

PLANS FOR INDIVIDUALS AND FAMILIES

HEALTH PLAN VALUE GUIDE

This overview provides the Actuarial Value (AV) of each of our medical plans as well as the key benefits and features to consider when choosing the coverage that is right for you.



The Actuarial Value is a measure of the average percentage of covered claims paid by a health insurer. It is calculated using the medical claims from a standard population, along with the plans' cost-sharing (deductibles/coinsurance/copayments). It is not the percentage you would pay for covered services. It is important to note that you should consider the benefits, rates, and your healthcare and financial needs.

Health Plan Value Calculator

VantageBlue Direct 1000/2000	VantageBlue Direct 1500/3000	BlueSolutions for HSA Direct 3000/6000	HealthMate Coast-to-Coast Direct 2500/5000	BlueSolutions for HSA Direct 5000/10000	BlueValue Direct 2500
AV=75%	AV=73%	AV=69%	AV=67%	AV=64%	AV=50%

Average percentage of covered claims paid by a health insurer

Other things to consider when choosing this plan	Other things to consider when choosing this plan	Other things to consider when choosing this plan	Other things to consider when choosing this plan	Other things to consider when choosing this plan
<p>VantageBlue Direct offers unique benefits that support your health goals and keep you focused on staying healthy, including:</p> <ul style="list-style-type: none"> \$2 prescription drug copayments for certain maintenance drugs that treat diabetes, asthma, and chronic obstructive pulmonary disease (COPD)* A \$50 reward for completing a personal health assessment 	<p>This high-deductible health plan is for people willing to take on additional responsibility for healthcare expenses. This plan offers:</p> <ul style="list-style-type: none"> Lower monthly premiums The ability to open a health-savings account (HSA), as a way to help pay for current and future medical expenses. 	<p>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:</p> <ul style="list-style-type: none"> Complete certain wellness requirements within the first eight months of joining the program Receive 10 percent of your paid annual premium after successful participation in the program for one year 	<p>This high-deductible health plan is for people willing to take on additional responsibility for healthcare expenses and offers:</p> <ul style="list-style-type: none"> Lower monthly premiums The ability to open a health-savings account (HSA), as a way to help pay for current and future medical expenses. 	<p>This plan is for individuals only and offers the lowest available premium. Family coverage is not available. Benefits and features include:</p> <ul style="list-style-type: none"> \$4 prescription drug copayment for many generic drugs \$100 fitness center reimbursement 100% coverage for preventive dental services (one cleaning and one set of bite-wing X-rays)

Remember, plans with lower premiums have higher out-of-pocket expenses

While the Actuarial Value provides an estimate for how rich a plan's benefits are, it is important for you to consider your own circumstances when making a plan selection. On the following page, we have provided you examples of how each of the plans work for different people to help you understand how our plans work in different situations.

*Participation in a Health Management Program required or you must choose a provider who is participating in a patient-centered medical home.



HOW OUR PLANS WORK IN REAL LIFE

These scenarios provide a detailed look at how various medical services are paid under each of our plans. The examples will help you choose the coverage that has the right features and benefits, whether you are an individual or have a family.

Tom, a 26-year-old bartender*

Situation: Tom works for a restaurant that does not offer an employee health plan.

Health status: Healthy.

Exercise: Works out at a gym several times a week; Plays in recreational basketball league.

Healthcare utilization: Annual well visit; Routine lab work; One urgent care visit; One generic antibiotic prescription.

