

# Bryant University- Base Plan



## 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

**\$500** per individual plan;  
**\$1,000** 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

- **\$3,000** per individual plan;  
**\$6,000** per family plan in network
- **\$3,000** per individual plan;  
**\$6,000** per family plan out of 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
<b>Primary Care</b>	\$10 per visit (PCMH) \$15 per visit (non-PCMH)	\$15 plus 20% per visit after deductible
<b>Specialist</b>	\$25 per visit	\$25 plus 20% per visit after deductible
<b>Urgent Care</b>	\$50 per visit	\$50 plus 20% per visit after deductible
<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>	\$0 per visit	20% per visit after deductible (plus \$15 copay for office visits)
<b>Diagnostic Lab/X-ray</b>	0% per visit	20% per visit after deductible
<b>High-end Radiology</b>	0% per visit after deductible	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	20% per service/device after deductible
<b>Physical, Occupational, and Speech Therapy (in therapist's office)</b>	20% per visit	20% per visit after deductible

This is a summary of your 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