

2016



- Easily compare plans from the state's top carriers, all in one place
- Nearly 9 out of 10 HealthSource RI customers received financial help this year. Use our Savings Calculator at HealthSourceRI.com/calculator to see if you qualify
- Visit HealthSourceRI.com to enroll or call 1-855-840-4774 for assistance



INDIVIDUAL MARKET PLANS & BENEFITS

Monthly Tax Credits:

Some Rhode Islanders are eligible for tax credits that may reduce the cost of their monthly premium. These credits are based on income and family size. The tables show examples of family sizes and income levels and their eligibility for tax credits.

Single Adults:		Tax Credits by Annual Income				
Age		\$20,000	\$25,000	\$30,000	\$35,000	\$40,000
21 year old		\$122	\$62	\$0	\$0	\$0
40 year old		\$179	\$119	\$54	\$0	\$0
60 year old		\$473	\$414	\$348	\$277	\$234

Families:

Families of 2		Tax Credits by Annual Household Income			
Adults (40 years)	Children (0-18 years)	\$30,000	\$40,000	\$50,000	\$60,000
1	1	\$115	\$0	\$0	\$0
2	0	\$377	\$250	\$121	\$41
Families of 3		Tax Credits by Annual Household Income			
Adults (40 years)	Children (0-18 years)	\$30,000	\$45,000	\$60,000	\$75,000
1	2	\$161	\$0	\$41	\$0
2	1	\$423	\$252	\$173	\$50
Families of 4		Tax Credits by Annual Household Income			
Adults (40 years)	Children (0-18 years)	\$45,000	\$60,000	\$75,000	\$90,000
1	3	\$47	\$0	\$49	\$0
2	2	\$309	\$119	\$180	\$60

Child/children likely eligible for free coverage RlteCare

You can also use our savings calculator at HealthSourceRI.com/calculator to compare plan costs and estimate your savings. Just enter your age, family size and income and find the plan that best meets your needs and budget.



When to Enroll or Renew:

Open enrollment runs November 1, 2015 through January 31, 2016.

Important dates for picking your 2016 health insurance:

November 1	First day to shop for coverage
December 23	Deadline to choose a plan for January 2016
December 23	Deadline to pay and ensure coverage is processed by January 1
December 31	Very last day to pay for January coverage (ID cards will be delayed)
January 31	Last day to shop for or make a change to your 2016 coverage

How to Enroll or Renew:

Online - Visit HealthSourceRI.com to:

- Enroll or renew coverage
- Compare plans and costs through our savings calculator
- Find in-person enrollment help through a Navigator in your community
- Look for our calendar of enrollment events throughout the state

By phone - Call 1-855-840-4774 M,W-F 8:30am-5pm, Tues 8:30am-7pm

You can also call 2-1-1 to find in-person enrollment assistance through a Navigator in your community.

Notes:

Preferred Provider Organization (PPO): You will pay less if you use hospitals and doctors in the plan's preferred network, but you are often free to see providers who are not in the preferred network.

Health Maintenance Organization (HMO)/Point of Service (POS): You agree to use only providers who are part of the network. In some plans, you must choose a Primary Care provider, who coordinates your care.

* This plan does not cover abortion except in very limited circumstances (check your policy or plan document for further information). No portion of the premium paid for this plan is placed in an allocation account, established for the coverage of elective abortion services, and defined by 45 CFR section 156(e)(3).

** Cost Sharing Reduction (CSR) plans are Silver plans that have reduced deductibles, coinsurance, and copayments. You may qualify for CSR plans if you earn less than \$29,175 for an individual or \$59,625 for a family of four.

¹ Per Occurrence Copayment: The amount that you must pay, (prior to and in addition to any Annual Deductible) before UnitedHealthcare will begin paying for Benefits for those Covered Health Services.

² A modified variation of this plan that excludes coverage for most abortions is also available. "Modified" in the plan name indicates the modified variation.

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Rates as of December 1, 2015. 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 about covered benefits, limitations and exclusions.

