

At a Glance: Your 2016 Health Plan Choices



All of our plans include the following benefits:

- 100% coverage for many preventive services (e.g., annual physical)
- Wellness program and incentives
- Full coverage for education programs on smoking cessation, asthma, and diabetes
- 20% discount on CVS® brand health items with the ExtraCare® Health card

See the chart below for additional benefits offered across our portfolio of plans:

	VantageBlue	VantageBlue with Dental	BasicBlue	BlueSolutions for HSA	BlueCHiP Direct
Lower premiums			✓		✓
National network access	✓	✓	✓	✓	
Out-of-network coverage	✓	✓		✓	
Referral required					✓
Tax savings opportunities				✓	
Pre-deductible coverage for most office visits	✓	✓	✓		✓
\$2 copayments for certain maintenance drugs to treat diabetes, asthma, and COPD	✓	✓			
Full coverage for dental exams and cleanings for all family members*		✓			

*You must purchase the version of this plan that includes pediatric dental coverage to have dental coverage for members under age 19.

2016 Gold-level Health Plans	VantageBlue Direct 1000/2000	BlueSolutions for HSA Direct 1400/2800	BasicBlue Direct 2750/5500
	You pay	You pay	You pay
In Network Deductible	\$1,000 individual - \$2,000 family	\$1,400 individual - \$2,800 family	\$2,750 individual - \$5,500 family
In Network Out-of-Pocket Maximum (OOP)	\$4,000 individual - \$8,000 family	\$3,500 individual - \$7,000 family	\$2,750 individual - \$5,500 family
Coinsurance	20% after deductible	0% after deductible	0% after deductible
Preventive Services (annual exam)	\$0	\$0	\$0
Primary Care Provider (PCP) Office Visit when PCP is part of a Patient Centered Medical Home	\$15 (first sick visit free)	\$15 after deductible	\$15
Primary Care Provider (PCP) Office Visit when PCP is NOT part of a Patient Centered Medical Home	\$25	\$35 after deductible	\$25
Telemedicine	\$40 (first telemedicine visit free)	\$40 after deductible	\$30
Retail Clinic	\$40	\$40 after deductible	\$30
Specialist Visit	\$40	\$40 after deductible	\$30
Annual foot and eye exam for members with diabetes	\$0	\$40 after deductible	\$30
Urgent Care Center	\$75	\$75 after deductible	\$0 after deductible
Emergency Room	\$200	\$150 after deductible	\$0 after deductible
Inpatient Hospital	20% after deductible	\$200 per admission after deductible	\$0 after deductible
Diagnostic Laboratory Tests	20% after deductible	\$0 after deductible	\$0 after deductible
X-rays (i.e. broken bone, chest)	20% after deductible	\$0 after deductible	\$0 after deductible
High End Radiology (i.e. MRI, PET and CAT scan etc.)	20% after deductible	\$150 after deductible	\$0 after deductible
Pediatric Vision Eyewear for dependents under age 19: Collection prescription glasses, lenses and collection contact lenses	\$0	\$0 after deductible	\$0 after deductible
Pediatric Dental for dependents under 19: Oral exams, cleanings, X-rays fluoride treatments, sealants, and space maintainers	\$0	\$0 after deductible	\$0
All other covered dental services for dependents under 19	50%	50% after deductible	\$0 after deductible
Prescriptions			
Tier 1	\$10	\$10 after deductible	\$10
Tier 2	\$25	\$25 after deductible	\$30
Tier 3	\$50	\$50 after deductible	\$0 after deductible
Tier 4	\$75	\$75 after deductible	\$0 after deductible
Tier 5	\$125	\$125 after deductible	\$0 after deductible

This is a summary of benefits. It is not a contract. For details about coverage, including any limits and exclusions not noted here, please call our Sales Department at 1-855-690-2583 or refer to the health plan's subscriber agreement at bcbsri.com/shop-for-plan/2016.

