

2017



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- Full Choice - the exclusive way to offer employees a multi carrier option
- Manage costs with our defined contribution option
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1-855-683-6757 (Employers),
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SMALL GROUP MARKET PLANS & BENEFITS

2017 SMALL GROUP MARKET PLAN BENEFITS

BASIC PLAN INFORMATION		BCBSRI	NHPRI
Health Savings Accounts (HSAs): <i>A Health Savings Account-qualified plan allows you to contribute to a separate tax-exempt account which can be used for health care expenses like deductibles and copayments.</i>	Insurance Company		
	Plan Name	VantageBlue 100/80 250/500	Neighborhood PRIME
	Metal Level	PLATINUM	PLATINUM
	HSA Qualified		
HOW YOU GET YOUR CARE <i>Some insurers offer plans that include a smaller number of providers that the insurers have decided offer high-quality care at a lower cost. Plans have different monthly premiums and out-of-pocket costs for care, as well as different providers (like doctors and hospitals) you can visit. The providers included in a plan's network — and how those providers are paid for the care they give you — helps determine how much you will pay for your health insurance plan. Some plans assign levels ("tiers") to doctors and hospitals within their networks, and you may pay less to see providers in certain tiers.</i> <i>When choosing a plan, you should consider the monthly premium, as well as any out-of-pocket costs, providers you prefer to visit, prescription drugs you take, and any other health care needs you have. All plans cover preventive health care services at no cost.</i>	Plan Type (see definitions on reverse)	PPO	HMO
	Referral Required	No	No
	Network Coverage Area	National	RI only
	RI Provider Information Nearly all Primary Care Physicians and Specialists are covered by all plans (subject to change)	15 of 15 Hospitals	15 of 15 Hospitals
	Out of Network Coverage, Non-Emergency	Yes — 20% Coinsurance	Not covered except for urgent or emergency care
MAXIMUM OUT-OF-POCKET <i>In addition to your monthly premium, the maximum out-of-pocket amount is the most you could have to pay in deductibles, copayments and coinsurance during the year.</i>	Maximum Out-Of-Pocket (MOOP) Medical + Drug	\$1,250 Individual \$2,500 Family	\$1,500 Individual \$3,000 Family
	DEDUCTIBLES <i>The deductible is the amount you must pay out-of-pocket for certain health care services before your insurance plan begins to pay. The deductible amount is in addition to your monthly premium. Services subject to the deductible vary by plan and may include doctor visits and hospital stays, as well as prescription medications.</i>	Deductible - Medical	\$250 Individual \$500 Family
Deductible - Drug		\$0	\$0
COPAYMENTS & COINSURANCE <i>Copayments are fixed dollar amounts that you must pay for certain types of health care services each time you use them.</i> <i>Coinsurance is a percentage of the total cost of certain types of health care services that you must pay. Coinsurance usually applies after you meet your deductible.</i> <i>The WHITE area is not subject to the deductible. It is the dollar amount or percentage you pay per visit or health care service, regardless of whether you have met your deductible.</i> <i>The SHADED area is subject to the deductible. You pay the full cost of a visit or health care service until you reach your deductible amount. After that, you pay only the dollar amount or percentage shown.</i> <i>A Patient-Centered Medical Home (PCMH) is a team of health care providers that work together to coordinate your care. Visiting a PCMH provider may cost less in certain plans.</i>	Primary Care	First sick visit free, all other visits \$10 PCMH; \$20 Non-PCMH	\$10
	Specialist Visit	\$30	\$30
	Preventive Care	\$0	\$0
	Urgent Care	\$50	\$30
	ER Services	\$100	\$100
	Inpatient Hospital	0%	0%
	X-rays & other Diag. Imaging	\$0	0%
	High End Imaging: CT/PET/MRI	0%	0%
	Mental Health/Substance Abuse - Office Visits	\$30	\$10
	Speech/Occup/Phys Therapy, Outpatient Rehab	20%	\$30
	Lab Services, Outpatient	\$0	0%
	Skilled Nursing Facility	0%	0%
	Outpatient Surgery/Services	0%	0%
	Pediatric Dental Coverage	No	No
PRESCRIPTION DRUGS <i>Insurance companies separate prescription drugs into different categories known as "tiers."</i> <i>The "tier" of the drug identifies how much you pay for your prescription, like antibiotics or insulin. Contact HealthSource RI for more information about medication tiers.</i>	Tier 1	\$10	\$10
	Tier 2	\$25	\$35
	Tier 3	\$35	\$60
	Tier 4	\$60	\$100
	Tier 5	\$100	N/A
PREMIUMS Small Group Premiums: <i>Premiums vary by age and family size. The premiums for small employers will depend on the employees who will be covered.</i>	Sample List Bill Monthly Rate* (21-year old, January rate)	\$414	\$311
	Sample List Bill Monthly Rate* (40-year old, January rate)	\$529	\$397
	Sample List Bill Monthly Rate* (60-year old, January rate)	\$1,123	\$844

Rates as of November 1, 2016. This is a partial summary of benefits and coverage and should not be considered a contract. This information, including all quoted rates, should be used for informational purposes only. Changes may be made to the benefits and coverage policies described here. You should only rely upon the Evidence of Coverage document provided to you from your health insurance company for information about covered benefits, limitations and exclusions.

