

Small Group Summary of Benefits



PRODUCT	GROUP 1		GROUP 2				GROUP 3				
	BlueCHiP for Healthy Options ***		HealthMate C2C***	HealthMate C2C 15/25 ***	BlueCHiP Plan 10	BlueCHiP Plan 10/20	BlueCHiP Plan 15/25	HealthMate C2C 100/80 \$250 DED***	HealthMate C2C 100/80 \$500 DED***	HealthMate C2C 100/80 \$1,000 DED***	BlueCHiP Plan 500†
Advantage	Basic										
PCP REFERRAL REQUIRED	Yes	No	No	No	Yes	Yes	Yes	No	No	No	Yes
IN-NETWORK											
Calendar year deductible	Individual \$750 Family \$1,500	Individual \$5,000 Family \$10,000	\$0	\$0	\$0	\$0	\$0	Individual \$250 Family \$500	Individual \$500 Family \$1,000	Individual \$1,000 Family \$2,000	Individual \$500 Family \$1,500 <i>(Applies to facility services only.)</i>
Out-of-pocket maximum	Individual \$2,000 Family \$4,000	Individual \$5,000 Family \$10,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Coinsurance	N/A	20%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
OUT-OF-NETWORK											
Calendar year deductible	No coverage	No coverage	Individual \$200 Family \$600	Individual \$200 Family \$600	Individual \$250 Family \$500	Individual \$250 Family \$750	Individual \$250 Family \$750	Individual \$250 Family \$500	Individual \$500 Family \$1,000	Individual \$1,000 Family \$2,000	Individual \$500 Family \$1,500
Out-of-pocket maximum	N/A	N/A	Individual \$3,000 Family \$9,000	Individual \$3,000 Family \$9,000	Individual \$3,000 Family \$6,000	Individual \$3,000 Family \$9,000	Individual \$3,000 Family \$9,000	Individual \$4,000 Family \$8,000	Individual \$4,000 Family \$8,000	Individual \$4,000 Family \$8,000	Individual \$3,000 Family \$6,000
Coinsurance	N/A	N/A	20%	20%	20%	20%	20%	20%	20%	20%	20%
BENEFITS (In-network)											
PCP office visits	Annual \$0/\$10	Annual \$0/\$30	\$10	\$15	\$10	\$10	\$15	\$15	\$15	\$15	\$20
Specialist office visits	\$50	\$60	\$10††	\$25	\$10	\$20	\$25	\$25	\$25	\$25	\$30
Inpatient hospital facility, mental healthcare, and chemical dependency	0% after deductible	20% after deductible	\$0	\$0	\$0	\$0	\$0	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible
Outpatient services, including diagnostic lab and X-rays	0% after deductible	20% after deductible	\$0	\$0	\$0	\$0	\$0	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible
Outpatient mental healthcare, and chemical dependency	\$50	\$60	Individual \$15 Group \$10	\$25	\$10	\$20	\$25	\$25	\$25	\$25	\$30
Urgent care center	\$100	\$100	\$10	\$50	\$20	\$20	\$25	\$25	\$25	\$25	\$30
Emergency room	\$200	\$200	\$50	\$100	\$25	\$100	\$100	\$100	\$100	\$100	\$100
Prescription drugs	Tier 1: \$10 Tier 2: \$40 Tier 3: \$75 Tier 4: \$75	Tier 1: \$10 Tier 2: \$40 Tier 3: \$75 Tier 4: \$75	\$7/\$30/\$50/\$75*	\$7/\$30/\$50/\$75*	\$7/\$30/\$50/\$75*	\$7/\$30/\$50/\$75*	\$7/\$30/\$50/\$75*	\$7/\$30/\$50/\$75*	\$7/\$30/\$50/\$75*	\$7/\$30/\$50/\$75*	\$7/\$30/\$50/\$75*
Pharmacy calendar year deductible****	\$0	Individual \$250 Family \$500									

aHEALTHpactplan
 BlueCHiP for Healthy Options complies with the Rhode Island Office of the Health Insurance Commissioner's (OHIC) requirements for a HEALTHpact plan. HEALTHpact plans are designed to assist small employers in offering health coverage that encourages members to make healthy lifestyle choices by meeting certain wellness participation requirements.

* Other prescription drug plan copayments are available. Please refer to Rate Summary for all plan types.
 *** Deductible amounts do not accumulate to the out-of-pocket maximum.
 **** Pharmacy deductible is separate from the medical deductible.
 † In-network and out-of-network deductibles and/or out-of-pocket maximums accumulate together.
 †† \$15 Allergist and Dermatologist Office Visits.