Your Costs & Incentives	VantageBlue Direct 1000/2000	VantageBlue Direct 1500/3000	BlueSolutions for HSA Direct 3000/6000	HealthMate Coast-to-Coast Direct 2500/5000	BlueSolutions for HSA Direct 5000/10000	BlueValue Direct 2500
Medical Costs - You pay the amount listed below.						
Medical Costs • Annual Well Visit and lab work	No cost	No cost	No cost	No cost	No cost	No cost
Urgent Care	\$75	\$75	\$225** (applies to deductible)	\$75	\$225** (applies to deductible)	\$112.50** (applies to deductible)
Pharmacy Costs						
Generic Antibiotic	\$10 copay	\$10 copay	\$29** (applies to deductible)	\$10 copay	\$29** (applies to deductible)	\$4 copay
Monthly Premium	\$216.62 (Preferred) \$525.49 (Basic)	\$196.27 (Preferred) \$476.13 (Basic)	\$150.08 (Preferred) \$364.10 (Basic)	\$170.81 (Preferred) \$414.36 (Basic)	\$120.44 (Preferred) \$292.18 (Basic)	\$106.11 (Preferred) \$257.42 (Basic)
Annual Premium	\$2,599.44 (Preferred) \$6,305.88 (Basic)	\$2,355.24 (Preferred) \$5,713.56 (Basic)	\$1,800.96 (Preferred) \$4,369.20 (Basic)	\$2,049.72 (Preferred) \$4,972.32 (Basic)	\$1,445.28 (Preferred) \$3,506.16 (Basic)	\$1,273.32 (Preferred) \$3,089.04 (Basic)
Wellness Reward – 10%	N/A	N/A	N/A	\$204.97 (Preferred) \$497.23 (Basic)	N/A	N/A
Wellness Incentive	\$50 reward card for completing online PHA	\$50 reward card for completing online PHA	N/A	Wellness reward (10% of premium)	N/A	\$100 Fitness Center Reimbursement
Total Estimated Annual Cost with Insurance	\$2,684.44 (Preferred) \$6,390.88 (Basic)	\$2,440.24 (Preferred) \$5,798.56 (Basic)	\$2,054.96 (Preferred) \$4,623.20 (Basic)	\$2,134.72 (Preferred) \$5,057.32 (Basic)	\$1,699.28 (Preferred) \$3,760.16 (Basic)	\$1,389.82 (Preferred) \$3,205.54 (Basic)

Actuarial Value Per Plan



* The example provided above is only a summary of benefits provided by the plan based on the hypothetical circumstances of the participant. Other exceptions, reductions, and limitations may also apply to your benefits. The preferred premium described above is for individuals or families who satisfy certain plan requirements, and the basic premium is for participants who do not satisfy those requirements. Your actual premium will be determined based on your application answers and the results of our medical underwriting. For complete benefit details, please see the subscriber agreement for the plan.

**As a BCBSRI member, you benefit from discounts we negotiate with our in-network providers. This means that when you need care, providers charge you less than what they would charge you if you did not have health insurance with BCBSRI. These payments are your anticipated copayment as a percent of the provider's negotiated charge.



Mary, a 42-year-old stay-at-home mom and Mark a 44-year-old plumber*

Situation: Mark is self-employed and not eligible for an employee health plan. Mary and Mark have two children, ages 10 and 12.

Health status: Mary has type 2 diabetes; Mark has high cholesterol and obesity.

Exercise: None.

Healthcare utilization: Annual well visits for the entire family; Routine lab work; Three primary care visits; Diabetes foot and eye exams; One urgent care visit; One monthly generic medication for high cholesterol; Two monthly tier 2 medications for diabetes; One generic antibiotic prescription.

