

Plan Year 2015



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 (\$100 for employees and their covered spouse) 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
- Hybrid family deductible calculation

VantageBlue Offers:

Lower premiums	✓*
Wellness incentives	✓
National network	✓
Tax savings opportunities	
Predictable copayments	✓
Flexible plan/network options	✓
Integrated FSA and/or HRA	✓

*With the Select network options.

Select Network Options— New choices to lower your healthcare costs

Our **Select** network options are high-value, integrated networks that deliver lower healthcare costs for you, as well as guided care that's simpler and easier for your employees.

VantageBlue SelectRI offers:

- Tiered network
- Premiums approximately 6% less⁽¹⁾ than comparable plans
- Flexibility to choose any provider in our national network
- Statewide advanced primary care through Patient Centered Medical Homes
- Coverage for up to 20 chiropractic visits
- Free *PureRunner* mobile app and Telephonic Wellness Coaching
- \$50 incentive (\$100 for employees and their covered spouse) for completing online health assessment

VantageBlue Select offers:

- Preferred network
- Premiums approximately 15% less⁽¹⁾ than comparable plans
- A guided care-based plan with unique access to coordinated and comprehensive care [Selection of a primary care physician (PCP) is required.]
- \$0 deductible plan designs
- Coverage for up to 20 chiropractic visits
- \$100 incentive (\$200 for employees and their covered spouse) for completing 2 wellness activities:
 1. Annual primary care visit
 2. Online health assessment

(1) Actual savings is approximate and may vary depending on plan design

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 such as deductibles with pre-tax dollars.

Plan Feature

- 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

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

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	✓

A Dental Plan That Offers More

Blue Cross Dental offers a wide range of dental benefits to help your employees take great care of their teeth and gums. Studies show that good dental health can contribute to good overall health, and our dental benefits make it easier for them to get the care they need to stay healthy.

Extensive coverage for complete care

Our dental plans provide a wide range of benefits to promote regular care, including:

- Two cleanings per year
- 100% coverage for sealants
- Dental examinations
- X-rays
- Reimbursements for out-of-network services (up to the network allowance)

In addition, some plans offer additional coverage for these services:

- Fillings
- Crowns
- Dentures and partials
- Periodontics
- Orthodontics



You're covered with our national network!

It's even easier for your employees to get the great dental care they need—the Blue Cross Dental network includes dentists across the country and around the corner, including almost 90% of dentists in Rhode Island!

To learn more about Blue Cross Dental, please talk to your BCBSRI Account Representative today!

2015 Platinum-level Health Plans

	VantageBlue		
	100/80		
	250/500	500/1000	750/1500
In-Network			
Coinsurance	0%	0%	0%
Deductible	\$250 IND \$500 FAM	\$500 IND \$1,000 FAM	\$750 IND \$1,500 FAM
Out-of-Pocket Maximum	\$1,250 IND \$2,500 FAM	\$1,500 IND \$3,000 FAM	\$1,750 IND \$3,500 FAM
Out-of-Network			
Coinsurance	20%	20%	20%
Deductible	\$1,000 IND \$2,000 FAM	\$1,000 IND \$2,000 FAM	\$1,500 IND \$3,000 FAM
Out-of-Pocket Maximum	\$1,875 IND \$3,750 FAM	\$2,250 IND \$4,500 FAM	\$2,625 Individual \$5,250 Family
In-Network Services			
Preventive Services	\$0	\$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+	\$10 PCMH/ \$10 Non-PCMH under 19/ \$20 Non-PCMH 19+
Specialist Office Visit	\$30	\$30	\$30
Annual Foot and Eye Exam for Members with Diabetes	\$0	\$0	\$30
Chiropractic Office Visit	\$30 (12 visit limit)	\$30 (12 visit limit)	\$30 (12 visit limit)
Acupuncture Office Visit	Not covered	Not covered	Not covered
Outpatient Services			
Diagnostic lab	0% after deductible	0% after deductible	0% after deductible
Diagnostic x-ray and imaging			
High-end Radiology (e.g., MRI/CT/PET), Nuclear Medicine and Sleep Studies			
Surgery - Performed in a Physician's Office	\$0	\$0	\$0
Surgery - Outpatient	0% after deductible	0% after deductible	0% after deductible
Durable Medical Equipment	20% after deductible	20% after deductible	20% after deductible
Physical Therapy			
Occupational Therapy			
Speech Therapy			
Inpatient Services			
Hospitalization, Maternity, Rehabilitation	0% after deductible	0% after deductible	0% after deductible
Mental Health, Chemical Dependency			
Emergency Services			
Urgent Care Center/Emergency Room	\$50/\$100	\$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*
Prescription Option 2	\$3/\$8/\$30/\$50/\$75*	\$3/\$8/\$30/\$50/\$75*	Not available
Pediatric Services			
Pediatric Vision Eyewear	\$0	\$0	\$0
Pediatric Dental	Include/Exclude	Include/Exclude	Include/Exclude

