



HealthSourceRI
FOR EMPLOYERS



2022 Health Plans and Benefits for small businesses

Exclusive options from HealthSource RI

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**

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.

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, 2021. 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.

2022 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 Elite |
| HOW YOU GET YOUR CARE | METAL LEVEL | PLATINUM | PLATINUM |
| 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. | HSA QUALIFIED | No | No |
| MAXIMUM OUT-OF-POCKET | PLAN TYPE | PPO | HMO POS |
| 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. | REFERRAL REQUIRED | No | No |
| DEDUCTIBLES | NETWORK COVERAGE AREA | National | RI Only |
| 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. | RI PROVIDER INFORMATION (SUBJECT TO CHANGE) | 1,326 PCPs 3,112 Specialists 499 Dentists 14 out of 14 Hospitals | 1,127 PCPs 5,500 Specialists 545 Dentists 14 out of 14 Hospitals |
| COPAYMENTS & COINSURANCE | OUT OF NETWORK COVERAGE, NON-EMERGENCY | Yes - 20% after out-of-network deductible | Yes, 50% after out-of-network deductible |
| 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. 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. 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. *Specialist copays may be different for certain specialists such as chiropractor, acupuncture, and vision, please check with your insurance company. | MAXIMUM OUT-OF-POCKET (IN-NETWORK) MEDICAL + DRUG | \$1,800 Individual \$3,600 Family | \$1,500 Individual \$3,000 Family |
| PRESCRIPTION DRUGS | DEDUCTIBLE - MEDICAL (IN-NETWORK) | \$500 Individual \$1,000 Family | \$500 Individual \$1,000 Family |
| SMALL GROUP PREMIUMS | DEDUCTIBLE - DRUG (IN-NETWORK) | \$0 | \$0 |
| Premiums vary by age and family size. The premiums for small employers will depend on the employees who will be covered. | IN-NETWORK COSTS: | \$20 Non-PCMH \$10 PCMH | \$10 |
| | PRIMARY CARE | \$30 | \$30 |
| | SPECIALIST VISIT* | \$0 | \$0 |
| | PREVENTATIVE CARE | \$50 | \$30 |
| | URGENT CARE | \$100 | \$100 |
| | ER SERVICES | 0% | 0% |
| | INPATIENT HOSPITAL | \$0 | 0% |
| | X-RAYS & OTHER DIAG. IMAGING | 0% | 0% |
| | HIGH END IMAGING: CT/PET/MRI | \$20 | \$10 |
| | MENTAL HEALTH/SUBSTANCE ABUSE - OFFICE VISITS | 20% | \$30 |
| | SPEECH/OCCUP/PHYS THERAPY, OUTPATIENT REHAB | \$0 | 0% |
| | LAB SERVICES, OUTPATIENT | 0% | 0% |
| | SKILLED NURSING FACILITY | 0% | 0% |
| | OUTPATIENT SURGERY/SERVICES | 0% | 0% |
| | PEDIATRIC DENTAL COVERAGE | No | Yes |
| | TIER 1 | \$10 | \$5 |
| | TIER 2 | \$25 | \$10 |
| | TIER 3 | \$35 | \$35 |
| | TIER 4 | \$60 | \$50 |
| | TIER 5/ TIER 6 | \$100 | Tier 5/ Tier 6: \$100 |

