Health Plans That Work for You





Blue Cross offers a variety of high-quality, affordable health plan options to fit your employees' needs-and your bottom line.

VantageBlue

Ideal if you're looking for: Traditional benefits with added features and incentives for healthy living

VantageBlue empowers your employees with many preventive benefits that make it easier to be healthier and take an active role in their healthcare.

Plan Features

- A \$50 incentive for completing an online health assessment
- \$2 copayments for certain maintenance drugs used to treat diabetes, asthma, and COPD
- \$0 copayments for annual foot and eye exams for members with diabetes
- Full coverage for education programs on smoking cessation, weight loss, and managing conditions such as asthma and diabetes
- VantageBlue Offers: **/*** Lower premiums Wellness incentives / \checkmark National network Tax savings opportunities Predictable copayments / Flexible plan/network options / Integrated FSA and/or HRA

Hybrid family deductible calculation

*With the SelectRI network option.

Select RI – A New Network Option to Lower Your Healthcare Costs

SelectRI is an innovative network option, available with VantageBlue, that lowers your premiums and lets your employees get quality care for less money out of their pockets. This is possible through our network of efficient, high-quality providers that make great care available at the lowest cost.

Employees can still choose any provider in our national network, but when they use SelectRI providers, they'll get the best value and comprehensive care, with these features:

- Enhanced primary care services include extended/weekend hours and secure online access to test results.
- Primary care teams work directly with most hospitals in Rhode Island to ensure full involvement in care and coordinated follow-up care.
- SelectRI includes all specialists and hospitals and most free-standing outpatient facilities in BCBSRI's local network.

- Coverage for up to 20 chiropractic visits (with a copay for each visit).
- Access to health coaching (if appropriate) to help make positive lifestyle changes and develop and maintain healthier behaviors.
- Use of the innovative PureRunner Mobile App to make it easier to track and monitor physical activity.

BlueSolutions for HSA

Ideal if you're looking for: An affordable plan that offers tax advantages

BlueSolutions helps keep premiums manageable—for you and your employees—while still offering comprehensive benefits. These high-deductible health plans empower your employees to be savvy healthcare consumers. They'll have the option to set up a health savings account (HSA) so they can pay medical expenses, like deductibles, with pre-tax dollars.

Plan Features

- Higher deductibles that promote smart healthcare choices
- Lower premiums
- Up-front coverage for preventive care
- Coverage for most other services once the deductible has been met, which provides security and makes it easier for employees to plan for expenses
- HSA is portable and rolls over from year to year
- Savings are tax-deductible and money grows tax-deferred
- Aggregate family deductible calculation

LifeStyleBlue

BlueSolutions Offers:		
Lower premiums	1	
Wellness incentives		
National network	1	
Tax savings opportunities	1	
Predictable copayments		
Flexible plan/network options		
Integrated FSA, HRA and/or HSA	1	

Ideal if you're looking for: A choice of unique benefit designs that match employees' individual needs without adding any additional administrative hassles

This 3-in-1 health plan puts your employees in the driver's seat. They get to choose the plan that best fits their lifestyle and healthcare needs, and you have only one plan to manage. LifeStyleBlue also offers incentives and rewards to help members be healthy and active.

Plan Features

- Easy administration for employers
- Tailored medical benefits that make sense for your employees' lifestyles and health status
- \$250 deductible reduction (\$500 for employees and their covered spouse) when they meet three simple wellness steps
- \$200 reimbursement (\$400 per family) when your employees participate in certain healthy activities.
- \$150 fitness center membership reimbursement (On Your Own)

- LifeStyleBlue Offers:Lower premiumsWellness incentives
- National networkImage: Constraint of the second second

• Hybrid family deductible calculation

HealthMate Coast-to-Coast[®] (Deductible Plan)

Ideal if you're looking for: A traditional health plan that helps you control premiums

HealthMate Coast-to-Coast offers coverage for many services with no copayments or coinsurance in network once the deductible is met.