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

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2015 Gold-level Health Plans

	VantageBlue			
	100/80	100/60	80/60	
	2000/4000	1500/3000	1000/2000	2000/4000
In-Network				
Coinsurance	0%	0%	20%	20%
Deductible	\$2,000 IND/\$4,000 FAM	\$1,500 IND/\$3,000 FAM	\$1,000 IND/\$2,000 FAM	\$2,000 IND/\$4,000 FAM
Out-of-Pocket Maximum	\$4,000 IND/\$8,000 FAM	\$4,500 IND/\$9,000 FAM	\$4,000 IND/\$8,000 FAM	\$4,000 IND/\$8,000 FAM
Out-of-Network				
Coinsurance	20%	40%	40%	40%
Deductible	\$4,000 IND/\$8,000 FAM	\$3,000 IND/\$6,000 FAM	\$2,000 IND/\$4,000 FAM	\$4,000 IND/\$8,000 FAM
Out-of-Pocket Maximum	\$6,000 IND/\$12,000 FAM	\$6,750 IND/\$13,500 FAM	\$6,000 IND/\$12,000 FAM	\$6,000 IND/\$12,000 FAM
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 Non-PCMH 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	0% after deductible	0% after deductible	20% after deductible	20% after deductible
Diagnostic X-ray and Imaging				
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	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Physical Therapy				
Occupational Therapy				
Speech Therapy				
Inpatient Services				
Hospitalization, Maternity	0% after deductible	0% after deductible	20% after deductible	20% after deductible
Rehabilitation				
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 maintenance drugs used to treat diabetes, asthma, and COPD.

**If you choose to offer VantageBlue Select (VBS) as one of the plans your employees can enroll in, you will be required to offer at least one other plan to all eligible employees. The VBS plan must be paired with another plan option which will offer access to all physicians contracted with BCBSRI without the need for a network referral.

VantageBlue Select**	VantageBlue SelectRI		HealthMate Coast-to-Coast	BlueSolutions	
Not Applicable	100/80/50		100/80	100/60	
0/0	1000/2000	2000/4000	2000/4000	1500/3000	2000/4000
0% Tier 1/ 0% Tier 2	0% Tier 1/20% Tier 2	0% Tier 1/20% Tier 2	0%	0%	0%
\$0 IND/\$0 FAM	\$1,000 IND/\$2,000 FAM	\$2,000 IND/\$4,000 FAM	\$2,000 IND/\$4,000 FAM	\$1,500 IND/\$3,000 FAM	\$2,000 IND/\$4,000 FAM
\$6,350 IND/\$12,700 FAM	\$3,500 IND/\$7,000 FAM	\$3,500 IND/\$7,000 FAM	\$2,500 IND/\$5,000 FAM	\$3,000 IND/\$6,000 FAM	\$2,250 IND/\$4,500 FAM
0% Tier 1/ 100% Tier 2	50%	50%	20%	40%	40%
\$0 IND/\$0 FAM	\$2,000 IND/\$4,000 FAM	\$4,000 IND/\$8,000 FAM	\$4,000 IND/\$8,000 FAM	\$3,000 IND/\$6,000 FAM	\$4,000 IND/\$8,000 FAM
\$19,050 IND /\$38,100 FAM	\$5,250 IND/\$10,500 FAM	\$5,250 IND/\$10,500 FAM	\$5,000 IND/\$10,000 FAM	\$4,500 IND/\$9,000 FAM	\$6,000 IND/\$12,000 FAM
\$0	\$0	\$0	\$0	\$0	\$0
\$15 Tier 1/\$45 Tier 2	\$10 Tier 1/ \$10 Tier 2 under 19/ \$30 Tier 2 19+	\$10 Tier 1/ \$10 Tier 2 under 19/ \$30 Tier 2 19+	0% after deductible	0% after deductible	0% after deductible
\$40 Tier 1/\$120 Tier 2	\$30 Tier 1/\$50 Tier 2	\$30 Tier 1/\$50 Tier 2			
\$0 Tier 1/\$120 Tier 2	\$0	\$0			
\$40 Tier 1/\$120 Tier 2 (20 visit limit)	\$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	Not covered
\$20 Tier 1/\$60 Tier 2	\$25 Tier 1/\$75 Tier 2	\$25 Tier 1/\$75 Tier 2	0% after deductible	0% after deductible	0% after deductible
\$75 Tier 1/\$225 Tier 2	\$50 Tier 1/\$150 Tier 2	\$50 Tier 1/\$150 Tier 2			
\$250 Tier 1/\$750 Tier 2	\$200 Tier 1/\$600 Tier 2	\$200 Tier 1/\$600 Tier 2			
\$0	\$0	\$0			
\$650 Tier 1/\$1,950 Tier 2	0% after deductible	0% after deductible			
20%	20% after deductible	20% after deductible			
\$40 Tier 1/\$120 Tier 2	\$25 Tier 1/\$75 Tier 2	\$25 Tier 1/\$75 Tier 2			
\$800 Tier 1/\$2,400 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
\$400 Tier 1/\$1,200 Tier 2					
\$800 Tier 1/\$800 Tier 2	0% after deductible	0% after deductible			
\$30/\$400	\$75/\$200	\$75/\$200	0% after deductible	0% after deductible	0% after deductible
\$3/\$12/\$35/\$80/\$100*	\$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
Not available	\$3/\$8/\$30/\$50/\$75*	Not available	\$3/\$8/\$30/\$50/\$75	Not available	Not available
\$0	\$0	\$0	0% after deductible	0% after deductible	0% after deductible
Include/Exclude	Include/Exclude	Include/Exclude	Include/Exclude	Include/Exclude	Include/Exclude

