

# 2017

## Rhode Island Business Medical and Pharmacy Product Portfolio

**B2BLUE** IT'S WHERE BUSINESS IS GOING





# Introducing the 2017 Rhode Island Business Medical and Pharmacy Product Portfolio

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You've asked for a benefits solution that offers choice, value, and simplicity, and our large group portfolio delivers. Responding to the unique needs of Rhode Island employers, we've developed a comprehensive suite of offerings that make it easy for you to find the solution that matches your benefits strategy.

The streamlined portfolio provides Rhode Island's most comprehensive suite of employee benefit solutions—from our unmatched, regional BlueCHiP plan, to our increasingly popular, consumer-driven health plan, BlueSolutions, that can be paired with an integrated health savings account (HSA).

**With our 2017 product portfolio, you'll find:**

- Market-tested, best-in-class medical and pharmacy plan options
- A wide range of price points to meet your budget
- The convenience and efficiency of standardized enrollment materials
- Powerful suite of employer reporting tools with Blue Insights
- Mobile tools for employees to receive reminders, find costs, and manage deductibles
- Simple administration across all areas of coverage including medical, dental, vision, FSA/HRA/HSA administration, and wellness incentives

If you have any questions about the 2017 Rhode Island Business Medical and Pharmacy Product Portfolio, please contact your BCBSRI account executive.

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# Medical Plans

Our BlueCHiP plans offer member cost-sharing features like deductibles, coinsurance, and copays, as well as:

- In-network (BCBSRI participating providers) and out-of-network benefits (BlueCard providers)
- PCP referrals with self-referrals for certain services
- Lower cost visits to patient-centered medical homes (PCMHs)



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## BlueCHiP

Unique Plan Identifier	Plan Description	Coinsurance In/Out-of-Network
L00158	BlueCHiP Flex 10	100%/80%
L00159	BlueCHiP Flex 11	
L00160	BlueCHiP Flex 12	
L00161	BlueCHiP Flex 13	
L00162	BlueCHiP Flex 14	
L00163	BlueCHiP Flex 15	
L00164	BlueCHiP Flex 16	
L00165	BlueCHiP Flex 17	
L00166	BlueCHiP Flex 18	
L00167	BlueCHiP Flex 19	
L00168	BlueCHiP Flex 20	80%/60%
L00169	BlueCHiP Flex 21	
L00170	BlueCHiP Flex 22	
L00171	BlueCHiP Flex 23	
L00245	BlueCHiP Flex 24	
L00246	BlueCHiP Flex 25	

In-Network Deductible	Copays PCMH/PCP/SP/UR/ER	In-Network OOP Maximum	Out-of-Network Deductible	Out-of-Network OOP Maximum	
\$1,000/\$2,000	\$0/\$25/\$40/\$50/\$150	\$3,000/\$6,000	\$2,000/\$4,000	\$6,000/\$12,000	
	\$0/\$30/\$50/\$50/\$200				
\$2,000/\$4,000	\$0/\$25/\$40/\$50/\$150	\$6,000/\$12,000	\$4,000/\$8,000	\$12,000/\$24,000	
	\$0/\$30/\$50/\$50/\$200				
\$3,000/\$6,000	\$0/\$25/\$40/\$50/\$150	\$6,850/\$13,700	\$6,000/\$12,000	\$13,700/\$27,400	
\$4,000/\$8,000	\$0/\$30/\$50/\$50/\$200		\$8,000/\$16,000		
	\$5,000/\$10,000		\$0/\$25/\$40/\$50/\$150		\$10,000/\$20,000
\$6,850/\$13,700	\$0/\$30/\$50/\$50/\$200		\$13,700/\$27,400		
	\$2,000/\$4,000		\$0/\$25/\$40/\$50/\$150		\$4,000/\$8,000
\$3,000/\$6,000	\$0/\$25/\$40/\$50/\$150		\$6,850/\$13,700		\$6,000/\$12,000
	\$0/\$30/\$50/\$50/\$200				
\$5,000/\$10,000	\$0/\$25/\$40/\$50/\$150	\$6,850/\$13,700	\$10,000/\$20,000		
	\$0/\$30/\$50/\$50/\$200				

# Medical Plans

We're teaming up with other Blue Cross & Blue Shield plans to offer Network Blue New England. These plans work well for employees and families living in other New England states.

