

Understanding Your Benefits

Registering Online at myBCBSRI

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

Deductibles

- \$750** per individual plan;
\$1,500 per family plan in network

\$750 per individual plan;
\$1,500 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
- \$5,000** per individual plan;
\$10,000 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	\$30 per visit	\$30 plus 20% per visit after deductible
Specialist	\$30 per visit	\$30 plus 20% per visit after deductible
Urgent Care	\$50 per visit	\$50 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)	\$30 per visit	\$30 plus 20% per visit after deductible

Other Covered Services	In-Network	Out-of-Network
Preventive Care	\$0 per visit	\$30 plus 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	0% per visit	20% per visit after deductible
Inpatient Services	0% per visit	20% per visit after deductible
Durable Medical Equipment	20% per service/device after deductible	20% per service/device after deductible
Physical and Occupational Therapy	20% per service/device after deductible	20% per visit after deductible
Speech Therapy	\$30 per visit	\$30 plus 20% per visit after deductible
Vision Hardware	Age 0-18 up to \$100 per occurrence Age 19 and over \$100 every 2 calendar years See Vision Hardware Flyer	
<ul style="list-style-type: none"> Prescription glasses (frames and/or lenses) or contact lenses 		

Active School Teachers – PT2
Active School Clerks – PT4

Retiree School Basic No Rx – PT9
Retiree School – PT8