

Understanding Your Benefits

Registering Online at myBCBSRI

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

Deductibles

- **\$4,000** per individual plan;
\$8,000 per family plan in network
- **\$8,000** per individual plan;
\$16,000 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

- **\$7,150** per individual plan;
\$14,300 per family plan in network
- **\$14,300** per individual plan;
\$28,600 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	\$25 per visit	20% per visit after deductible
Specialist*	\$40 per visit	Not Covered
Urgent Care	\$100 per visit	\$100 per visit
Emergency Room	\$200 per visit	\$200 per visit
Doctors Online	\$25 per visit	Not Covered
Chiropractic (limit 20 visits per year)	\$40 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.