

Bryant University- Base Plan



Understanding Your Benefits

Online member account

On/after January 1, 2025, create your member account at

[BlueCareConnectRI.com](https://www.bluecareconnectri.com) or

download the **BlueCare Connect** app to get started.

Deductibles

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

\$1,000 per individual plan;
\$2,000 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

- **\$3,500** per individual plan;
\$7,000 per family plan in network

- **\$3,500** per individual plan;
\$7,000 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:

Extensive national network, with access to thousands of providers across the country.

Office Visits	In-Network	Out-of-Network
Primary Care	\$10 per visit (PCMH) \$15 per visit (non-PCMH)	\$15 plus 20% per visit after deductible
Specialist	\$30 per visit	\$30 plus 20% per visit after deductible
Urgent Care	\$50 per visit	\$50 plus 20% per visit after deductible
Emergency Room	\$125 per visit	\$125 per visit
Doctors Online	\$15 per visit	Not Covered
Chiropractic (limit 12 visits per year)	\$30 per visit	\$30 plus 20% per visit after deductible

Other Covered Services	In-Network	Out-of-Network
Preventive Care	\$0 per visit	20% per visit after deductible (plus \$15 copay for office visits)
Diagnostic Lab/X-ray	0% 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	20% per service/device after deductible
Physical, Occupational, and Speech Therapy (in therapist's office)	20% per visit	20% per visit after deductible

This is a summary of your benefits. It is not a contract. For details about your coverage, including any limitations or exclusions not noted here, please refer to your subscriber agreement or call the number located on the back of your BCBSRI ID card. If you have questions about receiving medical care, please call your doctor.

Plan Year: 2025