

Understanding Your Benefits

Registering Online at myBCBSRI

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

Deductible

- **Preferred and In Network:** None
- **Out of Network:** \$2,000 per individual plan; \$4,000 per family plan

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

- **Preferred and In Network:** \$4,000 per individual plan; \$8,000 per family plan
- **Out of Network:** \$5,000 per individual plan; \$10,000 per family plan

All out-of-pocket payment 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 the Preferred network, In Network and Out-of-network services.

Service	Preferred Network*	In Network	Out of Network
Primary Care	\$20 Copay	\$30 Copay	20% after deductible
Specialist	\$30 Copay	\$50 Copay	20% after deductible
Urgent Care	\$30 Copay	\$50 Copay	20% after deductible
Emergency Room	\$150 Copay	\$150 Copay	\$150 Copay
Ambulance	\$50 Copay	\$50 Copay	\$50 Copay
Chiropractic	\$30 Copay	\$50 Copay	20% after deductible
Acupuncture	\$30 Copay	\$30 Copay	\$30 Copay
Routine Eye Exam (1 per year)	\$20 Copay	\$30 Copay	20% after deductible
Preventive Care	Covered in full	Covered in full	20% after deductible
Diagnostic Lab work**	Covered in full	\$40 Copay	20% after deductible
Diagnostic imaging	Covered in full	\$50 Copay	20% after deductible
Diagnostic Colonoscopy***	\$200 Copay	\$600 Copay	20% after deductible
High-end Radiology	Covered in full	\$100 Copay	20% after deductible
Outpatient Surgery	\$200 Copay	\$600 Copay	20% after deductible
Inpatient Services	\$300 Copay	\$1,000 Copay	20% after deductible
Inpatient Maternity	Covered in full	Covered in full	20% after deductible
Behavioral Health/Chemical Dependency- Inpatient	\$300 copay	\$300 copay	20% after deductible
Office Visit	\$20 copay	\$20 copay	
Rehabilitation (100 days per year)	Covered in full	\$400 copay	20% after deductible
Durable Medical Equipment	Covered in full	\$40 Copay	20% after deductible
Physical, Occupational, and Speech Therapy	Covered in full	\$40 Copay	20% after deductible

This summary provides information about your Lifespan Health benefits. This document does not entitle you to benefits offered by Lifespan Health. Every effort has been made to ensure the accuracy of this communication. However, if there are discrepancies between this communication and the official plan documents and policies, the plan documents and policies will always govern

Mobile App- myBCBSRI

- You can see health benefits, access your ID card, search for doctors and other providers, and much more.
- Download the app from the Apple or Google app store (iOS® is a registered trademark of Cisco in the U.S. and is used by Apple under license. Android is a trademark of Google Inc).

Need Help?

Call your Lifespan Employee CARE Center

- Locally: (401) 429-2102
- Outside Rhode Island: 1-866-987-3706
- TTY/TDD (Telecommunication Device for the Deaf) Users should call 711

Hours:

Monday – Friday
8:00 am to 8:00 pm;
Saturday
8:00 am to 12 pm, Eastern Time

Your Blue Stores:

East Providence- 71 Highland Ave
Lincoln- 622 George Washington Hwy
Warwick- 300 Quaker Ln
Cranston- 1400 Oaklawn Ave
Narragansett- 91 Point Judith Rd

* The Preferred Network includes Rhode Island Hospital and its pediatric division, Hasbro Children's Hospital; The Miriam Hospital; Newport Hospital; Bradley Hospital; Lifespan Home Medical, Gateway Healthcare, Lifespan Urgent Care Centers, Lifespan Physicians Group, Coastal Medical, and related service locations. Visit bcsri.com/lifespan for the complete list of Preferred Network hospitals, providers, and laboratories

** A copay will apply if your lab specimen is sent out to any non-Lifespan Preferred Network Laboratory for processing.

*** Preventive colonoscopies: covered once every 5 years starting at age 45