

2020 Health Plans and Benefits

for small businesses



HealthSourceRI
FOR EMPLOYERS



HSRIforEmployers.com

1-855-683-6757

Exclusive options from HealthSource RI for Employers

Full Choice:

- Your employees pick any plan from multiple health insurance companies
- You stick to your budget using our unique defined contribution option

Tiered benefits:

- Tier contributions by employee groups to customize your benefits plan like never before
- Great cost-effective options to incentivize employees

More than just health insurance:

Personalize your comprehensive benefits package with **exciting new products** including:

- Vision
- Life
- Medical Bridge
- Pet
- Telehealth

Stay competitive by offering additional products typically found only at larger companies. Not sure where to start? We'll help you design the perfect benefits package based on your needs.

When to enroll:

- At your renewal date or the 1st of any month
- Important deadlines to remember for the month prior to your coverage start date:
 - o **By the 12th:** finalize your coverage options
 - o **By the 17th:** employees pick their plans
 - o **By the 23rd:** make your first payment

Call for a free quote today

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

Rates as of November 1, 2019. 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.

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!

2020 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
HEALTH SAVINGS ACCOUNTS (HSAs): A Health Savings Account-qualified plan allows you to contribute to a separate tax-exempt account which can be used for healthcare expenses like deductibles and copayments.	PLAN NAME	VantageBlue 100/80 500/1000	Neighborhood PRIME
	METAL LEVEL	PLATINUM	PLATINUM
	HSA QUALIFIED	No	No
HOW YOU GET YOUR CARE 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 healthcare 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)	1,422 PCPs/ Pediatricians 3,008 Specialists 14 of 14 Hospitals	979 PCPs/ Pediatricians 5,281 Specialists 14 of 14 Hospitals
MAXIMUM OUT-OF-POCKET 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 plan year.	OUT OF NETWORK COVERAGE, NON-EMERGENCY	Yes - 20% after deductible	Not covered except for urgent or emergent care
	MAXIMUM OUT-OF-POCKET (MOOP) MEDICAL + DRUG	\$1,800 Individual \$3,600 Family	\$1,500 Individual \$3,000 Family
DEDUCTIBLES The deductible 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 hospital stays, as well as prescription medications.	DEDUCTIBLE - MEDICAL	\$500 Individual \$1,000 Family	\$500 Individual \$1,000 Family
	DEDUCTIBLE - DRUG	\$0	\$0
COPAYMENTS & COINSURANCE Copayments are fixed dollar amounts that you must pay for certain types of healthcare services each time you use them. Coinsurance 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. The WHITE 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. The SHADED 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 Patient-Centered Medical Home (PCMH) is a team of healthcare providers that work together to coordinate your care. Visiting a PCMH provider may cost less in certain plans. **Specialist copays may be different for certain specialists such as chiropractor, acupuncture, and vision, please check with your insurance company.	PRIMARY CARE	\$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	\$20	\$10
	SPEECH/OCCUP/PHYS THERAPY, OUTPATIENT REHAB	0%	\$30
	LAB SERVICES, OUTPATIENT	\$0	0%
	SKILLED NURSING FACILITY	0%	0%
	OUTPATIENT SURGERY/SERVICES	0%	0%
PEDIATRIC DENTAL COVERAGE	No	No	
PRESCRIPTION DRUGS 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	\$5
	TIER 2	\$25	\$10
	TIER 3	\$35	\$35
	TIER 4	\$60	\$50
	TIER 5	\$100	Tier 5/Tier 6: \$100
SMALL GROUP PREMIUMS Premiums vary by age and family size. The premiums for small employers will depend on the employees who will be covered. *HSRI for Employers will add up list bill rates for each employee and dependent, based on age, to determine a total premium for the group. We 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.	SAMPLE LIST BILL MONTHLY RATE* (21-YEAR OLD, JANUARY RATE)	\$469	\$329
	SAMPLE LIST BILL MONTHLY RATE* (40-YEAR OLD, JANUARY RATE)	\$599	\$420
	SAMPLE LIST BILL MONTHLY RATE* (60-YEAR OLD, JANUARY RATE)	\$1,272	\$829

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.