2016 Gold-level Health Plan <i>Plus Dental</i>	VantageBlue Direct 1200/2400 with Dental
	You pay
In Network Deductible (Medical/Dental Combined)	\$1,200 individual - \$2,400 family
In Network Out-of-Pocket Maximum (OOP) (Dental costs for children 19 and under count toward your family's annual out-of-pocket maximum)	\$3,800 individual - \$7,600 family
Dental Calendar Year Maximum (There is no maximum benefit limit for children 19 and under)	\$2,000 per member
Coinsurance	10% after deductible
Preventive Services (annual exam)	\$0
Primary Care Provider (PCP) Office Visit when PCP is part of a Patient Centered Medical Home	\$15 (first sick visit free)
Primary Care Provider (PCP) Office Visit when PCP is NOT part of a Patient Centered Medical Home	\$35
Telemedicine	\$50 (first telemedicine visit free)
Retail Clinic	\$50
Specialist Visit	\$50
Annual foot and eye exam for members with diabetes	\$0
Urgent Care Center	\$75
Emergency Room	\$200
Inpatient Hospital	10% after deductible
Diagnostic Laboratory Tests	10% after deductible
X-rays (i.e. broken bone, chest)	10% after deductible
High End Radiology (i.e. MRI, PET and CAT scan etc.)	10% after deductible
Pediatric Vision Eyewear for dependents under age 19: Collection prescription glasses, lenses and collection contact lenses	\$0
Prescriptions	
Tier 1	\$10
Tier 2	\$25
Tier 3	\$50
Tier 4	\$75
Tier 5	\$125
Dental Services (*service applies to deductible)	
Exams, X-rays, Cleanings, Palliative Treatment	0%
Fluoride, Sealants, Space Maintainers	0% (under age 19) - Not covered (age 19+)
Fillings; Simple Extractions; Denture Repairs, Relines, Rebasing; Periodontal Maintenance*; GA/IV Sedation*	20%
Root Canals; Periodontal Services; Crowns, Onlays; Oral Surgery; Prosthodontics	50%
Medically Necessary Orthodontics	50% (under age 19) - Not covered (age 19+)

You must purchase the version of this plan that includes pediatric dental coverage to have dental coverage for members under age 19. This is a summary of benefits. It is not a contract. For details about coverage, including any limits and exclusions not noted here, please call our Sales Department at 1-855-690-2583 or refer to the health plan's subscriber agreement at bcbsri.com/shop-for-plan/2016.

2016 Silver-level Health Plans	BasicBlue Direct 4900/9800	VantageBlue Direct 3000/6000	BlueSolutions for HSA Direct 3900/7800	BlueCHiP Direct 4500/9000
	You pay	You pay	You pay	You pay
In Network Deductible	\$4,900 individual - \$9,800 family	\$3,000 individual - \$6,000 family	\$3,900 individual - \$7,800 family	\$4,500 individual - \$9,000 family
In Network Out-of-Pocket Maximum (OOP)	\$5,500 individual - \$11,000 family	\$6,800 individual - \$13,600 family	\$4,300 individual - \$8,600 family	\$5,200 individual - \$10,400 family
Coinsurance	10% after deductible	20% after deductible	10% after deductible	10% after deductible
Preventive Services (<i>annual exam</i>)	\$0	\$0	\$0	\$0
Primary Care Provider (PCP) Office Visit when PCP is part of a Patient Centered Medical Home	\$10	\$20 (first sick visit free)	10% after deductible	\$30
Primary Care Provider (PCP) Office Visit when PCP is <i>NOT</i> part of a Patient Centered Medical Home	\$20	\$40	10% after deductible	\$50
Telemedicine	\$45	\$50 (first telemedicine visit free)	10% after deductible	\$50
Retail Clinic	\$45	\$50	10% after deductible	\$50
Specialist Visit	\$45	\$55	10% after deductible	\$60
Annual foot and eye exam for members with diabetes	\$45	\$0	10% after deductible	\$60
Urgent Care Center	\$75 after deductible	\$75	10% after deductible	\$75 after deductible
Emergency Room	10% after deductible	\$200	10% after deductible	10% after deductible
Inpatient Hospital	10% after deductible	20% after deductible	10% after deductible	10% after deductible
Diagnostic Laboratory Tests	10% after deductible	20% after deductible	10% after deductible	10% after deductible
X-rays (<i>i.e. broken bone, chest</i>)	10% after deductible	20% after deductible	10% after deductible	10% after deductible
High End Radiology (<i>i.e. MRI, PET and CAT scan etc.</i>)	10% after deductible	20% after deductible	10% after deductible	10% after deductible
Pediatric Vision Eyewear for dependents under age 19: Collection prescription glasses, lenses and collection contact lenses	10% after deductible	\$0	10% after deductible	10% after deductible
Pediatric Dental for dependent under 19 Oral exams, cleanings, x-rays, fluoride treatments, sealants and space maintainers	\$0	\$0	\$0 after deductible	\$0
All other covered dental services for dependents under 19	50% after deductible	50%	50% after deductible	50% after deductible
Prescriptions				
Tier 1	\$10	\$10	\$10 after deductible	\$10
Tier 2	\$30	\$35	\$30 after deductible	\$30
Tier 3	\$50 after deductible	\$60	\$50 after deductible	\$50 after deductible
Tier 4	\$75 after deductible	\$80	\$75 after deductible	\$75 after deductible
Tier 5	\$100 after deductible	\$125	\$100 after deductible	\$100 after deductible

