

Understanding Your Benefits

Registering Online at myBCBSRI

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

Out-of-pocket Limits

- \$6,850** per individual plan;
\$12,000 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 regional network, where all participating providers throughout New England (MA, RI, CT, NH, and ME) are in network.

Office Visits	In-Network	Out-of-Network
Primary Care	\$30 per visit	20% per visit after deductible
Specialist	\$50 per visit	20% per visit after deductible
Urgent Care	\$50 per visit	\$50 per visit
Emergency Room	\$200 per visit	\$200 per visit
Doctors Online	\$30 per visit	Not Covered
Chiropractic (limit 20 visits per year)	\$50 per visit	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	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	20% per service/device after deductible
Physical, Occupational, and Speech Therapy (limit 30 visits each per year)	20% per visit after deductible	20% per visit after deductible