

BCBSRI BlueSolutions for HSA Plans Available for Commercial Market

Plans to be coupled with a Health Savings Account (HSA) from Wells Fargo Health Benefit Services						
	BlueSolutions for HSA 1500/3000 DED*		BlueSolutions for HSA 2000/4000 DED		BlueSolutions for HSA 3000/6000 DED*	
	IN	OUT	IN	OUT	IN	OUT
All medical and prescription drug expenses except preventive care						
Deductible/single	\$1,500	\$1,500	\$2,000	\$2,000	\$3,000	\$3,000
Deductible/family	\$3,000	\$3,000	\$4,000	\$4,000	\$6,000	\$6,000
Coinsurance*	100%	60%	100%	60%	100%	60%
Out-of-pocket/single	\$1,500	\$3,000	\$2,000	\$4,000	\$3,000	\$6,000
Out-of-pocket/family	\$3,000	\$6,000	\$4,000	\$8,000	\$6,000	\$12,000
Preventive Care	No Deductible, 100% in network/see above for out-of-network coinsurance levels* (annual physicals, well child visits, adult & pediatric immunizations, PAP smears, screening mammograms, PSA tests)					
Prescription Drugs	100% in network after deductible is satisfied. No out of network coverage.					
Network	BlueCard PPO					
Plan Limitations	Coverage for:		Is limited to:			
	Routine eye exams		one per calendar year			
	Chiropractic visits		twelve per calendar year			
	In patient hospital coverage at a specialty hospital		forty-five days per calendar year			
	Air and water ambulance		a maximum of \$3,000 per occurrence			
	Outpatient mental healthcare		thirty visits per calendar year			
	Inpatient chemical dependency		detox: up to 5 admissions of 30 days in any calendar year, whichever comes first			
	Outpatient chemical dependency		rehab: hospital or community residential care services covered up to 30 days per calendar year			
			thirty hours per calendar year			

January 2007

* Available in Small Group Market