

# Understanding Your Benefits

## Registering Online at myBCBSRI

- Go to **myBCBSRI.com**
- Click on "Register Here"
- Follow the registration instructions provided

### Deductibles

- \$0** per individual plan;
- \$0** per family plan in network

**\$100** per individual plan;  
**\$300** 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
- \$6,350** per individual plan;
- \$12,700** 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	\$15 per visit	\$15 plus 20% per visit after deductible
Specialist Allergist & Dermatologist	\$15 per visit \$20 per visit	\$15 plus 20% per visit after deductible \$20 plus 20% per visit after deductible
Urgent Care	\$15 per visit	\$15 plus 20% per visit after deductible
Emergency Room	\$100 per visit	\$100 per visit
Doctors Online	\$7.50 per visit	Not Covered
Chiropractic (limit 12 visits per year)	\$10 per visit	\$10 plus 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	20% per visit after deductible
Outpatient Surgery	\$50 per visit	\$50 plus 20% per visit after deductible
Inpatient Services	\$50 per visit	20% per visit
Durable Medical Equipment	20% per service/device	20% per service/device after deductible
Physical, Occupational, and Speech Therapy	20% per visit	20% per visit after deductible

Vision Hardware - \$150 up to age 18 per occurrence, over 19 per yr.

Services billed by a hospital take a \$50 copayment \$100/\$300 max.

Active School Clerks – PT4  
COBRA School – 1F422



*This is a summary of your HealthMate Coast-to-Coast 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*

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