Your Costs & Incentives	VantageBlue Direct 1000/2000	VantageBlue Direct 1500/3000	BlueSolutions for HSA Direct 3000/6000	HealthMate Coast-to-Coast Direct 2500/5000	BlueSolutions for HSA Direct 5000/10000	BlueValue Direct 2500
Medical Costs - You pay the amount listed below.						
Medical Costs						Family plan is not available
• Annual Well Visit with lab work, mammogram, and gyn exam	No cost	No cost	No cost	No cost	No cost	
3 PCP Visits	\$60 \$20/visit	\$60 \$20/visit	\$336** (applies to deductible) (\$112/visit)	\$60 \$20/visit	\$336** (applies to deductible) (\$112/visit)	
Diabetic foot and eye exam	\$0 Covered for Mary Doesn't apply to family members Specialist copay for family members	\$0 Covered for Mary Doesn't apply to family members Specialist copay for family members	\$230** (applies to deductible)	\$40 copay	\$230** (applies to deductible)	
Urgent care	\$75 Copay	\$75 Copay	\$225** (applies to deductible)	\$75 Copay	\$225** (applies to deductible)	
Pharmacy Costs						
Generic drug (cholesterol)	\$10 copay \$120/annually	\$10 copay \$120/annually	\$29** (applies to deductible)	\$10 copay \$120/annually	\$29** (applies to deductible)	
2 Tier 2 diabetes medications	\$4/month \$48/annually	\$4/month \$48/annually	\$236** (applies to deductible) \$2,832/annually	\$4/month \$48/annually	\$236** (applies to deductible) \$2,832/annually	
Generic antibiotic	\$10 copay	\$10 copay	\$29** (applies to deductible)	\$10 copay	\$29** (applies to deductible)	
Monthly Premium	\$841.04 (Preferred) \$1,087.19 (Basic)	\$762.03 (Preferred) \$985.07 (Basic)	\$582.70 (Preferred) \$753.28 (Basic)	\$663.17 (Preferred) \$857.28 (Basic)	\$467.63 (Preferred) \$604.49 (Basic)	
Annual Premium	\$10,092.48 (Preferred) \$13,046.28 (Basic)	\$9,144.36 (Preferred) \$11,823.36 (Basic)	\$6,992.40 (Preferred) \$9,039.36 (Basic)	\$7,958.04 (Preferred) \$10,287.36 (Basic)	\$5,611.56 (Preferred) \$7,253.88 (Basic)	
Wellness Reward – 10%	N/A	N/A	N/A	\$795.80 (Preferred) \$1028.74 (Basic)	N/A	
Wellness Incentive	\$50 reward card for completing online PHA	\$50 reward card for completing online PHA	N/A	Wellness reward (10% of premium)	N/A	
Total Estimated Annual Cost with Insurance	\$10,405.48 (Preferred) \$13,359.28 (Basic)	\$9,457.36 (Preferred) \$12,136.36 (Basic)	\$10,673.40 (Preferred) \$12,720.36 (Basic)	\$8,311.04 (Preferred) \$10,640.36 (Basic)	\$9,292.56 (Preferred) \$10,934.88 (Basic)	



* The example provided above is only a summary of benefits provided by the plan based on the hypothetical circumstances of the participant. Other exceptions, reductions, and limitations may also apply to your benefits. The preferred premium described above is for individuals or families who satisfy certain plan requirements, and the basic premium is for participants who do not satisfy those requirements. Your actual premium will be determined based on your application answers and the results of our medical underwriting. For complete benefit details, please see the subscriber agreement for the plan.

**As a BCBSRI member, you benefit from discounts we negotiate with our in-network providers. This means that when you need care, providers charge you less than what they would charge you if you did not have health insurance with BCBSRI. These payments are your anticipated copayment as a percent of the provider's negotiated charge.



Jessica, a 30-year-old waitress and Matt, a 31-year-old chef*

Situation: Jessica and Matt both work at restaurants that do not offer health coverage to their employees.

Health status: Both healthy; Matt sprains his ankle playing soccer.

Exercise: Matt plays recreational soccer; Jessica uses a treadmill at home 2-3 days per week.

Healthcare utilization: Annual well visits; Routine lab work; One emergency room visit; Two X-rays; One orthopedic visit; One generic pain medication.

Costs & Incentives	VantageBlue Direct 1000/2000	VantageBlue Direct 1500/3000	BlueSolutions for HSA Direct 3000/6000	HealthMate Coast-to-Coast Direct 2500/5000	BlueSolutions for HSA Direct 5000/10000	BlueValue Direct 2500
Medical Costs - You pay the amount listed below.						
Medical Costs • Annual Well Visit, lab work, mammogram, and gyn exam	No Cost	No Cost	No Cost	No Cost	No Cost	Family plan is not available
ER visit	\$150 copay	\$150 copay	\$560** (applies to deductible)	\$150 copay	\$560** (applies to deductible)	
2 X-rays	\$52** (applies to deductible)	\$52** (applies to deductible)	\$260** (applies to deductible)	\$52** (applies to deductible)	\$260** (applies to deductible)	
Orthopedic visit	\$40 copay	\$40 copay	\$230** (applies to deductible)	\$40 copay	\$230** (applies to deductible)	
Pharmacy Costs						
Generic drug	\$10 copay	\$10 copay	\$29** (applies to deductible)	\$10 copay	\$29** (applies to deductible)	
Monthly Premium	\$779.57 (Preferred) \$1,025.92 (Basic)	\$706.34 (Preferred) \$929.55 (Basic)	\$540.11 (Preferred) \$710.82 (Basic)	\$614.70 (Preferred) \$808.96 (Basic)	\$433.45 (Preferred) \$570.42 (Basic)	
Annual Premiums	\$9,354.84 (Preferred) \$12,311.04 (Basic)	\$8,476.08 (Preferred) \$11,154.60 (Basic)	\$6,481.32 (Preferred) \$8,529.84 (Basic)	\$7,376.40 (Preferred) \$9,707.52 (Basic)	\$5,201.40 (Preferred) \$6,845.04 (Basic)	
Wellness Reward – 10%				\$737.64 (Preferred) \$970.75 (Basic)		
Wellness Incentive	\$50 reward card for completing online PHA	\$50 reward card for completing online PHA	N/A	Wellness reward (10% of premium)	N/A	
Total Estimated Annual Cost with Insurance	\$9,606.84 (Preferred) \$12,563.04 (Basic)	\$8,728.08 (Preferred) \$11,406.60 (Basic)	\$7,560.32 (Preferred) \$9,608.84 (Basic)	\$7,628.40 (Preferred) \$9,959.52 (Basic)	\$6,280.40 (Preferred) \$7,924.04 (Basic)	