Plan Features

- Coverage for most services once the deductible has been met, which provides security and makes it easier for employees to plan for expenses
- No wellness requirements for employees

HealthMate Coast-to-Coast Offers:Lower premiums✓Wellness incentives✓National network✓Tax savings opportunities✓Predictable copayments✓Flexible plan/network options✓Integrated FSA and/or HRA✓

Blue Cross Dental[™]

Ideal if you're looking for: A dental plan to pair with your medical plan that offers your employees comprehensive dental benefits for total health

Blue Cross Dental offers a wide range of dental benefits to help your employees maintain their oral health, which contributes to good overall health.

Plan Features

- 100% coverage for sealants
- Two cleanings per year, at any time
- Many qualified and non-qualified dental plan options to choose from
- Reimbursements for out-of-network services, up to the dental network allowance

One For All

Having quality medical and dental coverage from Blue Cross & Blue Shield of Rhode Island (BCBSRI) gives you the convenience and benefits of working with just one insurer, including:

- An account service professional who will provide consultation, information, and guidance
- Easier health plan administration, including a single bill, one plan administration tool, and comprehensive reporting
- The comfort of knowing that you're creating a healthier, more productive workplace for your employees

2014 Platinum-level Health Plans	VantageBlue			
	100/			
	250/500	500/1000		
In-Network				
Coinsurance	0%	0%		
Deductible	\$250 Individual \$500 Family	\$500 Individual \$1,000 Family		
Out-of-Pocket Maximum	\$1,250 Individual \$2,500 Family	\$1,500 Individual \$3,000 Family		
Out-of-Network				
Coinsurance	20%	20%		
Deductible	\$1,000 Individual \$2,000 Family	\$1,000 Individual \$2,000 Family		
Out-of-Pocket Maximum	\$1,875 Individual \$3,750 Family	\$2,250 Individual \$4,500 Family		
In-Network Services				
Preventive Services	\$0	\$0		
Primary Care Office Visit	\$10 PCMH/ \$10 Non-PCMH under 19/ \$20 Non-PCMH 19+	\$10 PCMH/ \$10 Non-PCMH under 19/ \$20 Non-PCMH 19+		
Specialist Office Visit	\$30	\$30		
Annual Foot and Eye Exam for Members with Diabetes	\$0	\$0		
Chiropractic Office Visit	\$30 (12 visit limit)	\$30 (12 visit limit)		
Acupuncture Office Visit	Not covered	Not covered		
Outpatient Services				
Diagnostic lab				
Diagnostic x-ray and imaging	0% after deductible	0% after deductible		
High end radiology (e.g., MRI/CT/PET), nuclear medicine and sleep studies				
Surgery - Performed in a Physician's Office	\$0	\$0		
Surgery - Outpatient	0% after deductible	0% after deductible		
Durable Medical Equipment				
Physical Therapy				
Occupational Therapy	20% after deductible	20% after deductible		
Speech Therapy	-			
Inpatient Services				
Hospitalization, Maternity, Rehabilitation				
Mental Health, Chemical Dependency	0% after deductible	0% after deductible		
Emergency Services				
Urgent Care Center/Emergency Room	\$50/\$100	\$50/\$100		
Prescription Benefit Options				
Prescription Option 1	\$3/\$12/\$35/\$60/\$100*	\$3/\$12/\$35/\$60/\$100*		
Prescription Option 2	\$3/\$8/\$30/\$50/\$75*	\$3/\$8/\$30/\$50/\$75*		
Pediatric Services				
Pediatric Vision Eyewear	\$0	\$0		
Pediatric Dental	Include/Exclude	Include/Exclude		

 $\ast 2$ copayments for certain maintenence drugs used to treat diabetes, asthma, and COPD.

