

# 2018

## Small Business Plan Portfolio



## 2018 Small Business Plan Pairing Options

**Most Small Group plans can be combined, please see restrictions below. This allows you to offer your employees up to three plans to choose from.**

BlueCHIP Advance plans can be paired with one other plan as noted. However, they cannot be combined with a health reimbursement account (HRA).

### **BlueCHIP Advance \$0/\$1,500 can be paired with:**

- VantageBlue 100/80 \$2,000/\$4,000
- BlueSolutions 100/60 \$1,500/\$3,000
- BlueSolutions 100/60 \$1,500/\$3,000 +co-pay
- BlueSolutions 100/60 \$1,900/\$3,800
- BasicBlue 100/Not Covered \$2,750/\$5,500
- Blue Choice New England 100/80 \$2,000/\$4,000
- Blue Choice New England 100/80 \$3,000/\$6,000
- Network Blue New England 100/Not Covered \$2,000/\$4,000
- Network Blue New England 100/Not Covered \$3,000/\$6,000

### **BlueCHIP Advance \$500/\$2,000 and BlueCHIP Advance \$1,000/\$2,000 can be paired with:**

- VantageBlue 100/80 \$3,000/\$6,000
- VantageBlue 80/60 \$3,000/\$6,000
- VantageBlue 70/50 \$2,000/\$4,000
- Blue Choice New England 100/80 \$3,000/\$6,000
- Network Blue New England 100/ Not Covered \$3,000/\$6,000
- BasicBlue 100/Not Covered \$2,750/\$5,500
- BlueSolutions 100/60 \$1,500/\$3,000
- BlueSolutions 100/60 \$1,900/\$3,800



### **These plans can be paired together but not with any other plans:**

- BlueSolutions 100/60 \$5,000/\$10,000
- BlueSolutions 100/60 \$6,000/\$12,000
- BlueSolutions 100/60 \$6,550/\$13,100
- BasicBlue 100/Not Covered \$7,150/ \$14,300

Product Family	Network Blue New England	Network Blue New England	Network Blue New England	Blue Choice	Blue Choice	Blue Choice	BlueCHiP Advance*	BlueCHiP Advance*	BlueCHiP Advance*
Coinsurance	100/Not Covered	100/Not Covered	100/Not Covered	100/80	100/80	100/80	Copay Plan	Copay Plan	Copay Plan
Individual / Family In-Network Deductible	\$1,000/\$2,000	\$2,000/\$4,000	\$3,000/\$6,000	\$1,000/\$2,000	\$2,000/\$4,000	\$3,000/\$6,000	Tier 1: \$0/\$0 Tier 2: \$1,500/\$3,000	Tier 1: \$500/\$1,000 Tier 2: \$2,000/\$4,000	Tier 1: \$1,000/\$2,000 Tier 2: \$2,000/\$4,000
Individual / Family In-Network Out-of-Pocket Max	\$3,000/\$6,000	\$6,000/\$12,000	\$6,500/\$13,000	\$3,000/\$6,000	\$6,000/\$12,000	\$7,150/\$14,300	\$4,750/\$9,500	\$6,800/\$13,600	\$6,800/\$13,600
Individual / Family Out-of-Network Deductible	Not Covered	Not Covered	Not Covered	\$2,000/\$4,000	\$4,000/\$8,000	\$6,000/\$12,000	\$6,600/\$13,200	\$6,600/\$13,200	\$6,600/\$13,200
Individual / Family Out-of-Network Out-of-Pocket	Not Covered	Not Covered	Not Covered	\$6,000/\$12,000	\$12,000/\$24,000	\$14,300/\$28,600	\$14,250/\$28,500	\$20,400/\$40,800	\$20,400/\$40,800
PCMH / Non PCMH	\$20/\$20	\$25/\$25	\$25/\$25	\$20/\$20	\$25/\$25	\$25/\$25	T1: \$20 T2: \$40	T1: \$20 T2: \$50	T1: \$20 T2: \$50
Specialist	\$30	\$40	\$40	\$30	\$40	\$40	T1: \$30 T2: \$50	T1: \$30 T2: \$60	T1: \$30 T2: \$60
Retail Clinic	\$20	\$25	\$25	\$20	\$25	\$25	T1: \$20 T2: \$40	T1: \$20 T2: \$50	T1: \$20 T2: \$50
Urgent Care / Emergency Room	\$75/\$150	\$100/\$200	\$100/\$200	\$75/\$150	\$100/\$200	\$100/\$200	\$50/\$150	\$75/\$150	\$75/\$150
Inpatient	0%	0%	0%	0%	0%	0%	T1: \$150 T2: \$800	T1: \$150 T2: \$1,000	T1: \$500 T2: \$1,000
High End Radiology	0%	0%	0%	0%	0%	0%	T1:\$0 T2: \$200	T1: \$0 T2: \$250	T1: \$200 T2: \$600
PT / OT / ST	20%	20%	20%	20%	20%	20%	T1: \$30 T2: \$50	T1:\$30 T2: \$60	T1: \$30 T2: \$60
Lab / X-ray	\$20/\$50	\$25/\$75	\$25/\$75	\$20/\$50	\$25/\$75	\$25/\$75	T1: \$0/\$0 T2: \$0/\$0	T1: \$0/\$0 T2: \$25/\$75	T1: \$0/\$0 T2: \$25/\$75
Outpatient Surgery	0%	0%	0%	0%	0%	0%	T1: \$150 T2: \$800	T1: \$150 T2: \$1,000	T1: \$150 T2: \$1,000
Pharmacy	\$10/25/35/60/100	\$10/30/50/75/125	\$10/30/50/75/125	\$10/25/35/60/100	\$10/30/50/75/125	\$10/30/50/75/125	\$10/30/50/75/125	\$10/30/50/75/125	\$10/30/50/75/125

