

Plan Options for You, Our Valued Member

Beginning April 1, 2012, we're updating our health plans to include benefits and features that give you the flexibility to meet your healthcare needs. Choose from a menu of plans that provide special wellness incentives, greater financial flexibility, ways to save, and traditional benefits.

Thank you for choosing Blue Cross for your healthcare coverage.

Our Plans at a Glance

(For more information, please see pages 2 and 3)

NEW! BlueValue Direct 2500

This plan is only for individuals and offers our lowest available premium. Family coverage is not available for this plan, but each family member could purchase his/her own BlueValue Direct 2500 plan. Benefits and features include:

- \$4 copayments for many generic drugs
- \$100 fitness center reimbursement
- 100% coverage for preventive dental services (one cleaning and one set of bitewing X-rays per year)

VantageBlue Direct 1000/2000 and VantageBlue Direct 1500/3000

VantageBlue Direct plans offer many traditional benefits while also providing unique features that support your health goals and keep you focused on staying healthy, including:

- A \$50 reward for completing a personal health assessment
- No copayment for an annual foot and eye exam for members with diabetes
- \$2 prescription drug copayments for certain drugs that treat people with diabetes, asthma, and chronic obstructive pulmonary disease (COPD)*

HealthMate Coast-to-Coast® Direct 2500/5000†

As a Wellness Health Benefit Plan, HealthMate Coast-to-Coast Direct includes a Wellness Reward Program designed to reward you for engaging in a healthy lifestyle. Simply:

- Complete certain wellness requirements within the first eight months of joining the program
- And get back 10 percent of your annual premium after you have successfully participated in the program for one year

BlueSolutions for HSA Direct 3000/6000 and BlueSolutions for HSA Direct 5000/10000

These high-deductible health plans are for people who are willing to take on additional responsibility for their healthcare expenses. With a BlueSolutions for HSA Direct plan, you can:

- Take advantage of lower monthly premiums
- Open a tax-advantaged health savings account (HSA), as a way to help you pay for current and future medical expenses

Interested in Dental Coverage?

We now offer three comprehensive dental plans. To learn more, go to BCBSRI.com/dentaldirect or call us at (401) 351-BLUE (2583).

- *Blue Cross Dental Direct Plus* has the highest annual limit for services of any dental plan offered in Rhode Island
- *Blue Cross Dental Direct Essential* offers well-rounded coverage with many services covered at 100 percent
- *Blue Cross Dental Direct Basic* provides comprehensive benefits at a great value

* Participation in a health management program required or choose a provider who is participating in a patient-centered medical home.

† A Wellness Health Benefit Plan.