2014					
Gold-level	VantageBlue				
	100/80 100/60 80/60			/60	
Health Plans	2000/4000	1500/3000	1000/2000	2000/4000	
In-Network	2000,1000			2000, 1000	
Coinsurance	0%	0%	20%	20%	
Deductible	\$2,000 Individual/\$4,000 Family	\$1,500 Individual/\$3,000 Family	\$1,000 Individual/\$2,000 Family	\$2,000 Individual/\$4,000 Family	
Out-of-Pocket Maximum	\$4,000 Individual/\$8,000 Family	\$4,500 Individual/\$9,000 Family	\$4,000 Individual/\$8,000 Family	\$4,000 Individual/\$8,000 Family	
Out-of-Network		I	Ι		
Coinsurance	20%	40%	40%	40%	
Deductible	\$4,000 Individual/\$8,000 Family	\$3,000 Individual/\$6,000 Family	\$2,000 Individual/\$4,000 Family	\$4,000 Individual/\$8,000 Family	
Out-of-Pocket Maximum	\$6,000 Individual/\$12,000 Family	\$6,750 Individual/\$13,500 Family	\$6,000 Individual/\$12,000 Family	\$6,000 Individual/\$12,000 Family	
In-Network Services		·	·		
Preventive Services	\$0	\$0	\$0	\$0	
Primary Care Office Visit	\$10 PCMH/ \$10 Non-PCMH under 19/ \$20 Non-PCMH 19+	\$15 PCMH/ \$15 Non-PCMH under 19/ \$25 Non-PCMH 19+	\$10 PCMH/ \$10 Non-PCMH under 19/ \$20 Non-PCMH 19+	\$10 PCMH/ \$10 Non-PCMH under 19/ \$20 NonPCMH 19+	
Specialist Office Visit	\$30	\$40	\$30	\$30	
Annual Foot and Eye Exam for Members with Diabetes	\$0	\$0	\$0	\$0	
Chiropractic Office Visit	\$30 (12 visit limit)	\$40 (12 visit limit)	\$30 (12 visit limit)	\$30 (12 visit limit)	
Acupuncture Office Visit	Not covered	Not covered	Not covered	Not covered	
Outpatient Services					
Diagnostic lab					
Diagnostic x-ray and imaging	0% after deductible	0% after deductible	20% after deductible	20% after deductible	
High end radiology (e.g., MRI/CT/PET), nuclear medicine and sleep studies					
Surgery - Performed in a Physician's Office	\$0	\$0	\$0	\$0	
Surgery - Outpatient	0% after deductible	0% after deductible	20% after deductible	20% after deductible	
Durable Medical Equipment					
Physical Therapy	20% after deductible	20% after deductible	20% after deductible	20% after deductible	
Occupational Therapy					
Speech Therapy					
Inpatient Services					
Hospitalization, Maternity, Rehabilitation	0% after deductible	0% after deductible	20% after deductible	20% after deductible	
Mental Health, Chemical Dependency					
Emergency Services					
Urgent Care Center/Emergency Room	\$50/\$100	\$75/\$250	\$50/\$100	\$50/\$100	
Prescription Benefit Options					
Prescription Option 1	\$3/\$12/\$35/\$60/\$100*	\$3/\$12/\$35/\$60/\$100*	\$3/\$12/\$35/\$60/\$100*	\$3/\$12/\$35/\$60/\$100*	
Prescription Option 2	\$3/\$8/\$30/\$50/\$75*	\$3/\$8/\$30/\$50/\$75*	\$3/\$8/\$30/\$50/\$75*	\$3/\$8/\$30/\$50/\$75*	
Pediatric Services					
Pediatric Vision Eyewear	\$0	\$0	\$0	\$0	
Pediatric Dental	Include/Exclude	Include/Exclude	Include/Exclude	Include/Exclude	

*\$2 copayments for certain maintenence drugs used to treat diabetes, asthma, and COPD.

