

2019

Small Business Plan Portfolio



2019 Small Business Plan Pairing Options

BlueCHiP

Most Small Group plans can be combined, allowing you to offer up to three plans that your employees can choose from.

The following 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

Product Family	Network Blue New England	Network Blue New England	Network Blue New England	Blue Choice New England	Blue Choice New England	Blue Choice New England
Coinsurance In-Network / Out-of-Network	100/Not Covered	100/Not Covered	100/Not Covered	100/80	100/80	100/80
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
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
Individual / Family Out-of-Network Deductible	Not Covered	Not Covered	Not Covered	\$2,000/\$4,000	\$4,000/\$8,000	\$6,000/\$12,000
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
PCMH / Non PCMH	\$20/\$20	\$30/\$30	\$30/\$30	\$20/\$20	\$30/\$30	\$30/\$30
Specialist	\$30	\$50	\$50	\$30	\$50	\$50
Retail Clinic	\$20	\$30	\$30	\$20	\$30	\$30
Urgent Care / Emergency Room	\$75/\$150	\$100/\$200	\$100/\$200	\$75/\$150	\$100/\$200	\$100/\$200
Inpatient	0%	0%	0%	0%	0%	0%
High End Radiology	0%	0%	0%	0%	0%	0%
PT / OT / ST	20%	20%	20%	20%	20%	20%
Lab / X-ray	\$20/\$50	\$25/\$75	\$25/\$75	\$20/\$50	\$25/\$75	\$25/\$75
Outpatient Surgery	0%	0%	0%	0%	0%	0%
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

You pay amount shown after the deductible is met

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Product Family	BlueSolutions	BlueSolutions	BlueSolutions	BlueSolutions	BlueSolutions	BlueSolutions *	BlueSolutions *	BlueSolutions *
Coinsurance In-Network / Out-of-Network	100/60	100/60 + Copay	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	\$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	\$2,700/\$5,400	\$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	\$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	\$19,050/\$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%
Specialist	0%	\$20	0%	0%	0%	0%	0%	0%
Retail Clinic	0%	\$15	0%	0%	0%	0%	0%	0%
Urgent Care / Emergency Room	0%	\$100/\$200	0%	0%	0%	0%	0%	0%
Inpatient	0%	0%	0%	0%	0%	0%	0%	0%
High End Radiology	0%	0%	0%	0%	0%	0%	0%	0%
PT / OT / ST	0%	\$20	0%	0%	0%	0%	0%	0%
Lab / X-ray	0%	0%	0%	0%	0%	0%	0%	0%
Outpatient Surgery	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	\$10/50/75/95/150	\$10/50/75/95/150	\$0/0/0/0/0
	\$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 **	\$10/50/75/95/150 **	\$10/50/75/95/150 **	\$10/50/75/95/150**

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

** The pharmacy copay applies after the deductible is met or, for medications included in the preventative drug list, before the deductible is met.

VantageBlue

Product Family	VantageBlue	VantageBlue	VantageBlue	VantageBlue	VantageBlue	VantageBlue	VantageBlue	VantageBlue	VantageBlue	VantageBlue	VantageBlue	VantageBlue
Coinsurance In-Network / Out-of-Network	100/80	100/80	100/80	100/60	100/80	100/80	100/80	100/80	80/60	80/60	80/60	70/50
Individual / Family In-Network Deductible	\$500/\$1,000	\$750/\$1,500	\$1,000/\$2,000	\$1,500/\$3,000	\$2,000/\$4,000	\$2,500/\$5,000	\$3,000/\$6,000	\$4,000/\$8,000	\$1,000/\$2,000	\$2,000/\$4,000	\$3,000/\$6,000	\$2,000/\$4,000
Individual / Family In-Network Out-of-Pocket Max	\$1,800/\$3,600	\$1,700/\$3,400	\$4,000/\$8,000	\$4,500/\$9,000	\$4,100/\$8,200	\$6,000/\$12,000	\$6,500/\$13,000	\$6,350/\$12,700	\$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	\$3,000/\$6,000	\$4,000/\$8,000	\$5,000/\$10,000	\$6,000/\$12,000	\$8,000/\$16,000	\$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	\$13,500/\$27,000	\$10,800/\$21,600	\$18,000/\$36,000	\$19,500/\$39,000	\$19,050/\$38,100	\$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)	\$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)	\$20/\$30 (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	\$30	\$40	\$40	\$40	\$40	\$50	\$50	\$50	\$50
Retail Clinic	\$20	\$20	\$20	\$20	\$30	\$30	\$30	\$30	\$40	\$40	\$40	\$40
Urgent Care / Emergency Room	\$50/\$100	\$50/\$100	\$50/\$100	\$50/\$100	\$100/\$200	\$100/\$200	\$100/\$200	\$100/\$200	\$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	\$0/\$0	\$25/\$75	\$25/\$75	\$25/\$75	\$25/\$75	\$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	\$10/25/35/60/100	\$10/40/70/90/125	\$10/40/70/90/125	\$10/40/70/90/125	\$10/40/70/90/125	\$10/40/70/90/125	\$10/40/70/90/125	\$10/40/70/90/125	\$10/40/70/90/125

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