Actuarial Value Per Plan

AV=75%

AV=73%

AV=69%

AV=67%

AV=64%

AV=50%

* The example provided above is only a summary of benefits provided by the plan based on the hypothetical circumstances of the participant. Other exceptions, reductions, and limitations may also apply to your benefits. The preferred premium described above is for individuals or families who satisfy certain plan requirements, and the basic premium is for participants who do not satisfy those requirements. Your actual premium will be determined based on your application answers and the results of our medical underwriting. For complete benefit details, please see the subscriber agreement for the plan.

**As a BCBSRI member, you benefit from discounts we negotiate with our in-network providers. This means that when you need care, providers charge you less than what they would charge you if you did not have health insurance with BCBSRI. These payments are your anticipated copayment as a percent of the provider's negotiated charge.



Nancy, a 59-year-old hair stylist*

Situation: Nancy is self-employee and her husband is covered by Medicare, so she is not eligible for an employee health plan.

Health status: Some health risks – overweight; high blood pressure.

Exercise: Walks three days per week.

Healthcare utilization: Annual well visit; Routine lab work; Annual mammogram; Annual gynecological exam; Two sick visits; One monthly generic blood pressure medication; One generic antibiotic prescription.

Your Costs & Incentives	VantageBlue Direct 1000/2000	VantageBlue Direct 1500/3000	BlueSolutions for HSA Direct 3000/6000	HealthMate Coast-to-Coast Direct 2500/5000	BlueSolutions for HSA Direct 5000/10000	BlueValue Direct 2500
Medical Costs - You pay the amount listed below.						
Medical Costs • Annual Well Visit with lab work, mammogram, and gyn exam	No cost	No cost	No cost	No cost	No cost	No cost
• 2 sick visits	\$40 \$20/visit	\$40 \$20/visit	\$224** (applies to deductible) (\$112/visit)	\$40 \$20/for each visit	\$224** (applies to deductible) (\$112/visit)	\$30/visit
Pharmacy Costs						
• Monthly Blood pressure medication	\$120 annually \$10 copay/month	\$120 annually \$10 copay/month	\$348 annually** (applies to deductible) \$29/month	\$120 annually \$10 copay/month	\$348 annually** (applies to deductible) \$29/month	\$48 annually \$4 copay/month
• Generic Antibiotic	\$10 copay	\$10 copay	\$29** (applies to deductible)	\$10 copay	\$29** (applies to deductible)	\$4 copay
Monthly Premium	\$591.35 (Preferred) \$746.46 (Basic)	\$535.81 (Preferred) \$676.34 (Basic)	\$409.71 (Preferred) \$517.20 (Basic)	\$466.29 (Preferred) \$588.60 (Basic)	\$328.80 (Preferred) \$415.04 (Basic)	\$289.67 (Preferred) \$365.66 (Basic)
Annual Premium	\$7,096.20 (Preferred) \$8,957.52 (Basic)	\$6,429.72 (Preferred) \$8,116.08 (Basic)	\$4,916.52 (Preferred) \$6,206.40 (Basic)	\$5,595.48 (Preferred) \$7,063.20 (Basic)	\$3,945.60 (Preferred) \$4,980.48 (Basic)	\$3,476.04 (Preferred) \$4,387.92 (Basic)
Wellness Reward – 10%	N/A	N/A	N/A	\$559.55 (Preferred) \$706.32 (Basic)	N/A	N/A
Wellness Incentive	\$50 reward card for completing online PHA	\$50 reward card for completing online PHA	N/A	Wellness reward (10% of premium)	N/A	\$100 Fitness Center Reimbursement
Total Estimated Annual Cost with Insurance	\$7,266.20 (Preferred) \$9,127.52 (Basic)	\$6,599.72 (Preferred) \$8,286.08 (Basic)	\$5,517.52 (Preferred) \$6,807.40 (Basic)	\$5,765.48 (Preferred) \$7,233.20 (Basic)	\$4,546.60 (Preferred) \$5,581.48 (Basic)	\$3,558.04 (Preferred) \$4,469.92 (Basic)