2022 Small Group Market Plan Benefits

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

| INSURANCE COMPANY | BCBSRI | BCBSRI | NHPRI | BCBSRI | NHPRI |
|---|---|---|---|---|---|
| PLAN NAME | VantageBlue 100/80 750/1500 | VantageBlue 100/60 1500/3000 | Neighborhood PRIME | VantageBlue 100/80 2500/5000 | Neighborhood PREMIER Elite |
| METAL LEVEL | PLATINUM | PLATINUM | PLATINUM | GOLD | GOLD |
| HSA QUALIFIED | No | No | No | No | No |
| PLAN TYPE | PPO | PPO | HMO | PPO | HMO POS |
| REFERRAL REQUIRED | No | No | No | No | No |
| NETWORK COVERAGE AREA | National | National | RI Only | National | RI Only |
| RI PROVIDER INFORMATION (SUBJECT TO CHANGE) | 1,326 PCPs 3,112 Specialists 499 Dentists 14 out of 14 Hospitals | 1,326 PCPs 3,112 Specialists 499 Dentists 14 out of 14 Hospitals | 1,127 PCPs 5,500 Specialists 545 Dentists 14 out of 14 Hospitals | 1,326 PCPs 3,112 Specialists 499 Dentists 14 out of 14 Hospitals | 1,127 PCPs 5,500 Specialists 545 Dentists 14 out of 14 Hospitals |
| OUT OF NETWORK COVERAGE, NON-EMERGENCY | Yes - 20% after out-of-network deductible | Yes - 40% after out-of-network deductible | Not covered except for urgent or emergent care | Yes - 20% after out-of-network deductible | Yes, 50% after out-of-network deductible |
| MAXIMUM OUT-OF-POCKET (IN-NETWORK) MEDICAL + DRUG | \$1,700 Individual \$3,400 Family | \$4,500 Individual \$9,000 Family | \$1,500 Individual \$3,000 Family | \$6,000 Individual \$12,000 Family | \$5,500 Individual \$11,000 Family |
| DEDUCTIBLE - MEDICAL (IN-NETWORK) | \$750 Individual \$1,500 Family | \$1,500 Individual \$3,000 Family | \$500 Individual \$1,000 Family | \$2,500 Individual \$5,000 Family | \$2,300 Individual \$4,600 Family |
| DEDUCTIBLE - DRUG (IN-NETWORK) | \$0 | \$0 | \$0 | \$0 | \$0 |
| IN-NETWORK COSTS: | | | | | |
| PRIMARY CARE | \$20 Non-PCMH \$10 PCMH | \$20 Non-PCMH \$10 PCMH | \$10 | \$30 Non-PCMH \$20 PCMH | \$20 |
| SPECIALIST VISIT* | \$30 | \$30 | \$30 | \$40 | \$55 |
| PREVENTATIVE CARE | \$0 | \$0 | \$0 | \$0 | \$0 |
| URGENT CARE | \$50 | \$50 | \$30 | \$100 | \$55 |
| ER SERVICES | \$100 | \$100 | \$100 | \$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 | \$20 | \$20 | \$10 | \$30 | \$20 |
| SPEECH/OCCUP/PHYS THERAPY, OUTPATIENT REHAB | 20% | 20% | \$30 | 20% | \$55 |
| 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 | Yes | No | Yes |
| TIER 1 | \$10 | \$10 | \$5 | \$10 | \$5 |
| TIER 2 | \$25 | \$25 | \$10 | \$40 | \$10 |
| TIER 3 | \$35 | \$35 | \$35 | \$70 | \$35 |
| TIER 4 | \$60 | \$60 | \$50 | \$90 | \$50 |
| TIER 5/TIER 6 | \$100 | \$100 | Tier 5/Tier 6: \$100 | \$125 | Tier 5/ Tier 6: \$200 |

