

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:

\$3,500 per individual plan

\$7,000 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:

\$7,000 per individual plan

\$14,000 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	20% per visit after deductible	50% per visit after deductible
Specialist	20% per visit after deductible	50% per visit after deductible
Urgent Care	20% per visit after deductible	20% per visit after deductible
Emergency Room	20% per visit after deductible	20% per visit after deductible
Mental Health/Substance Abuse Office Visit	20% 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	20% per visit after deductible	50% per visit after deductible
High-end Radiology	20% per visit after deductible	50% per visit after deductible
Outpatient Surgery	20% per visit after deductible	50% per visit after deductible
Inpatient Services	20% per visit after deductible	50% per visit after deductible
Durable Medical Equipment	20% per service/device after deductible	50% per service/device after deductible
Physical, Occupational, and Speech Therapy (limit 30 visits each per year)	20% 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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