



## 2018 Small Group Market Plans and Benefits

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Our full service Commercial Exchange lets you design a comprehensive package that works for your employees and your budget.

- Full Choice - the exclusive way to offer employees a multi carrier option
- Manage costs using our unique defined contribution option and tiered levels
- Call today for a free quote:  
1-855-683-6757 (Employers)  
1-855-683-6755 (Brokers)  
or visit [HealthSourceRI.com/Employers](https://HealthSourceRI.com/Employers)

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

### The Full Choice program for commercial customers

- 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 connects you to low-cost ancillary benefits like vision, life, accident and medical bridge
- These plans provide a safety net and are comparable to what employees would find in the large group market - allowing you to stay competitive while offering a great benefit to employees
- Designing a benefits packaging that includes voluntary benefits provides financial protection and peace of mind and may help save on healthcare premium costs

## When to enroll or renew

- 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](https://HealthSourceRI.com/Employers)**

The following case study illustrates how Full Choice works:



### Employer sets budget

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.



### Full Choice

Joe's employees can either pick the health insurance plan he selected or choose another 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.



### Solutions that work

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

## Ask your broker about HealthSource RI for 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. Please note that the BCBSRI Basic Blue plans have no out-of-network coverage.

#### **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.

Rates as of November 1, 2017. 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.

## 2018 Small Group Market Plan Benefits

BCBSRI: Blue Cross & Blue Shield of Rhode Island  
NHPRI: Neighborhood Health Plan of Rhode Island

BASIC PLAN INFORMATION	INSURANCE COMPANY	BCBSRI	NHPRI
<b>HEALTH SAVINGS ACCOUNTS (HSAs):</b> 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.	PLAN NAME	VantageBlue 100/80 500/1000	Neighborhood PRIME
	METAL LEVEL	PLATINUM	PLATINUM
	HSA QUALIFIED	No	No
<b>HOW YOU GET YOUR CARE</b> 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.  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.	PLAN TYPE (SEE DEFINITIONS ON PAGE 3)	PPO	HMO
	REFERRAL REQUIRED	No	No
	NETWORK COVERAGE AREA	National	RI only
	RI PROVIDER INFORMATION (SUBJECT TO CHANGE)	1,556 PCPs/ Pediatricians 4,361 Specialists 15 of 15 Hospitals	813 PCPs/ Pediatricians 4,675 Specialists 15 of 15 Hospitals
	OUT OF NETWORK COVERAGE, NON-EMERGENCY	Yes - 20% after deductible	Not covered except for urgent or emergent care
<b>MAXIMUM OUT-OF-POCKET</b> In addition to your monthly premium, the <b>maximum out-of-pocket</b> amount is the most you could have to pay in deductibles, copayments and coinsurance during the plan year.	MAXIMUM OUT-OF-POCKET (MOOP) MEDICAL + DRUG	\$1,500 Individual \$3,000 Family	\$1,500 Individual \$3,000 Family
<b>DEDUCTIBLES</b> The <b>deductible</b> is the amount you must pay out-of-pocket for certain healthcare 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 hospitals stays, as well as prescription medications.	DEDUCTIBLE - MEDICAL	\$500 Individual \$1,000 Family	\$500 Individual \$1,000 Family
	DEDUCTIBLE - DRUG	\$0	\$0
<b>COPAYMENTS &amp; COINSURANCE</b> <b>Copayments</b> are fixed dollar amounts that you must pay for certain types of healthcare services each time you use them.  <b>Coinsurance</b> is a percentage of the total cost of certain types of healthcare services that you must pay. Coinsurance usually applies after you meet your deductible.  In <b>TIERED</b> plans, copayments or coinsurance for a particular service may vary depending on your choice of health provider.  <input type="checkbox"/> The <b>WHITE</b> area is not subject to the deductible. It is the dollar amount or percentage you pay per visit or healthcare service, regardless of whether you have met your deductible.  <input type="checkbox"/> The <b>SHADED</b> area is subject to the deductible. You pay the full cost of a visit or healthcare service until you reach your deductible amount. After that, you pay only the dollar amount or percentage shown.  A <b>Patient-Centered Medical Home (PCMH)</b> is a team of healthcare providers that work together to coordinate your care. Visiting a PCMH provider may cost less in certain plans.	PRIMARY CARE	First sick visit free, all other visits \$10 PCMH \$20 Non-PCMH	\$10
	SPECIALIST VISIT	\$30	\$30
	PREVENTATIVE 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	
<b>PRESCRIPTION DRUGS</b> Insurance companies separate prescription drugs into different categories known as "tiers."  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.	TIER 1	\$10	\$10
	TIER 2	\$25	\$35
	TIER 3	\$35	\$60
	TIER 4	\$60	\$100
	TIER 5	\$100	N/A
<b>SMALL GROUP PREMIUMS</b> Premiums vary by age and family size. The premiums for small employers will depend on the employees who will be covered.	SAMPLE LIST BILL MONTHLY RATE* (21-YEAR OLD, JANUARY RATE)	\$417	\$337
	SAMPLE LIST BILL MONTHLY RATE* (40-YEAR OLD, JANUARY RATE)	\$533	\$431
	SAMPLE LIST BILL MONTHLY RATE* (60-YEAR OLD, JANUARY RATE)	\$1,132	\$915

