



PLAN PORTFOLIO

2022 Plans for Groups and Businesses
with FEWER THAN 50 EMPLOYEES

BlueCHiP

Network Blue New England Options

Network Blue New England Options offers a regional network that differentiates providers based on performance, with Enhanced-level providers demonstrating higher quality at a lower cost. This allows employees to have access to a broad provider network, while employers can use benefit differentials to encourage selection of Enhanced providers.

The plan offers:

- PCP referrals are required, with self-referrals allowed for certain services.
- Members have a lower cost share when using Enhanced providers.
- Members can control out-of-pocket costs through provider choice.

You pay amount shown after
the deductible is met

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Product Family	Network Blue NE Options		Network Blue NE Options	
	Enhanced	Standard	Enhanced	Standard
Coinsurance In-Network / Out-of-Network	100/Not Covered		100/Not Covered	
Individual / Family In-Network Deductible	\$2,000/\$4,000		\$5,000/\$10,000	
Individual / Family In-Network Out-of-Pocket Max	\$6,000/\$12,000		\$7,150/\$14,300	
Individual / Family Out-of-Network Deductible	Not Applicable		Not Applicable	
Individual / Family Out-of-Network Out-of-Pocket Max	Not Applicable		Not Applicable	
Specialist	\$40		\$45	
Retail Clinic	\$30		\$35	
Urgent Care / Emergency Room	\$75/\$150		\$100/\$200	
PT / OT / ST	\$40		\$45	
Pharmacy	\$10/40/80/150/300		\$15/50/100/200/400	
	Enhanced	Standard	Enhanced	Standard
PCP	\$15	\$30	\$20	\$35
Inpatient Facility	\$750	\$1,500	\$1,000	\$2,000
Inpatient Professional	\$0	\$0	\$0	\$0
Hospital Based Lab/High-end Radiology	\$250	\$500	\$250	\$500
Non-Hospital Based Lab/High-end Radiology	\$200	\$250	\$200	\$250
Hospital Based Lab/X-ray	\$30/\$60	\$45/\$75	\$30/\$60	\$45/\$75
Non-Hospital Based Lab/X-ray	\$30/\$50	\$30/\$60	\$30/\$50	\$30/\$60
Outpatient Surgery	\$375	\$750	\$500	\$1000

BlueCHiP

Blue Choice New England

Blue Choice New England offers the flexibility of regional care with lower premiums to help control medical costs for you and your employees. It also offers additional choices for members who are willing to pay more out of pocket to see providers who are not included in the network.

The plan offers:

- Coordinated care, which can lead to better care at lower costs.
- Lower out-of-pocket costs for members when seeking care through their primary care provider.
- Choice to seek self-directed care for a higher out-of-pocket cost.

Product Family
Coinsurance In-Network / Out-of-Network
Individual / Family In-Network Deductible
Individual / Family In-Network Out-of-Pocket Max
Individual / Family Out-of-Network Deductible
Individual / Family Out-of-Network Out-of-Pocket
PCP
Specialist
Retail Clinic
Urgent Care / Emergency Room
Inpatient Facility
High End Radiology
PT / OT / ST
Lab / X-ray
Outpatient Surgery
Pharmacy

You pay amount shown after the deductible is met

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Blue Choice New England	Blue Choice New England	Blue Choice New England	Blue Choice New England	Blue Choice New England
100/80	100/80	100/80	100/80	100/80
\$500/\$1,000	\$1,000/\$2,000	\$2,000/\$4,000	\$3,000/\$6,000	\$4,000/\$8,000
\$1,500/\$3,000	\$2,500/\$5,000	\$6,000/\$12,000	\$7,150/\$14,300	\$7,150/\$14,300
\$2,000/\$4,000	\$2,000/\$4,000	\$4,000/\$8,000	\$6,000/\$12,000	\$8,000/\$16,000
\$6,000/\$12,000	\$6,000/\$12,000	\$12,000/\$24,000	\$14,300/\$28,600	\$14,300/\$28,600
\$20	\$20	\$30	\$30	\$25
\$30	\$30	\$50	\$50	\$40
\$20	\$20	\$30	\$30	\$25
\$75/\$150	\$75/\$150	\$100/\$200	\$100/\$200	\$100/\$200
0%	0%	0%	0%	0%
0%	0%	0%	0%	0%
20%	20%	20%	20%	20%
\$20/\$50	\$20/\$50	\$25/\$75	\$25/\$75	\$25/\$75
0%	0%	0%	0%	0%
\$10/25/35/60/100	\$10/25/35/60/100	\$10/30/50/75/125	\$10/30/50/75/125	\$10/30/50/75/125

BlueCHiP

Network Blue New England

Network Blue New England works well for employees and families living in other New England states (excluding Vermont) or for businesses headquartered in Rhode Island that have regional satellite offices.

