



### **BCBSRI Product Overview**

Product	PCP Referral Required	Description	Network Coverage	Out of Network Coverage
Commercial Market Segment				
Access Blue New England	Yes	This plan offers traditional benefits with added benefits for members managing chronic conditions.	Regional Blue Network including Connecticut, Massachusetts, Maine, New Hampshire, and Rhode Island	Not covered except for urgent an emergency care.
BasicBlue	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 care, emergency care and out-of-area dialysis services.
BlueCHiP	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.  This plan requires that members select a Primary Care Provider, who will coordinate their care using referrals.	Local Rhode Island network	Offered with and without out of network coverage.



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BlueCHiP Direct Advance	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.  This plan requires that members select a Primary Care Provider, who will coordinate their care using referrals.	Limited Rhode Island network -Centered around Lifespan facilities and affiliated providers	Not covered except for urgent care, emergency care and out-of-area dialysis services.
BlueSolutions	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.	Offered with and without out of network coverage.
Blue Choice New England	Yes	This plan offers traditional benefits with added benefits for members managing chronic conditions.  - This plan requires that members select a Primary Care Provider, who will coordinate their care using referrals.	Regional Blue Network including Connecticut, Massachusetts, Maine, New Hampshire, and Rhode Island	Yes
Blue HPN	No	This plan offers traditional health benefits with predictable fixed-dollar copayments or coinsurance		



		for many benefits.		
Product	PCP Referral Required	Description	Network Coverage	Out of Network Coverage
HealthMate Coast to Coast	No	This plan offers traditional benefits with added benefits for members managing chronic conditions.	BlueCard National PPO – National network with over 90% of doctors and hospitals in all 50 states.	Yes
Network Blue New England	Yes	This plan offers traditional benefits with added benefits for members managing chronic conditions.  - This plan requires that members select a Primary Care Provider, who will coordinate their care using referrals.	Regional Blue Network including Connecticut, Massachusetts, Maine, New Hampshire, and Rhode Island	Not covered except for urgent care, emergency care and out-of-area dialysis services.
Network Blue New England Options	Yes	This plan offers traditional benefits with added benefits for members managing chronic conditions.  - This plan requires that members select a Primary Care Provider, who will coordinate their care using referrals.	Regional Blue Network including Connecticut, Massachusetts, Maine, New Hampshire, and Rhode Island	Not covered except for urgent care, emergency care and out-of-area dialysis services.
VantageBlue	No	This plan offers traditional benefits with added benefits for members managing chronic conditions. This plan empowers members	BlueCard National PPO – National network with over 90% of doctors and hospitals across all 50 states.	Offered with and without out of network coverage.



		with many preventative benefits that make it easier to be healthier and actively engaged in their healthcare.		
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Senior Market Segment				
BlueCHiP for Medicare HMO Plans (Core & Plus)	Yes	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/coinsurances and premiums to meet each member's needs.  -BlueCHiP for Medicare Core does not offer Part D Drugs.  -These plans require that members select a primary care provider, who will coordinate their care using referrals.	Standard BlueCHiP for Medicare network with no point of service/out-of-network coverage.	Not covered except for urgent care, emergency care and out-of-area dialysis services.
BlueCHiP for Medicare HMO-POS Plans (Value, Access, Enhanced, Extra, Preferred)	Yes	These plans offer standard Medicare benefits with added supplemental benefits above and beyond what federal Medicare covers.	Standard BlueCHiP for Medicare network with point of service/out-of- network coverage on many benefits.	Yes, on most benefits



		Each plan offers a varying degree of copays/coinsurances and premiums to meet each member's needs. These plans also have a point of service (POS) option on most benefits within the plan.  -These plans require that members select a primary care provider, who will coordinate their care using referrals.		
Product	PCP Referral Required	Description	Network Coverage	Out of Network Coverage
BlueCHiP for Medicare Group HMO Plan (Plus)	No	This plan offers standard Medicare benefits with added supplemental benefits 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.	Standard BlueCHiP for Medicare network with no point of service/out-of-network coverage.	Not covered except for urgent care, emergency care and out-of-area dialysis services.
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BlueCHiP for Medicare Group HMO-POS Plans (Preferred, Preferred Unlimited, Preferred Unlimited 2, Elite, Elite 2, Choice)	No	These plans offer standard Medicare benefits with added supplemental benefits 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. These plans include Dental and Part D drug coverage and do not require members to select a primary care provider or referrals.	Standard BlueCHiP for Medicare network with point of service/out-of-network coverage on many benefits.	Yes, on most benefits.
BlueRI for Duals (D-SNP)	No	BlueRI for Duals (HMO D-SNP) is Medicare Advantage Special Needs Plan designed for people who have Medicare A and B, and RI Medicaid. Members do not pay a separate monthly plan premium for BlueRI for Duals (HMO D-SNP). They may have a Part D premium if they do not qualify for certain levels of Low-Income Subsidy (LIS)This plan requires that members	Standard BlueCHiP for Medicare network with no point of service/out-of- network coverage.	Not covered except for urgent care, emergency care and out-of-area dialysis services



		select a primary care provider, who will coordinate their care with their BCBSRI care team.		
Product	PCP Referral Required	Description	Network Coverage	Out of Network Coverage
HealthMate Coast to Coast for Medicare Group (PPO)	No	This plan offers standard Medicare benefits with added supplemental benefits above and beyond what federal Medicare covers. Each plan offers a varying degree of copays/coinsurances and premiums to meet each member's needs. This plan also has a point of service (POS) option on most benefits within the plan.	Standard RI Medicare network, National Medicare Advantage BlueCard PPO network	Yes – any provider or facility that accepts Medicare assignment
Plan 65	No	Medicare Supplement Plan	Federal Medicare network	Yes, as long as the provider accepts Medicare Assignment.
Plan 65 Select	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
1		outside the
		Plan 65
		network are
		not covered,
		except for
		urgent or
		emergency
!		care.

*Updated: 1/1/25*