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2016 Bronze-level Health Plans	BlueSolutions for HSA Direct 3700/7400	BlueSolutions for HSA Direct 5350/10700	BasicBlue Direct 6850/13700
	You pay	You pay	You pay
In Network Deductible	\$3,700 individual - \$7,400 family	\$5,350 individual - \$10,700 family	\$6,850 individual - \$13,700 family
In Network Out-of-Pocket Maximum (OOP)	\$6,550 individual - \$13,100 family	\$6,550 individual - \$13,100 family	\$6,850 individual - \$13,700 family
Coinsurance	50% after deductible	0% after deductible	0% after deductible
Preventive Services (<i>annual exam</i>)	\$0	\$0	\$0
Primary Care Provider (PCP) Office Visit when PCP is part of a Patient Centered Medical Home	50% after deductible	\$0 after deductible	\$50
Primary Care Provider (PCP) Office Visit when PCP is <i>NOT</i> part of a Patient Centered Medical Home	50% after deductible	\$0 after deductible	\$70
Telemedicine	50% after deductible	\$0 after deductible	\$50
Retail Clinic	50% after deductible	\$0 after deductible	\$50
Specialist Visit	50% after deductible	\$0 after deductible	\$85
Annual foot and eye exam for members with diabetes	50% after deductible	\$0 after deductible	\$85
Urgent Care Center	50% after deductible	\$0 after deductible	\$0 after deductible
Emergency Room	50% after deductible	\$0 after deductible	\$0 after deductible
Inpatient Hospital	50% after deductible	\$0 after deductible	\$0 after deductible
Diagnostic Laboratory Tests	50% after deductible	\$0 after deductible	\$0 after deductible
X-rays (<i>i.e. broken bone, chest</i>)	50% after deductible	\$0 after deductible	\$0 after deductible
High End Radiology (<i>i.e. MRI, PET and CAT scan etc.</i>)	50% after deductible	\$0 after deductible	\$0 after deductible
Pediatric Vision Eyeware for dependents under age 19: Collection prescription glasses, lenses and collection contact lenses	50% after deductible	\$0 after deductible	\$0 after deductible
Pediatric Dental for dependent under 19: Oral exams, cleanings, x-rays, fluoride treatments, sealants and space maintainers	\$0 after deductible	\$0 after deductible	\$0
All other covered dental services for dependents under 19	50% after deductible	50% after deductible	\$0 after deductible
Prescriptions			
Tier 1	\$10 after deductible	\$10 after deductible	\$10
Tier 2	\$35 after deductible	\$35 after deductible	\$50
Tier 3	\$60 after deductible	\$60 after deductible	\$0 after deductible
Tier 4	\$100 after deductible	\$100 after deductible	\$0 after deductible
Tier 5	\$200 after deductible	\$200 after deductible	\$0 after deductible

