


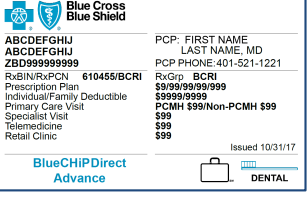












# BCBSRI Product Overview



| Product   | PCP/ Referral Required | Description   | Network Coverage  | Out of Network Coverage                           |
|---|------------------------|---|---|---|
| <b>Commercial Market Segment</b>  |                        |   |   |   |
| <b>BasicBlue</b><br>                 | No                     | This plan covers office visits and most generic drugs, before the deductible is met, while also providing comprehensive coverage after satisfying the deductible.   | BlueCard National PPO - National network with over 90% of doctors and hospitals across all 50 states. | Not covered, except for urgent or emergency care. |
| <b>BlueCHiP</b><br>                  | Yes                    | This plan covers office visits and most prescription drugs before the deductible is met while, also providing wide-ranging coverage, after satisfying the deductible.<br><i>- This plan requires that members select a primary care provider, who will coordinate their care using referrals.</i> | Local Rhode Island network  | Offered with or without out-of-network coverage.  |
| <b>BlueCHiP Advance</b><br>        | Yes                    | A primary care-based plan with unique access to coordinated and comprehensive care.<br><i>- This plan requires that members select a primary care provider, who will coordinate their care using referrals.</i>   | Local Rhode Island network<br>- Preferred network through Integra                                     | Yes   |
| <b>BlueCHiP Direct Advance</b><br> | Yes                    | This plan covers office visits and most prescription drugs before the deductible is met while also providing wide-ranging coverage after satisfying the deductible.<br><i>- This plan requires that members select a primary care provider, who will coordinate their care using referrals.</i>   | Tailored Rhode Island network<br><i>-Centered around Lifespan facilities and affiliated providers</i> | Not covered except for urgent or emergency care.  |

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| <p><b>BlueSolutions</b></p>  <p>Blue Cross Blue Shield</p> <p>ABCDEFGHIJ A<br/>ABCDEFGHIJKLMNO ABC<br/>ZBF999999999</p> <p>RxBIN/RxPCN 610011/RX RxGrp BCRI<br/>RX Post Deductible \$99/99/99/99<br/>Individual Plan Deductible \$9999<br/>Family Plan Deductible \$9999</p> <p>Issued XXXXXX</p> <p>BlueSolutions PPO DENTAL</p>  | No  | Covers basic services, like office visits and most generic drugs, before the deductible.   | BlueCard National PPO - National network with over 90% of doctors and hospitals across all 50 states. | Yes  |
| <p><b>BlueSolutions SelectRI</b></p>  <p>Blue Cross Blue Shield</p> <p>ABCDEFGHIJ A<br/>ABCDEFGHIJKLMNO ABC<br/>ZBF999999999</p> <p>RxBIN/RxPCN 610011/RX RxGrp BCRI<br/>RX Post Deductible \$99/99/99/99<br/>Individual Plan Deductible \$999<br/>Family Plan Deductible \$999</p> <p>Issued XXXXXX</p> <p>BlueSolutions SelectRI PPO DENTAL</p>  | No  | Access to a tailored network of high-quality doctors, hospitals, and labs in Rhode Island.   | Local Rhode Island Network<br>- Tiered network for certain services.                                  | Yes  |
| <p><b>Blue Choice New England</b></p>  <p>Blue Cross Blue Shield</p> <p>FIRST NAME MIDDLE INITIAL PCP: KATHLEEN C<br/>Last NAME BOWLING, MD<br/>RISXXXXXXXXX PCP PHONE: 401-421-1710</p> <p>RxBIN/RxPCN 610455/BCRI RxGrp BCRI<br/>Prescription Drug \$10/35/60/100<br/>Primary Care Visit \$25<br/>Specialist Visit \$50<br/>Urgent Care \$150<br/>Emergency Room \$300</p> <p>Issued 03/10/17</p> <p>Blue Choice New England PPO DENTAL</p>            | Yes | This plan offers traditional benefits with added benefits for members managing chronic conditions.<br><i>- This plan requires that members select a primary care provider, who will coordinate their care using referrals.</i> | Regional Blue Network including Connecticut, Massachusetts, Maine, New Hampshire and Rhode Island.    | Yes  |
| <p><b>HealthMate Coast to Coast</b></p>  <p>Blue Cross Blue Shield</p> <p>ABCDEFGHIJ A<br/>ABCDEFGHIJKLMNO ABC<br/>ZBF999999999</p> <p>RxBIN/RxPCN 610011/RX RxGrp BCRI<br/>Prescription Drug \$99/99/99/99<br/>Office Visit \$99<br/>Specialist Visit \$99<br/>Urgent Care/ER \$99/999</p> <p>Issued XXXXXX</p> <p>HealthMate Coast-to-Coast PPO DENTAL</p>   | No  | This plan offers traditional health benefits with predictable fixed-dollar copayments or coinsurance for many services.  | BlueCard National PPO - National network with over 90% of doctors and hospitals across all 50 states. | Yes  |
| <p><b>Network Blue New England</b></p>  <p>Blue Cross Blue Shield</p> <p>FIRST NAME MIDDLE INITIAL PCP: KATHLEEN C<br/>Last NAME BOWLING, MD<br/>RINXXXXXXXXX PCP PHONE: 401-421-1710</p> <p>RxBIN/RxPCN 610455/BCRI RxGrp BCRI<br/>Prescription Drug \$10/35/60/100<br/>Primary Care Visit \$25<br/>Specialist Visit \$50<br/>Urgent Care Clinic \$150<br/>Emergency Room \$300</p> <p>Issued 03/10/17</p> <p>Network Blue New England PPO DENTAL</p> | Yes | This plan offers traditional benefits with added benefits for members managing chronic conditions.<br><i>- This plan requires that members select a primary care provider, who will coordinate their care using referrals.</i> | Regional Blue Network, including Connecticut, Massachusetts, Maine, New Hampshire and Rhode Island.   | Not covered except for urgent or emergency care. |