\*HSRI will add up list bill rates for each employee and dependent, based on age, to determine a total premium for the group. HSRI will also average the list bill rates to calculate a quoted composite for each family type. Employer contributions and employee shares will be determined from the composite rates.

## 2018 Small Group Market Plan Benefits

BCBSRI: Blue Cross & Blue Shield of Rhode Island

NHPRI: Neighborhood Health Plan of Rhode Island

INSURANCE COMPANY	BCBSRI	BCBSRI	BCBSRI	BCBSRI	NHPRI
PLAN NAME	VantageBlue 100/80 750/1500	VantageBlue 100/60 1500/3000	BlueSolutions for HSA 100/60 1500/3000 Copay Plan	VantageBlue 100/80 2500/5000	Neighborhood PREMIER
METAL LEVEL	PLATINUM	PLATINUM	GOLD	GOLD	GOLD
HSA QUALIFIED	No	No	✓	No	No
PLAN TYPE (SEE DEFINITIONS ON PAGE 3)	PPO	PPO	PPO	PPO	HMO
REFERRAL REQUIRED	No	No	No	No	No
NETWORK COVERAGE AREA	National	National	National	National	RI Only
RI PROVIDER INFORMATION (SUBJECT TO CHANGE)	1,556 PCPs/ Pediatricians 4,361 Specialists 15 of 15 Hospitals	1,556 PCPs/ Pediatricians 4,361 Specialists 15 of 15 Hospitals	1,556 PCPs/ Pediatricians 4,361 Specialists 15 of 15 Hospitals	1,556 PCPs/ Pediatricians 4,361 Specialists 15 of 15 Hospitals	813 PCPs/ Pediatricians 4,675 Specialists 15 of 15 Hospitals
OUT OF NETWORK COVERAGE, NON-EMERGENCY	Yes - 20% after deductible	Yes - 40% after deductible	Yes - 40% after deductible	Yes - 20% after deductible	Not covered except for urgent or emergent care
MAXIMUM OUT-OF-POCKET (MOOP) MEDICAL + DRUG	\$1,700 Individual \$3,400 Family	\$4,500 Individual \$9,000 Family	\$3,000 Individual \$6,000 Family	\$6,000 Individual \$12,000 Family	\$5,000 Individual \$10,000 Family
DEDUCTIBLE - MEDICAL	\$750 Individual \$1,500 Family	\$1,500 Individual \$3,000 Family	\$1,500 Individual \$3,000 Family	\$2,500 Individual \$5,000 Family	\$1,850 Individual \$3,700 Family
DEDUCTIBLE - DRUG	\$0	\$0	Combined with Medical	\$0	\$0
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	First sick visit free, all other visits \$20 PCMH \$30 Non-PCMH	\$25
SPECIALIST VISIT	\$30	\$30	\$20	\$40	\$50
PREVENTATIVE CARE	\$0	\$0	\$0	\$0	\$0
URGENT CARE	\$50	\$50	\$100	\$100	\$50
ER SERVICES	\$100	\$100	\$200	\$200	\$250
INPATIENT HOSPITAL	0%	0%	0%	0%	0%
X-RAYS & OTHER DIAG. IMAGING	\$0	\$0	0%	\$75	0%
HIGH END IMAGING: CT/PET/MRI	0%	0%	0%	0%	0%
MENTAL HEALTH/SUBSTANCE ABUSE - OFFICE VISITS	\$30	\$30	0%	\$40	\$25
SPEECH/OCCUP/PHYS THERAPY, OUTPATIENT REHAB	20%	20%	\$20	20%	\$50
LAB SERVICES, OUTPATIENT	\$0	\$0	0%	\$25	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	\$40	\$35
TIER 3	\$35	\$35	\$50	\$70	\$60
TIER 4	\$60	\$60	\$75	\$90	\$100
TIER 5	\$100	\$100	\$125	\$125	N/A
SAMPLE LIST BILL MONTHLY RATE* (21-YEAR OLD, JANUARY RATE)	\$401	\$373	\$342	\$334	\$290
SAMPLE LIST BILL MONTHLY RATE* (40-YEAR OLD, JANUARY RATE)	\$512	\$477	\$438	\$427	\$371
SAMPLE LIST BILL MONTHLY RATE* (60-YEAR OLD, JANUARY RATE)	\$1,088	\$1,013	\$929	\$907	\$788

\*HSRI will add up list bill rates for each employee and dependent, based on age, to determine a total premium for the group. HSRI will also average the list bill rates to calculate a quoted composite for each family type. Employer contributions and employee shares will be determined from the composite rates.

