordable Care Act (PPACA)—functions much like our other health plans, with out-of-pocket maximums, and set copayment amounts for routine office visits and prescription drugs.

Once you're enrolled, your benefits include 100 percent coverage for:

- Asthma management, smoking cessation counseling, nutritional counseling, and diabetes education
- One annual eye exam and the first foot exam for members with diabetes
- Covered lab and X-ray services performed during an office visit or in an outpatient setting, immunizations, and preventive screenings
- Certain generic over-the-counter medications with a prescription from your physician

This health plan also includes access to care coordinators, who will help you manage your pre-existing medical condition.\*\*

*This guide will help you learn more about the Pre-existing Condition Insurance Plan for Rhode Island (PCIPRI) benefits, eligibility, and plan requirements. If you have any questions, please call our Individual Sales Department at (401) 351-BLUE or 1-800-505-2583 (outside Rhode Island).*

\*Applications will be accepted starting August 15, 2010 for coverage beginning October 1, 2010.

\*\* As part of this plan, you must either be enrolled in our Care Coordination Program or work with a primary care physician (PCP) in a patient-centered medical home.

## Are You Eligible?

Please review the eligibility requirements below to see if you qualify for the PCIPRI. You must be:

- An individual who has been uninsured for at least six months prior to your application
- A resident of Rhode Island who is lawfully present in the United States
- Ineligible for employer-sponsored coverage, Medicaid, or Medicare
- Diagnosed with a chronic condition (see list at right)

If you feel that you meet the above requirements, please fill out the enclosed application and medical underwriting questionnaire and return it in the provided envelope. **It's important that you do this soon. Based on funding provided by the federal government, the total members accepted into the PCIPRI will be limited.**

### When does coverage start?

Enrollment begins August 15 through September 15, 2010 for coverage effective October 1, 2010. After this initial enrollment period, applications may be accepted on a monthly basis.\* Your coverage start date will depend on the time of month that we receive your application; please call our Individual Sales Department for details.

Please note, this plan is for individuals only. Dependents are not eligible for coverage.

### What are the eligible medical conditions?

- |                                 |                      |
|---------------------------------|----------------------|
| AIDS/HIV                        | High Blood Pressure  |
| Alcohol/Drug Abuse              | High Cholesterol     |
| Alzheimer's/Dementia            | Kidney Disease       |
| Asthma                          | Liver Cirrhosis      |
| Cancer                          | Low Back Pain        |
| Chronic Pancreatitis            | Mental Illness       |
| Chronic Thyroid                 | Migraine             |
| Clinical Depression             | Multiple Sclerosis   |
| Cystic Fibrosis                 | Osteoarthritis       |
| Diabetes                        | Pulmonary Disease    |
| Emphysema                       | Rheumatoid Arthritis |
| End-Stage Renal Disease         | Sickle Cell Anemia   |
| Epilepsy                        | Stroke               |
| Gaucher's Disease/Fabry Disease | Ulcers               |
| Heart/Liver/Kidney Transplant   | Vascular Disease     |
| Heart Attack                    |                      |
| Heart Disease                   |                      |
| Hemophilia                      |                      |
| Hepatitis                       |                      |

### If you qualify and are accepted into the plan, you must:

- Choose a primary care physician (PCP) and have an annual physical exam within six months of joining the plan
- Enroll in Blue Cross & Blue Shield of Rhode Island's Care Coordination Program **unless** your PCP is affiliated with a patient-centered medical home (PCMH) or is part of the Rhode Island Chronic Care Sustainability Initiative (CSI-RI)

\*This plan will be limited to 500 members.

## Plan Basics

With this plan, you'll have set copayment amounts for commonly used services, plus coverage and protection for larger healthcare expenses. When you visit providers that have a contract with BCBSRI (that are in our Rhode Island network), the basic benefits are:

- **Copayments** for office visits, urgent care, and emergency care
- **100 percent coverage** for certain preventive services
- **Prescription drug coverage** without a deductible (copayment applies)
- **Comprehensive coverage** for other services after you meet your deductible (coinsurance applies)
- **Out-of-pocket maximums** for protection against large medical expenses

### Network Providers

As a PCIPRI member, you'll have access to our extensive network of local providers, which includes 90 percent of the primary care physicians in Rhode Island, nearly 3,000 specialists, and 14 hospitals. When you receive services from a Rhode Island network provider, you will only be responsible for your deductible, copayment, and/or the difference between the maximum benefit and our allowance, which may apply to a covered healthcare service.

To see if a provider is in our Rhode Island network, call our Customer Service Department at (401) 459-5000 or 1-800-639-2227 or TDD 1-888-252-5051, or visit [BCBSRI.com](http://BCBSRI.com). Customer Service hours are Monday through Friday, 8:00 a.m. to 8:00 p.m.

### Prescription Drug Coverage

You can have your prescriptions filled at any of our participating pharmacies or through our mail order service. You'll be responsible only for your copayment for each prescription. (The deductible does not apply.) Your copayment will be based on the lower of our allowance (how much we will pay for a certain drug) or the retail cost of the drug.

The prescription drug copayment you pay is calculated on a four-tier structure<sup>†</sup>.

<sup>†</sup>Covered drugs are placed in a tier in our "drug formulary" (covered drug list) as determined by a committee of local physicians and pharmacists, established by BCBSRI. The drug formulary is subject to periodic review and modification. To find out which drugs are in each tier, refer to our drug formulary list, available on [BCBSRI.com](http://BCBSRI.com).

