



## 2023 Health Plans and Benefits for Small Employers

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HealthSource RI for Employers  
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**Call us today for a free quote!**

# Exclusive options from HealthSource RI

## Full Choice:

- HealthSource RI for Employers offers employers two contribution options to allow for maximum flexibility! As an employer, you choose the contribution model that best fits your business and your budget:
  1. Composite average rating option averages the age-based rates of all enrollees to get one rate that applies to all employees regardless of age.
  2. List bill rating option calculates the premium for each employee (including spouses and dependents) based on their age.
- Employers choose their contribution option using a base plan.
- Employees can use that contribution towards any available plan from multiple health insurance companies.
- Employees have access to our comprehensive decision support feature when making plan selections.

## Stay competitive with a package of benefits

Personalize your comprehensive benefits package with exciting products including:

- Vision
- Medical Bridge
- Life
- Pet
- Telehealth

## Tiered benefits

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

## 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**

**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) and Health Maintenance Point of Service (HMO 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:



### Employer sets budget

Michael owns two restaurants in Providence. He selects a plan that costs an average of \$500 per month per employee. He decides to contribute 65% (about \$325 per month) toward each employee's premium.



### Contribution Options

Michael chooses the contribution option that best suits his business needs. Michael can choose from either composite average rating or list bill rating options. Employees will have the same rate or an age-based rate, respectively.



### Solutions that work

Michael's employees can either pick the health insurance plan he selected or choose another plan, using Michael's chosen employer contribution to help pay the monthly premium. If the plan they select is more expensive, the employee pays more out of their paycheck. If the plan is less expensive, the employee pays less.



### Solutions that work

Michael 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!**

## 2023 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 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.	HSA QUALIFIED	No	No
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	PPO	HMO POS
	REFERRAL REQUIRED	No	No
	NETWORK COVERAGE AREA	National	RI Only
	RI PROVIDER INFORMATION (SUBJECT TO CHANGE)	1,326 PCPs 3,112 Specialists 499 Dentists 14 out of 14 Hospitals	1,115 PCPs 5,600 Specialists 539 Dentists 14 out of 14 Hospitals
	OUT OF NETWORK COVERAGE, NON-EMERGENCY	Yes - 20% after out-of-network deductible	Yes, 50% after out-of-network deductible
MAXIMUM OUT-OF-POCKET	MAXIMUM OUT-OF-POCKET (MOOP) IN-NETWORK MEDICAL + DRUG	\$1,800 Individual \$3,600 Family	\$1,500 Individual \$3,000 Family
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.	DEDUCTIBLE - MEDICAL (IN-NETWORK)	\$500 Individual \$1,000 Family	\$500 Individual \$1,000 Family
DEDUCTIBLES	DEDUCTIBLE - DRUG (IN-NETWORK)	\$0	\$0
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.	<b>IN-NETWORK COSTS:</b>	\$20 Non-PCMH \$10 PCMH	\$10
COPAYMENTS & COINSURANCE	PRIMARY CARE		
<b>Copayments</b> are fixed dollar amounts that you must pay for certain types of healthcare services each time you use them.	SPECIALIST VISIT*	\$30	\$30
<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.	PREVENTIVE CARE	\$0	\$0
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.	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	20%	\$30
	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	\$100	Tier 5/Tier 6: \$100
SMALL GROUP PREMIUMS	MONTHLY PREMIUM (21-YEAR OLD, JANUARY RATE)	\$504	\$387
Premiums vary by age and family size. The premiums for small employers will depend on the employees who will be covered. Employers can set their contributions using a composite average option or a list bill option. For more detail see the " <b>Exclusive options from Healthsource RI for Employers</b> " section of this document.	MONTHLY PREMIUM (40-YEAR OLD, JANUARY RATE)	\$644	\$494
	MONTHLY PREMIUM (60-YEAR OLD, JANUARY RATE)	\$1,368	\$1,050