**They offer:**

- The flexibility of regional care to employees here in Rhode Island
- Coordinated care, which can lead to better care at lower costs
- Lower premiums to help control medical costs for you and your employees



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## Network Blue New England

Unique Plan Identifier	Plan Description	Coinsurance In/Out-of-Network
L00247	Network Blue 1	100%/ Not Covered
L00248	Network Blue 2	
L00249	Network Blue 3	
L00250	Network Blue 4	
L00251	Network Blue 5	
L00252	Network Blue 6	
L00253	Network Blue 7	
L00254	Network Blue 8	
L00255	Network Blue 9	
L00256	Network Blue 10	
L00257	Network Blue 11	
L00258	Network Blue 12	
L00259	Network Blue 13	80%/ Not Covered
L00260	Network Blue 14	
L00261	Network Blue 15	
L00262	Network Blue 16	
L00263	Network Blue 17	
L00264	Network Blue 18	
L00265	Network Blue 19	
L00266	Network Blue 20	

In-Network Deductible	Copays PCP/SP/UR/ER	In-Network OOP Maximum	Out-of-Network Deductible	Out-of-Network OOP Maximum	
\$1,000/\$2,000	\$20/\$30/\$75/\$150	\$3,000/\$6,000	Not Covered	Not Covered	
	\$25/\$40/\$100/\$200		Not Covered	Not Covered	
\$1,500/\$3,000	\$20/\$30/\$75/\$150	\$4,500/\$9,000	Not Covered	Not Covered	
	\$25/\$40/\$100/\$200		Not Covered	Not Covered	
\$2,000/\$4,000	\$20/\$30/\$75/\$150	\$6,000/\$12,000	Not Covered	Not Covered	
	\$25/\$40/\$100/\$200		Not Covered	Not Covered	
\$3,000/\$6,000	\$20/\$30/\$75/\$150	\$6,500/\$13,000	Not Covered	Not Covered	
	\$25/\$40/\$100/\$200		Not Covered	Not Covered	
\$4,000/\$8,000	\$20/\$30/\$75/\$150	\$7,150/\$14,300	Not Covered	Not Covered	
	\$25/\$40/\$100/\$200		Not Covered	Not Covered	
\$5,000/\$10,000	\$20/\$30/\$75/\$150		Not Covered	Not Covered	
	\$25/\$40/\$100/\$200		Not Covered	Not Covered	
\$6,500/\$13,000	\$20/\$30/\$75/\$150		Not Covered	Not Covered	
	\$25/\$40/\$100/\$200		Not Covered	Not Covered	
\$2,000/\$4,000	\$20/\$30/\$75/\$150		\$6,000/\$12,000	Not Covered	Not Covered
	\$25/\$40/\$100/\$200			Not Covered	Not Covered
\$3,000/\$6,000	\$20/\$30/\$75/\$150	\$7,150/\$14,300	Not Covered	Not Covered	
	\$25/\$40/\$100/\$200		Not Covered	Not Covered	
\$5,000/\$10,000	\$20/\$30/\$75/\$150		Not Covered	Not Covered	
	\$25/\$40/\$100/\$200		Not Covered	Not Covered	

# Medical Plans

Our Blue Choice New England plans feature the same benefits as Network Blue New England, with the additional choice of offering out-of-network coverage.



## Blue Choice New England

Unique Plan Identifier	Plan Description	Coinsurance In/Out-of-Network
L00267	Blue Choice 1	100%/80%
L00268	Blue Choice 2	
L00269	Blue Choice 3	
L00270	Blue Choice 4	
L00271	Blue Choice 5	
L00272	Blue Choice 6	
L00273	Blue Choice 7	
L00274	Blue Choice 8	
L00275	Blue Choice 9	
L00276	Blue Choice 10	
L00277	Blue Choice 11	
L00278	Blue Choice 12	
L00279	Blue Choice 13	
L00280	Blue Choice 14	
L00281	Blue Choice 15	
L00282	Blue Choice 16	
L00283	Blue Choice 17	
L00284	Blue Choice 18	
L00285	Blue Choice 19	
L00286	Blue Choice 20	

