

## Understanding Your Benefits

### Registering Online at myBCBSRI

- Go to [myBCBSRI.com](http://myBCBSRI.com)
- Click on "Register Here"
- Follow the registration instructions provided

### Deductibles

- \$4,000** per individual plan;  
**\$8,000** per family plan in network
- Not covered** per individual plan;  
**Not covered** 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
- Not covered** per individual plan;  
**Not covered** 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	Not Covered
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	Not Covered

Other Covered Services	In-Network	Out-of-Network
Preventive Care	\$0 per visit	Not Covered
Diagnostic Lab	\$25 per visit	Not Covered
Diagnostic X-ray	\$75 per visit	Not Covered
High-end Radiology	0% per visit after deductible	Not Covered
Outpatient Surgery	0% per visit after deductible	Not Covered
Inpatient Services	0% per visit after deductible	Not Covered
Durable Medical Equipment	20% per service/device after deductible	Not Covered
Physical, Occupational, and Speech Therapy	20% per visit after deductible	Not Covered
Prescription Drugs	<b>Retail (30 Day Supply)</b> \$10-Tier 1; \$30-Tier 2; \$50-Tier 3; \$75-Tier 4; \$125-Tier 5  <b>Mail-Order (90 Day Supply)</b> \$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.