

BlueSolutions Choice 2022 HSA

\$3,000

Understanding Your Benefits



Registering Online at myBCBSRI

- Go to myBCBSRI.com
- Click on "Register Here"
- Follow the registration instructions provided

Deductibles

- \$3,000** per individual plan;
\$6,000 per family plan in network
- \$6,000** per individual plan;
\$12,000 per family plan out of network

All deductible payments count toward the family deductible, one or all can meet it.

Out-of-pocket Limits

- \$6,000** per individual plan;
\$12,000 per family plan in network
- \$12,000** per individual plan;
\$24,000 per family plan out of network

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.

Office Visits	In-Network	Out-of-Network
Primary Care	0% per visit after deductible	40% per visit after deductible
Specialist	0% per visit after deductible	40% per visit after deductible
Urgent Care	\$75 per visit after deductible	\$75 per visit after deductible
Emergency Room	\$250 per visit after deductible	\$250 per visit after deductible
Doctors Online	0% per visit after deductible	Not Covered
Chiropractic (limit 12 visits per year)	0% per visit after deductible	40% per visit after deductible

Other Covered Services	In-Network	Out-of-Network
Preventive Care	\$0 per visit	40% per visit after deductible
Diagnostic Lab/X-ray	0% per visit after deductible	40% per visit after deductible
High-end Radiology	0% per visit after deductible	40% per visit after deductible
Outpatient Surgery	0% per visit after deductible	40% per visit after deductible
Inpatient Services	0% per visit after deductible	40% per visit after deductible
Durable Medical Equipment	0% per service/device after deductible	40% per service/device after deductible
Physical, Occupational, and Speech Therapy (limit 30 visits each per year)	0% per visit after deductible	40% per visit after deductible
Prescription Drugs	Tiered copays applicable once deductible is satisfied*	Not Covered

*Refer to "Your Prescription Drug Coverage" summary

This is a summary of your BlueSolutions benefits. 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.

Plan Year: 2022
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