VantageBlue SelectRI		HealthMate Coast-to-Coast	BlueSolutions		
100/80/50		100/80	10	0/60	
1000/2000	2000/4000	2000/4000	1500/3000	2000/4000	
0% Tier 1/20% Tier 2	0% Tier 1/20% Tier 2	0%	0%	0%	
\$1,000 Individual/\$2,000 Family	\$2,000 Individual/\$4,000 Family	\$2,000 Individual/\$4,000 Family	\$1,500 Individual/\$3,000 Family	\$2,000 Individual/\$4,000 Family	
\$3,500 Individual/\$7,000 Family	\$3,500 Individual/\$7,000 Family	\$2,500 Individual/\$5,000 Family	\$3,000 Individual/\$6,000 Family	\$2,250 Individual/\$4,500 Family	
	500	2004	1001		
50%	50%	20%	40%	40%	
\$2,000 Individual/\$4,000 Family	\$4,000 Individual/\$8,000 Family	\$4,000 Individual/\$8,000 Family	\$3,000 Individual/\$6,000 Family	\$4,000 Individual/\$8,000 Family	
\$5,250 Individual/\$10,500 Family	\$5,250 Individual/\$10,500 Family	\$5,000 Individual/\$10,000 Family	\$4,500 Individual/\$9,000 Family	\$6,000 Individual/\$12,000 Family	
\$0	\$0	\$0	\$0	\$0	
\$10 Tier 1/ \$10 Tier 2 under 19/	\$10 Tier 1/ \$10 Tier 2 under 19/	ψυ	ψυ	ψυ	
\$30 Tier 2 19+	\$30 Tier 2 19+	0% after deductible	0% after deductible	0% after deductible	
\$30 Tier 1/\$50 Tier 2	\$30 Tier 1/\$50 Tier 2				
\$0	\$0				
\$30 (20 visit limit)	\$30 (20 visit limit)	0% after deductible (12 visit limit)	0% after deductible (12 visit limit)	0% after deductible (12 visit limit)	
Not covered	Not covered	Not covered	Not covered	Not covered	
\$25 Tier 1/\$75 Tier 2 \$50 Tier 1/\$150 Tier 2	\$25 Tier 1/\$75 Tier 2 \$50 Tier 1/\$150 Tier 2				
\$200 Tier 1/\$600 Tier 2	\$200 Tier 1/\$600 Tier 2				
\$0	\$0	0% after deductible	0% after deductible	0% after deductible	
0% after deductible	0% after deductible				
20% after deductible	20% after deductible				
\$25 Tier 1/\$75 Tier 2	\$25 Tier 1/\$75 Tier 2				
0% after deductible Tier 1 20% after deductible Tier 2	0% after deductible Tier 1 20% after deductible Tier 2	0% after deductible	0% after deductible	0% after deductible	
0% after deductible	0% after deductible				
\$75/\$200	\$75/\$200	0% after deductible	0% after deductible	0% after deductible	
ψι υ/ψευυ	ψι σ/ψεσσ				
\$3/\$12/\$35/\$60/\$100*	\$3/\$8/\$30/\$50/\$75*	\$3/\$12/\$35/\$60/\$100	\$3/\$12/\$35/\$60/\$100 after deductible	\$0/\$0/\$10/\$15/\$30 after deductible	
\$3/\$8/\$30/\$50/\$75*	Not available	\$3/\$8/\$30/\$50/\$75	Not available	Not available	
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\$0	\$0	0% after deductible	0% after deductible	0% after deductible	
Include/Exclude	Include/Exclude	Include/Exclude	Include/Exclude	Include/Exclude	