Actuarial Value Per Plan

AV=75%

AV=73%

AV=69%

AV=67%

AV=64%

AV=50%

* The example provided above is only a summary of benefits provided by the plan based on the hypothetical circumstances of the participant. Other exceptions, reductions, and limitations may also apply to your benefits. The preferred premium described above is for individuals or families who satisfy certain plan requirements, and the basic premium is for participants who do not satisfy those requirements. Your actual premium will be determined based on your application answers and the results of our medical underwriting. For complete benefit details, please see the subscriber agreement for the plan.

**As a BCBSRI member, you benefit from discounts we negotiate with our in-network providers. This means that when you need care, providers charge you less than what they would charge you if you did not have health insurance with BCBSRI. These payments are your anticipated copayment as a percent of the provider's negotiated charge.



Kim, a 40-year-old consultant*

Situation: Kim works on contract and does not have access to an employee health plan.

Health status: Healthy, but has asthma.

Exercise: Runs 4-5 days a week and occasionally competes in 5Ks.

Healthcare utilization: Annual well visit; Routine lab work; Annual mammogram; Annual gynecological exam; One allergist visit; Two monthly tier 2 asthma inhaler medications.

Your Costs & Incentives	VantageBlue Direct 1000/2000	VantageBlue Direct 1500/3000	BlueSolutions for HSA Direct 3000/6000	HealthMate Coast-to-Coast Direct 2500/5000	BlueSolutions for HSA Direct 5000/10000	BlueValue Direct 2500
Medical Costs - You pay the amount listed below.						
Medical Costs • Annual Well Visit with lab work, mammogram, and gyn exam	No cost	No cost	No cost	No cost	No cost	No cost
• 1 visit with the Allergist	\$40 copay	\$40 copay	\$230** (applies to deductible)	\$40 copay	\$230** (applies to deductible)	\$30 copay
Pharmacy Costs						
• Tier 2 asthma inhaler medications	\$4/month \$48 /annually	\$4/month \$48 /annually	\$236/month** (applies to deductible) \$2832/annually	\$4/month \$48 /annually	\$236/month** (applies to deductible) \$2832/annually	\$129/month** (applied to deductible) After deductible is met, member pays 50%.
Monthly Premium	\$400.17 (Preferred) \$577.48 (Basic)	\$362.58 (Preferred) \$523.24 (Basic)	\$277.25 (Preferred) \$400.12 (Basic)	\$315.54 (Preferred) \$455.36 (Basic)	\$222.50 (Preferred) \$321.09 (Basic)	\$196.02 (Preferred) \$282.89 (Basic)
Annual Premium	\$4,802.04 (Preferred) \$6,929.76 (Basic)	\$4,350.96 (Preferred) \$6,278.88 (Basic)	\$3,327.00 (Preferred) \$4,801.44 (Basic)	\$3,786.48 (Preferred) \$5,464.32 (Basic)	\$2,670.00 (Preferred) \$3,853.08 (Basic)	\$2,352.24 (Preferred) \$3,394.68 (Basic)
Wellness Reward – 10%	N/A	N/A	N/A	\$378.65 (Preferred) \$546.43 (Basic)	N/A	N/A
Wellness Incentive	\$50 reward card for completing online PHA	\$50 reward card for completing online PHA	N/A	Wellness reward (10% of premium)	N/A	\$100 Fitness Center Reimbursement
Total Estimated Annual Cost with Insurance	\$4,890.04 (Preferred) \$7,017.76 (Basic)	\$4,438.96 (Preferred) \$6,366.88 (Basic)	\$6,389.00 (Preferred) \$7,863.44 (Basic)	\$3,874.48 (Preferred) \$5,552.32 (Basic)	\$5,372.00 (Preferred) \$6,915.08 (Basic)	\$2,511.24 (Preferred) \$3,553.68 (Basic)

