# Network Blue NE Options 2022 \$1,500 Deductible Understanding Your Benefits

# Registering Online at myBCBSRI

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

### Deductibles for Enhanced and Standard

 \$1,500 per individual plan;
 \$3,000 per family plan in network

#### Out of Network:

- Not covered per individual plan;
- **Not covered** per family plan out of network

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**

- \$4,500 per individual plan;
  \$9,000 per family plan in network
- Not covered per individual plan;

**Not covered** per family plan out of network

All out-of-pocket payments count toward the family out-ofpocket 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:

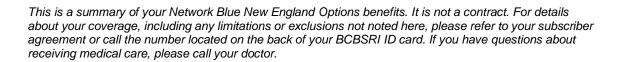
This plan has a regional network,

Office Visits	Enhanced Tier	Standard Tier	Out-of-Network
Primary Care	\$15 per visit	\$25 per visit	Not Covered
Specialist*	\$30 per visit		Not Covered
Urgent Care	\$75 per visit		
Emergency Room	\$250 per visit		
Doctors Online	\$0 per visit		Not Covered
Chiropractic (limit 20 visits per year)	\$30 per visit		Not Covered

Other Covered Services	Enhanced Tier	Standard Tier	Out-of- Network
Preventive Care	\$0 per visit		Not Covered
Lab (non-hospital based/hospital based)	\$20 per visit	\$20 per visit/\$30 per visit	Not Covered
X-ray (non-hospital based/hospital based)	\$50 per visit/\$60 per visit	\$60 per visit/\$75 per visit	Not Covered
High-end Radiology (non-hospital based/hospital based)	\$200 per visit/\$250 per visit	\$250 per visit/\$500 per visit after deductible	Not Covered
Outpatient Surgery (non-hospital based/hospital based)	\$0 per visit/\$250 per visit	\$0 per visit/\$500 per visit after the deductible	Not Covered
Inpatient Services	\$500 per visit	\$1,000 per visit after deductible	Not Covered
Durable Medical Equipment	20% per service/device after deductible		Not Covered
Physical, Occupational, and Speech Therapy	20% per service after deductible		Not Covered

\*Free foot and eye exams available for members with Diabetes (limit 1 exam per year)

Members must select a Primary Care Provider (PCP) during enrollment. Failure to select a PCP may result in a reduction in benefits.



Plan Year: 2022 UPI: L00463

