Blue Choice New England $2,000 Deductible

Blue Cross Blue Shield of Rhode Island

Understanding Your Benefits

Registering Online at myBCBSRI

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

Deductibles

- **$2,000** per individual plan; **$4,000** per family plan in network
- **$4,000** per individual plan; **$8,000** per family plan 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

- **$6,000** per individual plan; **$12,000** per family plan in network
- **$12,000** per individual plan; **$24,000** per family plan 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 separate for in-network and out-of-network services.

Network:

This plan has a regional network, where all participating providers throughout New England (MA, RI, CT, NH, and ME) are in-network.

Office Visits	In-Network	Out-of-Network
Primary Care	$30 per visit	20% per visit after deductible
Specialist*	$50 per visit	Not Covered
Urgent Care	$100 per visit	$100 per visit
Emergency Room	$200 per visit	$200 per visit
Doctors Online	$30 per visit	Not Covered
Chiropractic (limit 20 visits per year)	$50 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	$25 per visit	20% per visit after deductible
Diagnostic X-ray	$75 per visit	20% per visit after deductible
High-end Radiology	0% per visit after deductible	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	20% per service/device after deductible	40% per visit after deductible
Physical, Occupational, and Speech Therapy	20% per visit after deductible	40% per visit after deductible
Prescription Drugs	**Retail (30 Day Supply)** $10-Tier 1; $30-Tier 2; $50-Tier 3; $75-Tier 4; $125-Tier 5 **Mail-Order (90 Day Supply)** $25-Tier 1; $75-Tier 2; $125-Tier 3; $225-Tier 4; N/A-Tier 5 Out-of-network not covered	

**Free foot and eye exams available for members with Diabetes (limit 1 exam per year)*

Members must select a Primary Care Provider (PCP) during enrollment. Failure to select a PCP may result in a reduction in benefits.

This is a summary of your Blue Choice New England 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: 2021