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| <p><b>BlueCHIP for Medicare HMO-POS Plans (Value, Extra, Preferred)</b></p>  <p>BlueCHIP for Medicare Preferred (HMO-POS)</p> <p>&lt;FIRST NAME&gt; &lt;M&gt; PCP: &lt;FIRST NAME&gt; &lt;M&gt;<br/>&lt;LAST NAME&gt; &lt;TITLE&gt; &lt;LAST NAME&gt; &lt;TITLE&gt;<br/>&lt; ID NUMBER&gt; PCP PHONE: &lt;XXX-XXX-XXXX&gt;</p> <p>RxBIN 610011 PCP/PCMH \$5/0<br/>     Issuer 80840 Specialist Visit \$30<br/>     RxPCN BCRIMA Emergency Room \$65<br/>     RxGrp BCRIMA Inpatient Hospital \$180<br/>     CMS H4152 007</p> <p>Issued XXXXXX</p> <p>MEDICARE ADVANTAGE POS MedicareRx DENTAL</p> | Yes | <p>These plans offer standard Medicare benefits with added supplemental benefits above and beyond what federal Medicare covers. Each plan offers a varying degree of copays/conisurances and premiums to meet each member's needs. These plans also have a point of service (POS) option on most benefits within the plan.</p> <p>- <i>The plan require that members select a primary care provider, who will coordinate their care using referrals.</i></p> | Standard BlueCHIP for Medicare network with point of service/out-of-network coverage on many benefits.        | Yes, on most benefits.  |
| <p><b>BlueCHIP for Medicare Group HMO Plan (Plus)</b></p>  <p>BlueCHIP for Medicare Group Plus (HMO)</p> <p>FIRSTNAMEID PCP: PCPFIRST<br/>LASTNAME PCPLAST<br/>MEMBERID PCP PHONE: 999-999-9999</p> <p>RxBIN 610455 PCMH Visit \$0<br/>     Issuer 80840 Non-PCMH Visit \$10<br/>     RxPCN BCRIMAG Specialist Visit \$30<br/>     RxGrp BCRIMA Emergency Room \$65<br/>     CMS H4152 817</p> <p>Issued 01/01/18</p> <p>MEDICARE ADVANTAGE HMO MedicareRx DENTAL</p>  | No  | <p>This plans offers standard Medicare benefits with added supplemental benefit above and beyond what federal Medicare covers. This plan offers a varying degree of copays/coinsurances to meet each member's needs. This plan includes Dental and Part D drug coverage and does not require members to select a primary care provider or referrals.</p>   | Standard BlueCHIP for Medicare network with no point of service/out-of-network coverage.                      | Not covered, except for urgent or emergency care.   |
| <p><b>BlueCHIP for Medicare Group HMO-POS Plans (Preferred, Preferred Unlimited, Preferred Unlimited 2)</b></p>  <p>BlueCHIP for Medicare Group Preferred Unlimited (HMO-POS)</p> <p>FIRSTNAMEID PCP: PCPFIRST<br/>LASTNAME PCPLAST<br/>MEMBERID PCP PHONE: 999-999-9999</p> <p>RxBIN 610455 PCMH Visit \$0<br/>     Issuer 80840 Non-PCMH Visit \$5<br/>     RxPCN BCRIMAG Specialist Visit \$25<br/>     RxGrp BCRIMA Emergency Room \$65<br/>     CMS H4152 815</p> <p>Issued 01/01/18</p> <p>MEDICARE ADVANTAGE POS MedicareRx DENTAL</p>  | No  | <p>These plans offer standard Medicare benefits with added supplemental benefit above and beyond what federal Medicare covers. These plans offer a varying degree of copays/coinsurances to meet each member's needs along with a point-of-service (POS) option on most benefits within the plan. This plan includes Dental and Part D drug coverage and does not require members to select a primary care provider or referrals.</p>                        | Standard BlueCHIP for Medicare network with point of service/out-of-network coverage on many benefits.        | Yes, on most benefits.  |
| <p><b>Plan 65</b></p>  <p>ABCDEFHIJ A<br/>ABCDEFHIJKLMNO ABC<br/>ZBP99999999</p> <p>Issued XXXXXX</p> <p>Plan 65 MedicareRx DENTAL</p>   | No  | Medicare Supplement plan   | Federal Medicare network  | Yes, as long as the provider accepts Medicare Assignment.   |
| <p><b>Plan 65 Select</b></p>  <p>ABCDEFHIJ A<br/>ABCDEFHIJKLMNO ABC<br/>ZBP99999999</p> <p>Issued XXXXXX</p> <p>Plan 65 Select B MedicareRx DENTAL</p>   | No  | Medicare Supplement plan   | Federal Medicare network with the exception of hospitals, which is the local Plan 65 Select Hospital network. | Yes, as long as the provider accepts Medicare Assignment. Hospitals outside the Plan 65 network are not covered, except for urgent or emergency care. |