



## 2024 Health Plans and Benefits for Small Employers

Call us today for a free quote! 1-855-683-6757 | Email [Employers@HealthSourceRI.com](mailto:Employers@HealthSourceRI.com)

# 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

## Contact Us 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** or email at **Employers@HealthSourceRI.com**
- Visit us at **20 Newman Avenue, Suite 1000 in Rumford, RI 02916**

**Rates as of November 1, 2023.** 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.

**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.



### Full Choice

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!**

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.		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
MAXIMUM OUT-OF-POCKET		REFERRAL REQUIRED	No	No
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.		NETWORK COVERAGE AREA	National	RI Only
DEDUCTIBLES		RI PROVIDER INFORMATION (SUBJECT TO CHANGE)	1,683 PCPs 3,395 Specialists 475 Dentists 14 of 14 Hospitals	1,340 PCPs 5,690 Specialists 513 Dentists 14 of 14 Hospitals
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 hospital stays, as well as prescription medications.		OUT OF NETWORK COVERAGE, NON-EMERGENCY	Yes - 20% after out-of-network deductible	Yes - 50% after out-of-network deductible
COPAYMENTS & COINSURANCE		MAXIMUM OUT-OF-POCKET (MOOP) IN-NETWORK MEDICAL + DRUG	\$1,800 Individual \$3,600 Family	\$1,500 Individual \$3,000 Family
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.		DEDUCTIBLE - MEDICAL (IN-NETWORK)	\$500 Individual \$1,000 Family	\$500 Individual \$1,000 Family
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.		DEDUCTIBLE - DRUG (IN-NETWORK)	\$0	\$0
*Specialist copays may be different for certain specialists such as chiropractor, acupuncture, and vision; please check with your insurance company.		IN-NETWORK COSTS:	\$20 Non-PCMH \$10 PCMH	\$10
**Preventive pediatric dental services are not subject to the deductible but other services may be; please check with your insurance company.		PRIMARY CARE		
PRESCRIPTION DRUGS		SPECIALIST VISIT*	\$30	\$30
Insurance companies separate prescription drugs into different categories known as “tiers.”		PREVENTIVE CARE	\$0	\$0
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.		URGENT CARE	\$50	\$30
SMALL GROUP PREMIUMS		ER SERVICES	\$100	\$100
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.		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
		Rx TIER 1	\$10	\$5
		Rx TIER 2	\$25	\$10
		Rx TIER 3	\$35	\$35
		Rx TIER 4	\$60	\$50
		Rx TIER 5	\$100	Tier 5/Tier 6: \$100
		MONTHLY PREMIUM (21-YEAR OLD, JANUARY RATE)	\$527	\$409
		MONTHLY PREMIUM (40-YEAR OLD, JANUARY RATE)	\$674	\$523
		MONTHLY PREMIUM (60-YEAR OLD, JANUARY RATE)	\$1,432	\$1,111