After deductible

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\* These plans have pairing requirements and restrictions. Please contact your broker or Blue Cross account executive for details.

Product Family	BlueSolutions	BlueSolutions	BlueSolutions	BlueSolutions	BlueSolutions	BlueSolutions	BlueSolutions	BlueSolutions	BlueSolutions
Coinsurance	100/60	100/60 + Copay	100/60	100/60	100/60	100/60	100/60	100/60	100/60
Individual / Family In-Network Deductible	\$1,500/\$3,000	\$1,500/\$3,000	\$1,900/\$3,800	\$2,650/\$5,300	\$3,000/\$6,000	\$4,000/\$8,000	\$5,000/\$10,000	\$6,000/\$12,000	\$6,550/\$13,100
Individual / Family In-Network Out-of-Pocket Max	\$4,500/\$9,000	\$3,000/\$6,000	\$2,600/\$5,200	\$6,550/\$13,100	\$6,350/\$12,700	\$5,550/\$11,100	\$6,550/\$13,100	\$6,550/\$13,100	\$6,550/\$13,100
Individual / Family Out-of-Network Deductible	\$3,000/\$6,000	\$3,000/\$6,000	\$3,800/\$7,600	\$5,300/\$10,600	\$6,000/\$12,000	\$8,000/\$16,000	\$10,000/\$20,000	\$12,000/\$24,000	\$13,100/\$26,200
Individual / Family Out-of-Network Out-of-Pocket	\$13,500/\$27,000	\$9,000/\$18,000	\$7,800/\$15,600	\$19,650/\$39,300	\$19,050/\$38,100	\$16,650/\$33,300	\$19,650/\$39,300	\$19,650/\$39,300	\$19,650/\$39,300
PCMH / Non PCMH	0%	\$5/\$15	0%	0%	0%	0%	0%	0%	0%
Specialist	0%	\$20	0%	0%	0%	0%	0%	0%	0%
Retail Clinic	0%	\$20	0%	0%	0%	0%	0%	0%	0%
Urgent Care / Emergency Room	0%	\$100/\$200	0%	0%	0%	0%	0%	0%	0%
Inpatient	0%	0%	0%	0%	0%	0%	0%	0%	0%
High End Radiology	0%	0%	0%	0%	0%	0%	0%	0%	0%
PT / OT / ST	0%	\$20	0%	0%	0%	0%	0%	0%	0%
Lab / X-ray	0%	0%	0%	0%	0%	0%	0%	0%	0%
Outpatient Surgery	0%	0%	0%	0%	0%	0%	0%	0%	0%
Pharmacy	\$10/30/50/75/125	\$10/30/50/75/125	\$10/30/50/75/125	\$10/40/70/90/125	\$10/40/70/90/125	\$10/40/70/90/125	\$10/50/75/95/150	\$10/50/75/95/150	\$0/0/0/0/0