Gold-level	LifeStyleBlue 1		LifeStyleBlue 2				
Health Plans		80/60			100/80		
	On Your Own	Family Matters	House to Yourself	On Your Own	Family Matters	House to Yourself	
In-Network							
Coinsurance	20%	20%	20%	0%	0%	0%	
Deductible	\$1,500 Individual \$3,000 Family	\$1,250 Individual \$2,500 Family	\$1,250 Individual \$2,500 Family	\$1,750 Individual \$3,500 Family	\$2,000 Individual \$4,000 Family	\$2,000 Individual \$4,000 Family	
Out-of-Pocket Maximum	\$4,500 Individual \$9,000 Family	\$4,500 Individual \$9,000 Family	\$4,500 Individual \$9,000 Family	\$4,500 Individual \$9,000 Family	\$4,000 Individual \$8,000 Family	\$4,000 Individual \$8,000 Family	
Out-of-Network							
Coinsurance	40%	40%	40%	20%	20%	20%	
Deductible	\$3,000 Individual \$6,000 Family	\$2,500 Individual \$5,000 Family	\$2,500 Individual \$5,000 Family	\$3,500 Individual \$7,000 Family	\$4,000 Individual \$8,000 Family	\$4,000 Individual \$8,000 Family	
Out-of-Pocket Maximum	\$6,750 Individual \$13,500 Family	\$6,750 Individual \$13,500 Family	\$6,750 Individual \$13,500 Family	\$6,750 Individual \$13,500 Family	\$6,000 Individual \$12,000 Family	\$6,000 Individual \$12,000 Family	
In-Network Services							
Preventive Services	\$0	\$0	\$0	\$0	\$0	\$0	
Primary Care Office Visit	\$0 PCMH/ \$25 Non-PCMH under 19/ \$15 Non-PCMH 19+	\$0 PCMH/ \$5 Non-PCMH 0-4 yrs/ \$15 Non-PCMH 5-18 yrs/ \$25 Non-PCMH 19+	\$0 PCMH/ \$25 Non-PCMH under 19/ \$15 Non-PCMH 19+	\$10 PCMH/ \$25 Non-PCMH	\$10 PCMH/ \$5 Non-PCMH 0-4 yrs/ \$15 Non-PCMH 5-18 yrs/ \$25 Non-PCMH 19+	\$10 PCMH/ \$25 Non-PCMH	
Specialist Office Visit	\$30	\$30	\$30	\$50	\$50	\$50	
Annual Foot and Eye Exam for Members with Diabetes	\$30	\$30	\$30	\$50	\$50	\$50	
Chiropractic Office Visit	\$30 (24 visit limit)	\$30 (12 visit limit)	\$30 (12 visit limit)	\$50 (24 visit limit)	\$50 (12 visit limit)	\$50 (12 visit limit)	
Acupuncture Office Visit	Not covered	Not covered	\$30 (12 visit limit)	Not covered	Not covered	\$30 (12 visit limit)	
Outpatient Services							
Diagnostic lab				ድር			
Diagnostic x-ray and imaging	\$0	\$0	\$0	\$0	\$0	\$0	
High end radiology (e.g., MRI/CT/PET), nuclear medicine and sleep studies	1 initial MRI = \$0/ 20% after deductible	20% after deductible	20% after deductible	1 initial MRI = \$0/ 0% after deductible	0% after deductible	0% after deductible	
Surgery - Performed in a Physician's Office	\$0	\$0	\$0	\$0	\$0	\$0	
Surgery - Outpatient	20% after deductible		20% after deductible	0% after deductible	0% after deductible	0% after deductible	
Durable Medical Equipment		20% after deductible	20%	20% after deductible		20%	
Physical Therapy	\$30			\$30	20% after deductible		
Occupational Therapy	000/ offer destruction		20% after deductible	000/ offer deduction		20% after deductible	
Speech Therapy	20% after deductible	\$30		20% after deductible	\$30		
Inpatient Services							
Hospitalization, Maternity, Rehabilitation						00/ 44	
Mental Health, Chemical Dependency	20% after deductible	20% after deductible	20% after deductible	0% after deductible	0% after deductible	0% after deductible	
Emergency Services							
Urgent Care Center/ER	\$50/\$150	\$75/\$100	\$75/\$200	\$50/\$150	\$75/\$100	\$75/\$200	
Prescription Benefit Options							
Prescription Option 1	\$1/\$5/20%/20%/20%	\$3/\$12/\$35/\$60/\$100	\$3/\$12/\$35/\$60/\$100	\$3/\$8/25%/35%/50%	\$3/\$12/\$50/\$75/\$200	\$3/\$12/\$50/\$75/\$20	
Prescription Option 2	Not available	Not available	Not available	Not available	Not available	Not available	
Pediatric Services							
		* 0	.	**		<u> </u>	
Pediatric Vision Eyewear	\$0	\$0	\$0	\$0	\$0	\$0	

