

2017

Small Business Plan Portfolio



# 2017 Small Business Plan Pairing Options

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**Most Platinum, Gold, and Silver small group plans can be combined, except for the limitations noted below. This allows you to offer your employees up to three plans to choose from. Bronze plans can also be paired together.**

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
- BlueSolutions 100/60 \$1,500
- BlueSolutions 100/60 \$1,900
- BasicBlue 100/Not Covered \$2,750

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

- VantageBlue 100/80 \$3,000
- VantageBlue 80/60 \$3,000
- VantageBlue 70/50 \$2,000
- BlueSolutions 100/60 \$3,000
- BasicBlue 100/Not Covered \$5,000



## Platinum Plans

Product Family	VantageBlue	VantageBlue	VantageBlue
Coinsurance	100/80	100/80	100/80
Individual / Family In-Network Deductible	\$250/\$500	\$500/\$1,000	\$750/\$1,500
Individual / Family In-Network Out-of-Pocket Max	\$1,250/\$2,500	\$1,500/\$3,000	\$1,700/\$3,400
Individual / Family Out-of-Network Deductible	\$1,000/\$2,000	\$2,000/\$4,000	\$3,000/\$6,000
Individual / Family Out-of-Network Out-of-Pocket	\$6,000/\$12,000	\$6,000/\$12,000	\$6,800/\$13,600
PCMH / Non PCMH	\$10/\$20 (1st sick visit free)	\$10/\$20 (1st sick visit free)	\$10/\$20 (1st sick visit free)
Specialist	\$30	\$30	\$30
Retail Clinic	\$20	\$20	\$20
Urgent Care / Emergency Room	\$50/\$100	\$50/\$100	\$50/\$100
Inpatient	0%	0%	0%
High End Radiology	0%	0%	0%
PT / OT / ST	20%	20%	20%
Lab / X-ray	0%	0%	0%
Outpatient Surgery	0%	0%	0%
Pharmacy	\$10/25/35/60/100	\$10/25/35/60/100	\$10/25/35/60/100

After deductible

*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 subscriber agreement.*

## Gold Plans

Product Family	BlueCHIP		VantageBlue	VantageBlue
	Network Blue New England*	BlueCHIP Advance**		
Coinsurance	100/Not Covered	Copay Plan	100/80	100/60
Individual / Family In-Network Deductible	\$1,500/\$3,000	Tier 1: \$0/\$0 Tier 2: \$1,500/\$3,000	\$1,000/\$2,000	\$1,500/\$3,000
Individual / Family In-Network Out-of-Pocket Max	\$4,500/\$9,000	\$4,750/\$9,500	\$4,000/\$8,000	\$4,500/\$9,000
Individual / Family Out-of-Network Deductible	Not Covered	\$6,600/\$13,200	\$2,000/\$4,000	\$3,000/\$6,000
Individual / Family Out-of-Network Out-of-Pocket	Not Covered	\$14,250/\$28,500	\$12,000/\$24,000	\$13,500/\$27,000
PCMH / Non PCMH	\$20	T1: \$20 T2: \$40	\$15/\$25 (1st sick visit free)	\$15/\$25 (1st sick visit free)
Specialist	\$30	T1: \$30 T2: \$50	\$30	\$30
Retail Clinic	\$25	T1: \$20 T2: \$40	\$25	\$25
Urgent Care / Emergency Room	\$75/\$150	\$50/\$150	\$75/\$150	\$75/\$150
Inpatient	0%	T1: \$150 T2: \$800	0%	0%
High End Radiology	0%	T1: \$0 T2: \$200	0%	0%
PT / OT / ST	20%	T1: \$30 T2: \$50	20%	20%
Lab / X-ray	\$20/\$50	T1: \$0/\$0 T2: \$0/\$0	\$20/\$50	\$20/\$50
Outpatient Surgery	0%	T1: \$150 T2: \$800	0%	0%
Pharmacy	\$10/30/50/75/125	\$10/25/35/60/100	\$10/30/50/75/125	\$10/30/50/75/125