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In-Network Deductible	Copays PCP/SP/UR/ER	In-Network OOP Maximum	Out-of-Network Deductible	Out-of-Network OOP Maximum		
\$1,000/\$2,000	\$20/\$30/\$75/\$150	\$3,000/\$6,000	\$2,000/\$4,000	\$6,000/\$12,000		
	\$25/\$40/\$100/\$200					
\$1,500/\$3,000	\$20/\$30/\$75/\$150	\$4,500/\$9,000	\$3,000/\$6,000	\$9,000/\$18,000		
	\$25/\$40/\$100/\$200					
\$2,000/\$4,000	\$20/\$30/\$75/\$150	\$6,000/\$12,000	\$4,000/\$8,000	\$12,000/\$24,000		
	\$25/\$40/\$100/\$200					
\$3,000/\$6,000	\$20/\$30/\$75/\$150	\$7,150/\$14,300	\$6,000/\$12,000	\$14,300/\$28,600		
	\$25/\$40/\$100/\$200					
\$4,000/\$8,000	\$20/\$30/\$75/\$150		\$8,000/\$16,000			
	\$25/\$40/\$100/\$200					
\$5,000/\$10,000	\$20/\$30/\$75/\$150		\$10,000/\$20,000			
	\$25/\$40/\$100/\$200					
\$6,500/\$13,000	\$20/\$30/\$75/\$150		\$13,000/\$26,000			
	\$25/\$40/\$100/\$200					
\$2,000/\$4,000	\$20/\$30/\$75/\$150		\$6,000/\$12,000		\$4,000/\$8,000	\$12,000/\$24,000
	\$25/\$40/\$100/\$200					
\$3,000/\$6,000	\$20/\$30/\$75/\$150	\$7,150/\$14,300	\$6,000/\$12,000	\$14,300/\$28,600		
	\$25/\$40/\$100/\$200					
\$5,000/\$10,000	\$20/\$30/\$75/\$150		\$10,000/\$20,000			
	\$25/\$40/\$100/\$200					

# Medical Plans

BasicBlue plans offer copays for primary care, specialist, and retail clinic visits, as well as many Tier 1 and 2 generic drugs before the deductible has been reached.

**They also include:**

- Lower cost visits to patient-centered medical homes (PCMHs)
- In-network benefits (BCBSRI participating providers and BlueCard providers)
- Out-of-network benefits (covered for urgent and emergency care only)
- Four annual PCP visits covered before deductible

These plans can only be paired with the pharmacy plan indicated.

BasicBlue			
Unique Plan Identifier	Plan Description	Coinsurance In/Out-of-Network	In-Network Deductible
L00242	BasicBlue 1	100%/ Not Covered	\$2,750/\$5,500
L00243	BasicBlue 2		\$5,000/\$10,000
L00244	BasicBlue 3		\$7,150/\$14,300

*\*After deductible*

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Copays PCMH/PCP/SP/UR/ER	In-Network OOP Maximum	Out-of-Network Deductible	Out-of-Network OOP Maximum	Pharmacy
\$15/\$25/\$30/\$0*/\$0*	\$2,750/\$5,500	Not Covered	Not Covered	\$10/\$30/\$0*/\$0*/\$0*
\$20/\$30/\$45/\$0*/\$0*	\$5,000/\$10,000			\$10/\$40/\$0*/\$0*/\$0*
\$50/\$90/\$85/\$0*/\$0*	\$7,150/\$14,300			\$10/\$50/\$0*/\$0*/\$0*



# Medical Plans

## BlueSolutions for HSA

Unique Plan Identifier	Plan Description	Coinsurance In/Out-of-Network	In-Network Deductible	Copays PCP/SP/UR/ER After Deductible	
L00223	BlueSolutions for HSA Plan 55	100%/60%	\$1,500/\$3,000	\$0/\$0/\$0/\$0	
L00224	BlueSolutions for HSA Plan 27			\$25/\$40/\$50/\$150	
L00225	BlueSolutions for HSA Plan 56				
L00226	BlueSolutions for HSA Plan 57		\$30/\$50/\$50/\$200		
L00227	BlueSolutions for HSA Plan 58		\$2,000/\$4,000	\$0/\$0/\$0/\$0	
L00228	BlueSolutions for HSA Plan 28			\$25/\$40/\$50/\$150	
L00229	BlueSolutions for HSA Plan 59				
L00230	BlueSolutions for HSA Plan 60				
L00231	BlueSolutions for HSA Plan 61		\$3,000/\$6,000	\$0/\$0/\$0/\$0	
L00232	BlueSolutions for HSA Plan 29			\$25/\$40/\$50/\$150	
L00233	BlueSolutions for HSA Plan 62				
L00234	BlueSolutions for HSA Plan 63			\$30/\$50/\$50/\$200	
L00235	BlueSolutions for HSA Plan 64			\$5,000/\$10,000	\$0/\$0/\$0/\$0
L00236	BlueSolutions for HSA Plan 65				\$25/\$40/\$50/\$150
L00237	BlueSolutions for HSA Plan 66		\$30/\$50/\$75/\$200		
L00238	BlueSolutions for HSA Plan 67		\$6,350/\$12,700	\$0/\$0/\$0/\$0	
L00239	BlueSolutions for HSA Plan 68	80%/60%	\$3,000/\$6,000	\$25/\$40/\$50/\$150	
L00240	BlueSolutions for HSA Plan 69			\$30/\$50/\$50/\$200	
L00241	BlueSolutions for HSA Plan 70				