BASIC PLAN INFORMATION		BCBSRI	BCBSRI	BCBSRI	NHPRI
Individual Premiums: A premium is the amount you must pay each month for health insurance. Premiums vary by age and family size, and you may qualify for tax credits if you earn less than \$47,080 for an individual or \$97,000 for a family of four. Health Savings Accounts (HSAs) A Health Savings Account-qualified plan allows you to contribute to a separate tax-exempt account which can be used for health care expenses like deductibles and copayments.	Insurance Company	BCBSRI	BCBSRI	BCBSRI	NHPRI
	Plan Name	*BlueSolutions for HSA Direct 1400/2800	VantageBlue Direct Plan 1000/2000	NEW BasicBlue Direct 2750/5500	Neighborhood PLUS
	Metal Level	GOLD	GOLD	GOLD	GOLD
	Monthly Premium (21-year old) Before tax credit	\$288	\$314	\$275	\$265
	Monthly Premium (40-year old) Before tax credit	\$368	\$401	\$352	\$338
	Monthly Premium (60-year old) Before tax credit	\$782	\$852	\$747	\$718
HSA Qualified	✓				
HOW YOU GET YOUR CARE Some insurers offer plans that include a smaller number of providers that the insurers have decided offer high-quality care at a lower cost. Plans have different monthly premiums and out-of-pocket costs for care, as well as different providers (like doctors and hospitals) you can visit. The providers included in a plan's network — and how those providers are paid for the care they give you — helps determine how much you will pay for your health insurance plan. Some plans assign levels ("tiers") to doctors and hospitals within their networks, and you may pay less to see providers in certain tiers. When choosing a plan, you should consider the monthly premium, as well as any out-of-pocket costs, providers you prefer to visit, prescription drugs you take, and any other health care needs you have. All plans cover preventive health care services at no cost.	Plan Type (see definitions on reverse)	PPO	PPO	PPO	HMO
	Referral Required	No	No	No	No
	Network Coverage Area	National	National	National	RI only
	RI Provider Information (subject to change)	1,234 PCPs/ pediatricians 4,244 specialists 15 of 15 hospitals 582 dentists	1,234 PCPs/ pediatricians 4,244 specialists 15 of 15 hospitals 582 dentists	1,234 PCPs/ pediatricians 4,244 specialists 15 of 15 hospitals 582 dentists	1,364 PCPs/ pediatricians 5,808 specialists 15 of 15 hospitals
	Out of Network Coverage, Non-Emergency	Yes— 20% Coinsurance	Yes— 40% Coinsurance	Not covered except for urgent or emergent care	Not covered except for urgent or emergent care
MAXIMUM OUT-OF-POCKET** In addition to your monthly premium, the maximum out-of-pocket amount is the most you could have to pay in deductibles, copayments and coinsurance during the year.	Maximum Out-Of-Pocket (MOOP) Medical + Drug	\$3,500 Individual \$7,000 Family	\$4,000 Individual \$8,000 Family	\$2,750 Individual \$5,500 Family	\$4,000 Individual \$8,000 Family
DEDUCTIBLES** The deductible is the amount you must pay out-of-pocket for certain health care services before your insurance plan begins to pay. The deductible amount is in addition to your monthly premium. Services subject to the deductible vary by plan and may include doctor visits and hospital stays, as well as prescription medications.	Deductible - Medical	\$1,400 Individual \$2,800 Family	\$1,000 Individual \$2,000 Family	\$2,750 Individual \$5,500 Family	\$800 Individual \$1,600 Family
	Deductible - Drug	Combined with Medical	\$0	Only tiers 3, 4 and 5 apply to deductible	\$0
COPAYMENTS & COINSURANCE** Copayments are fixed dollar amounts that you must pay for certain types of health care services each time you use them. Coinsurance is a percentage of the total cost of certain types of health care services that you must pay. Coinsurance usually applies after you meet your deductible. In TIERED plans, copayments or coinsurance for a particular service may vary depending on your choice of health provider. The WHITE area is not subject to the deductible. It is the dollar amount or percentage you pay per visit or health care service, regardless of whether you have met your deductible. The SHADED area is subject to the deductible. You pay the full cost of a visit or health care service until you reach your deductible amount. After that, you pay only the dollar amount or percentage shown. A Patient-Centered Medical Home (PCMH) is a team of health care providers that work together to coordinate your care. Visiting a PCMH provider may cost less in certain plans.	Primary Care	\$15 PCMH; \$35 Non-PCMH	First sick visit free, all other visits \$15 PCMH; \$25 Non-PCMH	\$15 PCMH; \$25 Non-PCMH	\$20
	Specialist Visit	\$40	\$40	\$30	\$40
	Preventative Care	\$0	\$0	\$0	\$0
	Urgent Care	\$75	\$75	0%	\$40
	ER Services	\$150	\$200	0%	\$200
	Inpatient Hospital	\$200 per admission	20%	0%	20%
	X-rays & other Diag. Imaging	0%	20%	0%	20%
	High End Imaging: CT/PET/MRI	\$150	20%	0%	20%
	Mental Health/Substance Abuse - Office Visits	\$40	\$40	\$30	\$20
	Speech/Occup/Phys Therapy, Outpatient Rehab	\$40	20%	0%	\$40
	Lab Services, Outpatient	0%	20%	0%	20%
	Skilled Nursing Facility	\$200 per admission	20%	0%	20%
	Outpatient Surgery/Services	0%	20%	0%	20%
	Pediatric Dental Coverage	Yes	Yes	Yes	No
PRESCRIPTION DRUGS Insurance companies separate prescription drugs into different categories known as "tiers." The "tier" of the drug identifies how much you pay for your prescription, like antibiotics or insulin. Contact HealthSource RI for more information about medication tiers.	Tier 1	\$10	\$10	\$10	\$10
	Tier 2	\$25	\$25	\$30	\$35
	Tier 3	\$50	\$50	0%	\$60
	Tier 4	\$75	\$75	0%	\$100
	Tier 5	\$125	\$125	0%	N/A