2023 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	NHPRI
PLAN NAME	VantageBlue 100/80 750/1500	VantageBlue 100/60 1500/3000	Neighborhood PRIME	BlueSolutions for HSA 100/60 1500/3000 Copay Plan	Neighborhood PEAK Elite	Neighborhood PEAK
METAL LEVEL	PLATINUM	PLATINUM	PLATINUM	GOLD	GOLD	GOLD
HSA QUALIFIED	No	No	No	Yes	Yes	Yes
PLAN TYPE	PPO	PPO	HMO	PPO	HMO POS	HMO
REFERRAL REQUIRED	No	No	No	No	No	No
NETWORK COVERAGE AREA	National	National	RI Only	National	RI Only	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	1,115 PCPs 5,600 Specialists 539 Dentists 14 out of 14 Hospitals	1,326 PCPs 3,112 Specialists 499 Dentists 14 of 14 Hospitals	1,115 PCPs 5,600 Specialists 539 Dentists 14 of 14 Hospitals	1,115 PCPs 5,600 Specialists 539 Dentists 14 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	Yes - 50% after out-of-network deductible	Not covered except for urgent or emergent care
MAXIMUM OUT-OF-POCKET (MOOP) IN-NETWORK MEDICAL + DRUG	\$1,700 Individual \$3,400 Family	\$4,500 Individual \$9,000 Family	\$1,500 Individual \$3,000 Family	\$4,000 Individual \$8,000 Family	\$3,000 Individual \$6,000 Family	\$3,000 Individual \$6,000 Family
DEDUCTIBLE - MEDICAL (IN-NETWORK)	\$750 Individual \$1,500 Family	\$1,500 Individual \$3,000 Family	\$500 Individual \$1,000 Family	\$1,500 Individual \$3,000 Family	\$2,500 Individual \$5,000 Family	\$2,500 Individual \$5,000 Family
DEDUCTIBLE - DRUG (IN-NETWORK)	\$0	\$0	\$0	Combined with medical	Combined with medical	Combined with medical
IN-NETWORK COSTS:	\$20 Non-PCMH \$10 PCMH	\$15 Non-PCMH \$5 PCMH	\$10	\$15	\$25	\$25
PRIMARY CARE						
SPECIALIST VISIT*	\$30	\$25	\$30	\$20	\$55	\$55
PREVENTIVE CARE	\$0	\$0	\$0	\$0	\$0	\$0
URGENT CARE	\$50	\$50	\$30	\$100	\$55	\$55
ER SERVICES	\$100	\$100	\$100	\$200	0%	0%
INPATIENT HOSPITAL	0%	0%	0%	0%	0%	0%
X-RAYS & OTHER DIAG. IMAGING	\$0	\$0	0%	0%	0%	0%
HIGH END IMAGING: CT/PET/MRI	0%	0%	0%	0%	0%	0%
MENTAL HEALTH/SUBSTANCE ABUSE - OFFICE VISITS	\$20	\$15	\$10	\$15	\$25	\$25
SPEECH/OCCUP/PHYS THERAPY, OUTPATIENT REHAB	20%	20%	\$30	0%	\$55	\$55
LAB SERVICES, OUTPATIENT	\$0	\$0	0%	0%	0%	0%
SKILLED NURSING FACILITY	0%	0%	0%	0%	0%	0%
OUTPATIENT SURGERY/SERVICES	0%	0%	0%	0%	0%	0%
PEDIATRIC DENTAL COVERAGE**	No	No	Yes	No	Yes	Yes
TIER 1	\$10	\$10	\$5	\$10	\$5	\$5
TIER 2	\$25	\$25	\$10	\$45	\$10	\$10
TIER 3	\$35	\$35	\$35	\$70	\$40	\$40
TIER 4	\$60	\$60	\$50	\$90	\$55	\$55
TIER 5	\$100	\$100	Tier 5/Tier 6: \$100	\$125	Tier 5/Tier 6: 30%	Tier 5/Tier 6: 30%
MONTHLY PREMIUM (21-YEAR OLD, JANUARY RATE)	\$484	\$451	\$358	\$401	\$345	\$314
MONTHLY PREMIUM (40-YEAR OLD, JANUARY RATE)	\$618	\$577	\$457	\$513	\$440	\$401
MONTHLY PREMIUM (60-YEAR OLD, JANUARY RATE)	\$1,313	\$1,225	\$971	\$1,089	\$935	\$852

