**2015 INDIVIDUAL MARKET PLAN BENEFITS**

### Insurance Company
- **BCBSRI**: Blue Cross & Blue Shield of Rhode Island
- **NHPI**: Neighborhood Health Plan of Rhode Island
- **UHC**: UnitedHealthcare

#### Plan Name
- Non-Preferred Network
- Preferred Provider Organization (PPO): open, flexible coverage
- HMO—Gated, PCP
- HMO—Gated, PCP

#### Premiums and Out-of-Pocket Costs
- **Annual Premium (21-year-old)**: $274
- **Annual Premium (21-year-old)**: $299
- **Annual Premium (21-year-old)**: $35

#### Network Type
- **Preferred Provider Organization (PPO)**
- **HMO—Gated, PCP**
- **HMO—no network**

#### Maximum Out-of-Pocket
- **Out-of-Pocket (OOP)**

### Deductible - Medical
- **Deductible - Medical**: $3,000 Family **2015**
- **Deductible - Medical**: $8,000 Family **2015**
- **Deductible - Medical**: $12,700 Family **2015**

### Deductible - Drug
- **Deductible - Drug**: $0
- **Deductible - Drug**: $0
- **Deductible - Drug**: $0

#### Primary Care
- **Primary Care**: 0%
- **Primary Care**: 0%
- **Primary Care**: 0%

#### Specialist Visit
- **Specialist Visit**: 0%
- **Specialist Visit**: 0%
- **Specialist Visit**: 0%

#### Preventative Care
- **Preventative Care**: 0%
- **Preventative Care**: 0%
- **Preventative Care**: 0%

#### Inpatient Hospital
- **Inpatient Hospital**: 0%
- **Inpatient Hospital**: 0%
- **Inpatient Hospital**: 0%

#### ER & Other Diag. Imaging
- **ER & Other Diag. Imaging**: 0%
- **ER & Other Diag. Imaging**: 0%
- **ER & Other Diag. Imaging**: 0%

#### High End Imaging (CT/PET/MRI)
- **High End Imaging (CT/PET/MRI)**: 0%
- **High End Imaging (CT/PET/MRI)**: 0%
- **High End Imaging (CT/PET/MRI)**: 0%

#### Speech/Occup/Phys Therapy
- **Speech/Occup/Phys Therapy**: 0%
- **Speech/Occup/Phys Therapy**: 0%
- **Speech/Occup/Phys Therapy**: 0%

#### Lab Services, Outpatient
- **Lab Services, Outpatient**: 0%
- **Lab Services, Outpatient**: 0%
- **Lab Services, Outpatient**: 0%

#### Skilled Nursing Facility
- **Skilled Nursing Facility**: 0%
- **Skilled Nursing Facility**: 0%
- **Skilled Nursing Facility**: 0%

#### Outpatient Surgery/Services
- **Outpatient Surgery/Services**: 0%
- **Outpatient Surgery/Services**: 0%
- **Outpatient Surgery/Services**: 0%

### Prescription Drugs
- **Tier 1**: Tier 1
- **Tier 2**: Tier 2
- **Tier 3**: Tier 3

### Other Plan Features
- **Health Savings Accounts (HSAs)**
- **UnitedHealthcare**: UnitedHealthcare

### Additional Information
- **Rates as of October 16, 2014. This is a partial summary of benefits and coverage and should not be considered a contract. The 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 rely only upon the evidence of Coverage document provided to you from your health insurance company for information about covered benefits, limitations, and exclusions.**
# 2015 INDIVIDUAL MARKET PLANS • PREMIUMS BY AGE

**Plan as of October 16, 2014.** 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 educational purposes only. For complete details, contact the plan or your insurance agent. You should rely only upon the evidence of Coverage and Professionals to whom you entrust the care of your health. **Plan Name**

| Age | BCBSRI | NHPRI | UHC | BCBSRI | NHPRI | UHC | BCBSRI | NHPRI | UHC | BCBSRI | NHPRI | UHC | BCBSRI | NHPRI | UHC | BCBSRI | NHPRI | UHC | BCBSRI | NHPRI | UHC | BCBSRI | NHPRI | UHC |
|-----|--------|--------|-----|--------|--------|-----|--------|--------|-----|--------|--------|-----|--------|--------|-----|--------|--------|-----|--------|--------|-----|--------|--------|-----|--------|--------|-----|
| 31-35 | $883 | $812 | $779 | $729 | $639 | $610 | $558 | $534 | $534 | $534 | $534 | $534 | $534 | $534 | $534 | $534 | $534 | $534 | $534 | $534 | $534 | $534 | $534 |
| 36-40 | $707 | $673 | $610 | $511 | $470 | $449 | $393 | $361 | $347 | $327 | $313 | $308 | $298 | $298 | $298 | $298 | $298 | $298 | $298 | $298 | $298 | $298 | $298 |
| 41-50 | $710 | $691 | $676 | $626 | $613 | $586 | $470 | $449 | $449 | $449 | $449 | $449 | $449 | $449 | $449 | $449 | $449 | $449 | $449 | $449 | $449 | $449 | $449 |
| 51-60 | $735 | $700 | $648 | $626 | $634 | $532 | $555 | $532 | $532 | $532 | $532 | $532 | $532 | $532 | $532 | $532 | $532 | $532 | $532 | $532 | $532 | $532 | $532 |
| 61-64 | $660 | $569 | $521 | $498 | $436 | $417 | $349 | $349 | $349 | $349 | $349 | $349 | $349 | $349 | $349 | $349 | $349 | $349 | $349 | $349 | $349 | $349 | $349 |
| 65+ | $731 | $696 | $644 | $484 | $405 | $336 | $323 | $313 | $313 | $313 | $313 | $313 | $313 | $313 | $313 | $313 | $313 | $313 | $313 | $313 | $313 | $313 | $313 |

**INDIVIDUAL MARKET PLANS & BENEFITS**

- **2015**
- **Easy compare plans from the state's top carriers, all in one place**
- **See if you qualify for tax credits to help pay the cost of your insurance**
- **Call 1-855-840-4774, go to www.healthsourceri.com or visit us in person for assistance**