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In-Network OOP Maximum	Out-of-Network Deductible	Out-of-Network OOP Maximum	In-Network Medical Coverage After Deductible is Met	In-Network Rx Coverage After Deductible is Met
\$3,000/\$6,000	\$3,000/\$6,000	\$6,000/\$12,000	100% Medical	Rx Copays
\$1,500/\$3,000		\$3,000/\$6,000	100% Medical	100% Rx
\$3,000/\$6,000		\$6,000/\$12,000	OV Copays; All else 100% post deductible	Rx Copays
\$4,000/\$8,000	\$4,000/\$8,000	\$8,000/\$16,000	100% Medical	100% Rx
\$2,000/\$4,000		\$4,000/\$8,000		
\$4,000/\$8,000		\$8,000/\$16,000	OV Copays; All else 100% post deductible	Rx Copays
\$6,000/\$12,000	\$6,000/\$12,000	\$12,000/\$24,000	100% Medical	100% Rx
\$3,000/\$6,000		\$6,000/\$12,000		
\$6,000/\$12,000		\$12,000/\$24,000	OV Copays; All else 100% post deductible	Rx Copays
\$5,000/\$10,000	\$10,000/\$20,000	\$10,000/\$20,000	100% Medical	100% Rx
\$6,550/\$13,100		\$13,100/\$26,200	OV Copays; All else 100% post deductible	Rx Copays
\$6,350/\$12,700	\$12,700/\$25,400	\$12,700/\$25,400	100% Medical	100% Rx
\$6,000/\$12,000	\$6,000/\$12,000	\$12,000/\$24,000	80% Medical	80% Rx
			OV Copays; All else 80% post deductible	

# Medical Plans

## VantageBlue

Unique Plan Identifier	Plan Description	Coinsurance In/Out-of-Network	In-Network Deductible	Copays PCMH/PCP/SP/UR/ER
L00211	VantageBlue 110	100%/80%	\$250/\$500	\$0/\$15/\$25/\$50/\$150
L00212	VantageBlue 111			\$0/\$20/\$30/\$50/\$100
L00214	VantageBlue 113			\$0/\$25/\$40/\$50/\$150
L00215	VantageBlue 114			\$0/\$30/\$30/\$50/\$200
L00106	VantageBlue 9		\$500/\$1,000	\$0/\$15/\$25/\$50/\$100
L00107	VantageBlue 7			\$0/\$20/\$30/\$50/\$100
L00108	VantageBlue 8			\$0/\$20/\$30/\$50/\$150
L00109	VantageBlue 12			\$0/\$25/\$40/\$50/\$150
L00110	VantageBlue 103			\$0/\$30/\$30/\$50/\$200
L00111	VantageBlue 15			\$0/\$15/\$25/\$50/\$100
L00112	VantageBlue 13			\$0/\$20/\$30/\$50/\$100
L00113	VantageBlue 14			\$0/\$20/\$30/\$50/\$150
L00114	VantageBlue 104		\$1,000/\$2,000	\$0/\$30/\$50/\$50/\$200
L00115	VantageBlue 21			\$0/\$15/\$25/\$50/\$100
L00116	VantageBlue 22			\$0/\$15/\$25/\$50/\$150
L00117	VantageBlue 19			\$0/\$20/\$30/\$50/\$100
L00118	VantageBlue 20			\$0/\$20/\$30/\$50/\$150
L00119	VantageBlue 23			\$0/\$25/\$40/\$50/\$100
L00120	VantageBlue 24		\$2,000/\$4,000	\$0/\$25/\$40/\$50/\$150
L00121	VantageBlue 105			\$0/\$30/\$50/\$50/\$200
L00218	VantageBlue 115	\$0/\$20/\$30/\$50/\$100		
L00219	VantageBlue 116	\$0/\$25/\$40/\$50/\$150		
L00220	VantageBlue 117	\$0/\$30/\$50/\$50/\$200		
L00125	VantageBlue 36	80%/60%	\$2,000/\$4,000	\$0/\$25/\$40/\$50/\$100
L00126	VantageBlue 37			\$0/\$25/\$40/\$50/\$150
L00127	VantageBlue 108			\$0/\$30/\$50/\$50/\$200

In-Network OOP Maximum	Out-of-Network Deductible	Out-of-Network OOP Maximum
\$750/\$1,500	\$1,000/\$2,000	\$1,500/\$3,000
\$3,000/\$6,000		\$6,000/\$12,000
\$1,500/\$3,000		\$3,000/\$6,000
\$3,000/\$6,000	\$2,000/\$4,000	\$6,000/\$12,000
\$6,000/\$12,000	\$4,000/\$8,000	\$12,000/\$24,000
\$6,850/\$13,700	\$6,000/\$12,000	\$13,700/\$27,400
\$6,000/\$12,000	\$4,000/\$8,000	\$12,000/\$24,000