2014 Health Plans	Silver-level		
	BlueSolutions	VantageBlue	
	85/60	70/50	
	2000/4000	2000/4000	
In-Network			
Coinsurance	15%	30%	
Deductible	\$2,000 Individual \$4,000 Family	\$2,000 Individual \$4,000 Family	
Out-of-Pocket Maximum	\$6,350 Individual \$12,700 Family	\$6,350 Individual \$12,700 Family	
Out-of-Network		1	
Coinsurance	40%	50%	
Deductible	\$4,000 Individual \$8,000 Family	\$4,000 Individual \$8,000 Family	
Out-of-Pocket Maximum	\$9,600 Individual \$19,200 Family	\$9,600 Individual \$19,200 Family	
In-Network Services		1	
Preventive Services	\$0	\$0	
Primary Care Office Visit	15% after deductible	\$25 PCMH/ \$25 Non-PCMH under 19/ \$35 Non-PCMH 19+	
Specialist Office Visit		\$50	
Annual Foot and Eye Exam for Members with Diabetes		\$0	
Chiropractic Office Visit	15% after deductible (12 visit limit)	\$50 (12 visit limit)	
Acupuncture Office Visit	Not covered	Not covered	
Outpatient Services		1	
Diagnostic lab			
Diagnostic x-ray and imaging		30% after deductible	
High end radiology (e.g., MRI/CT/PET), nuclear medicine and sleep studies			
Surgery - Performed in a Physician's Office		\$0	
Surgery - Outpatient	15% after deductible		
Durable Medical Equipment			
Physical Therapy		30% after deductible	
Occupational Therapy	-		
Speech Therapy			
Inpatient Services			
Hospitalization, Maternity, Rehabilitation	15% after deductible	30% after deductible	
Mental Health, Chemical Dependency			
mergency Services			
Jrgent Care Center/Emergency Room	15% after deductible	\$75/\$250	
Prescription Benefit Options	00 (010 (000) (000) (000)		
Prescription Option 1	\$3/\$12/\$35/\$60/\$100 after deductible	\$3/\$12/50%/50%/\$2007	
Prescription Option 2	15% after deductible	Not available	
Pediatric Services			
	1E0/ offer deductible	\$0	
Pediatric Vision Eyewear	15% after deductible		

