

# Understanding Your Benefits

## Registering Online at myBCBSRI

- Go to [myBCBSRI.com](http://myBCBSRI.com)
- Click on “Register Here”
- Follow the registration instructions provided

## Deductibles

- **\$250** per individual plan;  
**\$500** per family plan in network

**\$250** per individual plan;  
**\$500** per family plan out of network

**Hybrid Deductible:** 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

- **\$3,000** per individual plan;  
**\$6,000** per family plan in network
- **\$4,000** per individual plan;  
**\$8,000** per family plan out of network

**Hybrid out-of-pocket:** 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
<b>Primary Care</b>	\$15 per visit	\$15 plus 20% per visit after deductible
<b>Specialist</b>	\$25 per visit	\$25 plus 20% per visit after deductible
<b>Urgent Care</b>	\$25 per visit	\$25 per visit
<b>Emergency Room</b>	\$100 per visit	\$100 per visit
<b>Doctors Online</b>	\$15 per visit	Not Covered
<b>Chiropractic</b> (limit 12 visits per year)	\$25 per visit	\$25 plus 20% per visit after deductible

Other Covered Services	In-Network	Out-of-Network
<b>Preventive Care</b> <ul style="list-style-type: none"> <li>• Adult annual visits and Pediatric preventive visits</li> <li>• Well-Woman annual/preventive visit</li> </ul>	\$0 per visit	\$15 plus 20% per visit after deductible
<b>Diagnostic Lab/X-ray</b>	0% per visit	20% per visit after deductible
<b>High-end Radiology</b>	0% per visit	20% per visit after deductible
<b>Outpatient Surgery</b>	0% per visit after deductible	20% per visit after deductible
<b>Inpatient Services</b>	0% per visit after deductible	20% per visit after deductible
<b>Durable Medical Equipment</b>	20% per service/device after deductible	20% per service/device after deductible
<b>Physical, Occupational, and Speech Therapy</b>	20% per visit after deductible	20% per visit after deductible