After deductible

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VantageBlue	VantageBlue	BlueSolutions	BlueSolutions	BlueSolutions	BasicBlue
100/80	80/60	100/60	100/60 + Copay	100/60	100/Not Covered
\$2,000/\$4,000	\$1,000/\$2,000	\$1,500/\$3,000	\$1,500/\$3,000	\$1,900/\$3,800	\$2,750/\$5,500
\$3,600/\$7,200	\$4,000/\$8,000	\$4,500/\$9,000	\$3,000/\$6,000	\$2,600/\$5,200	\$2,750/\$5,500
\$4,000/\$8,000	\$2,000/\$4,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,800/\$7,600	Not Covered
\$10,800/\$21,600	\$12,000/\$24,000	\$13,500/\$27,000	\$9,000/\$18,000	\$7,800/\$15,600	Not Covered
\$15/\$25 (1st sick visit free)	\$15/\$25 (1st sick visit free)	0%	\$5/\$15	0%	\$15/\$25 ***
\$30	\$30	0%	\$20	0%	\$30
\$25	\$25	0%	\$20	0%	\$30
\$75/\$150	\$75/\$150	0%	\$100/\$200	0%	0%
0%	20%	0%	0%	0%	0%
0%	20%	0%	0%	0%	0%
20%	20%	0%	\$20	0%	0%
\$20/\$50	\$20/\$50	0%	0%	0%	0%
0%	20%	0%	0%	0%	0%
\$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	\$10/30/ 0/0/0

\* Pending approval from the Rhode Island Department of Health

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

\*\*\* 4 Annual PCP visits, subsequent visits apply to the deductible.