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2015 Health Plans

Silver-level

	BlueSolutions	BlueSolutions	VantageBlue
	100/60	85/60	80/60
	3000/6000	2000/4000	3000/6000
In-Network			
Coinsurance	0%	15%	20%
Deductible	\$3,000 IND \$6,000 FAM	\$2,000 IND \$4,000 FAM	\$3,000 IND \$6,000 FAM
Out-of-Pocket Maximum	\$5,000 IND \$10,000 FAM	\$6,350 IND \$12,700 FAM	\$6,350 IND \$12,700 FAM
Out-of-Network			
Coinsurance	40%	40%	40%
Deductible	\$6,000 IND \$12,000 FAM	\$4,000 IND \$8,000 FAM	\$6,000 IND \$12,000 FAM
Out-of-Pocket Maximum	\$7,500 IND \$18,000 FAM	\$9,600 IND \$19,200 FAM	\$9,600 IND \$19,200 FAM
In-Network Services			
Preventive Services	\$0	\$0	\$0
Primary Care Office Visit	0% after deductible	15% after deductible	\$15 PCMH/ \$15 Non-PCMH under 19/ \$25 Non-PCMH 19+
Specialist Office Visit			\$40
Annual Foot and Eye Exam for Members with Diabetes			\$0
Chiropractic Office Visit	0% after deductible (12 visit limit)	15% after deductible (12 visit limit)	\$40 (12 visit limit)
Acupuncture Office Visit	Not covered	Not covered	Not covered
Outpatient Services			
Diagnostic Lab	0% after deductible	15% after deductible	20% after deductible
Diagnostic x-ray and imaging			
High-end Radiology (e.g., MRI/CT/PET), Nuclear Medicine and Sleep Studies			
Surgery - Performed in a Physician's Office			20% after deductible
Surgery - Outpatient			
Durable Medical Equipment			
Physical Therapy			
Occupational Therapy			
Speech Therapy			
Inpatient Services			
Hospitalization, Maternity	0% after deductible	15% after deductible	20% after deductible
Rehabilitation			
Mental Health, Chemical Dependency			
Emergency Services			
Urgent Care Center/Emergency Room	0% after deductible	15% after deductible	\$75/\$200
Prescription Benefit Options			
Prescription Option 1	\$3/\$12/\$35/\$60/\$100 after deductible	\$3/\$12/\$35/\$60/\$100 after deductible	\$5/\$18/\$40/\$90/\$200*
Prescription Option 2	Not available	15% after deductible	Not available
Pediatric Services			
Pediatric Vision Eyewear	\$0	15% after deductible	\$0
Pediatric Dental	Include/Exclude	Include/Exclude	Include/Exclude

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

**If you choose to offer VantageBlue Select (VBS) as one of the plans your employees can enroll in, you will be required to offer at least one other plan to all eligible employees. The VBS plan must be paired with another plan option which will offer access to all physicians contracted with BCBSRI without the need for a network

***Small group employers can select up to three plan options within our product portfolio, with the exception of our Bronze BlueSolutions plan. This gives you the flexibility to offer a range of plan types to your employees with various cost sharing components, and gives them the ability to select the plan that best fits their needs.referral.