Actuarial Value Per Plan

AV=75%

AV=73%

AV=69%

AV=67%

AV=64%

AV=50%

* The example provided above is only a summary of benefits provided by the plan based on the hypothetical circumstances of the participant. Other exceptions, reductions, and limitations may also apply to your benefits. The preferred premium described above is for individuals or families who satisfy certain plan requirements, and the basic premium is for participants who do not satisfy those requirements. Your actual premium will be determined based on your application answers and the results of our medical underwriting. For complete benefit details, please see the subscriber agreement for the plan.

**As a BCBSRI member, you benefit from discounts we negotiate with our in-network providers. This means that when you need care, providers charge you less than what they would charge you if you did not have health insurance with BCBSRI. These payments are your anticipated copayment as a percent of the provider's negotiated charge.



Cindy, a 62-year-old retired secretary and Bob, a 62-year-old retired engineer*

Situation: Cindy and Bob were able to save enough to retire early. They are not yet eligible for Medicare.

Health status: Both healthy.

Exercise: Cindy takes a yoga class; Bob plays golf.

Healthcare utilization: Annual well visits; Routine lab work; Annual mammogram; Annual gynecological exam; Two sick visits; One generic antibiotic prescription.

Your Costs & Incentives	VantageBlue Direct 1000/2000	VantageBlue Direct 1500/3000	BlueSolutions for HSA Direct 3000/6000	HealthMate Coast-to-Coast Direct 2500/5000	BlueSolutions for HSA Direct 5000/10000	BlueValue Direct 2500
Medical Costs - You pay the amount listed below.						
Medical Costs • Annual Well Visit with lab work, mammogram, and gyn exam	No cost	No cost	No cost	No cost	No cost	Family plan is not available
• 2 sick visits	\$40 \$20/visit	\$40 \$20/visit	\$224** (applies to deductible) (\$112/visit)	\$40 \$20/visit	\$224** (applies to deductible) (\$112/visit)	
Pharmacy Costs						
• Generic drug	\$10 copay	\$10 copay	\$29** (applies to deductible)	\$10 copay	\$29** (applies to deductible)	
Monthly Premium	\$1,200.94 (Preferred) \$1,452.06 (Basic)	\$1,088.13 (Preferred) \$1,315.67 (Basic)	\$832.05 (Preferred) \$1,006.09 (Basic)	\$946.96 (Preferred) \$1,144.99 (Basic)	\$667.74 (Preferred) \$807.37 (Basic)	
Annual Premium	\$14,411.28 (Preferred) \$17,424.72 (Basic)	\$13,057.56 (Preferred) \$15,788.04 (Basic)	\$9,984.60 (Preferred) \$12,073.08 (Basic)	\$11,363.52 (Preferred) \$13,739.88 (Basic)	\$8,012.88 (Preferred) \$9,688.44 (Basic)	
Wellness Reward – 10%	N/A	N/A	N/A	\$1136.35 (Preferred) \$1373.99 (Basic)	N/A	
Wellness Incentive	\$50 reward card for completing online PHA	\$50 reward card for completing online PHA	N/A	Wellness reward (10% of premium)	N/A	
Total Estimated Annual Cost with Insurance	\$14,461.28 (Preferred) \$17,474.72 (Basic)	\$13,107.56 (Preferred) \$15,838.04 (Basic)	\$10,237.60 (Preferred) \$12,326.08 (Basic)	\$11,413.52 (Preferred) \$13,789.88 (Basic)	\$8,265.88 (Preferred) \$9,941.44 (Basic)	

Actuarial Value Per Plan



* The example provided above is only a summary of benefits provided by the plan based on the hypothetical circumstances of the participant. Other exceptions, reductions, and limitations may also apply to your benefits. The preferred premium described above is for individuals or families who satisfy certain plan requirements, and the basic premium is for participants who do not satisfy those requirements. Your actual premium will be determined based on your application answers and the results of our medical underwriting. For complete benefit details, please see the subscriber agreement for the plan.

**As a BCBSRI member, you benefit from discounts we negotiate with our in-network providers. This means that when you need care, providers charge you less than what they would charge you if you did not have health insurance with BCBSRI. These payments are your anticipated copayment as a percent of the provider's negotiated charge.