

12 Insurance Plans Are Available to Meet the Needs of Individuals and their Families



Individual Premiums

These premiums do not factor in tax credits and other cost-sharing assistance that many Rhode Islanders may qualify for. Those with incomes below 400% of the Federal Poverty Level (which is \$45,960 for individuals and \$94,200 for a family of four) may qualify for tax credits to make their monthly insurance premiums more affordable. Tax credit calculators will be available on HealthSourceRI.com to help individuals, families and small employers.

Insurance Company	BCBSRI	BCBSRI	BCBSRI	NHPRI*	BCBSRI	BCBSRI	BCBSRI	NHPRI*	BCBSRI	BCBSRI	BCBSRI	BCBSRI
Plan Name	BlueSolutions for HSA Direct 1500/3000	VantageBlue Direct Plan 1000/2000	VantageBlue SelectRI Direct 500/1000	Neighborhood Health Plan of RI Plus	BlueSolutions for HSA Direct 2600/5200	VantageBlue Direct 3000/6000	VantageBlue SelectRI Direct 3000/6000	Neighborhood Health Plan of RI Value	BlueSolutions for HSA Direct 5000/10000	Vantage Blue Direct 5800/11600	VantageBlue SelectRI Direct 5800/11600	BasicBlue Direct
Federal Plan Categories	Gold	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze	Catastrophic Plan**
Monthly Premium (Rate for 21-year-old)	\$261	\$276	\$282	\$269	\$214	\$230	\$235	\$232	\$166	\$169	\$177	\$150
Monthly Premium (Rate for 45-year-old)	\$377	\$399	\$408	\$389	\$310	\$332	\$339	\$335	\$240	\$244	\$255	N/A**

How Your Get Your Care = The Provider Network

Some plans have established a tiered value system for their providers (such as doctors and hospitals).

Network Type	Preferred Provider Organization (PPO)	Preferred Provider Organization (PPO)	Preferred Provider Organization (PPO) with Tiers	Health Maintenance Organization (HMO)	Preferred Provider Organization (PPO)	Preferred Provider Organization (PPO)	Preferred Provider Organization (PPO) with Tiers	Health Maintenance Organization (HMO)	Preferred Provider Organization (PPO)	Preferred Provider Organization (PPO)	Preferred Provider Organization (PPO) with Tiers	Preferred Provider Organization (PPO)
Other Features	HSA Qualified				HSA Qualified				HSA Qualified			Catastrophic Plan

Services

All plans must cover the same set of services.

SERVICES MUST INCLUDE:

Ambulatory patient services (outpatient care you get without being admitted to a hospital), emergency services, hospitalization, maternity and newborn care, mental health and substance use treatment services (this includes counseling and psychotherapy), prescription drugs, rehabilitative and habilitative services and devices, lab services, preventive and wellness services, chronic disease management, and pediatric services.

Preventive Services and Screenings

All plans must cover the same set of preventive services.

PREVENTIVE SERVICES INCLUDE:

Blood pressure screening, breast cancer screening and mammography, cervical cancer screening (Pap test) cholesterol screening, colorectal cancer screening, contraceptive services, depression screening, hypertension screening, obesity screening and counseling. Adult immunizations such as flu shots, Hepatitis A and B, and pneumonia shots will also be covered.

Deductibles**

A type of cost-sharing that requires you to pay a specific amount of money for certain health care services before your plan will begin to pay the remainder. This amount is in addition to the monthly premium.

Deductible - Medical	\$1,500 Individual \$3,000 Family	\$1,000 Individual \$2,000 Family	\$500 Individual \$1,000 Family	\$2,000 Individual \$4,000 Family	\$2,600 Individual \$5,200 Family	\$3,000 Individual \$6,000 Family	\$3,000 Individual \$6,000 Family	\$3,000 Individual \$6,000 Family	\$5,000 Individual \$10,000 Family	\$5,800 Individual \$11,600 Family	\$5,800 Individual \$11,600 Family	\$6,350 Individual \$12,700 Family
Deductible - Drug	Combined with medical			\$100 Individual \$200 Family	Combined with medical			\$250 Individual \$500 Family	Combined with medical	\$500 Drug	\$500 Drug	Combined with medical

Coinsurance (shaded) & Copayments***

Coinsurance: A type of cost-sharing that requires you to pay a percentage of the cost for certain types of health care services once you have met the deductible.

Copayments: A type of cost-sharing that requires you to pay a fixed dollar amount for certain types of health care services each time you use them.

In some plans payments reflect a tiered value system for their providers (such as doctors and hospitals).

The **WHITE** area is Copayment. It is the amount you pay per visit or health care service regardless of whether you have met your deductible.

The **SHADED** area is Coinsurance. You pay the full cost of a visit or health care service until you reach your deductible. After that you only pay this percentage of the full cost.

PCMH = Primary Care Medical Home, also referred to as Patient Centered Medical Home, is a team of providers that may include physicians, nurses, pharmacists, nutritionists, social workers, educators and care coordinators.

