

# 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
  - **\$10,000** per individual plan;  
**\$20,000** 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

- **\$6,850** per individual plan;  
**\$13,700** per family plan in network
  - **\$13,700** per individual plan;  
**\$27,400** 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:

This plan has a local network, where all participating providers throughout Rhode Island are in-network.

Office Visits	In-Network	Out-of-Network
<b>Primary Care</b>	\$0 per visit for PCMH	20% per visit after deductible
	\$30 per visit for Non PCMH	
<b>Specialist</b>	\$50 per visit	20% per visit after deductible
<b>Urgent Care</b>	\$50 per visit	\$50 per visit
<b>Emergency Room</b>	\$200 per visit	\$200 per visit
<b>Doctors Online</b>	\$30 per visit	Not Covered
<b>Chiropractic</b> (limit 12 visits per year)	\$50 per visit	20% per visit after deductible

Other Covered Services	In-Network	Out-of-Network
<b>Preventive Care</b>	\$0 per visit	20% per visit after deductible
<b>Diagnostic Lab/X-ray</b>	0% per visit	20% per visit after deductible
<b>High-end Radiology</b>	0% per visit after deductible	20% per visit after deductible
<b>Outpatient Surgery</b>	0% per visit after deductible	20% per visit after deductible
<b>Inpatient Services</b>	0% per visit after deductible	20% per visit after deductible
<b>Durable Medical Equipment</b>	20% per service/device after deductible	20% per service/device after deductible
<b>Physical, Occupational, and Speech Therapy</b> (limit 30 visits each per year)	20% per visit after deductible	20% per visit after deductible