2023 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	NHPRI
PLAN NAME	BlueSolutions for HSA 100/60 2000/4000	VantageBlue 100/80 2500/5000	VantageBlue 80/60 3000/6000	Neighborhood PREMIER Elite	Neighborhood PREMIER	Neighborhood EDGE
METAL LEVEL	GOLD	GOLD	GOLD	GOLD	GOLD	GOLD
HSA QUALIFIED	Yes	No	No	No	No	No
PLAN TYPE	PPO	PPO	PPO	HMO POS	HMO	HMO
REFERRAL REQUIRED	No	No	No	No	No	No
NETWORK COVERAGE AREA	National	National	National	RI Only	RI Only	RI Only
RI PROVIDER INFORMATION (SUBJECT TO CHANGE)	1,326 PCPs 3,112 Specialists 499 Dentists 14 of 14 Hospitals	1,326 PCPs 3,112 Specialists 499 Dentists 14 of 14 Hospitals	1,326 PCPs 3,112 Specialists 499 Dentists 14 of 14 Hospitals	1,115 PCPs 5,600 Specialists 539 Dentists 14 of 14 Hospitals	1,115 PCPs 5,600 Specialists 539 Dentists 14 of 14 Hospitals	1,115 PCPs 5,600 Specialists 539 Dentists 14 of 14 Hospitals
OUT OF NETWORK COVERAGE, NON-EMERGENCY	Yes - 40% after out-of-network deductible	Yes - 20% after out-of-network deductible	Yes - 40% after out-of-network deductible	Yes - 50% 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	\$4,000 Individual \$8,000 Family	\$6,000 Individual \$12,000 Family	\$5,800 Individual \$11,600 Family	\$5,700 Individual \$11,400 Family	\$5,700 Individual \$11,400 Family	\$6,950 Individual \$13,900 Family
DEDUCTIBLE - MEDICAL (IN-NETWORK)	\$2,000 Individual \$4,000 Family	\$2,500 Individual \$5,000 Family	\$3,000 Individual \$6,000 Family	\$2,525 Individual \$5,050 Family	\$2,525 Individual \$5,050 Family	\$3,200 Individual \$6,400 Family
DEDUCTIBLE - DRUG (IN-NETWORK)	Combined with medical	\$0	\$0	\$0	\$0	Tiers 5 and 6 combined with medical
IN-NETWORK COSTS:	0%	\$30 Non-PCMH \$20 PCMH	\$40 Non-PCMH \$20 PCMH	\$20	\$20	\$25
PRIMARY CARE	0%					
SPECIALIST VISIT*	0%	\$40	\$50	\$55	\$55	\$55
PREVENTIVE CARE	\$0	\$0	\$0	\$0	\$0	\$0
URGENT CARE	0%	\$100	\$125	\$55	\$55	\$55
ER SERVICES	0%	\$200	\$250	\$250	\$250	15%
INPATIENT HOSPITAL	0%	0%	20%	0%	0%	15%
X-RAYS & OTHER DIAG. IMAGING	0%	\$75	\$100	0%	0%	15%
HIGH END IMAGING: CT/PET/MRI	0%	0%	20%	0%	0%	15%
MENTAL HEALTH/SUBSTANCE ABUSE - OFFICE VISITS	0%	\$30	\$40	\$20	\$20	\$25
SPEECH/OCCUP/PHYS THERAPY, OUTPATIENT REHAB	0%	20%	20%	\$55	\$55	15%
LAB SERVICES, OUTPATIENT	0%	\$25	\$50	0%	0%	15%
SKILLED NURSING FACILITY	0%	0%	20%	0%	0%	15%
OUTPATIENT SURGERY/SERVICES	0%	0%	20%	0%	0%	15%
PEDIATRIC DENTAL COVERAGE**	No	No	No	Yes	Yes	Yes
TIER 1	\$10	\$10	\$10	\$5	\$5	\$5
TIER 2	\$45	\$40	\$40	\$10	\$10	\$10
TIER 3	\$70	\$70	\$70	\$35	\$35	\$40
TIER 4	\$90	\$90	\$90	\$50	\$50	\$55
TIER 5	\$125	\$125	\$125	Tier 5/Tier 6: \$200	Tier 5/Tier 6: \$200	Tier 5/Tier 6: 30%
MONTHLY PREMIUM (21-YEAR OLD, JANUARY RATE)	\$383	\$399	\$368	\$336	\$313	\$289
MONTHLY PREMIUM (40-YEAR OLD, JANUARY RATE)	\$490	\$510	\$470	\$429	\$400	\$369
MONTHLY PREMIUM (60-YEAR OLD, JANUARY RATE)	\$1,040	\$1,083	\$999	\$911	\$849	\$784

