

Understanding Your Benefits

Registering Online at [myBCBSRI](http://myBCBSRI.com)

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

Deductibles

- **\$5,000** per individual plan;
\$10,000 per family plan in network
- **\$10,000** per individual plan;
\$20,000 per family plan out of network

All deductible payments count toward the family deductible, one or all can meet it.

Out-of-pocket Limits

- **\$6,550** per individual plan;
\$13,100 per family plan in network
- **\$19,650** per individual plan;
\$39,300 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	0% per visit after deductible	40% per visit after deductible
Specialist	0% per visit after deductible	40% per visit after deductible
Urgent Care	0% per visit after deductible	0% per visit after deductible
Emergency Room	0% per visit after deductible	0% per visit after deductible
Doctors Online	0% per visit after deductible	Not Covered
Chiropractic (limit 20 visits per year)	0% per visit after deductible	40% per visit after deductible

Other Covered Services	In-Network	Out-of-Network
Preventive Care	\$0 per visit	40% per visit after deductible
Diagnostic Lab/X-ray	0% per visit after deductible	40% per visit after deductible
High-end Radiology	0% per visit after deductible	40% per visit after deductible
Outpatient Surgery	0% per visit after deductible	40% per visit after deductible
Inpatient Services	0% per visit after deductible	40% per visit after deductible
Durable Medical Equipment	20% per service/device after deductible	40% per service/device after deductible
Physical, Occupational, and Speech Therapy	0% per visit after deductible	40% per visit after deductible
Prescription Drugs	<p>Retail (30 Day Supply) \$10*-Tier 1; \$50*-Tier 2; \$75*-Tier 3; \$95*-Tier 4; \$150*-Tier 5</p> <p>Mail-Order (90 Day Supply) \$25*-Tier 1; \$125*-Tier 2; \$187.50*-Tier 3; \$285*-Tier 4; N/A-Tier 5</p> <p>Out-of-network not covered</p>	

*Applicable once deductible is satisfied