## 2018 Small Group Market Plan Benefits

BCBSRI: Blue Cross & Blue Shield of Rhode Island

NHPRI: Neighborhood Health Plan of Rhode Island

INSURANCE COMPANY	BCBSRI	BCBSRI	BCBSRI	BCBSRI	NHPRI
PLAN NAME	BasicBlue 100/ Not Covered 2750/5500	VantageBlue 80/60 3000/6000	BlueSolutions for HSA 100/60 3000/6000	BasicBlue 100/ Not Covered 5000/10000	Neighborhood CHOICE
METAL LEVEL	GOLD	GOLD	SILVER	SILVER	SILVER
HSA QUALIFIED	No	No	✓	No	No
PLAN TYPE (SEE DEFINITIONS ON PAGE 3)	PPO	PPO	PPO	PPO	HMO
REFERRAL REQUIRED	No	No	No	No	No
NETWORK COVERAGE AREA	National	National	National	National	RI only
RI PROVIDER INFORMATION (SUBJECT TO CHANGE)	1,556 PCPs/ Pediatricians 4,361 Specialists 15 of 15 Hospitals	1,556 PCPs/ Pediatricians 4,361 Specialists 15 of 15 Hospitals	1,556 PCPs/ Pediatricians 4,361 Specialists 15 of 15 Hospitals	1,556 PCPs/ Pediatricians 4,361 Specialists 15 of 15 Hospitals	813 PCPs/ Pediatricians 4,675 Specialists 15 of 15 Hospitals
OUT OF NETWORK COVERAGE, NON-EMERGENCY	Not covered except for urgent or emergent care	Yes - 40% after deductible	Yes - 40% after deductible	Not covered except for urgent or emergent care	Not covered except for urgent or emergent care
MAXIMUM OUT-OF-POCKET (MOOP) MEDICAL + DRUG	\$2,750 Individual \$5,500 Family	\$5,800 Individual \$11,600 Family	\$6,350 Individual \$12,700 Family	\$5,000 Individual \$10,000 Family	\$7,350 Individual \$14,700 Family
DEDUCTIBLE - MEDICAL	\$2,750 Individual \$5,500 Family	\$3,000 Individual \$6,000 Family	\$3,000 Individual \$6,000 Family	\$5,000 Individual \$10,000 Family	\$3,100 Individual \$6,200 Family
DEDUCTIBLE - DRUG	Only tiers 3, 4 & 5 Combined with Medical	\$0	Combined with Medical	Only tiers 3, 4 & 5 Combined with Medical	Tier 4 Combined with Medical
PRIMARY CARE	\$15 PCMH \$25 Non-PCMH	First sick visit free, all other visits \$20 PCMH \$40 Non-PCMH	0%	\$20 PCMH \$30 Non-PCMH	\$30
SPECIALIST VISIT	\$30	\$50	0%	\$45	\$60
PREVENTATIVE CARE	\$0	\$0	\$0	\$0	\$0
URGENT CARE	0%	\$125	0%	0%	\$60
ER SERVICES	0%	\$250	0%	0%	30%
INPATIENT HOSPITAL	0%	20%	0%	0%	30%
X-RAYS & OTHER DIAG. IMAGING	0%	\$75	0%	0%	30%
HIGH END IMAGING: CT/PET/MRI	0%	20%	0%	0%	30%
MENTAL HEALTH/SUBSTANCE ABUSE - OFFICE VISITS	\$30	\$50	0%	\$45	\$30
SPEECH/OCCUP/PHYS THERAPY, OUTPATIENT REHAB	0%	20%	0%	0%	\$60
LAB SERVICES, OUTPATIENT	0%	\$25	0%	0%	30%
SKILLED NURSING FACILITY	0%	20%	0%	0%	30%
OUTPATIENT SURGERY/SERVICES	0%	20%	0%	0%	30%
PEDIATRIC DENTAL COVERAGE	No	No	No	No	No
TIER 1	\$10	\$10	\$10	\$10	\$15
TIER 2	\$30	\$40	\$40	\$40	\$40
TIER 3	0%	\$70	\$70	0%	\$75
TIER 4	0%	\$90	\$90	0%	30%
TIER 5	0%	\$125	\$125	0%	N/A
SAMPLE LIST BILL MONTHLY RATE* (21-YEAR OLD, JANUARY RATE)	\$344	\$309	\$280	\$283	\$229
SAMPLE LIST BILL MONTHLY RATE* (40-YEAR OLD, JANUARY RATE)	\$439	\$395	\$358	\$362	\$293
SAMPLE LIST BILL MONTHLY RATE* (60-YEAR OLD, JANUARY RATE)	\$933	\$838	\$760	\$769	\$622

\*HSRI will add up list bill rates for each employee and dependent, based on age, to determine a total premium for the group. HSRI will also average the list bill rates to calculate a quoted composite for each family type. Employer contributions and employee shares will be determined from the composite rates.