2024 Small Group Market Plan Benefits

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

INSURANCE COMPANY	BCBSRI	NHPRI	BCBSRI	BCBSRI	NHPRI	NHPRI
PLAN NAME	VantageBlue 100/80 750/1500	Neighborhood PRIME	VantageBlue 100/60 1500/3000	VantageBlue 100/80 2500/5000	Neighborhood PEAK Elite	Neighborhood PEAK
METAL LEVEL	PLATINUM	PLATINUM	GOLD	GOLD	GOLD	GOLD
HSA QUALIFIED	No	No	No	No	Yes	Yes
PLAN TYPE	PPO	HMO	PPO	PPO	HMO POS	HMO
REFERRAL REQUIRED	No	No	No	No	No	No
NETWORK COVERAGE AREA	National	RI Only	National	National	RI Only	RI Only
RI PROVIDER INFORMATION (SUBJECT TO CHANGE)	1,683 PCPs 3,395 Specialists 475 Dentists 14 of 14 Hospitals	1,340 PCPs 5,690 Specialists 513 Dentists 14 of 14 Hospitals	1,683 PCPs 3,395 Specialists 475 Dentists 14 of 14 Hospitals	1,683 PCPs 3,395 Specialists 475 Dentists 14 of 14 Hospitals	1,340 PCPs 5,690 Specialists 513 Dentists 14 of 14 Hospitals	1,340 PCPs 5,690 Specialists 513 Dentists 14 of 14 Hospitals
OUT OF NETWORK COVERAGE, NON-EMERGENCY	Yes - 20% after out-of-network deductible	Not covered except for urgent or emergent care	Yes - 40% after out-of-network deductible	Yes - 20% 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	\$1,500 Individual \$3,000 Family	\$4,500 Individual \$9,000 Family	\$6,000 Individual \$12,000 Family	\$3,000 Individual \$6,000 Family	\$3,000 Individual \$6,000 Family
DEDUCTIBLE - MEDICAL (IN-NETWORK)	\$750 Individual \$1,500 Family	\$500 Individual \$1,000 Family	\$1,500 Individual \$3,000 Family	\$2,500 Individual \$5,000 Family	\$2,500 Individual \$5,000 Family	\$2,500 Individual \$5,000 Family
DEDUCTIBLE - DRUG (IN-NETWORK)	\$0	\$0	\$0	\$0	Combined with medical	Combined with medical
IN-NETWORK COSTS:	\$20 Non-PCMH \$10 PCMH	\$10	\$30 Non-PCMH \$20 PCMH	\$30 Non-PCMH \$20 PCMH	\$25	\$25
PRIMARY CARE						
SPECIALIST VISIT*	\$30	\$30	\$40	\$40	\$55	\$55
PREVENTIVE CARE	\$0	\$0	\$0	\$0	\$0	\$0
URGENT CARE	\$50	\$30	\$100	\$100	\$55	\$55
ER SERVICES	\$100	\$100	\$200	\$200	0%	0%
INPATIENT HOSPITAL	0%	0%	0%	0%	0%	0%
X-RAYS & OTHER DIAG. IMAGING	\$0	0%	\$75	\$75	0%	0%
HIGH END IMAGING: CT/PET/MRI	0%	0%	0%	0%	0%	0%
MENTAL HEALTH/SUBSTANCE ABUSE - OFFICE VISITS	\$20	\$10	\$30	\$30	\$25	\$25
SPEECH/OCCUP/PHYS THERAPY, OUTPATIENT REHAB	20%	\$30	20%	20%	\$55	\$55
LAB SERVICES, OUTPATIENT	\$0	0%	\$25	\$25	0%	0%
SKILLED NURSING FACILITY	0%	0%	0%	0%	0%	0%
OUTPATIENT SURGERY/SERVICES	0%	0%	0%	0%	0%	0%
PEDIATRIC DENTAL COVERAGE**	No	Yes	No	No	Yes	Yes
Rx TIER 1	\$10	\$5	\$10	\$10	\$5	\$5
Rx TIER 2	\$25	\$10	\$40	\$40	\$10	\$10
Rx TIER 3	\$35	\$35	\$70	\$70	\$40	\$40
Rx TIER 4	\$60	\$50	\$90	\$90	\$55	\$55
Rx TIER 5	\$100	Tier 5/Tier 6: \$100	\$125	\$125	Tier 5/Tier 6: 30%	Tier 5/Tier 6: 30%
MONTHLY PREMIUM (21-YEAR OLD, JANUARY RATE)	\$506	\$376	\$449	\$417	\$369	\$334
MONTHLY PREMIUM (40-YEAR OLD, JANUARY RATE)	\$647	\$480	\$574	\$533	\$471	\$427
MONTHLY PREMIUM (60-YEAR OLD, JANUARY RATE)	\$1,374	\$1,019	\$1,220	\$1,132	\$1,000	\$907