Insurance Company	BCBSRI	BCBSRI	BCBSRI	BCBSRI	BCBSRI
Plan Name	VantageBlue 100/80 500/1000	VantageBlue 100/80 750/1500	BlueSolutions for HSA 100/60 1500/3000 Copay Plan	VantageBlue 100/60 1500/3000	BasicBlue 100/0 2750/5500
Metal Level	PLATINUM	PLATINUM	GOLD	GOLD	GOLD
HSA Qualified			✓		
Plan Type (see definitions on reverse)	PPO	PPO	PPO	PPO	PPO
Referral Required	No	No	No	No	No
Network Coverage Area	National	National	National	National	National
RI Provider Information Nearly all Primary Care Physicians and Specialists are covered by all plans (subject to change)	15 of 15 Hospitals	15 of 15 Hospitals	15 of 15 Hospitals	15 of 15 Hospitals	15 of 15 Hospitals
Out of Network Coverage, Non-Emergency	Yes — 20% Coinsurance	Yes — 20% Coinsurance	Yes — 40% Coinsurance	Yes — 40% Coinsurance	Not covered except for urgent or emergency care
Maximum Out-Of-Pocket (MOOP) Medical + Drug	\$1,500 Individual \$3,000 Family	\$1,700 Individual \$3,400 Family	\$3,000 Individual \$6,000 Family	\$4,500 Individual \$9,000 Family	\$2,750 Individual \$5,500 Family
Deductible - Medical	\$500 Individual \$1000 Family	\$750 Individual \$1,500 Family	\$1,500 Individual \$3,000 Family	\$1,500 Individual \$3,000 Family	\$2,750 Individual \$5,500 Family
Deductible - Drug	\$0	\$0	Combined with Medical	\$0	Tiers 3, 4, and 5 Combined with Medical
Primary Care	First sick visit free, all other visits \$10 PCMH; \$20 Non-PCMH	First sick visit free, all other visits \$10 PCMH; \$20 Non-PCMH	\$5 PCMH \$15 Non-PCMH	\$15 PCMH \$25 Non-PCMH	PCMH: 1 to 4 visits \$15, 5+ visits 0% after deductible; Non-PCMH: 1 to 4 visits \$25, 5+ visits 0% after deductible
Specialist Visit	\$30	\$30	\$20	\$30	\$30
Preventive Care	\$0	\$0	\$0	\$0	\$0
Urgent Care	\$50	\$50	\$100	\$75	0%
ER Services	\$100	\$100	\$200	\$150	0%
Inpatient Hospital	0%	0%	0%	0%	0%
X-rays & other Diag. Imaging	\$0	\$0	0%	\$50	0%
High End Imaging: CT/PET/MRI	0%	0%	0%	0%	0%
Mental Health/Substance Abuse - Office Visits	\$30	\$30	\$20	\$30	\$30
Speech/Occup/Phys Therapy, Outpatient Rehab	20%	20%	\$20	20%	0%
Lab Services, Outpatient	\$0	\$0	0%	\$20	0%
Skilled Nursing Facility	0%	0%	0%	0%	0%
Outpatient Surgery/Services	0%	0%	0%	0%	0%
Pediatric Dental Coverage	No	No	No	No	No
Tier 1	\$10	\$10	\$10	\$10	\$10
Tier 2	\$25	\$25	\$30	\$30	\$30
Tier 3	\$35	\$35	\$50	\$50	0%
Tier 4	\$60	\$60	\$75	\$75	0%
Tier 5	\$100	\$100	\$125	\$125	0%
Sample List Bill Monthly Rate* (21-year old, January rate)	\$392	\$376	\$309	\$340	\$290
Sample List Bill Monthly Rate* (40-year old, January rate)	\$501	\$480	\$395	\$435	\$371
Sample List Bill Monthly Rate* (60-year old, January rate)	\$1,064	\$1,019	\$840	\$923	\$788