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Insurance Company	NHPRI	UHC	UHC	UHC	BCBSRI
Plan Name	NEW *Neighborhood PRINCIPAL	Gold Compass HSA 1500	Gold Compass 1000	NEW Gold Choice 1500 ²	*BlueSolutions for HSA Direct 3900/7800
Metal Level	GOLD	GOLD	GOLD	GOLD	SILVER
Monthly Premium (21-year old) Before tax credit	\$271	\$250	\$271	\$284	\$213
Monthly Premium (40-year old) Before tax credit	\$346	\$319	\$347	\$364	\$273
Monthly Premium (60-year old) Before tax credit	\$735	\$678	\$736	\$772	\$579
HSA Qualified		✓			✓
Plan Type (see definitions on reverse)	HMO	HMO	HMO	HMO	PPO
Referral Required	No	Yes	Yes	No	No
Network Coverage Area	RI only	RI only	RI only	National	National
RI Provider Information (subject to change)	1,364 PCPs/ pediatricians 5,808 specialists 15 of 15 hospitals	1,076 PCPs/ pediatricians 4,711 specialists 14 of 15 hospitals 445 dentists	1,076 PCPs/ pediatricians 4,711 specialists 14 of 15 hospitals 445 dentists	1,304 PCPs/ pediatricians 5,321 specialists 15 of 15 hospitals 445 dentists	1,234 PCPs/ pediatricians 4,244 specialists 15 of 15 hospitals 582 dentists
Out of Network Coverage, Non-Emergency	Not covered except for urgent or emergent care	Not covered except for urgent or emergent care	Not covered except for urgent or emergent care	Not covered except for urgent or emergent care	Yes— 30% Coinsurance
Maximum Out-Of-Pocket (MOOP) Medical + Drug	\$2,500 Individual \$5,000 Family	\$3,000 Individual \$6,000 Family	\$4,000 Individual \$8,000 Family	\$4,000 Individual \$8,000 Family	\$4,300 Individual \$8,600 Family
Deductible - Medical	\$1,500 Individual \$3,000 Family	\$1,500 Individual \$3,000 Family	\$1,000 Individual \$2,000 Family	\$1,500 Individual \$3,000 Family	\$3,900 Individual \$7,800 Family
Deductible - Drug	\$0	Combined with Medical	\$0	\$0	Combined with Medical
Primary Care	\$25	\$20	\$20	\$20	10%
Specialist Visit	\$40	\$40	\$40	\$40	10%
Preventative Care	\$0	\$0	\$0	\$0	\$0
Urgent Care	\$40	\$75	\$100	\$75	10%
ER Services	\$200	\$100	\$200	\$150	10%
Inpatient Hospital	5%	\$250/day to \$1000/admission	20%	0%	10%
X-rays & other Diag. Imaging	5%	0%	20%	\$20	10%
High End Imaging: CT/PET/MRI	5%	0% Tier 1; \$100 Tier 2	20%	0% Tier 1; \$250 in addition to deductible ¹ Tier 2	10%
Mental Health/Substance Abuse - Office Visits	\$25	\$40	\$40	\$40	10%
Speech/Occup/Phys Therapy, Outpatient Rehab	\$40	0%	20%	0%	10%
Lab Services, Outpatient	5%	0%	20%	0%	10%
Skilled Nursing Facility	5%	\$250/day to \$1000/admission	20%	0%	10%
Outpatient Surgery/Services	5%	0% Tier 1; \$100 Tier 2	20%	0% Tier 1; \$250 in addition to deductible ¹ Tier 2	10%
Pediatric Dental Coverage	No	Yes	Yes	Yes	Yes
Tier 1	\$10	\$10	\$10	\$10	\$10
Tier 2	\$35	\$35	\$35	\$35	\$30
Tier 3	\$60	\$60	\$60	\$60	\$50
Tier 4	\$100	\$100	\$100	\$100	\$75
Tier 5	N/A	N/A	N/A	N/A	\$100