### Non-network Providers

Services from **non-network providers** will be covered only in the following limited circumstances:

- Emergency care, including emergency room services and ambulance services
- When we specifically approve the use of a **non-network provider** for covered healthcare services
- Covered healthcare services rendered by a **non-network provider** outside of your control, at a Rhode Island network facility
- Hearing aids and hair prosthetics (wigs) as mandated by state law

## Plan Benefits

Deductible for the remainder of 2010	Network Provider You Pay
<b>Deductible for the remainder 2010</b> (for members with an effective date of October 1, November 1, or December 1, 2010) Deductible applies to inpatient and outpatient hospital services, physical therapy, occupational therapy, speech therapy, and durable medical equipment.	\$250 per individual
<b>Coinsurance</b>	20% after deductible
<b>Maximum Out-of-Pocket Expense for 2010 calendar year</b> (for members with an effective date of October 1, November 1, or December 1, 2010) The infertility treatment copayment, flat dollar copayments, and prescription drug copayment do NOT apply to the maximum out-of-pocket expense; therefore, the level of coverage will not be increased to 100%.	\$750 per individual
<b>Preventive Services:</b> adult and pediatric immunizations, Pap smear, mammogram screenings, colorectal cancer screenings, and prostate-specific antigen (PSA) tests	\$0
<b>PCP and Personal Physician Office Visits, including visits to:</b> family practitioners, gynecologists, internists, obstetricians, pediatricians, nurse practitioners (Ob/Gyn), and physician's assistants (Ob/Gyn)	\$20 copayment per visit*

\*Deductible does not apply.

Deductible for 2011 calendar year	Network Provider You Pay
<b>Deductible for 2011 calendar year</b> (Applies to all members beginning January 1, 2011) Deductible applies to inpatient and outpatient hospital services, physical therapy, occupational therapy, speech therapy, and durable medical equipment.	\$1,000 per individual
<b>Coinsurance</b>	20% after deductible
<b>Maximum Out-of-Pocket Expense for 2011 calendar year</b> (for members with an effective date on or after January 1, 2011) The infertility treatment copayment, flat dollar copayments, and prescription drug copayment do NOT apply to the maximum out-of-pocket expense; therefore, the level of coverage will not be increased to 100%.	\$3,000 per individual
<b>Preventive Services:</b> adult and pediatric immunizations, Pap smear, mammogram screenings, colorectal cancer screenings, and prostate-specific antigen (PSA) tests	\$0
<b>PCP and Personal Physician Office Visits, including visits to:</b> family practitioners, gynecologists, internists, obstetricians, pediatricians, nurse practitioners (Ob/Gyn), and physician's assistants (Ob/Gyn)	\$20 copayment per visit*

\*Deductible does not apply.



# Plan Benefits

2010 and 2011 Copayments and Coinsurance	
	Network Provider You Pay
<b>Outpatient Services</b>	
<b>Specialist Office Visits, including but not limited to:</b> <ul style="list-style-type: none"> <li>• Unlimited mental health and substance abuse visits</li> <li>• 12 chiropractic visits per calendar year</li> <li>• 1 routine eye exam per calendar year**</li> </ul>	\$40 copayment per visit*
<b>Urgent Care Center</b>	\$75 copayment per visit*
<b>Emergency Room</b>	\$200 copayment per visit*
<b>Ambulance</b>	\$50 copayment*
<b>Lab Tests and X-rays</b> <ul style="list-style-type: none"> <li>• Preauthorization is recommended for MRIs, MRAs, CT scans, PET scans, and nuclear cardiac imaging</li> </ul>	\$0
<b>Outpatient Hospital Services</b>	20% coinsurance after deductible
<b>Physical and Occupational Therapy</b>	
<b>Durable Medical Equipment</b>	
<b>Inpatient Services</b>	
<b>Inpatient Hospital Facilities and Services, Mental Healthcare, and Chemical Dependency:</b> <ul style="list-style-type: none"> <li>• Preauthorization is recommended</li> </ul>	20% coinsurance after deductible
<b>Prescription Drugs</b>	
<b>Retail Pharmacy and Mail Order</b> <ul style="list-style-type: none"> <li>• Preauthorization is required for certain drugs</li> <li>• The cost of mail order prescriptions is 2.5 times the retail copayment</li> </ul>	\$7 for tier 1* \$30 for tier 2* \$50 for tier 3*
<b>Specialty Pharmacy</b> <ul style="list-style-type: none"> <li>• Preauthorization is required for certain drugs</li> </ul>	\$75 for specialty*

\*Deductible does not apply.

\*\*Covered at 100% for members with diabetes.

This brochure provides a general summary of our plan. It is not a contract. For details about coverage, including any limits and exclusions not noted here, call our Individual Sales Department at (401) 351-BLUE (2583) or 1-800-505-BLUE (outside of Rhode Island) or refer to the subscriber agreement. Subscriber agreements are available online at BCBSRI.com.

## PLAN RATES (MONTHLY)

Please note that all rates are subject to change as of April 1, 2011

Age Bracket	Monthly Rates
Under 25	\$206.04
25-29	\$231.33
30-34	\$270.01
35-39	\$284.52
40-44	\$307.94
45-49	\$354.81
50-54	\$430.31
55-59	\$519.56
60-64	\$556.01
65+	\$994.41

## Notes

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If you have questions about rates  
 or plan details, please call our Individual  
 Sales Department at  
**(401) 351-BLUE (2583)** or  
**1-800-505-BLUE (2583)** (outside Rhode Island).



[www.BCBSRI.com](http://www.BCBSRI.com)

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