2024 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	VantageBlue 80/60 3000/6000	VantageBlue 100/80 4000/8000	BlueSolutions for HSA 100/60 2000/4000	Neighborhood PREMIER Elite	Neighborhood PREMIER	Neighborhood EDGE
Metal Level	GOLD	GOLD	GOLD	GOLD	GOLD	GOLD
HSA Qualified	No	No	Yes	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)	1,683 PCPs 3,395 Specialists 475 Dentists 14 of 14 Hospitals	1,683 PCPs 3,395 Specialists 475 Dentists 14 of 14 Hospitals	1,683 PCPs 3,395 Specialists 475 Dentists 14 of 14 Hospitals	1,340 PCPs 5,690 Specialists 513 Dentists 14 of 14 Hospitals	1,340 PCPs 5,690 Specialists 513 Dentists 14 of 14 Hospitals	1,340 PCPs 5,690 Specialists 513 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 (MOOP) In-Network Medical + Drug	\$5,800 Individual \$11,600 Family	\$5,000 Individual \$10,000 Family	\$4,000 Individual \$8,000 Family	\$5,700 Individual \$11,400 Family	\$5,700 Individual \$11,400 Family	\$6,950 Individual \$13,900 Family
Deductible - Medical (In-Network)	\$3,000 Individual \$6,000 Family	\$4,000 Individual \$8,000 Family	\$2,000 Individual \$4,000 Family	\$2,525 Individual \$5,050 Family	\$2,525 Individual \$5,050 Family	\$3,150 Individual \$6,300 Family
Deductible - Drug (In-Network)	\$0	\$0	Combined with medical	\$0	\$0	Tiers 5 and 6 combined with medical
IN-Network Costs:						
Primary Care	\$40 Non-PCMH \$20 PCMH	\$30 Non-PCMH \$20 PCMH	0%	\$20	\$20	\$25
Specialist Visit*	\$50	\$40	0%	\$55	\$55	\$55
Preventive Care	\$0	\$0	\$0	\$0	\$0	\$0
Urgent Care	\$125	\$100	0%	\$55	\$55	\$55
ER Services	\$250	\$200	0%	\$250	\$250	15%
Inpatient Hospital	20%	0%	0%	0%	0%	15%
X-Rays & Other Diag. Imaging	\$100	\$75	0%	0%	0%	15%
High End Imaging: CT/PET/MRI	20%	0%	0%	0%	0%	15%
Mental Health/Substance Abuse - Office Visits	\$40	\$30	0%	\$20	\$20	\$25
Speech/occup/phys therapy, outpatient rehab	20%	20%	0%	\$55	\$55	15%
Lab Services, Outpatient	\$50	\$25	0%	0%	0%	15%
Skilled Nursing Facility	20%	0%	0%	0%	0%	15%
Outpatient Surgery/Services	20%	0%	0%	0%	0%	15%
Pediatric Dental Coverage**	No	No	No	Yes	Yes	Yes
Rx Tier 1	\$10	\$10	\$10	\$5	\$5	\$5
Rx Tier 2	\$40	\$40	\$45	\$10	\$10	\$10
Rx Tier 3	\$70	\$70	\$70	\$35	\$35	\$40
Rx Tier 4	\$90	\$90	\$90	\$50	\$50	\$55
Rx 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)	\$385	\$385	\$400	\$360	\$334	\$304
Monthly Premium (40-year old, January rate)	\$491	\$491	\$512	\$460	\$426	\$389
Monthly Premium (60-year old, January rate)	\$1,044	\$1,044	\$1,087	\$976	\$906	\$825

INSURANCE COMPANY	BCBSRI	BCBSRI	NHPRI	BCBSRI	NHPRI
PLAN NAME	BlueSolutions for HSA 100/60 4000/8000	VantageBlue 100/80 9000/18000	Neighborhood CHOICE	BlueSolutions for HSA 100/60 7250/14500	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)	1,683 PCPs 3,395 Specialists 475 Dentists 14 of 14 Hospitals	1,683 PCPs 3,395 Specialists 475 Dentists 14 of 14 Hospitals	1,340 PCPs 5,690 Specialists 513 Dentists 14 of 14 Hospitals	1,683 PCPs 3,395 Specialists 475 Dentists 14 of 14 Hospitals	1,340 PCPs 5,690 Specialists 513 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 (MOOP) IN-NETWORK MEDICAL + DRUG	\$7,500 Individual \$15,000 Family	\$9,000 Individual \$18,000 Family	\$9,100 Individual \$18,200 Family	\$7,250 Individual \$14,500 Family	\$7,150 Individual \$14,300 Family
DEDUCTIBLE - MEDICAL (IN-NETWORK)	\$4,000 Individual \$8,000 Family	\$9,000 Individual \$18,000 Family	\$3,900 Individual \$7,800 Family	\$7,250 Individual \$14,500 Family	\$6,450 Individual \$12,900 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%	\$50 Non-PCMH \$30 PCMH	\$35	0%	20%
PRIMARY CARE					
SPECIALIST VISIT*	0%	\$55	\$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%	\$50	\$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
Rx TIER 1	\$12	\$12	\$10	0%	\$10
Rx TIER 2	\$50	\$45	\$15	0%	\$15
Rx TIER 3	\$90	\$90	\$40	0%	\$40
Rx TIER 4	\$125	\$125	\$55	0%	\$55
Rx TIER 5	\$250	\$250	Tier 5/Tier 6: 40%	0%	Tier 5/Tier 6: 20%
MONTHLY PREMIUM (21-YEAR OLD, JANUARY RATE)	\$320	\$308	\$271	\$249	\$246
MONTHLY PREMIUM (40-YEAR OLD, JANUARY RATE)	\$409	\$394	\$347	\$319	\$315
MONTHLY PREMIUM (60-YEAR OLD, JANUARY RATE)	\$869	\$836	\$736	\$677	\$669