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Insurance Company	BCBSRI	BCBSRI	BCBSRI	NHPRI	NHPRI
Plan Name	VantageBlue Direct Plan 3000/6000	NEW BasicBlue Direct 4900/9800	NEW BlueCHIP Direct 4500/9000	Neighborhood COMMUNITY	*Neighborhood VALUE
Metal Level	SILVER	SILVER	SILVER	SILVER	SILVER
Monthly Premium (21-year old) Before tax credit	\$263	\$218	\$206	\$203	\$217
Monthly Premium (40-year old) Before tax credit	\$336	\$279	\$263	\$259	\$277
Monthly Premium (60-year old) Before tax credit	\$713	\$592	\$558	\$550	\$589
HSA Qualified				✓	
Plan Type (see definitions on reverse)	PPO	PPO	POS	HMO	HMO
Referral Required	No	No	Yes	No	No
Network Coverage Area	National	National	RI only	RI only	RI only
RI Provider Information (subject to change)	1,234 PCPs/ pediatricians 4,244 specialists 15 of 15 hospitals 582 dentists	1,234 PCPs/ pediatricians 4,244 specialists 15 of 15 hospitals 582 dentists	1,234 PCPs/ pediatricians 4,244 specialists 15 of 15 hospitals 582 dentists	1,364 PCPs/ pediatricians 5,808 specialists 15 of 15 hospitals	1,364 PCPs/ pediatricians 5,808 specialists 15 of 15 hospitals
Out of Network Coverage, Non-Emergency	Yes— 40% Coinsurance	Not covered except for urgent or emergent care	Not covered except for urgent or emergent care	Not covered except for urgent or emergent care	Not covered except for urgent or emergent care
Maximum Out-Of-Pocket (MOOP) Medical + Drug	\$6,800 Individual \$13,600 Family	\$5,500 Individual \$11,000 Family	\$5,200 Individual \$10,400 Family	\$4,000 Individual \$8,000 Family	\$6,550 Individual \$13,100 Family
Deductible - Medical	\$3,000 Individual \$6,000 Family	\$4,900 Individual \$9,800 Family	\$4,500 Individual \$9,000 Family	\$2,750 Individual \$5,500 Family	\$3,000 Individual \$6,000 Family
Deductible - Drug	\$0	Only tiers 3, 4 and 5 apply to deductible	Only tiers 3, 4 and 5 apply to deductible	Combined with Medical	\$0
Primary Care	First sick visit free, all other visits \$20 PCMH; \$40 Non-PCMH	\$10 PCMH; \$20 Non-PCMH	\$30 PCMH; \$50 Non-PCMH	10%	\$25
Specialist Visit	\$55	\$45	\$60	10%	\$40
Preventative Care	\$0	\$0	\$0	\$0	\$0
Urgent Care	\$75	\$75	\$75	10%	\$40
ER Services	\$200	10%	10%	10%	\$200
Inpatient Hospital	20%	10%	10%	10%	20%
X-rays & other Diag. Imaging	20%	10%	10%	10%	20%
High End Imaging: CT/PET/MRI	20%	10%	10%	10%	20%
Mental Health/Substance Abuse - Office Visits	\$55	\$45	\$60	10%	\$25
Speech/Occup/Phys Therapy, Outpatient Rehab	20%	10%	10%	10%	\$40
Lab Services, Outpatient	20%	10%	10%	10%	20%
Skilled Nursing Facility	20%	10%	10%	10%	20%
Outpatient Surgery/Services	20%	10%	10%	10%	20%
Pediatric Dental Coverage	Yes	Yes	Yes	No	No
Tier 1	\$10	\$10	\$10	\$10	\$15
Tier 2	\$35	\$30	\$30	\$35	\$40
Tier 3	\$60	\$50	\$50	\$60	\$90
Tier 4	\$80	\$75	\$75	\$100	\$200
Tier 5	\$125	\$100	\$100	N/A	N/A

