

## Understanding Your Benefits

### Registering Online at myBCBSRI

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

### Deductibles

- **\$1,000** per individual plan; **\$2,000** per family plan in network
- **\$2,000** per individual plan; **\$4,000** 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

- **\$4,000** per individual plan; **\$8,000** per family plan in network
- **\$12,000** per individual plan; **\$24,000** 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 for PCMH	20% per visit after deductible
	\$20 per visit for Non PCMH	
Specialist	\$30 per visit	20% per visit after deductible
Urgent Care	\$50 per visit	\$50 per visit
Emergency Room	\$100 per visit	\$100 per visit
Doctors Online	\$20 per visit	Not Covered
Chiropractic (limit 20 visits per year)	\$40 per visit	20% per visit after deductible
Acupuncture	\$30 per visit	\$30 per visit

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	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 after deductible	40% per service/device after deductible
Physical, Occupational, and Speech Therapy	20% per visit after deductible	40% per visit after deductible
Prescription Drugs	<b>Retail (30 Day Supply)</b> \$10-Tier 1; \$25-Tier 2; \$35-Tier 3; \$60-Tier 4; \$100-Tier 5	
	<b>Mail-Order (90 Day Supply)</b> \$25-Tier 1; \$62.50-Tier 2; \$87.50-Tier 3; \$180-Tier 4; N/A-Tier 5	
Out-of-network not covered		