The plans offer:

- The flexibility of regional care to employees 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.

Product Family

Coinsurance In-Network / Out-of-Network

Individual / Family In-Network Deductible

Individual / Family In-Network Out-of-Pocket Max

Individual / Family Out-of-Network Deductible

Individual / Family Out-of-Network Out-of-Pocket

PCP

Specialist

Retail Clinic

Urgent Care / Emergency Room

Inpatient Facility

High End Radiology

PT / OT / ST

Lab / X-ray

Outpatient Surgery

Pharmacy

BlueCHiP

Access Blue New England

Access Blue New England plans are HSA-qualified, high deductible health plans with New England regional coverage.

The plans offer:

- The flexibility to be paired with a health savings account (HSA)
- Lower premiums to control medical costs for you and your employees
- A regional care network for employees and families living in other New England states

Product Family

Coinsurance In-Network / Out-of-Network

Individual / Family In-Network Deductible

Individual / Family In-Network Out-of-Pocket Max

Individual / Family Out-of-Network Deductible

Individual / Family Out-of-Network Out-of-Pocket

PCP

Specialist

Retail Clinic

Urgent Care / Emergency Room

Inpatient Facility

High End Radiology

PT / OT / ST

Lab / X-ray

Outpatient Surgery

Pharmacy

You pay amount shown after the deductible is met

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Network Blue New England	Network Blue New England	Network Blue New England	Network Blue New England	Network Blue New England
100/Not Covered	100/Not Covered	100/Not Covered	100/Not Covered	100/Not Covered
\$500/\$1,000	\$1,000/\$2,000	\$2,000/\$4,000	\$3,000/\$6,000	\$4,000/\$8,000
\$1,500/\$3,000	\$2,500/\$5,000	\$6,000/\$12,000	\$6,500/\$13,000	\$7,150/\$14,300
Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
\$20	\$20	\$30	\$30	\$25
\$30	\$30	\$50	\$50	\$40
\$20	\$20	\$30	\$30	\$25
\$75/\$150	\$75/\$150	\$100/\$200	\$100/\$200	\$100/\$200
0%	0%	0%	0%	0%
0%	0%	0%	0%	0%
20%	20%	20%	20%	20%
\$30/\$50	\$20/\$50	\$25/\$75	\$25/\$75	\$25/\$75
0%	0%	0%	0%	0%
\$10/25/35/60/100	\$10/25/35/60/100	\$10/30/50/75/125	\$10/30/50/75/125	\$10/30/50/75/125

Access Blue New England	Access Blue New England	Access Blue New England
100/Not Covered	100/Not Covered	100/Not Covered
\$1,900/\$3,800	\$3,400/\$6,800	\$7,000/\$14,000
\$3,000/\$6,000	\$6,350/\$12,700	\$7,000/\$14,000
Not Applicable	Not Applicable	Not Applicable
Not Applicable	Not Applicable	Not Applicable
0%	0%	0%
0%	0%	0%
0%	0%	0%
0%	0%	0%
0%	0%	0%
0%	0%	0%
0%	0%	0%
0%	0%	0%
0%	0%	0%
\$10/45/70/90/125	\$10/45/70/90/125	\$0/0/0/0/0
\$10/45/70/90/125*	\$10/45/70/90/125*	\$10/50/75/95/150 *

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

BlueSolutions

Product Family	BlueSolutions	BlueSolutions	BlueSolutions	BlueSolutions
Coinsurance In-Network / Out-of-Network	100/60	100/60 + Copay	100/60	100/60
Individual / Family In-Network Deductible	\$1,500/\$3,000	\$1,500/\$3,000	\$1,900/\$3,800	\$2,500/\$5,000
Individual / Family In-Network Out-of-Pocket Max	\$6,750 / \$13,500	\$4,000/\$8,000	\$3,000/\$6,000	\$5,500/\$11,000
Individual / Family Out-of-Network Deductible	\$3,000/\$6,000	\$3,000/\$6,000	\$3,800/\$7,600	\$5,000/\$10,000
Individual / Family Out-of-Network Out-of-Pocket	\$13,500/\$27,000	\$9,000/\$18,000	\$7,800/\$15,600	\$11,000/\$2,000
PCP	0%	\$15	0%	0%
Specialist	0%	\$20	0%	0%
Retail Clinic	0%	\$15	0%	0%
Urgent Care / Emergency Room	0%	\$100/\$200	0%	0%
Inpatient	0%	0%	0%	0%
High End Radiology	0%	0%	0%	0%
PT / OT / ST	0%	0%	0%	0%
Lab / X-ray	0%	0%	0%	0%
Outpatient Surgery	0%	0%	0%	0%
Pharmacy	\$10/45/70/90/125	\$10/45/70/90/125	\$10/45/70/90/125	\$10/45/70/90/125
	\$10/45/70/90/125*	\$10/45/70/90/125*	\$10/45/70/90/125*	\$10/45/70/90/125*