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Insurance Company	UHC	UHC	UHC	BCBSRI	BCBSRI
Plan Name	Silver Compass HSA 2500	Silver Compass 3000	<small>NEW</small> Silver Choice 2500 ²	BlueSolutions for HSA Direct 3700/7400	*BlueSolutions for HSA Direct 5350/10700
Metal Level	SILVER	SILVER	SILVER	BRONZE	BRONZE
Monthly Premium (21-year old) <small>Before tax credit</small>	\$213	\$237	\$250	\$188	\$183
Monthly Premium (40-year old) <small>Before tax credit</small>	\$273	\$303	\$320	\$241	\$234
Monthly Premium (60-year old) <small>Before tax credit</small>	\$579	\$644	\$679	\$511	\$497
HSA Qualified	✓			✓	✓
Plan Type (see definitions on reverse)	HMO	HMO	HMO	PPO	PPO
Referral Required	Yes	Yes	No	No	No
Network Coverage Area	RI only	RI only	National	National	National
RI Provider Information <small>(subject to change)</small>	1,076 PCPs/ pediatricians 4,711 specialists 14 of 15 hospitals 445 dentists	1,076 PCPs/ pediatricians 4,711 specialists 14 of 15 hospitals 445 dentists	1,304 PCPs/ pediatricians 5,321 specialists 15 of 15 hospitals 445 dentists	1,234 PCPs/ pediatricians 4,244 specialists 15 of 15 hospitals 582 dentists	1,234 PCPs/ pediatricians 4,244 specialists 15 of 15 hospitals 582 dentists
Out of Network Coverage, Non-Emergency	Not covered except for urgent or emergent care	Not covered except for urgent or emergent care	Not covered except for urgent or emergent care	Yes— 60% Coinsurance	Yes— 40% Coinsurance
Maximum Out-Of-Pocket (MOOP) Medical + Drug	\$6,250 Individual \$6,850 Family	\$6,600 Individual \$13,200 Family	\$6,250 Individual \$12,500 Family	\$6,550 Individual \$13,100 Family	\$6,550 Individual \$13,100 Family
Deductible - Medical	\$2,500 Individual \$6,250 Family	\$3,000 Individual \$6,000 Family	\$2,500 Individual \$5,000 Family	\$3,700 Individual \$7,400 Family	\$5,350 Individual \$10,700 Family
Deductible - Drug	Combined with Medical	\$0	\$0	Combined with Medical	Combined with Medical
Primary Care	\$35	\$30	\$35	50%	0%
Specialist Visit	\$70	\$60	\$70	50%	0%
Preventative Care	\$0	\$0	\$0	\$0	\$0
Urgent Care	\$75	\$100	\$75	50%	0%
ER Services	\$150	\$200	20%	50%	0%
Inpatient Hospital	\$500 per Inpatient Stay	20%	20%	50%	0%
X-rays & other Diag. Imaging	0%	20%	20%	50%	0%
High End Imaging: CT/PET/MRI	\$150 Tier 1; \$250 Tier 2	20%	20% Tier 1; \$250 in addition to deductible ¹ Tier 2	50%	0%
Mental Health/Substance Abuse - Office Visits	\$70	\$60	\$70	50%	0%
Speech/Occup/Phys Therapy, Outpatient Rehab	0%	20%	20%	50%	0%
Lab Services, Outpatient	0%	20%	20%	50%	0%
Skilled Nursing Facility	\$500 per Inpatient Stay	20%	20%	50%	0%
Outpatient Surgery/Services	\$150 Tier 1; \$250 Tier 2	20%	20% Tier 1; \$250 in addition to deductible ¹ Tier 2	50%	0%
Pediatric Dental Coverage	Yes	Yes	Yes	Yes	Yes
Tier 1	\$15	\$15	\$15	\$10	\$10
Tier 2	\$40	\$40	\$40	\$35	\$35
Tier 3	\$70	\$70	\$70	\$60	\$60
Tier 4	\$100	\$100	\$100	\$100	\$100
Tier 5	N/A	N/A	N/A	\$200	\$200