VantageBlue	VantageBlue Select**
70/50	Not Applicable
2000/4000	0/0
30%	0% Tier 1/ 0% Tier 2
\$2,000 IND \$4,000 FAM	\$0 IND \$0 FAM
\$6,350 IND \$12,700 FAM	\$6,350 IND \$12,700 FAM
50%	0% Tier 1/ 100% Tier 2
\$4,000 IND \$8,000 FAM	\$0 IND \$0 FAM
\$9,600 IND \$19,200 FAM	\$19,050 IND \$38,100 FAM
\$0	\$0
\$25 PCMH/ \$25 Non-PCMH under 19/ \$35 Non-PCMH 19+	\$30 Tier 1/\$90 Tier 2
\$50	\$80 Tier 1/\$240 Tier 2
\$0	\$0 Tier 1/\$240 Tier 2
\$50 (12 visit limit)	\$80 Tier 1/\$240 Tier 2 (20 visit limit)
Not covered	Not covered
30% after deductible	\$30 Tier 1/\$90 Tier 2 \$225 Tier 1/\$675 Tier 2 \$600 Tier 1/\$1,800 Tier 2
\$0	\$0
30% after deductible	\$1,250 Tier 1/\$3,750 Tier 2 20% \$70 Tier 1/\$210 Tier 2
30% after deductible	\$2,500 Tier 1/\$6,350 Tier 2 \$1,250 Tier 1/\$3,750 Tier 2 \$2,500 Tier 1/\$2,500 Tier 2
\$75/\$250	\$40/\$800
\$3/\$12/50%/50%/\$200*	\$5/\$18/\$60/\$160/\$200*
Not available	Not available
\$0	\$0
Include/Exclude	Include/Exclude

Bronze-level***	
BlueSolutions	
100/60	
5000/10000	
0%	
\$5,000 IND \$10,000 FAM	
\$6,350 IND \$12,700 FAM	
40%	
\$10,000 IND \$20,000 FAM	
\$12,800 IND \$25,600 FAM	
\$0	
0% after deductible	
Not covered	
0% after deductible	
0% after deductible	
0% after deductible	
0% after deductible	
\$3/\$12/\$35/\$60/\$100 after deductible	
Not available	
0% after deductible	
Include/Exclude	

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).



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2015 Dental Plans

We've got a variety of qualified dental plan options to choose from to fit your employees' needs. These plans have been certified by the Office of the Health Insurance Commissioner that they meet the Essential Health Benefits (EHBs) for pediatric dental coverage.*

Coverage for members 19+	BCD1	BCD2	BCD3	BCD4	BCD5	BCD6	BCD7	BCD8
Calendar year maximum	\$1,500	\$1,500	\$1,200	\$1,200	\$1,200	\$1,200	\$1,200	\$1,200
Deductible	None	None	None	\$50/\$100	None	None	\$50/\$100	None
Dependent coverage	26	26	26	26	26	26	26	26
Diagnostic and Preventive Services								
Oral exam, cleanings, and X-rays	0%	0%	0%	0%	0%	0%	0%	0%
Fluoride, sealants, and space maintainers	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
Basic Services								
Fillings, palliative treatment, & simple extractions	20%	20%	0%	0%	0%	20%	0%	0%
Major Dental Services								
Crowns and onlays	50%	N/C	N/C	50%	0%	50%	50%	0%
Root canal therapy (anterior)	20%	20%	0%	0%	0%	20%	0%	0%
Root canal therapy (posterior)	20%	20%	N/C	50%	0%	20%	50%	0%
Oral surgery	20%	20%	N/C	50%	0%	20%	50%	0%
Periodontics								
Non-surgical periodontics	20%	20%	N/C	50%	50%	50%	50%	50%
Surgical periodontics	N/C	N/C	N/C	50%	50%	50%	50%	50%
Prosthodontics								
Bridges, dentures, and single tooth implants	N/C	N/C	N/C	N/C	N/C	50%	50%	50%
Orthodontics								
Braces	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C
Oral Appliances								
Night guards	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C

Pediatric coverage for members under age 19 (included in plans above).

Benefit	Coverage
Deductible	No deductible
In network out-of-pocket maximum	\$350 for individual plan; \$700 per family plan
Oral exams, cleaning, X-rays (bitewing, panoramic & individual), fluoride treatments, space maintainers & sealants	\$0
All other covered dental services: <ul style="list-style-type: none"> • Basic services • Major dental • Periodontics • Prosthodontics • Orthodontics (medically necessary) • Night guards 	50%

*We also have a variety of non-qualified dental plan options available.