## 2018 Small Group Market Plan Benefits

BCBSRI: Blue Cross & Blue Shield of Rhode Island

NHPRI: Neighborhood Health Plan of Rhode Island

INSURANCE COMPANY	NHPRI	BCBSRI	BCSRI	NHPRI
PLAN NAME	Neighborhood PARTNER	BlueSolutions for HSA 100/60 6550/13100	BasicBlue 100/ Not Covered 7150/14300	Neighborhood STANDARD
METAL LEVEL	SILVER	BRONZE	BRONZE	BRONZE
HSA QUALIFIED	No	✓	No	No
PLAN TYPE (SEE DEFINITIONS ON PAGE 3)	HMO	PPO	PPO	HMO
REFERRAL REQUIRED	No	No	No	No
NETWORK COVERAGE AREA	RI only	National	National	RI only
RI PROVIDER INFORMATION (SUBJECT TO CHANGE)	813 PCPs/ Pediatricians 4,675 Specialists 15 of 15 Hospitals	1,556 PCPs/ Pediatricians 4,361 Specialists 15 of 15 Hospitals	1,556 PCPs/ Pediatricians 4,361 Specialists 15 of 15 Hospitals	813 PCPs/ Pediatricians 4,675 Specialists 15 of 15 Hospitals
OUT OF NETWORK COVERAGE, NON-EMERGENCY	Not covered except for urgent or emergent care	Yes - 40% after deductible	Not covered except for urgent or emergent care	Not covered except for urgent or emergent care
MAXIMUM OUT-OF-POCKET (MOOP) MEDICAL + DRUG	\$6,550 Individual \$13,100 Family	\$6,550 Individual \$13,100 Family	\$7,150 Individual \$14,300 Family	\$7,350 Individual \$14,700 Family
DEDUCTIBLE - MEDICAL	\$2,600 Individual \$5,200 Family	\$6,550 Individual \$13,100 Family	\$7,150 Individual \$14,300 Family	\$5,600 Individual \$11,200 Family
DEDUCTIBLE - DRUG	Combined with Medical	Combined with Medical	Only tiers 3, 4 & 5 Combined with Medical	Combined with Medical
PRIMARY CARE	15%	0%	\$50 PCMH \$70 Non-PCMH	20%
SPECIALIST VISIT	15%	0%	\$85	20%
PREVENTATIVE CARE	\$0	\$0	\$0	\$0
URGENT CARE	15%	0%	0%	20%
ER SERVICES	15%	0%	0%	20%
INPATIENT HOSPITAL	15%	0%	0%	20%
X-RAYS & OTHER DIAG. IMAGING	15%	0%	0%	20%
HIGH END IMAGING: CT/PET/MRI	15%	0%	0%	20%
MENTAL HEALTH/SUBSTANCE ABUSE - OFFICE VISITS	15%	0%	\$85	20%
SPEECH/OCCUP/PHYS THERAPY, OUTPATIENT REHAB	15%	0%	0%	20%
LAB SERVICES, OUTPATIENT	15%	0%	0%	20%
SKILLED NURSING FACILITY	15%	0%	0%	20%
OUTPATIENT SURGERY/SERVICES	15%	0%	0%	20%
PEDIATRIC DENTAL COVERAGE	No	No	No	No
TIER 1	\$15	0%	\$10	\$15
TIER 2	\$40	0%	\$50	\$40
TIER 3	\$75	0%	0%	\$75
TIER 4	15%	0%	0%	20%
TIER 5	N/A	0%	0%	N/A
SAMPLE LIST BILL MONTHLY RATE* (21-YEAR OLD, JANUARY RATE)	\$223	\$201	\$233	\$187
SAMPLE LIST BILL MONTHLY RATE* (40-YEAR OLD, JANUARY RATE)	\$285	\$257	\$298	\$240
SAMPLE LIST BILL MONTHLY RATE* (60-YEAR OLD, JANUARY RATE)	\$605	\$545	\$632	\$509

\*HSRI will add up list bill rates for each employee and dependent, based on age, to determine a total premium for the group. HSRI will also average the list bill rates to calculate a quoted composite for each family type. Employer contributions and employee shares will be determined from the composite rates.