

# 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](https://HealthSourceRI.com/calculator) to see if you qualify
- Visit [HealthSourceRI.com](https://HealthSourceRI.com) to enroll or call 1-855-840-4774 for assistance

COST SHARING REDUCTION PLANS FOR ELIGIBLE INDIVIDUALS AND FAMILIES

# Cost Sharing Reduction (CSR) Plans:

CSR plans are Silver plans that have reduced deductibles, coinsurance, and copayments, with no difference in premiums. These reductions are in addition to tax credits that help reduce your monthly premiums. If you qualify for CSRs, you will qualify for one of three levels of CSR plans (73, 87, or 94), depending on your income and family size.

By selecting a CSR plan, you will pay the same premium per month as a regular Silver plan, but you will pay less for copayments, deductibles, and coinsurance when you see the doctor, go to the hospital or get a prescription. These reduced amounts are shown in this document for each HealthSource RI plan. You may qualify based on your family size and how your income compares to the Federal Poverty Level (FPL):

| Metal Level                                   |   | Silver 73                                  |          | Silver 87                                  |          | Silver 94                                  |          |
|---|---|--|----------|--|----------|--|----------|
| Percentage of the Federal Poverty Level (FPL) |   | 200% FPL                                   | 250% FPL | 150% FPL                                   | 200% FPL | 100% FPL                                   | 150% FPL |
|   |   | You may qualify if your income is between: |          | You may qualify if your income is between: |          | You may qualify if your income is between: |          |
| Family Size                                   | 1 | \$23,540                                   | \$29,475 | \$17,655                                   | \$23,540 | \$11,770                                   | \$17,655 |
|   | 2 | \$31,860                                   | \$39,825 | \$23,895                                   | \$31,860 | \$15,930                                   | \$23,895 |
|   | 3 | \$40,180                                   | \$50,225 | \$30,135                                   | \$40,180 | \$20,090                                   | \$30,135 |
|   | 4 | \$48,500                                   | \$60,625 | \$36,375                                   | \$48,500 | \$24,250                                   | \$36,375 |
|   | 5 | \$56,820                                   | \$71,025 | \$42,615                                   | \$56,820 | \$28,410                                   | \$42,615 |
|   | 6 | \$65,140                                   | \$81,425 | \$48,855                                   | \$65,140 | \$32,570                                   | \$48,855 |

## When to Enroll or Renew:

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

### Important dates for picking your 2016 health insurance:

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

## How to Enroll or Renew:

Online - Visit [HealthSourceRI.com](http://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).

<sup>1</sup> 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.