# Silver Plans

Product Family	BlueCHIP			VantageBlue	VantageBlue	VantageBlue
	Network Blue New England*	BlueCHIP Advance**	BlueCHIP Advance**			
Coinsurance	100/Not Covered	Copay Plan	Copay Plan	100/80	100/80	100/80
Individual / Family In-Network Deductible	\$3,000/\$6,000	Tier 1: \$500/\$1,000 Tier 2: \$2,000/\$4,000	Tier 1: \$1,000/\$2,000 Tier 2: \$2,000/\$4,000	\$2,250/\$4,500	\$3,000/\$6,000	\$4,000/\$8,000
Individual / Family In-Network Out-of-Pocket Max	\$6,500/\$13,000	\$6,800/\$13,600	\$6,800/\$13,600	\$6,600/\$13,200	\$6,500/\$13,000	\$6,350/\$12,700
Individual / Family Out-of-Network Deductible	Not Covered	\$6,600/\$13,200	\$6,600/\$13,200	\$4,500/\$9,000	\$6,000/\$12,000	\$8,000/\$16,000
Individual / Family Out-of-Network Out-of-Pocket	Not Covered	\$20,400/\$40,800	\$20,400/\$40,800	\$19,800/\$39,600	\$19,500/\$39,000	\$19,050/\$38,100
PCMH / Non PCMH	\$25	T1: \$20 T2: \$50	T1: \$20 T2: \$50	\$20/\$40 (1st sick visit free)	\$20/\$30 (1st sick visit free)	\$20/\$30 (1st sick visit free)
Specialist	\$40	T1: \$30 T2: \$60	T1: \$30 T2: \$60	\$50	\$40	\$40
Retail Clinic	\$30	T1: \$20 T2: \$50	T1: \$20 T2: \$50	\$40	\$30	\$30
Urgent Care / Emergency Room	\$100/\$200	\$75/\$150	\$75/\$150	\$125/\$250	\$100/\$200	\$100/\$200
Inpatient	0%	T1: \$150 T2: \$1,000	T1: \$500 T2: \$1,000	0%	0%	0%
High End Radiology	0%	T1: \$0 T2: \$250	T1: \$200 T2: \$600	0%	0%	0%
PT / OT / ST	20%	T1: \$30 T2: \$60	T1: \$30 T2: \$60	20%	20%	20%
Lab / X-ray	\$25/\$75	T1: \$0/\$0 T2: \$25/\$75	T1: \$0/\$0 T2: \$25/\$75	\$25/\$75	\$25/\$75	\$25/\$75
Outpatient Surgery	0%	T1: \$150 T2: \$1,000	T1: \$150 T2: \$1,000	0%	0%	0%
Pharmacy	\$10/40/70/90/125	\$10/40/70/90/125	\$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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VantageBlue	VantageBlue	VantageBlue	VantageBlue	BlueSolutions	BlueSolutions	BasicBlue
80/60	80/60	80/60	70/50	100/60	90/50 + Copay	100/Not Covered
\$2,250/\$4,500	\$3,000/\$6,000	\$4,000/\$8,000	\$2,000/\$4,000	\$3,000/\$6,000	\$3,000/\$6,000	\$5,000/\$10,000
\$6,500/\$13,000	\$6,500/\$13,000	\$6,500/\$13,000	\$6,500/\$13,000	\$6,350/\$12,700	\$4,500/\$9,000	\$5,000/\$10,000
\$4,500/\$9,000	\$6,000/\$12,000	\$8,000/\$16,000	\$4,000/\$8,000	\$6,000/\$12,000	\$6,000/\$12,000	Not Covered
\$19,500/\$39,000	\$19,500/\$39,000	\$19,500/\$39,000	\$19,500/\$39,000	\$19,050/\$38,100	\$13,500/\$27,000	Not Covered
\$20/\$40 (1st sick visit free)	\$20/\$40 (1st sick visit free)	\$20/\$40 (1st sick visit free)	\$20/\$40 (1st sick visit free)	0%	\$25/\$35 (after deductible)	\$20/\$30***
\$50	\$50	\$50	\$50	0%	\$50 (after deductible)	\$45
\$40	\$40	\$40	\$40	0%	\$50 (after deductible)	\$45
\$125/\$250	\$125/\$250	\$125/\$250	\$125/\$250	0%	\$100/\$200 (after deductible)	0%
20%	20%	20%	30%	0%	10% (after deductible)	0%
20%	20%	20%	30%	0%	10% (after deductible)	0%
20%	20%	20%	30%	0%	10% (after deductible)	0%
\$25/\$75	\$25/\$75	\$25/\$75	\$25/\$75	0%	\$30/\$50 (after deductible)	0%
20%	20%	20%	30%	0%	10% (after deductible)	0%
\$10/40/70/90/125	\$10/40/70/90/125	\$10/40/70/90/125	\$10/40/70/90/125	\$10/40/70/90/125	\$10/40/70/90/125 (all after deductible)	\$10/40/0/0/0

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\*\*\* 4 Annual PCP visits, subsequent visits apply to the deductible.

## Bronze Plans\*

Product Family	BlueSolutions	BlueSolutions	BasicBlue
Coinsurance	80/60	100/60	100/Not Covered
Individual / Family In-Network Deductible	\$5,900/\$11,800	\$6,550/\$13,100	\$7,150/\$14,300
Individual / Family In-Network Out-of-Pocket Max	\$6,550/\$13,100	\$6,550/\$13,100	\$7,150/\$14,300
Individual / Family Out-of-Network Deductible	\$11,000/\$20,800	\$13,100/\$26,200	Not Covered
Individual / Family Out-of-Network Out-of-Pocket	\$19,950/\$39,900	\$19,650/\$39,300	Not Covered
PCMH / Non PCMH	20%	0%	\$50/\$90 **
Specialist	20%	0%	\$85
Retail Clinic	20%	0%	\$50
Urgent Care / Emergency Room	20%	0%	0%
Inpatient	20%	0%	0%
High End Radiology	20%	0%	0%
PT / OT / ST	20%	0%	0%
Lab / X-ray	20%	0%	0%
Outpatient Surgery	20%	0%	0%
Pharmacy	\$10/50/75/95/150	\$0/0/0/0/0	\$10/50/ 0/0/0

After deductible

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