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# Medical Plans

## HealthMate Coast-to-Coast - 100/80 Coinsurance

Unique Plan Identifier	Plan Description	Coinsurance In/Out-of-Network	In-Network Deductible	Copays PCP/SP/UR/ER
L00178	HMC2C Coin 330	100%/80%	\$250/\$500	\$15/\$25/\$50/\$100
L00180	HMC2C Coin 332			\$20/\$30/\$50/\$150
L00026	HMC2C Coin 6		\$500/\$1,000	\$15/\$25/\$50/\$100
L00027	HMC2C Coin 7			\$20/\$30/\$50/\$100
L00028	HMC2C Coin 8			\$20/\$30/\$50/\$150
L00029	HMC2C Coin 72			\$25/\$40/\$50/\$100
L00030	HMC2C Coin 73			\$25/\$40/\$50/\$150
L00031	HMC2C Coin 9			\$25/\$40/\$50/\$200
L00032	HMC2C Coin 10			\$30/\$50/\$50/\$200
L00033	HMC2C Coin 11			\$15/\$25/\$50/\$100
L00034	HMC2C Coin 12		\$20/\$30/\$50/\$100	
L00035	HMC2C Coin 13		\$1,000/\$2,000	\$20/\$30/\$50/\$150
L00036	HMC2C Coin 79			\$25/\$40/\$50/\$100
L00037	HMC2C Coin 14			\$25/\$40/\$50/\$200
L00038	HMC2C Coin 15			\$30/\$50/\$50/\$200
L00039	HMC2C Coin 83			\$15/\$25/\$50/\$100
L00040	HMC2C Coin 86			\$20/\$30/\$50/\$100
L00041	HMC2C Coin 87		\$1,500/\$3,000	\$20/\$30/\$50/\$150
L00042	HMC2C Coin 16			\$25/\$40/\$50/\$200
L00043	HMC2C Coin 17			\$30/\$50/\$50/\$200
L00044	HMC2C Coin 18			\$15/\$25/\$50/\$100
L00045	HMC2C Coin 94		\$2,000/\$4,000	\$15/\$25/\$50/\$200
L00046	HMC2C Coin 95			\$20/\$30/\$50/\$100
L00047	HMC2C Coin 96			\$20/\$30/\$50/\$150
L00049	HMC2C Coin 19			\$25/\$40/\$50/\$100
L00050	HMC2C Coin 20			\$25/\$40/\$50/\$150
L00051	HMC2C Coin 98			\$25/\$40/\$50/\$200
L00052	HMC2C Coin 101			\$30/\$50/\$50/\$200
L00186	HMC2C Coin 335			\$3,000/\$6,000
L00187	HMC2C Coin 336		\$25/\$40/\$50/\$100	
L00188	HMC2C Coin 337		\$25/\$40/\$50/\$150	
L00189	HMC2C Coin 338		\$25/\$40/\$50/\$200	
L00190	HMC2C Coin 339		\$30/\$50/\$50/\$200	
L00191	HMC2C Coin 340		\$4,000/\$8,000	\$25/\$40/\$50/\$150
L00192	HMC2C Coin 341	\$30/\$50/\$50/\$200		
L00193	HMC2C Coin 342	\$5,000/\$10,000	\$25/\$40/\$50/\$100	
L00194	HMC2C Coin 343		\$25/\$40/\$50/\$150	
L00195	HMC2C Coin 344		\$25/\$40/\$50/\$200	
L00196	HMC2C Coin 345		\$30/\$50/\$50/\$200	
L00197	HMC2C Coin 346	\$6,850/\$13,700	\$25/\$40/\$50/\$150	
L00198	HMC2C Coin 347		\$30/\$50/\$50/\$200	



In-Network OOP Maximum	Out-of-Network Deductible	Out-of-Network OOP Maximum
\$750/\$1,500		\$1,500/\$3,000
\$1,500/\$3,000	\$1,000/\$2,000	\$3,000/\$6,000
\$3,000/\$6,000	\$2,000/\$4,000	\$6,000/\$12,000
\$4,500/\$9,000	\$3,000/\$6,000	\$9,000/\$18,000
\$6,000/\$12,000	\$4,000/\$8,000	\$12,000/\$24,000
\$6,850/\$13,700	\$6,000/\$12,000	\$13,700/\$27,400
	\$8,000/\$16,000	
	\$10,000/\$20,000	
	\$13,700/\$27,400	