You pay amount shown after the deductible is met

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BlueSolutions	BlueSolutions	BlueSolutions	BlueSolutions	BlueSolutions
100/60	100/60	100/60	100/60	100/60
\$3,400/\$6,800	\$4,000/\$8,000	\$5,000/\$10,000	\$6,000/\$12,000	\$7,000/\$14,000
\$6,350/\$12,700	\$6,650/\$13,300	\$6,550/\$13,100	\$6,100/\$12,200	\$7,000/\$14,000
\$6,800/\$13,600	\$8,000/\$16,000	\$10,000/\$20,000	\$12,000/\$24,000	\$14,000/\$28,000
\$19,050/\$38,100	\$16,000/\$32,000	\$19,650/\$39,300	\$19,650/\$39,300	\$19,650/\$39,300
0%	0%	0%	0%	0%
0%	0%	0%	0%	0%
0%	0%	0%	0%	0%
0%	0%	0%	0%	0%
0%	0%	0%	0%	0%
0%	0%	0%	0%	0%
0%	0%	0%	0%	0%
0%	0%	0%	0%	0%
0%	0%	0%	0%	0%
0%	0%	0%	0%	0%
0%	0%	0%	0%	0%
\$10/45/70/90/125	\$10/45/70/90/125	\$10/50/75/95/150	\$10/50/75/95/150	\$0/0/0/0/0
\$10/45/70/90/125*	\$10/45/70/90/125 *	\$10/50/75/95/150*	\$10/50/75/95/150*	\$10/50/75/95/150*

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

VantageBlue

Product Family	VantageBlue*	VantageBlue*	VantageBlue*	VantageBlue*	VantageBlue	VantageBlue
Coinsurance In-Network / Out-of-Network	100/80	100/80	100/80	100/60	100/80	100/80
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
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
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
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
PCMH / Non PCMH	\$10/\$20	\$10/\$20	\$10/\$20	\$10/\$20	\$20/\$30	\$20/\$30
Specialist	\$30	\$30	\$30	\$30	\$40	\$40
Retail Clinic	\$20	\$20	\$20	\$20	\$30	\$30
Urgent Care / Emergency Room	\$50/\$100	\$50/\$100	\$50/\$100	\$50/\$100	\$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	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$25/\$75	\$25/\$75
Outpatient Surgery	0%	0%	0%	0%	0%	0%
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

You pay amount shown after the deductible is met

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VantageBlue	VantageBlue	VantageBlue	VantageBlue	VantageBlue	VantageBlue	VantageBlue	VantageBlue
100/80	100/80	100/80	80/60	80/60	80/60	70/50	100/80
\$3,000/\$6,000	\$4,000/\$8,000	\$5,000/\$10,000	\$1,000/\$2,000	\$2,000/\$4,000	\$3,000/\$6,000	\$2,000/\$4,000	\$8,550/\$17,100
\$6,500/\$13,000	\$5,000/\$10,000	\$7,000/\$14,000	\$4,000/\$8,000	\$5,000/\$10,000	\$5,800/\$11,600	\$6,150/\$12,300	\$8,550/\$17,100
\$6,000/\$12,000	\$8,000/\$16,000	\$10,000/\$20,000	\$2,000/\$4,000	\$4,000/\$8,000	\$6,000/\$12,000	\$4,000/\$8,000	\$17,100/\$34,200
\$19,500/\$39,000	\$19,050/\$38,100	\$19,500/\$39,000	\$12,000/\$24,000	\$15,000/\$30,000	\$17,400/\$34,800	\$18,450/\$36,900	\$20,000/\$38,100
\$20/\$30	\$20/\$30	\$20/\$30	\$20/\$40	\$20/\$40	\$20/\$40	\$20/\$40	\$20/\$40
\$40	\$40	\$40	\$50	\$50	\$50	\$50	\$50
\$30	\$30	\$30	\$40	\$40	\$40	\$40	\$40
\$100/\$200	\$100/\$200	\$100/\$200	\$125/\$250	\$125/\$250	\$125/\$250	\$125/\$250	\$150/\$300
0%	0%	0%	20%	20%	20%	30%	0%
0%	0%	0%	20%	20%	20%	30%	0%
20%	20%	20%	20%	20%	20%	30%	0%
\$25/\$75	\$25/\$75	\$25/\$75	\$50/\$100	\$50/\$100	\$50/\$100	\$50/\$100	\$50/\$100
0%	0%	0%	20%	20%	20%	30%	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	\$10/40/70/90/125	\$10/40/70/90/125

*This plan includes acupuncture



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Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.