2020 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	NHPRI
PLAN NAME	VantageBlue 100/80 750/1500	VantageBlue 100/60 1500/3000	BlueSolutions for HSA 100/60 1500/3000 Copay Plan	Neighborhood PREMIER
METAL LEVEL	PLATINUM	PLATINUM	GOLD	GOLD
HSA QUALIFIED	No	No	✓	No
PLAN TYPE (SEE DEFINITIONS ON PAGE 3)	PPO	PPO	PPO	HMO
REFERRAL REQUIRED	No	No	No	No
NETWORK COVERAGE AREA	National	National	National	RI only
RI PROVIDER INFORMATION (SUBJECT TO CHANGE)	1,422 PCPs/ Pediatricians 3,008 Specialists 14 of 14 Hospitals	1,422 PCPs/ Pediatricians 3,008 Specialists 14 of 14 Hospitals	1,422 PCPs/ Pediatricians 3,008 Specialists 14 of 14 Hospitals	979 PCPs/ Pediatricians 5,281 Specialists 14 of 14 Hospitals
OUT OF NETWORK COVERAGE, NON-EMERGENCY	Yes - 20% after deductible	Yes - 40% after deductible	Yes - 40% after deductible	Not covered except for urgent or emergent care
MAXIMUM OUT-OF-POCKET MEDICAL + DRUG	\$1,700 Individual \$3,400 Family	\$4,500 Individual \$9,000 Family	\$3,000 Individual \$6,000 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	\$2,050 Individual \$4,100 Family
DEDUCTIBLE - DRUG	\$0	\$0	Combined with Medical	\$0
PRIMARY CARE	\$10 PCMH \$20 Non-PCMH	\$10 PCMH \$20 Non-PCMH	\$10 PCMH \$10 Non-PCMH	\$15
SPECIALIST VISIT**	\$30	\$30	\$30	\$50
PREVENTATIVE CARE	\$0	\$0	\$0	\$0
URGENT CARE	\$50	\$50	\$100	\$50
ER SERVICES	\$100	\$100	\$200	\$250
INPATIENT HOSPITAL	0%	0%	0%	0%
X-RAYS & OTHER DIAG. IMAGING	\$0	\$0	0%	0%
HIGH END IMAGING: CT/PET/MRI	0%	0%	0%	0%
MENTAL HEALTH/SUBSTANCE ABUSE - OFFICE VISITS	\$20	\$20	\$15	\$15
SPEECH/OCCUP/PHYS THERAPY, OUTPATIENT REHAB	0%	0%	\$20	\$50
LAB SERVICES, OUTPATIENT	\$0	\$0	0%	0%
SKILLED NURSING FACILITY	0%	0%	0%	0%
OUTPATIENT SURGERY/SERVICES	0%	0%	0%	0%
PEDIATRIC DENTAL COVERAGE	No	No	No	No
TIER 1	\$10	\$10	\$10	\$5
TIER 2	\$25	\$25	\$30	\$10
TIER 3	\$35	\$35	\$30	\$35
TIER 4	\$60	\$60	0%	\$50
TIER 5	\$100	\$100	\$120	Tier 5/Tier 6: \$180
SAMPLE LIST BILL MONTHLY RATE* (21-YEAR OLD, JANUARY RATE)	\$447	\$410	\$369	\$287
SAMPLE LIST BILL MONTHLY RATE* (40-YEAR OLD, JANUARY RATE)	\$571	\$523	\$471	\$367
SAMPLE LIST BILL MONTHLY RATE* (60-YEAR OLD, JANUARY RATE)	\$1,213	\$1,111	\$1,000	\$779

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.

