

# Understanding Your Benefits

## Registering Online at myBCBSRI

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

### Deductibles

- **\$6,000** per individual plan;  
**\$12,000** per family plan in network
- **\$12,000** per individual plan;  
**\$24,000** per family plan out of network

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

### Out-of-pocket Limits

- **\$6,100** per individual plan;  
**\$12,200** 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
<b>Primary Care</b>	0% per visit after deductible	40% per visit after deductible
<b>Specialist</b>	0% per visit after deductible	40% per visit after deductible
<b>Urgent Care</b>	0% per visit after deductible	0% per visit after deductible
<b>Emergency Room</b>	0% per visit after deductible	0% per visit after deductible
<b>Doctors Online</b>	0% per visit after deductible	Not Covered
<b>Chiropractic</b> (limit 20 visits per year)	0% per visit after deductible	40% per visit after deductible

Other Covered Services	In-Network	Out-of-Network
<b>Preventive Care</b>	\$0 per visit	40% per visit after deductible
<b>Diagnostic Lab/X-ray</b>	0% per visit after deductible	40% per visit after deductible
<b>High-end Radiology</b>	0% per visit after deductible	40% per visit after deductible
<b>Outpatient Surgery</b>	0% per visit after deductible	40% per visit after deductible
<b>Inpatient Services</b>	0% per visit after deductible	40% per visit after deductible
<b>Durable Medical Equipment</b>	20% per service/device after deductible	40% per service/device after deductible
<b>Physical, Occupational, and Speech Therapy</b>	0% per visit after deductible	40% per visit after deductible
<b>Prescription Drugs</b>	<p><b>Retail (30 Day Supply)</b> \$10*-Tier 1; \$50*-Tier 2; \$75*-Tier 3; \$95*-Tier 4; \$150*-Tier 5</p> <p><b>Mail-Order (90 Day Supply)</b> \$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