

Understanding Your Benefits

Registering Online at *myBCBSRI* after 7/1/2023

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

Deductibles

In Network:

\$600 per individual plan;
\$1,200 per family plan

Out of Network:

\$800 per individual plan;
\$1,600 per family plan

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

In Network:

\$3,000 per individual plan;
\$6,000 per family plan

Out of Network:

\$6,000 per individual plan;
\$12,000 per family plan

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	\$30 per visit	40% per visit after deductible
Specialist	\$40 per visit	40% per visit after deductible
Urgent Care	\$50 per visit	\$50 per visit
Emergency Room	\$200 per visit	\$200 per visit
Mental Health/Substance Abuse Office Visit	\$30 per visit	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 Freestanding/Office: Hospital:	\$10 per visit \$50 per visit	40% per visit after deductible
High-end Radiology Freestanding/Office: Hospital:	\$10 per visit \$50 per visit	40% per visit after deductible
Outpatient Surgery	20% per visit after deductible	40% per visit after deductible
Inpatient Services	20% per visit after deductible	40% per visit after deductible
Durable Medical Equipment	20% per service/device after deductible	40% per service/device after deductible
Physical, Occupational, and Speech Therapy (limit 30 visits each per year)	20% per visit after deductible	40% per visit after deductible

This is a summary of your HealthMate Coast to Coast 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: 2023

UPI: L00415