2020 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	^{new} NHPRI
PLAN NAME	VantageBlue 100/80 2500/5000	BlueSolutions for HSA 100/60 1900/3800	VantageBlue 80/60 3000/6000	Neighborhood EDGE
METAL LEVEL	GOLD	GOLD	GOLD	GOLD
HSA QUALIFIED	No	✓	No	No
PLAN TYPE (SEE DEFINITIONS ON PAGE 3)	PPO	PPO	PPO	HMO
REFERRAL REQUIRED	No	No	No	No
NETWORK COVERAGE AREA	National	National	National	RI only
RI PROVIDER INFORMATION (SUBJECT TO CHANGE)	1,422 PCPs/ Pediatricians 3,008 Specialists 14 of 14 Hospitals	1,422 PCPs/ Pediatricians 3,008 Specialists 14 of 14 Hospitals	1,422 PCPs/ Pediatricians 3,008 Specialists 14 of 14 Hospitals	979 PCPs/ Pediatricians 5,281 Specialists 14 of 14 Hospitals
OUT OF NETWORK COVERAGE, NON-EMERGENCY	Yes - 20% after deductible	Yes - 40% after deductible	Yes - 40% after deductible	Not covered except for urgent or emergent care
MAXIMUM OUT-OF-POCKET MEDICAL + DRUG	\$6,000 Individual \$12,000 Family	\$2,700 Individual \$5,400 Family	\$5,800 Individual \$11,600 Family	\$7,250 Individual \$14,500 Family
DEDUCTIBLE - MEDICAL	\$2,500 Individual \$5,000 Family	\$1,900 Individual \$3,800 Family	\$3,000 Individual \$6,000 Family	\$3,200 Individual \$6,400 Family
DEDUCTIBLE - DRUG	\$0	Combined with Medical	\$0	Tiers 5 & 6 Combined with Medical
PRIMARY CARE	\$20 PCMH \$30 Non-PCMH	0%	\$20 PCMH \$40 Non-PCMH	\$20
SPECIALIST VISIT**	\$40	0%	\$50	\$55
PREVENTATIVE CARE	\$0	\$0	\$0	\$0
URGENT CARE	\$100	0%	\$125	\$55
ER SERVICES	\$200	0%	\$250	15%
INPATIENT HOSPITAL	0%	0%	20%	10%
X-RAYS & OTHER DIAG. IMAGING	\$75	0%	\$75	10%
HIGH END IMAGING: CT/PET/MRI	0%	0%	20%	10%
MENTAL HEALTH/SUBSTANCE ABUSE - OFFICE VISITS	\$30	0%	\$40	\$20
SPEECH/OCCUP/PHYS THERAPY, OUTPATIENT REHAB	10%	0%	20%	15%
LAB SERVICES, OUTPATIENT	\$25	0%	\$25	10%
SKILLED NURSING FACILITY	0%	0%	20%	10%
OUTPATIENT SURGERY/SERVICES	0%	0%	20%	10%
PEDIATRIC DENTAL COVERAGE	No	No	No	No
TIER 1	\$10	10%	\$10	\$5
TIER 2	\$40	10%	\$40	\$10
TIER 3	\$70	10%	\$70	\$40
TIER 4	\$90	10%	\$90	\$55
TIER 5	\$125	\$125	\$125	Tier 5/Tier 6: 30%
SAMPLE LIST BILL MONTHLY RATE* (21-YEAR OLD, JANUARY RATE)	\$360	\$354	\$326	\$254
SAMPLE LIST BILL MONTHLY RATE* (40-YEAR OLD, JANUARY RATE)	\$460	\$453	\$417	\$325
SAMPLE LIST BILL MONTHLY RATE* (60-YEAR OLD, JANUARY RATE)	\$977	\$961	\$886	\$691

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.