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# Medical Plans

## HealthMate-Coast-to-Coast - 80/60 Coinsurance

Unique Plan Identifier	Plan Description	Coinsurance In/Out-of-Network	In-Network Deductible	Copays PCP/SP/UR/ER	In-Network OOP Maximum	
L00069	HMC2C Coin 315	80%/60%	\$500/\$1,000	\$30/\$50/\$50/\$200	\$1,500/\$3,000	
L00071	HMC2C Coin 51		\$1,000/\$2,000	\$20/\$30/\$50/\$150	\$3,000/\$6,000	
L00072	HMC2C Coin 52			\$25/\$40/\$50/\$150		
L00073	HMC2C Coin 174			\$30/\$50/\$50/\$200		
L00074	HMC2C Coin 176		\$1,500/\$3,000	\$25/\$40/\$50/\$150	\$4,500/\$9,000	
L00199	HMC2C Coin 348				\$5,000/\$10,000	
L00200	HMC2C Coin 349					\$30/\$50/\$50/\$200
L00079	HMC2C Coin 53		\$2,000/\$4,000	\$25/\$40/\$50/\$100	\$6,000/\$12,000	
L00080	HMC2C Coin 54					\$25/\$40/\$50/\$150
L00081	HMC2C Coin 55					\$25/\$40/\$50/\$200
L00082	HMC2C Coin 56					\$30/\$50/\$50/\$150
L00083	HMC2C Coin 182					\$30/\$50/\$50/\$200
L00201	HMC2C Coin 350		\$3,000/\$6,000	\$25/\$40/\$50/\$150	\$6,850/\$13,700	
L00202	HMC2C Coin 351					\$30/\$50/\$50/\$150
L00203	HMC2C Coin 352		\$5,000/\$10,000	\$25/\$40/\$50/\$100		
L00204	HMC2C Coin 323					\$25/\$40/\$50/\$150
L00205	HMC2C Coin 353					\$30/\$50/\$50/\$150
L00206	HMC2C Coin 354					\$30/\$50/\$50/\$200

## HealthMate Coast-to-Coast - Deductible

Unique Plan Identifier	Plan Description	Coinsurance In/Out-of-Network	In-Network Deductible	Copays PCP/SP/UR/ER After Deductible	In-Network OOP Maximum
L00207	HMC2C Ded 66	100%/80%	\$1,500/\$3,000	\$0/\$0/\$0/\$0	\$3,000/\$6,000
L00208	HMC2C Ded 67		\$2,000/\$4,000		\$4,000/\$8,000
L00209	HMC2C Ded 68		\$3,000/\$6,000		\$6,000/\$12,000
L00210	HMC2C Ded 69		\$6,550/\$13,100		\$6,550/\$13,100

Out-of-Network Deductible	Out-of-Network OOP Maximum
\$1,000/\$2,000	\$3,000/\$6,000
\$2,000/\$4,000	\$6,000/\$12,000
\$3,000/\$6,000	\$9,000/\$18,000
	\$10,000/\$20,000
\$4,000/\$8,000	\$12,000/\$24,000
\$6,000/\$12,000	\$13,700/\$27,400
\$10,000/\$20,000	



Out-of-Network Deductible	Out-of-Network OOP Maximum
\$3,000/\$6,000	\$6,000/\$12,000
\$4,000/\$8,000	\$8,000/\$16,000
\$6,000/\$12,000	\$12,000/\$24,000
\$13,100/\$26,200	\$13,100/\$26,200

*This is a summary of benefits. It is not a contract. For details about each plan, including any limitations or exclusions not noted here, please refer to the plan's subscriber agreement.*

# Medical Plans

## HealthMate Coast-to-Coast - No Deductible

Unique Plan Identifier	Plan Description	Coinsurance In/Out-of-Network	In-Network Deductible	Copays PCP/SP/UR/ER
L00172	HMC2C 30	100%/80%	N/A	\$10/\$10/\$10/\$75
L00173	HMC2C 31			\$10/\$10/\$10/\$100
L00174	HMC2C 32			\$15/\$15/\$15/\$50
L00175	HMC2C 33			\$20/\$30/\$50/\$100
L00176	HMC2C 34			\$15/\$25/\$50/\$100



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In-Network OOP Maximum	Out-of-Network Deductible	Out-of-Network OOP Maximum
\$750/\$1,500	\$200/\$600	\$1,500/\$3,000
	\$1,000/\$2,000	

# Pharmacy Plans

## 2017 Pharmacy Portfolio

- Blue Cross formulary (drug list) and pharmacy management programs (e.g., prior authorization, step therapy, quantity limits)
- Specialty drug coverage
- Copay calculation: Copays are based upon the lower of copay, negotiated rate, or the pharmacy's usual and customary charge
- Mail-order copay calculation:
  - 2.5 copays for a 90-day supply for generics in Tier 1 and preferred drugs in Tier 2
  - Three copays for a 90-day supply of non-preferred drugs in Tier 3
  - Specialty drugs are not available through mail-order
- Retail day supply: 30 days
- Mail-order day supply: 90 days
- Out-of-network coverage: None



## 4-Tier Plan Design

Rx plans may be paired with all BlueCHIP, HealthMate Coast-to-Coast, and BlueSolutions medical plans.

