

## 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
- \$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

- \$5,000** per individual plan;  
**\$10,000** per family plan in network
- \$19,050** per individual plan;  
**\$38,100** 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	20% per visit after deductible
	\$30 per visit for Non PCMH	
Specialist*	\$40 per visit	20% per visit after deductible
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)	\$45 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 service/device after deductible
Physical, Occupational, and Speech Therapy	20% per visit after deductible	40% per visit after deductible
Prescription Drugs	<b>Retail (30 Day Supply)</b> \$10-Tier 1; \$40-Tier 2; \$70-Tier 3; \$90-Tier 4; \$125-Tier 5	
	<b>Mail-Order (90 Day Supply)</b> \$25-Tier 1; \$100-Tier 2; \$175-Tier 3; \$270-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)