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Insurance Company	NHPRI	BCBSRI	BCBSRI	BCBSRI	BCBSRI
Plan Name	Neighborhood PREMIER	VantageBlue 100/80 2250/4500	VantageBlue 80/60 3000/6000	BasicBlue 100/0 5000/10000	BlueSolutions for HSA 100/60 3000/6000
Metal Level	GOLD	SILVER	SILVER	SILVER	SILVER
HSA Qualified					✓
Plan Type (see definitions on reverse)	HMO	PPO	PPO	PPO	PPO
Referral Required	No	No	No	No	No
Network Coverage Area	RI only	National	National	National	National
RI Provider Information Nearly all Primary Care Physicians and Specialists are covered by all plans (subject to change)	15 of 15 Hospitals	15 of 15 Hospitals	15 of 15 Hospitals	15 of 15 Hospitals	15 of 15 Hospitals
Out of Network Coverage, Non-Emergency	Not covered except for urgent or emergency care	Yes — 20% Coinsurance	Yes — 40% Coinsurance	Not covered except for urgent or emergency care	Yes — 40% Coinsurance
Maximum Out-Of-Pocket (MOOP) Medical + Drug	\$5,000 Individual \$10,000 Family	\$6,600 Individual \$13,200 Family	\$6,500 Individual \$13,000 Family	\$5,000 Individual \$10,000 Family	\$6,350 Individual \$12,700 Family
Deductible - Medical	\$1,500 Individual \$3,000 Family	\$2,250 Individual \$4,500 Family	\$3,000 Individual \$6,000 Family	\$5,000 Individual \$10,000 Family	\$3,000 Individual \$6,000 Family
Deductible - Drug	\$0	\$0	\$0	Tiers 3, 4, and 5 Combined with Medical	Combined with Medical
Primary Care	\$25	First sick visit free, all other visits \$20 PCMH \$40 Non-PCMH	First sick visit free, all other visits \$20 PCMH \$40 Non-PCMH	PCMH: 1 to 4 visits \$20, 5+ visits 0% after deductible; Non PCMH 1 to 4 visits \$30, 5+ visits 0% after deductible	0%
Specialist Visit	\$50	\$50	\$50	\$45	0%
Preventive Care	\$0	\$0	\$0	\$0	\$0
Urgent Care	\$50	\$125	\$125	0%	0%
ER Services	\$250	\$250	\$250	0%	0%
Inpatient Hospital	0%	0%	20%	0%	0%
X-rays & other Diag. Imaging	0%	\$75	\$75	0%	0%
High End Imaging: CT/PET/MRI	0%	0%	20%	0%	0%
Mental Health/Substance Abuse - Office Visits	\$25	\$50	\$50	\$45	0%
Speech/Occup/Phys Therapy, Outpatient Rehab	\$50	20%	20%	0%	0%
Lab Services, Outpatient	0%	\$25	\$25	0%	0%
Skilled Nursing Facility	0%	0%	20%	0%	0%
Outpatient Surgery/Services	0%	0%	20%	0%	0%
Pediatric Dental Coverage	No	No	No	No	No
Tier 1	\$10	\$10	\$10	\$10	\$10
Tier 2	\$35	\$40	\$40	\$40	\$40
Tier 3	\$60	\$70	\$70	0%	\$70
Tier 4	\$100	\$90	\$90	0%	\$90
Tier 5	N/A	\$125	\$125	0%	\$125
Sample List Bill Monthly Rate* (21-year old, January rate)	\$273	\$304	\$275	\$234	\$257
Sample List Bill Monthly Rate* (40-year old, January rate)	\$348	\$389	\$352	\$299	\$329
Sample List Bill Monthly Rate* (60-year old, January rate)	\$740	\$826	\$747	\$635	\$699