Unique Plan Identifier	Copay Structure
R00023	\$7/\$25/\$40/\$65
R00024	\$7/\$30/\$50/\$75
R00025	\$10/\$35/\$60/\$100
R00026	\$10/\$50/\$75/\$200
R00027	20%/20%/20%/20% Tier 1 (\$50 cap) Tier 2 (\$50 cap) Tier 3 (\$50 cap) Tier 4 (\$200 cap)

## 4-Tier Plan Design

Rx plans may be paired with VantageBlue medical plans.

Unique Plan Identifier	Copay Structure
R00028	\$7*/\$25/\$40/\$65
R00029	\$7*/\$30/\$50/\$75
R00030	\$10*/\$35/\$60/\$100
R00031	\$10*/\$50/\$75/\$200
R00032	20%*/20%/20%/20% Tier 1 (\$50 cap) Tier 2 (\$50 cap) Tier 3 (\$50 cap) Tier 4 (\$200 cap)

\*Please note: VantageBlue plans have a \$2 copay for certain Tier 1 drugs for asthma.

This is a summary of benefits. It is not a contract. For details about each plan, including any limitations or exclusions not noted here, please refer to the plan's subscriber agreement.

Mail-Order	Retail Day Supply	Mail Day Supply	Copay Calculation
<ul style="list-style-type: none"> <li>• 2.5 copays for a 90-day supply for generics in Tier 1 and preferred drugs in Tier 2</li> <li>• Three copays for a 90-day supply of non-preferred drugs in Tier 3</li> <li>• Specialty drugs are not available through mail-order</li> </ul>	30	90	Copays are based upon the lower of copay, negotiated rate, or the pharmacy's usual and customary charge

Mail-Order	Retail Day Supply	Mail Day Supply	Copay Calculation
<ul style="list-style-type: none"> <li>• 2.5 copays for a 90-day supply for generics in Tier 1 and preferred drugs in Tier 2</li> <li>• Three copays for a 90-day supply of non-preferred drugs in Tier 3</li> <li>• Specialty drugs are not available through mail-order</li> </ul>	30	90	Copays are based upon the lower of copay, negotiated rate, or the pharmacy's usual and customary charge

diabetes, and COPD.

# Pharmacy Plans

- Blue Cross formulary (drug list) and pharmacy management programs (e.g., prior authorization, step therapy, quantity limits)
- Specialty drug coverage
- Copay calculation: Copays are based upon the lower of copay, negotiated rate, or the pharmacy's usual and customary charge
- Mail-order copay calculation:
  - 2.5 copays for a 90-day supply for generics in Tier 1 and preferred drugs in Tier 2
  - Three copays for a 90-day supply of non-preferred drugs in Tier 3
  - Specialty drugs are not available through mail-order
- Retail day supply: 30 days
- Mail-order day supply: 90 days
- Out-of-network coverage: None



## 5-Tier Plan Design

Rx plans may be paired with the local BlueCHiP product, HealthMate Coast-to-Coast and BlueSolutions medical plans.

Unique Plan Identifier	Copay Structure
R00033	\$7/\$30/\$60/\$150/\$300
R00034	\$10/\$35/\$70/\$150/\$300
R00035	\$10/\$40/\$80/\$150/\$300
R00036	\$15/\$50/\$100/\$200/\$400
R00037	20%/20%/20%/20%/20% Tier 1 (\$25 cap) Tier 2 (\$50 cap) Tier 3 (\$100 cap) Tier 4 (\$200 cap) Tier 5 (\$400 cap)

## 5-Tier Plan Design

Rx plans may be paired with Network Blue New England, Blue Choice New England, Blue Choice New England, and Vantage Blue medical plans.

Unique Plan Identifier	Copay Structure
R00038	\$7*/\$30/\$60/\$150/\$300
R00039	\$10*/\$35/\$70/\$150/\$300
R00040	\$10*/\$40/\$80/\$150/\$300
R00041	\$15*/\$50/\$100/\$200/\$400
R00042	20%*/20%/20%/20%/20% Tier 1 (\$25 cap) Tier 2 (\$50 cap) Tier 3 (\$100 cap) Tier 4 (\$200 cap) Tier 5 (\$400 cap)

\*Please note: VantageBlue plans have a \$2 copay for certain Tier 1 drugs for asthma, diabetes, and COPD.