2012 Plan Highlights – In-network Coverage (out-of-network coverage also available)

Plan Benefits	BlueValue Direct 2500	VantageBlue Direct 1000/2000	VantageBlue Direct 1500/3000	HealthMate Coast-to-Coast 2500/5000 (a.k.a. Wellness Health Benefit Plan)
Deductible per calendar year (resets every January 1) - The amount that you must pay each calendar year before BCBSRI begins to pay for certain services.				
Individual Deductible	\$2,500	\$1,000	\$1,500	\$2,500
Family Deductible	Not applicable	\$2,000	\$3,000	\$5,000
Out-of-pocket Maximum per calendar year (resets every January 1) - The maximum amount a member pays in a calendar year. IMPORTANT: Once the out-of-pocket maximum is reached, BCBSRI will pay 100% of the cost of covered services for the remainder of the calendar year.				
Individual Out-of-pocket Maximum	\$7,500	\$3,000	\$4,500	\$7,500
Family Out-of-pocket Maximum	Not applicable	\$6,000	\$9,000	\$15,000
Coinsurance - The percentage amount a member pays after the deductible is met.				
Coinsurance liability	50% after deductible	20% after deductible	20% after deductible	20% after deductible
Copayments - The amount a member pays when receiving a service. The copayment does not apply to the deductible or OOP.				
Annual Well Exam	Covered at 100% by BCBSRI. There is no charge to the member for an annual well exam.			
Primary Care Physician and Specialist	First two visits \$30 additional visits 50% coinsurance after deductible	Primary Care Physician \$20 Specialist \$40	Primary Care Physician \$20 Specialist \$40	Primary Care Physician \$20 Specialist \$40
Annual Foot and Eye Exam for Diabetics (1 each)		Covered at 100%	Covered at 100%	\$40
Urgent Care	50% after deductible	\$75	\$75	\$75
Emergency Room	First visit \$200 additional visits 50% coinsurance after deductible	\$200	\$200	\$200
Dental Preventive Care				
One Dental Cleaning and one set of Bitewing X-rays per year	Covered in full	Not applicable to these plans. BCBSRI offers three comprehensive Dental Direct plans. To learn more, visit www.bcbsri.com/dental .		
Diagnostic Tests, X-rays, Lab				
Diagnostic Radiology Services (High end radiology services major diagnostic and nuclear medicine including MRI, CT and PET scans)	50% after deductible	20% after deductible	20% after deductible	20% after deductible
Preventive Laboratory Services	Covered in full. There is no charge to the member, i.e. cholesterol test.			
Diagnostic Laboratory Services	50% after deductible	20% after deductible	20% after deductible	20% after deductible
Other Covered Services				
Inpatient Hospitalization	50% after deductible	20% after deductible	20% after deductible	20% after deductible
Surgery in a Physician's Office	50% (deductible does not apply)	Covered at 100%	Covered at 100%	20% (deductible doesn't apply)
Physical/Occupational and Speech Therapy	50% after deductible (30 visit limit per specialty)	20% after deductible (30 visit limit per specialty)	20% after deductible (30 visit limit per specialty)	20% after deductible (30 visit limit per specialty)
Prescription Drugs				
Tier 1 - Low Cost Generic Drugs	\$500 deductible applies for Tiers 2, 3, and 4. Once deductible is met your prescription copays are: \$4, 50%, 50%, \$200	\$10	\$10	\$10
Tier 2 – Higher Cost Generic and Preferred Brand Name Drugs		\$35	\$35	\$35
Tier 3 – Brand Name Drugs		\$60	\$60	\$60
Tier 4 – Specialty		\$100	\$100	\$100
Incentives				
	\$100 Fitness center reimbursement	\$50 reward card for PHA completion; \$2 copayment on maintenance prescription drugs for diabetes, asthma, and COPD*	\$50 reward card for PHA completion; \$2 copayment on maintenance prescription drugs for diabetes, asthma, and COPD*	Wellness Reward (10% of annual premium)

Features and discounts such as Blue365®, Fitness Discount Program, the Health Center, and My Blue Community** are available for all plans at no cost to you. Register for Blue365 at [www.bcbsri.com/blue365](#).

* Participation in a health management program required or choose a provider who is participating in a patient-centered medical home.

** My Blue Community is a website that enables discussions among individual users. This website is intended solely as a forum for general information and users' opinions; it does not contain any advice that is intended for medical purposes. Always seek the advice of your physician or other qualified healthcare provider on any medical condition and before following any information that may appear on My Blue Community.

Important note: This summary provides an overview of your benefits. You will receive a subscriber agreement when you enroll that describes your benefits in more detail. Limitations and exclusions may apply.

BlueSolutions for HSA Direct 3000/6000	BlueSolutions for HSA Direct 5000/10000
\$3,000	\$5,000
\$6,000	\$10,000
When your out-of-pocket maximum (OOP) is met, all benefits are covered in full by BCBSRI.	
\$6,000	\$6,050
\$12,000	\$12,100
20% after deductible	Not applicable. No coinsurance with this plan.
Annual well visit.	
20% after deductible	After deductible is met, covered medical benefits are paid in full
20% after deductible	After deductible is met, covered medical benefits are paid in full
20% after deductible	After deductible is met, covered medical benefits are paid in full
20% after deductible	After deductible is met, covered medical benefits are paid in full
To learn more call us or visit BCBSRI.com/dentaldirect .	
20% after deductible	After deductible is met, covered medical benefits are paid in full
20% after deductible	After deductible is met, covered medical benefits are paid in full
20% after deductible	After deductible is met, covered medical benefits are paid in full
20% after deductible (30 visit limit per specialty)	After deductible is met, covered medical benefits are paid in full (30 visit limit per specialty)
After deductible is met, the prescription copays are: \$10, \$35, \$60, \$100	After deductible is met, the prescription copays are: \$10, \$35, \$60, \$100
Not applicable	Not applicable
Sign up for BCBSRI.com today to get access.	

