

Understanding Your Benefits

Registering Online at myBCBSRI

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

Deductibles

- **\$500** per individual plan;
\$1,000 per family plan in network
- **\$500** per individual plan;
\$1,000 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;
\$9,000 per family plan in network
- **\$3,000** per individual plan;
\$9,000 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
Primary Care	\$25 per visit	\$25 plus 30% per visit after deductible
Specialist	\$25 per visit	\$25 plus 30% per visit after deductible
Urgent Care	\$25 per visit	\$25 per visit
Emergency Room	\$100 per visit	\$100 per visit
Doctors Online	\$25 per visit	Not Covered
Chiropractic (limit 12 visits per year)	\$25 per visit	\$25 plus 30% per visit after deductible

Other Covered Services	In-Network	Out-of-Network
Preventive Care	\$0 per visit	\$25 plus 30% per visit after deductible
Diagnostic Lab/X-ray	0% per visit	30% per visit after deductible
High-end Radiology	0% per visit	30% per visit after deductible
Outpatient Surgery	10% per visit after deductible	30% per visit after deductible
Inpatient Services	10% per visit after deductible	30% per visit after deductible
Durable Medical Equipment	10% per service/device after deductible	30% per service/device after deductible
Physical, Occupational, and Speech Therapy	10% per visit after deductible	30% per visit after deductible

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 questions about receiving medical care, please call your doctor.

Plan Year: 2024

Class: 0011