

Understanding Your Benefits

Registering Online at myBCBSRI

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

Deductibles

- \$50 per individual plan;
- \$100 per family plan in network

All deductible payments count toward the family deductible amount, but the individual will never pay more than their individual deductible amount.

Please note:

The deductible is combined 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	20% per visit after deductible	20% per visit after deductible
Specialist	20% per visit after deductible	20% per visit after deductible
Urgent Care	20% per visit after deductible	20% per visit after deductible
Emergency Room	0% per visit	0% per visit
Doctors Online	\$7.50 per visit	Not Covered
Chiropractic	20% per visit after deductible	20% per visit after deductible
Acupuncture (limit 12 visits per year)	\$10 per visit	\$10 per visit

Other Covered Services	In-Network	Out-of-Network
Preventive Care	20% per visit after deductible	20% per visit after deductible
Diagnostic Lab/X-ray	0% per visit	0% per visit
High-end Radiology	0% per visit	0% per visit
Outpatient Surgery	0% per visit	0% per visit
Inpatient Services	0% per visit	0% per visit
Durable Medical Equipment	20% per service/device after deductible	20% per service/device after deductible
Physical, Occupational and Therapy	20% per visit after deductible	20% per visit after deductible
Vision Hardware <i>See Vision Hardware Flyer</i>	Age 0-18 up to \$12 per occurrence Age 19 and over \$12 every other calendar year	
<ul style="list-style-type: none"> Lenses and Contact Lenses 	Age 0-18 up to \$18 per occurrence Age 19 and over \$18 per calendar year	

Active School Teachers Classic – MPT2