Know the Basics and Get the Most out of Your Coverage

Key Terms

Deductible: This is the amount you pay before your health plan starts to pay its share of certain medical services.

Coinsurance: This is a percentage that you pay for certain medical services after you've paid the deductible.

Out-of-pocket maximum: Your out-of-pocket maximum limits the total amount of out-of-pocket expenses you would ever have to pay in a year. It protects you from having to pay very high coinsurance costs.

Copayment or copay: This is a flat amount you pay each time you receive a service, such as paying \$20 each time you go to your primary care doctor.

Common Questions about Your Coverage

Q. What services apply toward my deductible?

A. Services that have a coinsurance apply to your deductible.

Q. What services apply toward my out-of-pocket maximum?

A. For BlueValue Direct, VantageBlue Direct, and HealthMate Coast-to-Coast Direct, the coinsurance and deductible amount apply to the out-of-pocket maximum.

For BlueSolutions for HSA Direct, coinsurance, pharmacy copayments, and the deductible apply to the out-of-pocket maximum. Once your out-of-pocket maximum is met, you are covered at 100 percent.

Q. Does my deductible amount apply toward my out-of-pocket maximum amount?

A. Yes.

Q. Are preventive services covered in full under my plan?

A. Yes. Many preventive services are covered at 100 percent, including annual well exams, immunizations, health screenings, smoking cessation and nutritional counseling, and others.

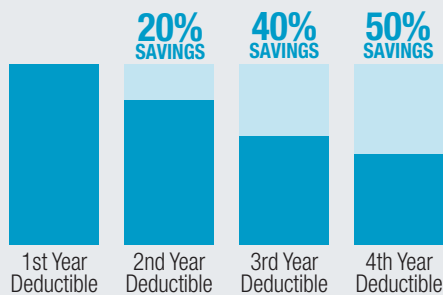


Need More Explanation?
Go to BCBSRI.com and click on Plans for Individuals and Families. There, you'll find easy-to-understand examples that show how your plan works in real life.

NEW! Our Diminishing Deductible May Help You Save

We're introducing a new Diminishing Deductible for all plans this year. Here's how it works: When you do not meet your individual or family deductible in a calendar year, your deductible is reduced the next year. This continues each year up to a total reduction of 50 percent[†], provided you don't meet your reduced deductible amount. If you reach your deductible in any year, the deductible resets to the original amount.

YEARLY SAVINGS WHEN YOUR DEDUCTIBLE IS NOT MET.



The maximum Diminishing Deductible reduction amount is 50 percent.

[†]Note: If you reach your deductible in any year, your deductible will automatically reset January 1st of the following year. You can work toward reducing your deductible again for the following year.

Questions on the Diminishing Deductible

Q. How long do I have to be enrolled in my plan before this program applies?

A. You must be enrolled for six consecutive months. You will receive the reduction in your deductible beginning January 1st of the year following the date that you were enrolled for six consecutive months. For example, if you enroll September 1, 2012, you will have six months of continuous coverage as of February 1, 2013. If you do not reach your deductible in 2013, you will receive the reduction in your deductible beginning January 1, 2014.

Q. How long will my deductible stay reduced?

A. Your deductible will stay reduced as long as you or your family do not reach the annual reduced deductible amount.

Q. If I reach my deductible, will I be able to qualify for the Diminishing Deductible again?

A. Yes, you will have the opportunity to qualify the following year.

Q. What if I already reached my deductible under my previous plan, and then decided to move to a plan with a higher deductible, am I eligible for the Diminishing Deductible?

A. Yes. If you don't satisfy your new deductible under your new plan by December 31, 2012, you are eligible for the Diminishing Deductible.

Q. What if I reach my deductible under my current plan, then decide to move to a plan with a lower deductible? Am I automatically eligible for the Diminishing Deductible?

A. No, you are not eligible for the Diminishing Deductible for that calendar year.

Need help deciding which plan is best for you?

If you have any questions, please call Customer Service at (401) 459-5000. They'll be happy to help you choose the plan that's best for you and your family.



**Blue Cross
Blue Shield**
of Rhode Island

www.bcbsri.com

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02/12 DPAY-11122 • 3150