



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.

BASIC PLAN INFORMATION	INSURANCE COMPANY	BCBSRI	NHPRI
<p>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.</p> <p>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.</p> <p>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 healthcare needs you have. All plans cover preventive healthcare services at no cost.</p>	<p>PLAN NAME</p> <p>METAL LEVEL</p> <p>HSA QUALIFIED</p> <p>PLAN TYPE</p> <p>REFERRAL REQUIRED</p> <p>NETWORK COVERAGE AREA</p> <p>RI PROVIDER INFORMATION (SUBJECT TO CHANGE)</p>	<p>VantageBlue 100/80 500/1000</p> <p>PLATINUM</p> <p>No</p> <p>PPO</p> <p>No</p> <p>National</p> <p>1,326 PCPs 3,112 Specialists 499 Dentists 14 out of 14 Hospitals</p> <p>Yes - 20% after out-of-network deductible</p> <p>\$1,800 Individual \$3,600 Family</p> <p>\$500 Individual \$1,000 Family</p> <p>\$0</p>	<p>Neighborhood PRIME Elite</p> <p>PLATINUM</p> <p>No</p> <p>HMO POS</p> <p>No</p> <p>RI Only</p> <p>1,127 PCPs 5,500 Specialists 545 Dentists 14 out of 14 Hospitals</p> <p>Yes, 50% after out-of-network deductible</p> <p>\$1,500 Individual \$3,000 Family</p> <p>\$500 Individual \$1,000 Family</p> <p>\$0</p>
<p>MAXIMUM OUT-OF-POCKET</p> <p>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.</p>	<p>OUT OF NETWORK COVERAGE, NON-EMERGENCY</p>	<p>Yes - 20% after out-of-network deductible</p>	<p>Yes, 50% after out-of-network deductible</p>
<p>DEDUCTIBLES</p> <p>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.</p>	<p>MAXIMUM OUT-OF-POCKET (IN-NETWORK) MEDICAL + DRUG</p> <p>DEDUCTIBLE - MEDICAL (IN-NETWORK)</p> <p>DEDUCTIBLE - DRUG (IN-NETWORK)</p>	<p>\$1,800 Individual \$3,600 Family</p> <p>\$500 Individual \$1,000 Family</p> <p>\$0</p>	<p>\$1,500 Individual \$3,000 Family</p> <p>\$500 Individual \$1,000 Family</p> <p>\$0</p>
<p>COPAYMENTS & COINSURANCE</p> <p>Copayments are fixed dollar amounts that you must pay for certain types of healthcare services each time you use them.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>*Specialist copays may be different for certain specialists such as chiropractor, acupuncture, and vision, please check with your insurance company.</p>	<p>IN-NETWORK COSTS:</p> <p>PRIMARY CARE</p> <p>SPECIALIST VISIT*</p> <p>PREVENTATIVE CARE</p> <p>URGENT CARE</p> <p>ER SERVICES</p> <p>INPATIENT HOSPITAL</p> <p>X-RAYS & OTHER DIAG. IMAGING</p> <p>HIGH END IMAGING: CT/PET/MRI</p> <p>MENTAL HEALTH/SUBSTANCE ABUSE - OFFICE VISITS</p> <p>SPEECH/OCCUP/PHYS THERAPY, OUTPATIENT REHAB</p> <p>LAB SERVICES, OUTPATIENT</p> <p>SKILLED NURSING FACILITY</p> <p>OUTPATIENT SURGERY/SERVICES</p> <p>PEDIATRIC DENTAL COVERAGE</p>	<p>\$20 Non-PCMH \$10 PCMH</p> <p>\$30</p> <p>\$0</p> <p>\$50</p> <p>\$100</p> <p>0%</p> <p>\$0</p> <p>0%</p> <p>\$20</p> <p>20%</p> <p>\$0</p> <p>0%</p> <p>0%</p> <p>No</p> <p>\$10</p> <p>\$30</p> <p>0%</p> <p>0%</p> <p>0%</p> <p>No</p> <p>\$10</p> <p>\$30</p> <p>\$50</p> <p>\$100</p> <p>\$477</p> <p>\$610</p> <p>\$1,295</p>	<p>\$10</p> <p>\$30</p> <p>\$0</p> <p>\$30</p> <p>\$100</p> <p>0%</p> <p>0%</p> <p>\$10</p> <p>\$30</p> <p>0%</p> <p>0%</p> <p>0%</p> <p>Yes</p> <p>\$5</p> <p>\$10</p> <p>\$35</p> <p>\$50</p> <p>Tier 5/ Tier 6: \$100</p> <p>\$358</p> <p>\$457</p> <p>\$970</p>
<p>PRESCRIPTION DRUGS</p> <p>Insurance companies separate prescription drugs into different categories known as “tiers.”</p> <p>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.</p>	<p>TIER 1</p> <p>TIER 2</p> <p>TIER 3</p> <p>TIER 4</p> <p>TIER 5/ TIER 6</p> <p>MONTHLY PREMIUM (21-YEAR OLD, JANUARY RATE)</p> <p>MONTHLY PREMIUM (40-YEAR OLD, JANUARY RATE)</p> <p>MONTHLY PREMIUM (60-YEAR OLD, JANUARY RATE)</p>	<p>\$10</p> <p>\$25</p> <p>\$35</p> <p>\$60</p> <p>\$100</p> <p>\$477</p> <p>\$610</p> <p>\$1,295</p>	<p>\$5</p> <p>\$10</p> <p>\$35</p> <p>\$50</p> <p>Tier 5/ Tier 6: \$100</p> <p>\$358</p> <p>\$457</p> <p>\$970</p>
<p>SMALL GROUP PREMIUMS</p> <p>Premiums vary by age and family size. The premiums for small employers will depend on the employees who will be covered.</p>	<p>MONTHLY PREMIUM (21-YEAR OLD, JANUARY RATE)</p> <p>MONTHLY PREMIUM (40-YEAR OLD, JANUARY RATE)</p> <p>MONTHLY PREMIUM (60-YEAR OLD, JANUARY RATE)</p>	<p>\$477</p> <p>\$610</p> <p>\$1,295</p>	<p>\$358</p> <p>\$457</p> <p>\$970</p>

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
MONTHLY PREMIUM (21-YEAR OLD, JANUARY RATE)	\$456	\$419	\$335	\$371	\$311
MONTHLY PREMIUM (40-YEAR OLD, JANUARY RATE)	\$582	\$535	\$428	\$474	\$398
MONTHLY PREMIUM (60-YEAR OLD, JANUARY RATE)	\$1,236	\$1,136	\$908	\$1,007	\$844

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%
MONTHLY PREMIUM (21-YEAR OLD, JANUARY RATE)	\$340	\$340	\$343	\$292	\$267
MONTHLY PREMIUM (40-YEAR OLD, JANUARY RATE)	\$434	\$435	\$438	\$374	\$341
MONTHLY PREMIUM (60-YEAR OLD, JANUARY RATE)	\$922	\$924	\$931	\$794	\$725

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 \$2,700 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%
MONTHLY PREMIUM (21-YEAR OLD, JANUARY RATE)	\$277	\$267	\$247	\$211	\$214
MONTHLY PREMIUM (40-YEAR OLD, JANUARY RATE)	\$354	\$342	\$316	\$270	\$274
MONTHLY PREMIUM (60-YEAR OLD, JANUARY RATE)	\$753	\$725	\$670	\$574	\$582