BlueSolutions 100/60 5000/10000 0% \$5,000 Individual \$10,000 Family \$6,350 Individual \$12,700 Family 40% \$10,000 Individual \$20,000 Family \$12,800 Individual \$0% after deductible 0%	Bronze-level		
5000/10000 0% \$5,000 Individual \$10,000 Family \$6,350 Individual \$12,700 Family 40% \$10,000 Individual \$20,000 Family \$12,800 Individual \$25,600 Family \$12,800 Individual \$25,600 Family 0% after deductible 0% after deductible 0% after deductible 0% after deductible 0% after deductible 0% after deductible 0% after deductible			
0% \$5,000 Individual \$10,000 Family \$6,350 Individual \$12,700 Family 40% \$10,000 Individual \$20,000 Family \$12,800 Individual \$20,000 Family \$12,800 Individual \$25,600 Family 0% after deductible	100/60		
\$5,000 Individual \$10,000 Family \$6,350 Individual \$12,700 Family 40% \$10,000 Individual \$20,000 Family \$12,800 Individual \$20,000 Family \$12,800 Individual \$20,000 Family \$12,800 Individual \$20,000 Family \$12,800 Individual \$25,600 Family \$0 after deductible 0% after deductible	5000/10000		
\$5,000 Individual \$10,000 Family \$6,350 Individual \$12,700 Family 40% \$10,000 Individual \$20,000 Family \$12,800 Individual \$20,000 Family \$12,800 Individual \$20,000 Family \$12,800 Individual \$20,000 Family \$12,800 Individual \$25,600 Family \$0 after deductible 0% after deductible			
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\$6,350 Individual \$12,700 Family 40% \$10,000 Individual \$20,000 Family \$12,800 Individual \$25,600 Family 0% after deductible 0% after deductible	\$5,000 Individual		
\$12,700 Family 40% \$10,000 Individual \$20,000 Family \$12,800 Individual \$25,600 Family \$12,800 Individual \$25,600 Family 0% after deductible	\$10,000 Family		
40% \$10,000 Individual \$20,000 Family \$12,800 Individual \$25,600 Family \$0 \$0 O% after deductible			
\$10,000 Individual \$20,000 Family \$12,800 Individual \$25,600 Family 0% after deductible 0% after deductible	\$12,700 Family		
\$10,000 Individual \$20,000 Family \$12,800 Individual \$25,600 Family 0% after deductible 0% after deductible			
\$20,000 Family \$12,800 Individual \$25,600 Family \$0 0% after deductible 0% after deductible 0% after deductible 0% after deductible 0% after deductible 33/\$12/\$35/\$60/\$100 after deductible Not available Not available	40%		
\$25,600 Family \$0 \$0 O% after deductible Not covered Not covered Not covered Not covered Not covered Not after deductible O% after deductible O% after deductible Not available Not available Not available O% after deductible			
\$0 0% after deductible Not covered 0% after deductible 0% after deductible 0% after deductible 0% after deductible 33/\$12/\$35/\$60/\$100 after deductible Not available 0% after deductible			
0% after deductible Not covered 0% after deductible	\$25,600 Family		
0% after deductible Not covered 0% after deductible			
Not covered Not covered 0% after deductible 0% after deductible 0% after deductible 0% after deductible %3/\$12/\$35/\$60/\$100 after deductible Not available Not available	\$0		
0% after deductible 0% after deductible 0% after deductible 0% after deductible \$3/\$12/\$35/\$60/\$100 after deductible Not available 0% after deductible	0% after deductible		
0% after deductible 0% after deductible 0% after deductible \$3/\$12/\$35/\$60/\$100 after deductible Not available 0% after deductible	Not covered		
0% after deductible 0% after deductible 0% after deductible \$3/\$12/\$35/\$60/\$100 after deductible Not available 0% after deductible			
0% after deductible \$3/\$12/\$35/\$60/\$100 after deductible Not available 0% after deductible	0% after deductible		
\$3/\$12/\$35/\$60/\$100 after deductible Not available 0% after deductible	0% after deductible		
\$3/\$12/\$35/\$60/\$100 after deductible Not available 0% after deductible			
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after deductible Not available 0% after deductible	0% after deductible		
Not available 0% after deductible			
0% after deductible			
	INOL AVAIIADIE		
Include/Exclude	0% after deductible		
	Include/Exclude		

*\$2 copayments for certain maintenence drugs used to treat diabetes, asthma, and COPD.

10

Understanding Pediatric Essential Benefits

As part of healthcare reform, insurers must offer 10 categories of Essential Health Benefits (EHBs) to most individuals and small employers (both on and off the state's health insurance exchange, HealthSource RI), unless their health plan is grandfathered. One of these EHBs is pediatric vision and pediatric dental benefits.



- Included in all small employer health plans for dependents under age 19.
- Pediatric vision benefits apply to the medical out-of-pocket maximum.

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reu	Iauro	Denta	

- Available for all small employer health plans for dependents under age 19.
- Pediatric dental benefits apply to the medical out-of-pocket maximum.

	Benefit	Coverage
RI, ans ble t-to- ions	Deductible	 No deductible for VantageBlue, VantageBlue SelectRI, and LifeStyleBlue plans See medical deductible for HealthMate Coast- to-Coast and BlueSolutions plans
cket	Out-of-pocket maximum	See medical out-of-pocket maximum
RI, ans or ions	Oral exams, cleanings, X-rays (bitewing, panoramic, and individual), fluoride treatments, and sealants	 \$0 for VantageBlue, VantageBlue SelectRl, and LifeStyleBlue plans \$0 after deductible for HealthMate Coast-to- Coast and BlueSolutions plans
) ntract. I here, re.	All other covered dental services: • Basic services • Major dental • Periodontics • Orthodontics • Night Guards	 50% for VantageBlue, VantageBlue SelectRl, and LifeStyleBlue plans 50% after deductible for HealthMate Coast-to- Coast and BlueSolutions plans

