

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

- \$6,150** per individual plan;
\$12,300 per family plan in network
- \$18,450** per individual plan;
\$36,900 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:

Extensive national network, with access to thousands of providers across the country.

Office Visits	In-Network	Out-of-Network
Primary Care	\$20 per visit for PCMH	50% per visit after deductible
	\$40 per visit for Non PCMH	
Specialist*	\$50 per visit	50% per visit after deductible
Urgent Care	\$125 per visit	\$125 per visit
Emergency Room	\$250 per visit	\$250 per visit
Doctors Online	\$40 per visit	Not Covered
Chiropractic (limit 20 visits per year)	\$45 per visit	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	\$25 per visit	50% per visit after deductible
Diagnostic X-ray	\$100 per visit	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	30% per visit after deductible	50% per visit after deductible
Prescription Drugs	<p>Retail (30 Day Supply) \$10-Tier 1; \$40-Tier 2; \$70-Tier 3; \$90-Tier 4; \$125-Tier 5</p> <p>Mail-Order (90 Day Supply) \$25-Tier 1; \$100-Tier 2; \$175-Tier 3; \$270-Tier 4; N/A-Tier 5</p> <p>Out-of-network not covered</p>	

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