

Understanding Your Benefits

Registering Online at myBCBSRI

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

Deductibles

- **\$1,500** per individual plan;
\$3,000 per family plan in network
- **\$1,500** per individual plan;
\$3,000 per family plan out of network

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

Out-of-pocket Limits

- **\$3,000** per individual plan;
\$9,000 per family plan in network
- **\$3,000** per individual plan;
\$9,000 per family plan out of network

Hybrid out-of-pocket: 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	10% per visit after deductible	30% per visit after deductible
Specialist	10% per visit after deductible	30% per visit after deductible
Urgent Care	10% per visit after deductible	10% per visit after deductible
Emergency Room	10% per visit after deductible	10% per visit after deductible
Doctors Online	10% per visit after deductible	Not Covered
Chiropractic (limit 12 visits per year)	10% per visit after deductible	30% per visit after deductible

Other Covered Services	In-Network	Out-of-Network
Preventive Care	\$0 per visit	30% per visit after deductible
Diagnostic Lab/X-ray	10% per visit after deductible	30% per visit after deductible
High-end Radiology	10% per visit after deductible	30% per visit after deductible
Outpatient Surgery	10% per visit after deductible	30% per visit after deductible
Inpatient Services	10% per visit after deductible	30% per visit after deductible
Durable Medical Equipment	10% per service/device after deductible	30% per service/device after deductible
Physical, Occupational, and Speech Therapy	10% per visit after deductible	30% per visit after deductible