2022 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 | NHPRI |
|---|---|---|---|---|---|
| PLAN NAME | VantageBlue 80/60 3000/6000 | BlueSolutions for HSA 100/60 1900/3800 | BlueSolutions for HSA 100/60 1500/3000 | Neighborhood PREMIER | Neighborhood EDGE |
| METAL LEVEL | GOLD | GOLD | GOLD | GOLD | GOLD |
| HSA QUALIFIED | No | Yes | Yes | No | No |
| PLAN TYPE | PPO | PPO | PPO | HMO | HMO |
| REFERRAL REQUIRED | No | No | No | No | No |
| NETWORK COVERAGE AREA | National | National | National | RI Only | RI Only |
| RI PROVIDER INFORMATION (SUBJECT TO CHANGE) | 1,326 PCPs 3,112 Specialists 499 Dentists 14 out of 14 Hospitals | 1326 PCPs 3112 Specialists 499 Dentists 14 out of 14 Hospitals | 1,326 PCPs 3,112 Specialists 499 Dentists 14 out of 14 Hospitals | 1,127 PCPs 5,500 Specialists 545 Dentists 14 out of 14 Hospitals | 1,127 PCPs 5,500 Specialists 545 Dentists 14 out of 14 Hospitals |
| OUT OF NETWORK COVERAGE, NON-EMERGENCY | Yes - 40% after out-of-network deductible | Yes - 40% after out-of-network deductible | Yes - 40% after out-of-network deductible | Not covered except for urgent or emergent care | Not covered except for urgent or emergent care |
| MAXIMUM OUT-OF-POCKET (IN-NETWORK) MEDICAL + DRUG | \$5,800 Individual \$11,600 Family | \$3,000 Individual \$6,000 Family | \$4,000 Individual \$8,000 Family | \$5,500 Individual \$11,000 Family | \$6,950 Individual \$13,900 Family |
| DEDUCTIBLE - MEDICAL (IN-NETWORK) | \$3,000 Individual \$6,000 Family | \$1,900 Individual \$3,800 Family | \$1,500 Individual \$3,000 Family | \$2,300 Individual \$4,600 Family | \$3,200 Individual \$6,400 Family |
| DEDUCTIBLE - DRUG (IN-NETWORK) | \$0 | Combined with Medical | Combined with Medical | \$0 | Tiers 5 & 6 Combined with Medical |
| IN-NETWORK COSTS: | | | | | |
| PRIMARY CARE | \$40 Non-PCMH \$20 PCMH | 0% | \$15 | \$20 | \$25 |
| SPECIALIST VISIT* | \$50 | 0% | \$20 | \$55 | \$55 |
| PREVENTATIVE CARE | \$0 | \$0 | \$0 | \$0 | \$0 |
| URGENT CARE | \$125 | 0% | \$100 | \$55 | \$55 |
| ER SERVICES | \$250 | 0% | \$200 | \$250 | 15% |
| INPATIENT HOSPITAL | 20% | 0% | 0% | 0% | 15% |
| X-RAYS & OTHER DIAG. IMAGING | \$100 | 0% | 0% | 0% | 15% |
| HIGH END IMAGING: CT/PET/MRI | 20% | 0% | 0% | 0% | 15% |
| MENTAL HEALTH/SUBSTANCE ABUSE - OFFICE VISITS | \$40 | 0% | \$15 | \$20 | \$25 |
| SPEECH/OCCUP/PHYS THERAPY, OUTPATIENT REHAB | 20% | 0% | \$0 | \$55 | 15% |
| LAB SERVICES, OUTPATIENT | \$50 | 0% | 0% | 0% | 15% |
| SKILLED NURSING FACILITY | 20% | 0% | 0% | 0% | 15% |
| OUTPATIENT SURGERY/SERVICES | 20% | 0% | 0% | 0% | 15% |
| PEDIATRIC DENTAL COVERAGE | No | No | No | Yes | Yes |
| TIER 1 | \$10 | \$10 | \$10 | \$5 | \$5 |
| TIER 2 | \$40 | \$45 | \$45 | \$10 | \$10 |
| TIER 3 | \$70 | \$70 | \$70 | \$35 | \$40 |
| TIER 4 | \$90 | \$90 | \$90 | \$50 | \$55 |
| TIER 5/ TIER 6 | \$125 | \$125 | \$125 | Tier 5/ Tier 6: \$200 | Tier 5/ Tier 6: 30% |