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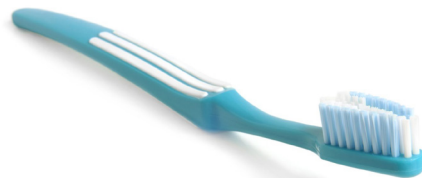
Understanding Pediatric Essential Benefits

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 coverage for vision and dental.



Pediatric Vision:

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



Pediatric Dental:

- 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
Deductible	<ul style="list-style-type: none"> • No deductible for VantageBlue plans • See medical deductible for HealthMate Coast-to-Coast and BlueSolutions plans
Out-of-pocket maximum	See medical out-of-pocket maximum
<ul style="list-style-type: none"> • Collection prescription frames • Standard lenses and lens options • Collection contact lenses 	<ul style="list-style-type: none"> • \$0 for VantageBlue plans • \$0 after deductible for HealthMate Coast-to-Coast and BlueSolutions 100/60 plans • 15% after deductible for BlueSolutions 85/60 plans

Benefit	Coverage
Deductible	<ul style="list-style-type: none"> • No deductible for VantageBlue plans • See medical deductible for HealthMate Coast-to-Coast and BlueSolutions plans
Out-of-pocket maximum	See medical out-of-pocket maximum
Oral exams, cleanings, X-rays (bitewing, panoramic, and individual), fluoride treatments, sealants, and space maintainers	<ul style="list-style-type: none"> • \$0 for VantageBlue plans • \$0 after deductible for HealthMate Coast-to-Coast and BlueSolutions plans
All other covered dental services: <ul style="list-style-type: none"> • Basic services • Major dental • Periodontics • Orthodontics • Night guards 	<ul style="list-style-type: none"> • 50% for VantageBlue plans • 50% after deductible for HealthMate Coast-to-Coast and BlueSolutions plans

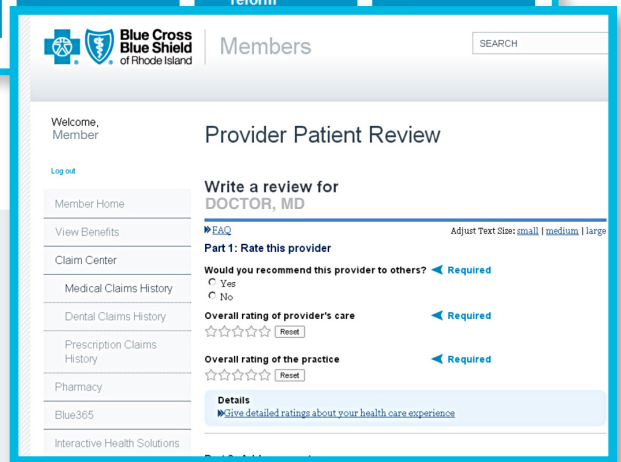
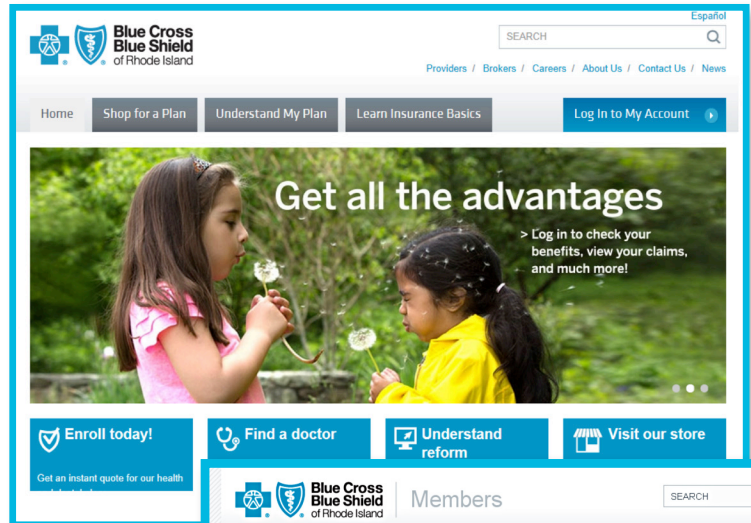
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Value-Added Online Tools and Services

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** – Explore the Wellness Portal to take a quick Health Assessment and much more.
- **Save with the Fitness Discount Program** – Enjoy savings on fitness center memberships, discounts on home fitness equipment, and much 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:

- **Find BCBSRI participating doctors and providers** – Find BCBSRI participating doctors and providers using the *Find A Doctor* tool on **BCBSRI.com**. 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.