2023 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	BlueSolutions for HSA 100/60 3750/7500	VantageBlue 100/80 8700/17400	Neighborhood CHOICE	BlueSolutions for HSA 100/60 7000/14000	Neighborhood STANDARD
METAL LEVEL	SILVER	SILVER	SILVER	BRONZE	BRONZE
HSA QUALIFIED	Yes	No	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 of 14 Hospitals	1,326 PCPs 3,112 Specialists 499 Dentists 14 of 14 Hospitals	1,115 PCPs 5,600 Specialists 539 Dentists 14 of 14 Hospitals	1,326 PCPs 3,112 Specialists 499 Dentists 14 of 14 Hospitals	1,115 PCPs 5,600 Specialists 539 Dentists 14 of 14 Hospitals
OUT OF NETWORK COVERAGE, NON-EMERGENCY	Yes - 40% after out-of-network deductible	Yes - 20% 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	\$7,000 Individual \$14,000 Family	\$8,700 Individual \$17,400 Family	\$9,100 Individual \$18,200 Family	\$7,000 Individual \$14,000 Family	\$6,900 Individual \$13,800 Family
DEDUCTIBLE - MEDICAL (IN-NETWORK)	\$3,750 Individual \$7,500 Family	\$8,700 Individual \$17,400 Family	\$3,900 Individual \$7,800 Family	\$7,000 Individual \$14,000 Family	\$6,350 Individual \$12,700 Family
DEDUCTIBLE - DRUG (IN-NETWORK)	Combined with medical	\$0	Tiers 5 and 6 combined with medical	Combined with medical	Combined with medical
IN-NETWORK COSTS:	0%	\$40 Non-PCMH \$20 PCMH	\$35	0%	20%
PRIMARY CARE					
SPECIALIST VISIT*	0%	\$50	\$75	0%	20%
PREVENTIVE CARE	\$0	\$0	\$0	\$0	\$0
URGENT CARE	0%	\$150	\$75	0%	20%
ER SERVICES	0%	\$300	40%	0%	20%
INPATIENT HOSPITAL	0%	0%	40%	0%	20%
X-RAYS & OTHER DIAG. IMAGING	0%	\$100	40%	0%	20%
HIGH END IMAGING: CT/PET/MRI	0%	0%	40%	0%	20%
MENTAL HEALTH/SUBSTANCE ABUSE - OFFICE VISITS	0%	\$40	\$35	0%	20%
SPEECH/OCCUP/PHYS THERAPY, OUTPATIENT REHAB	0%	0%	\$75	0%	20%
LAB SERVICES, OUTPATIENT	0%	\$50	40%	0%	20%
SKILLED NURSING FACILITY	0%	0%	40%	0%	20%
OUTPATIENT SURGERY/SERVICES	0%	0%	40%	0%	20%
PEDIATRIC DENTAL COVERAGE**	No	No	Yes	No	Yes
TIER 1	\$10	\$10	\$10	0%	\$10
TIER 2	\$45	\$40	\$15	0%	\$15
TIER 3	\$70	\$90	\$40	0%	\$40
TIER 4	\$90	\$125	\$55	0%	\$55
TIER 5	\$125	\$250	Tier 5/Tier 6: 40%	0%	Tier 5/Tier 6: 20%
MONTHLY PREMIUM (21-YEAR OLD, JANUARY RATE)	\$314	\$299	\$255	\$241	\$231
MONTHLY PREMIUM (40-YEAR OLD, JANUARY RATE)	\$401	\$382	\$326	\$308	\$296
MONTHLY PREMIUM (60-YEAR OLD, JANUARY RATE)	\$852	\$812	\$692	\$653	\$628