<sup>2</sup> 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  | Insurance Company  | BCBSRI  | BCBSRI  | BCBSRI  | BCBSRI  |
|---|--|---|---|---|---|
| <b>Individual Premiums:</b><br>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.<br><br><b>Health Savings Accounts (HSAs)</b><br>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.   | Plan Name  | *BlueSolutions for HSA Direct (CSR73)   | VantageBlue Direct Plan (CSR73)   | <b>NEW</b> BasicBlue Direct (CSR73)   | <b>NEW</b> BlueCHIP Direct WPD (CSR73)  |
|   | Plan Income Range<br>% of Federal Poverty Level (FPL)  | 200-250% FPL  | 200-250% FPL  | 200-250% FPL  | 200-250% FPL  |
|   | Metal Level  | SILVER 73   | SILVER 73   | SILVER 73   | SILVER 73   |
|   | Monthly Premium (21-year old)<br>Before tax credit   | \$213   | \$263   | \$218   | \$206   |
|   | Monthly Premium (40-year old)<br>Before tax credit   | \$273   | \$336   | \$279   | \$263   |
|   | Monthly Premium (60-year old)<br>Before tax credit   | \$579   | \$713   | \$592   | \$558   |
|   | HSA Qualified  |   |   |   |   |
|   |  |   |   |   |   |
| <b>HOW YOU GET YOUR CARE</b><br>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   | POS   |
|   | Referral Required  | No  | No  | No  | Yes   |
|   | Network Coverage Area  | National  | National  | National  | RI only   |
|   | RI Provider Information<br>(subject to change)   | 1,234 PCPs/<br>pediatricians<br>4,244 specialists<br>15 of 15 hospitals<br>582 dentists | 1,234 PCPs/<br>pediatricians<br>4,244 specialists<br>15 of 15 hospitals<br>582 dentists | 1,234 PCPs/<br>pediatricians<br>4,244 specialists<br>15 of 15 hospitals<br>582 dentists | 1,234 PCPs/<br>pediatricians<br>4,244 specialists<br>15 of 15 hospitals<br>582 dentists |
|   | Out of Network Coverage,<br>Non-Emergency  | Yes—<br>30% Coinsurance   | Yes—<br>40% Coinsurance   | Not covered<br>except for urgent<br>or emergent care                                    | Not covered<br>except for urgent<br>or emergent care                                    |
| <b>MAXIMUM OUT-OF-POCKET</b> 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<br>(MOOP) Medical + Drug   | \$3,500 Individual<br>\$7,000 Family  | \$5,000 Individual<br>\$10,000 Family   | \$5,200 Individual<br>\$10,400 Family   | \$5,200 Individual<br>\$10,400 Family   |
|   | <b>DEDUCTIBLES</b> 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  | \$2,200 Individual<br>\$4,400 Family  | \$2,700 Individual<br>\$5,400 Family  | \$2,900 Individual<br>\$5,800 Family  |
|   | Deductible - Drug  | Combined with Medical   | \$0   | Only Tiers 3, 4, and 5<br>apply to deductible   | Only Tiers 3, 4, and 5<br>apply to deductible   |
| <b>COPAYMENTS &amp; COINSURANCE</b><br><br><b>Copayments</b> are fixed dollar amounts that you must pay for certain types of health care services each time you use them.<br><br><b>Coinsurance</b> 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.<br><br>In <b>TIERED</b> plans, copayments or coinsurance for a particular service may vary depending on your choice of health provider.<br><br>The <b>WHITE</b> 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.<br><br>The <b>SHADED</b> 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.<br><br>A <b>Patient-Centered Medical Home (PCMH)</b> 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   | 10%   | First sick visit free, all other visits<br>\$20 PCMH; \$40 Non-PCMH                     | \$10 PCMH;<br>\$20 Non-PCMH   | \$30 PCMH;<br>\$50 Non-PCMH   |
|   | Specialist Visit   | 10%   | \$55  | \$45  | \$60  |
|   | Preventative Care  | \$0   | \$0   | \$0   | \$0   |
|   | Urgent Care  | 10%   | \$75  | \$75  | \$75  |
|   | ER Services  | 10%   | \$200   | 10%   | 10%   |
|   | Inpatient Hospital   | 10%   | 20%   | 10%   | 10%   |
|   | X-rays & other Diag. Imaging   | 10%   | 20%   | 10%   | 10%   |
|   | High End Imaging: CT/PET/MRI   | 10%   | 20%   | 10%   | 10%   |
|   | Mental Health/Substance Abuse<br>- Office Visits   | 10%   | \$55  | \$45  | \$60  |
|   | Speech/Occup/Phys Therapy,<br>Outpatient Rehab   | 10%   | 20%   | 10%   | 10%   |
|   | Lab Services, Outpatient   | 10%   | 20%   | 10%   | 10%   |
|   | Skilled Nursing Facility   | 10%   | 20%   | 10%   | 10%   |
|   | Outpatient Surgery/Services  | 10%   | 20%   | 10%   | 10%   |
| Pediatric Dental Coverage   | Yes  | Yes   | Yes   | Yes   |   |
| <b>PRESCRIPTION DRUGS</b><br>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   | \$30  | \$35  | \$30  | \$30  |
|   | Tier 3   | \$50  | \$60  | \$50  | \$50  |
|   | Tier 4   | \$75  | \$80  | \$75  | \$75  |
|   | Tier 5   | \$100   | \$125   | \$100   | \$100   |