2020 Small Group Market Plan Benefits

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

INSURANCE COMPANY	BCBSRI	<small>NEW</small> BCBSRI	NHPRI	BCBSRI	NHPRI
PLAN NAME	BlueSolutions for HSA 100/60 3400/6800	VantageBlue 100/80 8150/16300	Neighborhood CHOICE	BlueSolutions for HSA 100/60 6750/13500	Neighborhood STANDARD
METAL LEVEL	SILVER	Silver	SILVER	BRONZE	BRONZE
HSA QUALIFIED	✓	No	No	✓	✓
PLAN TYPE (SEE DEFINITIONS ON PAGE 3)	PPO	PPO	HMO	PPO	HMO
REFERRAL REQUIRED	No	No	No	No	No
NETWORK COVERAGE AREA	National	National	RI only	National	RI only
RI PROVIDER INFORMATION (SUBJECT TO CHANGE)	1,422 PCPs/ Pediatricians 3,008 Specialists 14 of 14 Hospitals	1,422 PCPs/ Pediatricians 3,008 Specialists 14 of 14 Hospitals	979 PCPs/ Pediatricians 5,073 Specialists 14 of 14 Hospitals	1,422 PCPs/ Pediatricians 3,008 Specialists 14 of 14 Hospitals	979 PCPs/ Pediatricians 5,281 Specialists 14 of 14 Hospitals
OUT OF NETWORK COVERAGE, NON-EMERGENCY	Yes - 40% after deductible	Yes - 20% after deductible	Not covered except for urgent or emergent care	Yes - 40% after deductible	Not covered except for urgent or emergent care
MAXIMUM OUT-OF-POCKET MEDICAL + DRUG	\$6,350 Individual \$12,700 Family	\$8,150 Individual \$16,300 Family	\$8,150 Individual \$16,300 Family	\$8,150 Individual \$16,300 Family	\$6,650 Individual \$13,300 Family
DEDUCTIBLE - MEDICAL	\$3,400 Individual \$6,800 Family	\$8,150 Individual \$16,300 Family	\$4,000 Individual \$8,000 \$Family	\$4,000 Individual \$8,000 Family	\$5,600 Individual \$11,200 Family
DEDUCTIBLE - DRUG	Combined with Medical	\$0	Tiers 5 and 6 Combined with Medical	Combined with Medical	Combined with Medical
PRIMARY CARE	0%	\$20 PCMH \$40 Non-PCMH	\$30	0%	0%
SPECIALIST VISIT**	0%	\$50	\$60	0%	0%
PREVENTATIVE CARE	\$0	\$0	\$0	\$0	\$0
URGENT CARE	0%	\$150	\$60	0%	0%
ER SERVICES	0%	\$300	0%	0%	0%
INPATIENT HOSPITAL	0%	0%	0%	0%	0%
X-RAYS & OTHER DIAG. IMAGING	0%	\$100	0%	0%	0%
HIGH END IMAGING: CT/PET/MRI	0%	0%	0%	0%	0%
MENTAL HEALTH/SUBSTANCE ABUSE - OFFICE VISITS	0%	\$40	\$30	0%	0%
SPEECH/OCCUP/PHYS THERAPY, OUTPATIENT REHAB	0%	0%	\$60	0%	0%
LAB SERVICES, OUTPATIENT	0%	\$50	0%	0%	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	\$0	\$10
TIER 2	\$40	\$40	\$15	\$0	\$15
TIER 3	\$70	\$70	\$40	\$0	\$40
TIER 4	\$90	\$90	\$55	\$0	\$55
TIER 5	\$125	\$125	Tiers 5 and 6	\$0	Tiers 5 and 6
SAMPLE LIST BILL MONTHLY RATE* (21-YEAR OLD, JANUARY RATE)	\$289	\$266	\$233	\$212	\$201
SAMPLE LIST BILL MONTHLY RATE* (40-YEAR OLD, JANUARY RATE)	\$369	\$340	\$297	\$271	\$257
SAMPLE LIST BILL MONTHLY RATE* (60-YEAR OLD, JANUARY RATE)	\$784	\$722	\$632	\$575	\$545

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.