2022 Small Group Market Plan Benefits

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

| INSURANCE COMPANY | BCBSRI | BCBSRI | NHPRI | BCBSRI | NHPRI |
|---|--|--|--|--|--|
| PLAN NAME | Vantage Blue 100/80 8550/17100 | BlueSolutions for HSA 100/60 3400/6800 | Neighborhood CHOICE | BlueSolutions for HSA 100/60 7000/14000 | Neighborhood STANDARD |
| METAL LEVEL | SILVER | SILVER | SILVER | BRONZE | BRONZE |
| HSA QUALIFIED | No | Yes | No | Yes | Yes |
| PLAN TYPE | 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) | 1,326 PCPs 3,112 Specialists 499 Dentists 14 out of 14 Hospitals | 1,326 PCPs 3,112 Specialists 499 Dentists 14 out of 14 Hospitals | 1,127 PCPs 5,500 Specialists 545 Dentists 14 out of 14 Hospitals | 1,326 PCPs 3,112 Specialists 499 Dentists 14 out of 14 Hospitals | 1,127 PCPs 5,500 Specialists 545 Dentists 14 out of 14 Hospitals |
| OUT OF NETWORK COVERAGE, NON-EMERGENCY | Yes - 20% after out-of-network deductible | Yes - 40% after out-of-network deductible | Not covered except for urgent or emergent care | Yes - 40% after out-of-network deductible | Not covered except for urgent or emergent care |
| MAXIMUM OUT-OF-POCKET (IN-NETWORK) MEDICAL + DRUG | \$8,550 Individual \$17,100 Family | \$6,350 Individual \$12,700 Family | \$8,550 Individual \$17,100 Family | \$7,000 Individual \$14,000 Family | \$6,900 Individual \$13,800 Family |
| DEDUCTIBLE - MEDICAL (IN-NETWORK) | \$8,550 Individual \$17,100 Family | \$3,400 Individual \$6,800 Family | \$3,875 Individual \$7,750 Family | \$7,000 Individual \$14,000 Family | \$6,350 Individual \$12,700 Family |
| DEDUCTIBLE - DRUG (IN-NETWORK) | \$0 | Combined with Medical | Tiers 5 & 6 Combined with Medical | Combined with Medical | Combined with Medical |
| IN-NETWORK COSTS: | | | | | |
| PRIMARY CARE | \$40 Non-PCMH \$20 PCMH | 0% | \$30 | 0% | 20% |
| SPECIALIST VISIT* | \$50 | 0% | \$60 | 0% | 20% |
| PREVENTATIVE CARE | \$0 | \$0 | \$0 | \$0 | \$0 |
| URGENT CARE | \$150 | 0% | \$60 | 0% | 20% |
| ER SERVICES | \$300 | 0% | 30% | 0% | 20% |
| INPATIENT HOSPITAL | 0% | 0% | 30% | 0% | 20% |
| X-RAYS & OTHER DIAG. IMAGING | \$100 | 0% | 30% | 0% | 20% |
| HIGH END IMAGING: CT/PET/MRI | 0% | 0% | 30% | 0% | 20% |
| MENTAL HEALTH/SUBSTANCE ABUSE - OFFICE VISITS | \$40 | 0% | \$30 | 0% | 20% |
| SPEECH/OCCUP/PHYS THERAPY, OUTPATIENT REHAB | 0% | 0% | \$60 | 0% | 20% |
| LAB SERVICES, OUTPATIENT | \$50 | 0% | 30% | 0% | 20% |
| SKILLED NURSING FACILITY | 0% | 0% | 30% | 0% | 20% |
| OUTPATIENT SURGERY/SERVICES | 0% | 0% | 30% | 0% | 20% |
| PEDIATRIC DENTAL COVERAGE | No | No | Yes | No | Yes |
| TIER 1 | \$10 | \$10 | \$10 | \$0 | \$10 |
| TIER 2 | \$40 | \$45 | \$15 | \$0 | \$15 |
| TIER 3 | \$70 | \$70 | \$40 | \$0 | \$40 |
| TIER 4 | \$90 | \$90 | \$55 | \$0 | \$55 |
| TIER 5/TIER 6 | \$125 | \$125 | Tier 5/ Tier 6: 30% | \$0 | Tier 5/ Tier 6: 20% |