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Insurance Company	BCBSRI	NHPRI	NHPRI	UHC	UHC
Plan Name	<small>NEW</small> BasicBlue Direct 6850/13700	Neighborhood SECURE	<small>NEW</small> Neighborhood ECONOMY	Bronze Compass HSA 5600	<small>NEW</small> Bronze Choice HSA 5600 ²
Metal Level	BRONZE	BRONZE	BRONZE	BRONZE	BRONZE
Monthly Premium (21-year old) <small>Before tax credit</small>	\$182	\$159	\$158	\$186	\$203
Monthly Premium (40-year old) <small>Before tax credit</small>	\$233	\$204	\$203	\$238	\$259
Monthly Premium (60-year old) <small>Before tax credit</small>	\$494	\$433	\$430	\$505	\$550
HSA Qualified		✓	✓	✓	✓
Plan Type (see definitions on reverse)	PPO	HMO	HMO	HMO	HMO
Referral Required	No	No	No	Yes	No
Network Coverage Area	National	RI only	RI only	RI only	National
RI Provider Information <small>(subject to change)</small>	1,234 PCPs/ pediatricians 4,244 specialists 15 of 15 hospitals 582 dentists	1,364 PCPs/ pediatricians 5,808 specialists 15 of 15 hospitals	1,364 PCPs/ pediatricians 5,808 specialists 15 of 15 hospitals	1,076 PCPs/ pediatricians 4,711 specialists 14 of 15 hospitals 445 dentists	1,304 PCPs/ pediatricians 5,321 specialists 15 of 15 hospitals 445 dentists
Out of Network Coverage, Non-Emergency	Not covered except for urgent or emergent care	Not covered except for urgent or emergent care	Not covered except for urgent or emergent care	Not covered except for urgent or emergent care	Not covered except for urgent or emergent care
Maximum Out-Of-Pocket (MOOP) Medical + Drug	\$6,850 Individual \$13,700 Family	\$6,550 Individual \$13,100 Family	\$6,550 Individual \$13,100 Family	\$6,500 Individual \$13,000 Family	\$6,500 Individual \$13,000 Family
Deductible - Medical	\$6,850 Individual \$13,700 Family	\$4,900 Individual \$9,800 Family	\$6,000 Individual \$12,000 Family	\$5,600 Individual \$11,200 Family	\$5,600 Individual \$11,200 Family
Deductible - Drug	Only tiers 3, 4 and 5 apply to deductible	Combined with Medical	Combined with Medical	Combined with Medical	Combined with Medical
Primary Care	\$50 PCMH; \$70 Non-PCMH	20%	0%	0%	0%
Specialist Visit	\$85	20%	0%	0%	0%
Preventative Care	\$0	\$0	\$0	\$0	\$0
Urgent Care	0%	20%	0%	0%	0%
ER Services	0%	20%	0%	0%	0%
Inpatient Hospital	0%	20%	0%	0%	0%
X-rays & other Diag. Imaging	0%	20%	0%	0%	0%
High End Imaging: CT/PET/MRI	0%	20%	0%	0%	0%
Mental Health/Substance Abuse - Office Visits	\$85	20%	0%	0%	0%
Speech/Occup/Phys Therapy, Outpatient Rehab	0%	20%	0%	0%	0%
Lab Services, Outpatient	0%	20%	0%	0%	0%
Skilled Nursing Facility	0%	20%	0%	0%	0%
Outpatient Surgery/Services	0%	20%	0%	0%	0%
Pediatric Dental Coverage	Yes	No	No	Yes	Yes
Tier 1	\$10	\$10	\$10	\$15	\$15
Tier 2	\$50	\$35	\$35	\$40	\$40
Tier 3	0%	\$60	\$60	\$70	\$70
Tier 4	0%	\$100	\$100	\$100	\$100
Tier 5	0%	N/A	N/A	N/A	N/A