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Don't Brush Off Dental Coverage



Good oral health has been linked to better overall health. It's called the mouth-body connection, and it's an important reason to take care of your teeth. Blue Cross Dental makes it easy to offer quality coverage that complements your medical coverage for total health. Blue Cross Dental offers:

- A network that includes 9 out of every 10 dentists in Rhode Island and more than 110,000 coast-to-coast

Pediatric Benefits - refer to next page				
Benefits	Dental Direct Basic	Dental Direct Standard	Dental Direct Plus	Dental Direct Elite
Calendar Year Maximum	\$1,000	\$1,000	\$1,500	\$2,000
Dependent Coverage up to age	26	26	26	26
Deductible	\$0	\$0	\$0	\$50
Diagnostic and Preventive Services				
Oral exam, bitewing X-rays, complete X-ray series, single X-rays, and cleanings	100%	100%	100%	100%
Palliative Treatment	50%	60%	100%	100%
Basic Services				
Fillings	50%	60%	80%	80% after deductible
Simple Extractions	Not covered	60%*	80%*	80% after deductible*
Denture repairs, adjustments, relines and rebasing	Not covered	50%*	50%*	80% after deductible*
Root Canal Therapy	Not covered	60%**	50%**	80% after deductible**
Non-Surgical Periodontics	Not covered	Not covered	50%**	80% after deductible**
Surgical Periodontics	Not covered	Not covered	50%**	50% after deductible**
Oral Surgery and General Anesthesia	Not covered	60% **	50%**	80% after deductible**
Major Services				
Crowns and onlays	Not covered	Not covered	50%**	50% after deductible**
Fixed bridges, partial and complete dentures and single tooth implant	Not covered	Not covered	50%**	50% after deductible**
Oral Appliances				
Night Guards	50%	50%	50%	50%

All plans are Qualified Dental Plans that meet the Healthcare Reform guidelines for pediatric dental coverage. Please see next page for more information.

* 6-month waiting period applies, which means that these services are available once your policy has been in effect for 6 continuous months.

** 12-month waiting period applies, which means that these services are available once your policy has been in effect for 12 continuous months.

Your Dependents Under Age 19 Are Covered Too!

2016 Pediatric Dental Benefit Highlights

BENEFITS

In-network out-of-pocket maximum (resets every year on January 1)	\$350 Individual \$700 Family
Pediatric benefit coverage	Up to age 19
Deductible	\$50
Oral exams, cleanings, X-rays, fluoride treatments, space maintainers, and sealants	100%
Palliative Treatment	80%
All other covered dental services: • Basic services • Periodontics • Orthodontics (medically necessary) • Prosthodontics	50% after deductible
• Night Guards	50%

No waiting period for pediatric dental benefits.

2016 Blue Cross Dental Direct Monthly Rates

Rates are determined per individual. The premium rate for family coverage is based on the number of individuals in the family that enroll in coverage and the age of each family member. If you have children covered under the plan, you will only pay a premium for up to three children under the age of 21.

Age	Direct Basic	Direct Standard	Direct Plus	Direct Elite
0-18	\$29.87	\$29.87	\$29.87	\$29.87
19-29	\$17.71	\$24.28	\$35.77	\$48.24
30-39	\$17.71	\$24.28	\$35.77	\$48.24
40-49	\$17.71	\$24.28	\$35.77	\$48.24
50-59	\$19.48	\$26.71	\$39.34	\$53.06
60 +	\$22.14	\$30.35	\$44.71	\$60.30

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Over half of American children will be affected by tooth decay before age 5.*

And children lose 52 million school hours per year due to dental problems. To keep their teeth healthy, your child should visit the dentist for a cleaning TWO times a year, and they should brush and floss TWO times a day for TWO whole minutes!

* American Academy of Pediatric Dentistry

Brush TWO
minutes



twice a day
for healthy teeth