

Understanding Your Benefits

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

- 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

\$3,000 per individual plan;
\$6,000 per family plan out of network

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

Out-of-pocket Limits

- \$3,000** per individual plan;
\$6,000 per family plan in network
- \$5,000** per individual plan;
\$10,000 per family plan out of network

Aggregate Out-of-Pocket: All out-of-pocket payments count toward the family out-of-pocket limit, one or all can meet it.

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		\$15 per visit after deductible (PCMH) \$20 per visit after deductible (non-PCMH)	20% per visit after deductible
Specialist		\$30 per visit after deductible	20% per visit after deductible
Urgent Care		\$30 per visit after deductible	\$30 per visit after deductible
Emergency Room		\$100 per visit after deductible	\$100 per visit after deductible
Doctors Online		\$20 per visit after deductible	Not Covered
Chiropractic (limit 12 visits per year)		\$30 per visit after deductible	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/X-ray		0% per visit after deductible	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		0% per service/device after deductible	20% per service/device after deductible
Physical, Occupational, and Speech Therapy (in therapist's office)		0% per visit after deductible	20% per visit after deductible