

Understanding Your Benefits

Registering Online at myBCBSRI

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

Deductibles

- \$200** per individual plan;
- \$600** per family plan in network

\$200 per individual plan;
\$600 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

- \$2,000** per individual plan;
- \$6,000** per family plan in 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	\$15 per visit	\$15 plus 20% per visit after deductible
Urgent Care	\$15 per visit	\$15 plus 20% per visit after deductible
Emergency Room	\$50 per visit	\$50 per visit
Doctors Online	\$7.50 per visit	Not Covered
Chiropractic (limit 12 visits per year)	\$15 per visit	\$30 plus 20% per visit after deductible

Other Covered Services	In-Network	Out-of-Network
Preventive Care	\$15 per visit	\$15 plus 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	20% per visit after deductible
Inpatient Services	0% per visit after deductible	20% per visit after deductible
Durable Medical Equipment	20% per service/device	20% per service/device
Physical, Occupational and Therapy	20% per visit	20% per visit
Vision Hardware	Age 0-18 up to \$100 per occurrence Age 19 and over \$100 every calendar year See Vision Hardware Flyer	
<ul style="list-style-type: none"> Prescription glasses (frames and/or lenses) or contact lenses 		

HealthMate City Council
 Active City NU/NB – 00000CPM
 Active WSB NU/NB – 0000PWSM
 Retiree City NU – 0000RCPM
 Retiree WSB NU/NB – 000RPWSM
 Active School NU – 00005D05