This is not a contract; it is to be used as a general guide. For specific plan details, please contact your account executive or broker for a detailed benefit summary.

Small Group Summary of Benefits



	GROUP 4					GROUP 5			
PRODUCT	HealthMate C2C 90/70 \$500 DED	HealthMate C2C 80/60 \$1,000 DED	HealthMate C2C 80/60 \$2,000 DED	HealthMate C2C HDHP** \$1,500 DED##	HealthMate C2C HDHP** \$3,000 DED##	BlueSolutions for HRA 100/80 \$1,000 DED	BlueSolutions for HRA 80/60 \$1,000 DED	BlueSolutions for HSA** \$1,500 DED##	BlueSolutions for HSA** \$3,000 DED##
PCP REFERRAL REQUIRED	No	No	No	No	No	No	No	No	No
IN-NETWORK									
Calendar year deductible	Individual \$500 Family \$1,000	Individual \$1,000 Family \$2,000	Individual \$2,000 Family \$4,000	Individual \$1,500 Family \$3,000	Individual \$3,000 Family \$6,000	Individual \$1,000 Family \$2,000	Individual \$1,000 Family \$2,000	Individual \$1,500 Family \$3,000	Individual \$3,000 Family \$6,000
Out-of-pocket maximum	Individual \$2,000 Family \$4,000	Individual \$3,000 Family \$6,000	Individual \$3,000 Family \$6,000	N/A	N/A	N/A	Individual \$3,000 Family \$6,000	N/A	N/A
Coinsurance	10%	20%	20%	N/A	N/A	N/A	20%	N/A	N/A
OUT-OF-NETWORK									
Calendar year deductible	Individual \$500 Family \$1,000	Individual \$1,000 Family \$2,000	Individual \$2,000 Family \$4,000	Individual \$1,500 Family \$3,000	Individual \$3,000 Family \$6,000	Individual \$1,000 Family \$2,000	Individual \$1,000 Family \$2,000	Individual \$1,500 Family \$3,000	Individual \$3,000 Family \$6,000
Out-of-pocket maximum	Individual \$4,000 Family \$8,000	Individual \$6,000 Family \$12,000	Individual \$6,000 Family \$12,000	Individual \$3,000 Family \$6,000	Individual \$6,000 Family \$12,000	Individual \$4,000 Family \$8,000	Individual \$6,000 Family \$12,000	Individual \$3,000 Family \$6,000	Individual \$6,000 Family \$12,000
Coinsurance	30%	40%	40%	40%	40%	20%	40%	40%	40%
BENEFITS (In-network)									
PCP office visits	\$15	\$15	\$15	\$0 after deductible	\$0 after deductible	\$15	\$15	\$0 after deductible	\$0 after deductible
Specialist office visits	\$25	\$25	\$25	\$0 after deductible	\$0 after deductible	\$25	\$25	\$0 after deductible	\$0 after deductible
Inpatient hospital facility, mental healthcare, and chemical dependency	10% after deductible	20% after deductible	20% after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	20% after deductible	\$0 after deductible	\$0 after deductible
Outpatient services including diagnostic lab and X-rays	10% after deductible	20% after deductible	20% after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	20% after deductible	\$0 after deductible	\$0 after deductible
Outpatient mental healthcare, and chemical dependency	\$25	\$25	\$25	\$0 after deductible	\$0 after deductible	\$25	\$25	\$0 after deductible	\$0 after deductible
Urgent care center	\$25	\$25	\$25	\$0 after deductible	\$0 after deductible	\$25	\$25	\$0 after deductible	\$0 after deductible
Emergency room	\$100	\$100	\$100	\$0 after deductible	\$0 after deductible	\$100	\$100	\$0 after deductible	\$0 after deductible
Prescription drugs	\$7/\$30/\$50/\$75*	\$7/\$30/\$50/\$75*	\$7/\$30/\$50/\$75*	\$0 after deductible	\$0 after deductible	\$7/\$30/\$50/\$75*	\$7/\$30/\$50/\$75*	\$0 after deductible	\$0 after deductible

* Other prescription drug plan copayments are available. Please refer to Rate Summary for all plan types.

** A High-Deductible Health Plan, or HDHP, is a health insurance plan with specific rules for coverage and deductibles set by the IRS. HealthMate Coast-to-Coast HDHP can be sold as a standalone product without a consumer spending account.

Deductible amounts accumulate to the out-of-pocket maximum.

This is not a contract; it is to be used as a general guide. For specific plan details, please contact your account executive or broker for a detailed benefit summary.

Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.