PCP = Primary Care Physician

ER Services	0%/\$0	\$200	\$200	\$100	10%	\$200	\$200	\$200	0%/\$0	\$350	\$350	0%
Inpatient Hospital	0%/\$0	20%	20% Tier 1 40% Tier 2	20%	10%	20%	20% Tier 1 40% Tier 2	30%	0%/\$0	30%	30% Tier 1 50% Tier 2	0%
Primary Care	0%/\$0	\$15 per visit to a PCMH or you are under age 19; \$25 per visit to a non-PCMH.	\$10 Tier 1 PCP (including those under 19); \$30 Tier 2 PCP	\$10	10%	\$15 per visit to a PCMH (including those under 19); \$25 per visit to a non-PCMH.	\$10 Tier 1 PCP (including those under 19); \$30 Tier 2 PCP	\$25	0%/\$0	\$40 per visit to a PCMH; \$60 per visit to a PCP	\$40 Tier 1 PCP/PCMH; \$60 Tier 2 PCP	\$25 for first 3 office visits; 100% coverage after deductible for all subsequent visits
Specialist Visit	0%/\$0	\$40	\$30 Tier 1 \$50 Tier 2	\$20	10%	\$40	\$30 Tier 1 \$50 Tier 2	\$50	0%/\$0	\$75	\$65 Tier 1 \$85 Tier 2	
Mental Health and Substance Abuse - Office Visits	0%/\$0	\$40	\$30 Tier 1 \$50 Tier 2	\$10	10%	\$40	\$30 Tier 1 \$50 Tier 2	\$25	0%/\$0	\$75	\$65 Tier 1 \$85 Tier 2	0%
High End Imaging: CT/PET/MRI	0%/\$0	20%	\$200 Tier 1 \$600 Tier 2	20%	10%	20%	\$200 Tier 1 \$600 Tier 2	30%	0%/\$0	30%	\$200 Tier 1 \$600 Tier 2	0%
Speech/Occup/Phys Therapy	0%/\$0	20%	\$25 Tier 1 \$75 Tier 2	\$20	10%	20%	\$25 Tier 1 \$75 Tier 2	\$50	0%/\$0	30%	\$25 Tier 1 \$75 Tier 2	0%
Preventive Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Lab Services, Outpatient	0%/\$0	20%	\$25 Tier 1 \$75 Tier 2	20%	10%	20%	\$25 Tier 1 \$75 Tier 2	30%	0%/\$0	30%	\$25 Tier 1 \$75 Tier 2	0%
X-rays and Other Diag. Imaging	0%/\$0	20%	\$50 Tier 1 \$150 Tier 2	20%	10%	20%	\$50 Tier 1 \$150 Tier 2	30%	0%/\$0	30%	\$50 Tier 1 \$150 Tier 2	0%
Skilled Nursing Facility	0%/\$0	20%	20%	20%	10%	20%	20%	30%	0%/\$0	30%	30%	0%
Outpatient Facility Fee	0%/\$0	20%	20%	20%	10%	20%	20%	30%	0%/\$0	30%	30%	0%
Outpatient Surgery/Services	0%/\$0	20%	20%	20%	10%	20%	20%	30%	0%/\$0	30%	30%	0%

Prescription Drugs:

Tier 1	\$3 / \$12	\$3 / \$12	\$3 / \$12	\$5	\$3 / \$12	\$5 / \$18	\$5 / \$18	\$10	\$3 / \$12	\$13 / \$35	\$13 / \$35	0%
Tier 2	\$35	\$35	\$35	\$20	\$35	\$40	\$40	\$40	\$35	50%	50%	0%
Tier 3	\$60	\$60	\$60	\$40	\$60	\$90	\$90	\$60	\$60	50%	50%	0%
Tier 4	\$100	\$100	\$100	\$40	\$100	\$200	\$200	\$60	\$100	\$250	\$250	0%

Maximum Out-of-Pocket**

The maximum amount of money you will pay for health care services in a given year (in addition to your monthly premium). This includes your deductible, copayments and coinsurance.

Maximum Out of Pocket (MOOP) Medical	\$2,250 Individual \$4,500 Family	\$4,000 Individual \$8,000 Family	\$4,000 Individual \$8,000 Family	\$4,000 Individual \$8,000 Family	\$4,000 Individual \$8,000 Family	\$6,350 Individual \$12,700 Family	\$6,350 Individual \$12,700 Family	\$5,000 Individual \$10,000 Family	\$6,350 Individual \$12,700 Family	\$6,350 Individual \$12,700 Family	\$6,350 Individual \$12,700 Family	\$6,350 Individual \$12,700 Family
Maximum Out of Pocket (MOOP) Drug				\$500 Individual \$1,000 Family				\$1,000 Individual \$2,000 Family				

* These plans are available to individuals with incomes below \$28,275 or families of four with incomes below \$48,825.

**You may pay less if you are an individual with an annual income below \$28,275 or a family of four with an annual income below \$48,825

***Catastrophic plans are only available to those under 30 years of age unless your plan is deemed unaffordable. PPACA Sec. 1302(e)(2); 45 CFR 156.155

This is a partial summary of benefits and coverage and should not be considered a contract. This information, including all quoted rates, should be used for informational purposes only. Changes may be made to the benefits and coverage policies described here. You should only rely upon the Evidence of Coverage document provided to you from your health insurance company for information on rates, covered benefits, limitations and exclusions.