Benefit	Coverage
Deductible	 No deductible for VantageBlue, VantageBlue SelectRI, and LifeStyleBlue plans See medical deductible for HealthMate Coast-to- Coast and BlueSolutions plans
Out-of-pocket maximum	See medical out-of-pocket maximum
 Collection prescription frames Standard lenses and lens options Collection contact lenses 	 \$0 for VantageBlue, VantageBlue SelectRI, and LifeStyleBlue plans \$0 after deductible for HealthMate Coast-to- Coast and BlueSolutions 100/60 plans 15% after deductible for BlueSolutions 85/60 plans





Optional Benefits and Services

We offer a total solution for your employees' healthcare needs. Simply add the optional benefits and services below.

Group Medicare Options

Our Group BlueCHiP for Medicare plans offer benefits that meet the healthcare needs of your retirees and employees who are approaching retirement age.

Acupuncture Benefit

Acupuncture has shown benefits for those with chronic pain, migraines, insomnia, and abdominal pain. Acupuncture coverage is available on all plans.

• \$30 copay, including an initial evaluation (12 visit limit).



Pre-Tax Savings with Consumer Spending Accounts

Consumer spending accounts (CSAs) provide taxadvantaged savings for medical expenses. These accounts help your employees better manage costs while encouraging them to be more involved in their healthcare.

As of January 1, 2014, Blue Cross will offer small group employers, upon renewal, the option to purchase an integrated CSA component with their health plan. It will include single sign-on access to a Web portal for financial transactions, integrated claims and eligibility, mobile applications, and customer service assistance. Please contact your Account Representative for more information.

Different types of CSAs include:

Flexible Spending Accounts (FSAs) – These tax-free spending accounts let employees set aside pre-tax money annually for medical expenses, dependent care, transportation, parking, etc.

• FSAs can be paired with VantageBlue, VantageBlue SelectRI, LifeStyleBlue, HealthMate Coast-to-Coast, and BlueSolutions plans.

Health Reimbursement Arrangements (HRAs) – These accounts are established by employers to help fund qualified medical expenses for their employees.

• HRAs can be paired with VantageBlue, VantageBlue SelectRI, LifeStyleBlue, HealthMate Coast-to-Coast, and BlueSolutions plans.

Health Savings Accounts (HSAs) – These individual pre-taxed savings accounts help employees pay for qualified medical expenses.

• HSAs must be paired with a High-Deductible Health Plan (HDHP) such as BlueSolutions.

Online Tools and Services

Get More From Your Health Plan: Get on BCBSRI.com!

Your employees can get more from their health plan simply by registering on **BCBSRI.com**. They can:

- Manage their health plan Check benefits and claims information, request a new ID card, and more.
- Find tools to improve their health Take a quick Health Assessment, browse the Health Center for health-related articles, and more.
- Get exclusive health and wellness discounts with Blue365° – Save with discounts on fitness products, nutrition programs and products, hearing and vision care, and more.

Smarter Healthcare Decisions

Our online tools make it easier for your employees to make smarter, more informed decisions about their healthcare. When they log in to **BCBSRI.com**, they can get objective information to choose doctors, estimate and compare costs, and more:

- Locate SelectRI Tier 1 doctors and providers Pay the lowest out-of-pocket costs at SelectRI Tier 1 providers, marked with a Tier 1 icon under them in the Find A Doctor tool on **BCBSRI.com**.
- *Find other BCBSRI participating doctors and providers* – Find other BCBSRI participating doctors and providers – Regardless of plan design, your employees can look up a specific doctor or facility, find out which doctors are accepting new patients and access a map for directions.
- Find National Blue Physician Recognition-rated doctors Identify doctors who have been recognized because of their commitment to delivering quality patient-centered care.
- *Read and write reviews of network providers* Share experiences and see quality ratings to find the right doctor.
- View cost estimates for common healthcare services – Compare costs for the same service or procedure at various providers or hospitals.

• Save with the Fitness Discount Program – Enjoy savings on fitness center memberships, discounts on home fitness equipment, and much more.





www.bcbsri.com

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