

Understanding Your Benefits

Registering Online at myBCBSRI

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

Deductibles

- **\$500** per individual plan;
\$1,000 per family plan in combined in & 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

- **\$3,000** per individual plan;
\$6,000 per family plan combined in & 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
Primary Care	\$20 per visit	20% per visit after deductible
Specialist	\$30 per visit	20% per visit after deductible
Urgent Care	\$30 per visit	\$30 per visit
Emergency Room	\$200 per visit	\$200 per visit
Doctors Online	\$0 per visit	Not Covered
Chiropractic	\$20 per visit	20% per visit after deductible

Other Covered Services	In-Network	Out-of-Network
Preventive Care	\$0 per visit	20% per visit after deductible
Diagnostic Lab/X-ray	\$0 per visit	20% per visit after deductible
High-end Radiology	\$0 per visit	20% per visit after deductible
Outpatient Surgery	0% per visit after deductible	20% per visit after deductible
Inpatient Services	0% per visit after deductible	20% per visit after deductible
Durable Medical Equipment	0% per service/device after deductible	20% per visit after deductible
Physical, Occupational, and Speech Therapy	\$0 per visit	20% per visit after deductible