This is a summary of benefits. It is not a contract. For details about each plan, including any limitations or exclusions not noted here, please refer to the plan's subscriber agreement.



Mail-Order	Retail Day Supply	Mail Day Supply	Copay Calculation
<ul style="list-style-type: none"> <li>• 2.5 copays for a 90-day supply for generics in Tier 1 and preferred drugs in Tier 2</li> <li>• Three copays for a 90-day supply of non-preferred drugs in Tier 3</li> <li>• Specialty drugs are not available through mail-order</li> </ul>	30	90	Copays are based upon the lower of copay, negotiated rate, or the pharmacy's usual and customary charge

Mail-Order	Retail Day Supply	Mail Day Supply	Copay Calculation
<ul style="list-style-type: none"> <li>• 2.5 copays for a 90-day supply for generics in Tier 1 and preferred drugs in Tier 2</li> <li>• Three copays for a 90-day supply of non-preferred drugs in Tier 3</li> <li>• Specialty drugs are not available through mail-order</li> </ul>	30	90	Copays are based upon the lower of copay, negotiated rate, or the pharmacy's usual and customary charge

# Enhance your plan with optional coverage

We offer a total solution for your employees' healthcare needs. Simply add any of these optional benefits to round out their coverage.

## BLUE CROSS DENTAL OFFERS

- Comprehensive dental care with a national network of more than 100,000 dental providers, including more than 90% of Rhode Island dentists
- Dental plans with enhanced benefit options
- Deeper discounts and lower claims costs to help your bottom line

## BLUE CROSS VISION OFFERS

- The EyeMed<sup>SM</sup> Access Network is the largest national network\* of vision providers including Lenscrafters<sup>®</sup>, Sears Optical<sup>®</sup>, Target<sup>®</sup>, JCPenney<sup>®</sup>, and most Pearle Vision<sup>SM</sup> locations. Online in-network options include contacts direct and glasses.com.
- Competitive rates for individual and family plans
- The convenience of not having to submit receipts for in-network services

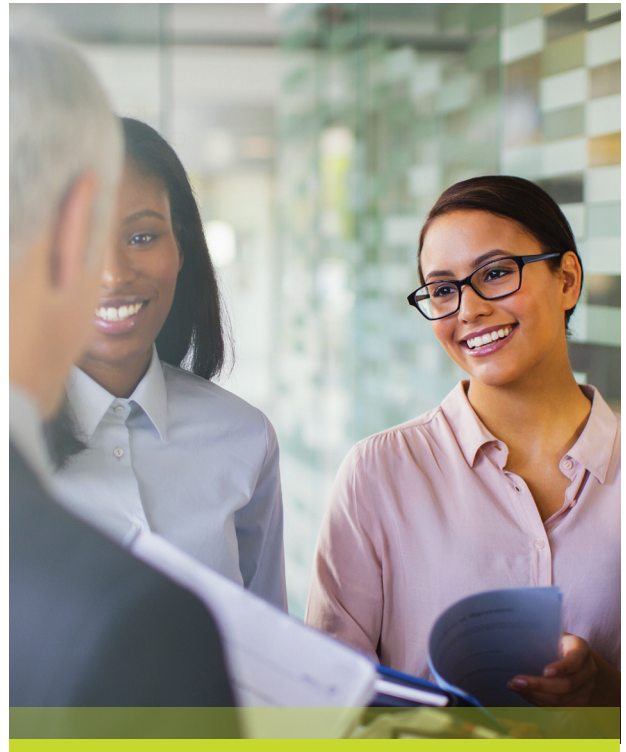
**Ask us about these and many other options we offer, including:**

- LTD, STD, and AD&D\*\*
- Pet insurance\*\*
- GeoBlue<sup>SM</sup> travel health insurance\*\*\*
- Group Medicare options

*\*Based on EyeMed internal data compared to data on other vision benefit companies obtained through NetMinder. September 2015*

*\*\*Offered in cooperation with Indigo Insurance Services. Indigo Insurance Services is an independent company that does not provide Blue Cross & Blue Shield of Rhode Island products or services. Indigo Insurance Services is solely responsible for the insurance coverage described above.*

*\*\*\*GeoBlue is the trade name for the international health insurance programs of Worldwide Insurance Services, an independent licensee of the Blue Cross and Blue Shield Association. GeoBlue does not provide Blue Cross & Blue Shield of Rhode Island products and is solely responsible for the products listed above.*







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