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Insurance Company	NHPRI	NHPRI	BCBSRI	BCBSRI	NHPRI
Plan Name	Neighborhood CHOICE	Neighborhood PARTNER	BlueSolutions for HSA 80/60 5900/11800	BasicBlue 100/0 7150/14300	Neighborhood STANDARD
Metal Level	SILVER	SILVER	BRONZE	BRONZE	BRONZE
HSA Qualified			✓		✓
Plan Type (see definitions on reverse)	HMO	HMO	PPO	PPO	HMO
Referral Required	No	No	No	No	No
Network Coverage Area	RI only	RI only	National	National	RI only
RI Provider Information Nearly all Primary Care Physicians and Specialists are covered by all plans (subject to change)	15 of 15 Hospitals	15 of 15 Hospitals	15 of 15 Hospitals	15 of 15 Hospitals	15 of 15 Hospitals
Out of Network Coverage, Non-Emergency	Not covered except for urgent or emergency care	Not covered except for urgent or emergency care	Yes — 40% Coinsurance	Not covered except for urgent or emergency care	Not covered except for urgent or emergency care
Maximum Out-Of-Pocket (MOOP) Medical + Drug	\$7,150 Individual \$14,300 Family	\$6,550 Individual \$13,100 Family	\$6,550 Individual \$13,100 Family	\$7,150 Individual \$14,300 Family	\$6,550 Individual \$13,100 Family
Deductible - Medical	\$2,500 Individual \$5,000 Family	\$2,050 Individual \$4,100 Family	\$5,900 Individual \$11,800 Family	\$7,150 Individual \$14,300 Family	\$5,600 Individual \$11,200 Family
Deductible - Drug	\$0	Combined with Medical	Combined with Medical	Tiers 3, 4, and 5 Combined with Medical	Combined with Medical
Primary Care	\$30	15%	20%	PCMH: 1 to 4 visits \$50, 5+ visits 0% after deductible; Non PCMH: 1 to 4 visits \$90, 5+ visits 0% after deductible	20%
Specialist Visit	\$60	15%	20%	\$85	20%
Preventive Care	\$0	\$0	\$0	\$0	\$0
Urgent Care	\$60	15%	20%	0%	20%
ER Services	\$300	15%	20%	0%	20%
Inpatient Hospital	30%	15%	20%	0%	20%
X-rays & other Diag. Imaging	30%	15%	20%	0%	20%
High End Imaging: CT/PET/MRI	30%	15%	20%	0%	20%
Mental Health/Substance Abuse - Office Visits	\$30	15%	20%	\$85	20%
Speech/Occup/Phys Therapy, Outpatient Rehab	\$60	15%	20%	0%	20%
Lab Services, Outpatient	30%	15%	20%	0%	20%
Skilled Nursing Facility	30%	15%	20%	0%	20%
Outpatient Surgery/Services	30%	15%	20%	0%	20%
Pediatric Dental Coverage	No	No	No	No	No
Tier 1	\$15	\$15	\$10	\$10	\$15
Tier 2	\$40	\$40	\$50	\$50	\$40
Tier 3	\$75	\$75	\$75	0%	\$75
Tier 4	\$125	\$125	\$95	0%	\$125
Tier 5	N/A	N/A	\$150	0%	N/A
Sample List Bill Monthly Rate* (21-year old, January rate)	\$223	\$217	\$191	\$187	\$173
Sample List Bill Monthly Rate* (40-year old, January rate)	\$285	\$278	\$244	\$239	\$221
Sample List Bill Monthly Rate* (60-year old, January rate)	\$606	\$590	\$518	\$508	\$470

HealthSource RI for Employers allows you to attract and retain top talent by offering your employees exclusive benefits:

• The Full Choice Program

- Our Full Choice program is your [exclusive source](#) for offering your employees [multiple carrier options](#), allowing you to customize health plan offerings like never before
- Your employees can pick the plan and level of healthcare that works best for them, [and you can highlight any combination of plans and metal levels to suit your needs and your budget](#)

• Ancillary Benefits

- HealthSource RI for Employers can also now connect you to [low-cost ancillary benefits](#) like vision, life, accident and medical bridge
- These plans can offer a [safety net](#) if you are moving to a higher deductible health plan and are a great new benefit for your employees
- Offering voluntary benefits to employees provides peace of mind and financial protection and may help save on healthcare premium costs

When to Enroll:

- You can enroll your business or non-profit organization at your existing renewal date or the 1st of any month
- Finalize your coverage offering by the 12th of the month before the requested effective date
- Employees plan selection needs to be finalized by the 17th of the month
- Payments are due by the 23rd of the month prior to coverage effective date

Call for a free quote today:

- Call our Business Engagement Team at 1-855-683-6757
- To find a broker or for information on enrolling through HealthSource RI for Employers, visit our website HealthSourceRI.com/Employers

Preferred Provider Organization (PPO): You will pay less if you use hospitals and doctors in the plan's preferred network, but you are often free to see providers who are not in the preferred network.

Health Maintenance Organization (HMO)/Point of Service (POS): You agree to use only providers who are part of the network. In some plans, you must choose a Primary Care provider, who coordinates your care.

The following case study illustrates how Full Choice works:

Joe owns a manufacturing company in Providence. He selects a plan that costs \$500/month per individual. He decides to contribute \$325/month toward the individual premium.

Joe's employees can either pick the coverage he selected or choose another health insurance plan, using Joe's \$325 contribution to help pay the monthly premium. If the plan they select is more expensive, the employees pay more out of their paychecks. If the plan is less expensive, the employees pay less.

Joe writes a single check to HealthSource RI, and his employees can call our Business Engagement Team if they have questions or need support.

Ask your broker about HealthSource RI for Employers!