

Understanding Your Benefits

Registering Online at myBCBSRI

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

Deductibles

- \$1,000** per individual plan;
\$2,000 per family plan in network
- \$2,000** per individual plan;
\$4,000 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

- \$2,500** per individual plan;
\$5,000 per family plan in network
- \$6,000** per individual plan;
\$12,000 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	\$20 per visit	20% per visit after deductible
Specialist*	\$30 per visit	Not Covered
Urgent Care	\$75 per visit	\$75 per visit
Emergency Room	\$150 per visit	\$150 per visit
Doctors Online	\$20 per visit	Not Covered
Chiropractic (limit 20 visits per year)	\$30 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	\$20 per visit	20% per visit after deductible
Diagnostic X-ray	\$50 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	<p>Retail (30 Day Supply) \$10-Tier 1; \$25-Tier 2; \$35-Tier 3; \$60-Tier 4; \$100-Tier 5</p> <p>Mail-Order (90 Day Supply) \$25-Tier 1; \$62.50-Tier 2; \$87.50-Tier 3; \$180-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)

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