After deductible

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# VantageBlue

Product Family	VantageBlue	VantageBlue	VantageBlue	VantageBlue	VantageBlue	VantageBlue	VantageBlue	VantageBlue	VantageBlue	VantageBlue	VantageBlue	VantageBlue
Coinsurance	100/80	100/80	100/80	100/80	100/80	100/80	100/80	100/60	80/60	80/60	80/60	70/50
Individual / Family In-Network Deductible	\$500/\$1,000	\$750/\$1,500	\$1,000/\$2,000	\$2,000/\$4,000	\$2,500/\$5,000	\$3,000/\$6,000	\$4,000/\$8,000	\$1,500/\$3,000	\$1,000/\$2,000	\$2,000/\$4,000	\$3,000/\$6,000	\$2,000/\$4,000
Individual / Family In-Network Out-of-Pocket Max	\$1,500/\$3,000	\$1,700/\$3,400	\$4,000/\$8,000	\$3,600/\$7,200	\$6,000/\$12,000	\$6,500/\$13,000	\$6,350/\$12,700	\$4,500/\$9,000	\$4,000/\$8,000	\$5,000/\$10,000	\$5,800/\$11,600	\$6,150/\$12,300
Individual / Family Out-of-Network Deductible	\$2,000/\$4,000	\$3,000/\$6,000	\$2,000/\$4,000	\$4,000/\$8,000	\$5,000/\$10,000	\$6,000/\$12,000	\$8,000/\$16,000	\$3,000/\$6,000	\$2,000/\$4,000	\$4,000/\$8,000	\$6,000/\$12,000	\$4,000/\$8,000
Individual / Family Out-of-Network Out-of-Pocket	\$6,000/\$12,000	\$6,800/\$13,600	\$12,000/\$24,000	\$10,800/\$21,600	\$18,000/\$36,000	\$19,500/\$39,000	\$19,050/\$38,100	\$13,500/\$27,000	\$12,000/\$24,000	\$15,000/\$30,000	\$17,400/\$34,800	\$18,450/\$36,900
PCMH / Non PCMH	\$10/\$20 (1st sick visit free)	\$10/\$20 (1st sick visit free)	\$10/\$20 (1st sick visit free)	\$20/\$30 (1st sick visit free)	\$20/\$30 (1st sick visit free)	\$20/\$30 (1st sick visit free)	\$20/\$30 (1st sick visit free)	\$10/\$20 (1st sick visit free)	\$20/\$40 (1st sick visit free)	\$20/\$40 (1st sick visit free)	\$20/\$40 (1st sick visit free)	\$20/\$40 (1st sick visit free)
Specialist	\$30	\$30	\$30	\$40	\$40	\$40	\$40	\$30	\$50	\$50	\$50	\$50
Retail Clinic	\$20	\$20	\$20	\$30	\$30	\$30	\$30	\$20	\$40	\$40	\$40	\$40
Urgent Care / Emergency Room	\$50/\$100	\$50/\$100	\$50/\$100	\$100/\$200	\$100/\$200	\$100/\$200	\$100/\$200	\$50/\$100	\$125/\$250	\$125/\$250	\$125/\$250	\$125/\$250
Inpatient	0%	0%	0%	0%	0%	0%	0%	0%	20%	20%	20%	30%
High End Radiology	0%	0%	0%	0%	0%	0%	0%	0%	20%	20%	20%	30%
PT / OT / ST	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	30%
Lab / X-ray	\$0/\$0	\$0/\$0	\$0/\$0	\$25/\$75	\$25/\$75	\$25/\$75	\$25/\$75	\$0/\$0	\$25/\$75	\$25/\$75	\$25/\$75	\$25/\$75
Outpatient Surgery	0%	0%	0%	0%	0%	0%	0%	0%	20%	20%	20%	30%
Pharmacy	\$10/25/35/60/100	\$10/25/35/60/100	\$10/25/35/60/100	\$10/40/70/90/125	\$10/40/70/90/125	\$10/40/70/90/125	\$10/40/70/90/125	\$10/25/35/60/100	\$10/40/70/90/125	\$10/40/70/90/125	\$10/40/70/90/125	\$10/40/70/90/125

After deductible

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## BasicBlue

Product Family	BasicBlue	BasicBlue	BasicBlue
Coinsurance	100/Not Covered	100/Not Covered	100/Not Covered
Individual / Family In-Network Deductible	\$2,750/\$5,500	\$5,000/\$10,000	\$7,150/\$14,300
Individual / Family In-Network Out-of-Pocket Max	\$2,750/\$5,500	\$5,000/\$10,000	\$7,150/\$14,300
Individual / Family Out-of-Network Deductible	Not Covered	Not Covered	Not Covered
Individual / Family Out-of-Network Out-of-Pocket	Not Covered	Not Covered	Not Covered
PCMH / Non PCMH	\$15/\$25	\$20/\$30	\$50/\$70
Specialist	\$30	\$45	\$85
Retail Clinic	\$30	\$45	\$50
Urgent Care / Emergency Room	0%	0%	0%
Inpatient	0%	0%	0%
High End Radiology	0%	0%	0%
PT / OT / ST	0%	0%	0%
Lab / X-ray	0%	0%	0%
Outpatient Surgery	0%	0%	0%
Pharmacy	\$10/30/ 0/0/0	\$10/40/ 0/0/0	\$10/50/ 0/0/0

After deductible

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