

## Understanding Your Benefits

### Registering Online at [myBCBSRI](https://myBCBSRI.com)

- Go to [myBCBSRI.com](https://myBCBSRI.com)
- Click on “Register Here”
- Follow the registration instructions provided

### Deductibles

- **\$2,500** per individual plan;
- **\$5,000** per family plan combined in network & out of network

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

### Out-of-pocket Limits

- **\$4,500** per individual plan;
- **\$9,000** per family plan combined in network & 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 combined 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
<b>Primary Care</b>	\$20 per visit after deductible	40% per visit after deductible
<b>Specialist</b>	\$30 per visit after deductible	40% per visit after deductible
<b>Urgent Care</b>	\$30 per visit after deductible	\$30 per visit after deductible
<b>Emergency Room</b>	\$200 per visit after deductible	\$200 per visit after deductible
<b>Doctors Online</b>	0% per visit after deductible	Not Covered
<b>Chiropractic</b>	0% per visit after deductible	40% per visit after deductible

Other Covered Services	In-Network	Out-of-Network
<b>Preventive Care</b>	\$0 per visit	40% per visit after deductible
<b>Diagnostic Lab/X-ray</b>	0% per visit after deductible	40% per visit after deductible
<b>High-end Radiology</b>	0% per visit after deductible	40% per visit after deductible
<b>Outpatient Surgery</b>	0% per visit after deductible	40% per visit after deductible
<b>Inpatient Services</b>	0% per visit after deductible	40% per visit after deductible
<b>Durable Medical Equipment</b>	0% per service/device after deductible	40% per service/device after deductible
<b>Physical, Occupational, and Speech Therapy</b>	0% per visit after deductible	40% per visit after deductible