

BlueSolutions High Deductible Health Plan



Understanding Your Benefits

Online member account
Create your member account
at **BlueCareConnectRI.com**
or download the BlueCare
Connect app to get started.

Deductibles

In Network:

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

Out of Network:

\$8,000 per individual plan;
\$16,000 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:

\$6,650 per individual plan;
\$13,300 per family plan

Out of Network:

\$16,000 per individual plan;
\$32,000 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 after deductible	50% per visit after deductible
Specialist	30% per visit after deductible	50% per visit after deductible
Urgent Care	30% per visit after deductible	30% per visit after deductible
Emergency Room	30% per visit after deductible	30% per visit after deductible
Mental Health/Substance Abuse Office Visit	30% per visit after deductible	50% per visit after deductible

Other Covered Services	In-Network	Out-of-Network
Preventive Care	\$0 per visit	50% per visit after deductible
Diagnostic Lab/X-ray	30% per visit after deductible	50% per visit after deductible
High-end Radiology	30% per visit after deductible	50% per visit after deductible
Outpatient Surgery	30% per visit after deductible	50% per visit after deductible
Inpatient Services	30% per visit after deductible	50% per visit after deductible
Durable Medical Equipment	30% per service/device after deductible	50% per service/device after deductible
Physical, Occupational, and Speech Therapy (limit 30 visits each per year)	30% per visit after deductible	50% per visit after deductible

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.

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