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| Insurance Company                                     | NHPRI   | NHPRI   | UHC   | UHC   | UHC   |
|---|---|---|---|---|---|
| Plan Name   | Neighborhood Community (CSR73)  | *Neighborhood Value (CSR73)   | Silver Compass HSA 2100 (CSR73)   | Silver Compass 2500 (CSR73)   | <b>NEW</b> Silver Choice 1900 (CSR73) <sup>2</sup>                      |
| Plan Income Range<br>% of Federal Poverty Level (FPL) | 200-250% FPL  | 200-250% FPL  | 200-250% FPL  | 200-250% FPL  | 200-250% FPL  |
| Metal Level   | SILVER 73   | SILVER 73   | SILVER 73   | SILVER 73   | SILVER 73   |
| Monthly Premium (21-year old)<br>Before tax credit    | \$203   | \$217   | \$213   | \$237   | \$250   |
| Monthly Premium (40-year old)<br>Before tax credit    | \$259   | \$277   | \$273   | \$303   | \$320   |
| Monthly Premium (60-year old)<br>Before tax credit    | \$550   | \$589   | \$579   | \$644   | \$679   |
| HSA Qualified   |   |   |   |   |   |
| Plan Type (see definitions on reverse)                | HMO   | HMO   | HMO   | HMO   | HMO   |
| Referral Required                                     | No  | No  | Yes   | Yes   | No  |
| Network Coverage Area                                 | RI only   | RI only   | RI only   | RI only   | National  |
| RI Provider Information<br>(subject to change)        | 1,364 PCPs/<br>pediatricians<br>5,808 specialists<br>15 of 15 hospitals | 1,364 PCPs/<br>pediatricians<br>5,808 specialists<br>15 of 15 hospitals | 1,076 PCPs/<br>pediatricians<br>4,711 specialists<br>14 of 15 hospitals | 1,076 PCPs/<br>pediatricians<br>4,711 specialists<br>14 of 15 hospitals | 1,304 PCPs/<br>pediatricians<br>5,321 specialists<br>15 of 15 hospitals |
| Out of Network Coverage,<br>Non-Emergency             | Not covered<br>except for urgent<br>or emergent care                    | Not covered<br>except for urgent<br>or emergent care                    | Not covered<br>except for urgent<br>or emergent care                    | Not covered<br>except for urgent<br>or emergent care                    | Not covered<br>except for urgent<br>or emergent care                    |
| Maximum Out-Of-Pocket<br>(MOOP) Medical + Drug        | \$4,000 Individual<br>\$8,000 Family                                    | \$5,200 Individual<br>\$10,400 Family                                   | \$5,450 Individual<br>\$6,850 Family                                    | \$5,450 Individual<br>\$10,900 Family                                   | \$5,450 Individual<br>\$10,900 Family                                   |
| Deductible - Medical                                  | \$2,150 Individual<br>\$4,300 Family                                    | \$3,000 Individual<br>\$6,000 Family                                    | \$2,100 Individual<br>\$5,250 Family                                    | \$2,500 Individual<br>\$5,000 Family                                    | \$1,900 Individual<br>\$3,800 Family                                    |
| Deductible - Drug                                     | Combined with Medical   | \$0   | Combined with Medical   | \$0   | \$0   |
| Primary Care  | 10%   | \$10  | \$35  | \$30  | \$35  |
| Specialist Visit                                      | 10%   | \$40  | \$70  | \$60  | \$70  |
| Preventative Care                                     | \$0   | \$0   | \$0   | \$0   | \$0   |
| Urgent Care   | 10%   | \$40  | \$75  | \$100   | \$75  |
| ER Services   | 10%   | \$200   | \$150   | \$200   | 20%   |
| Inpatient Hospital                                    | 10%   | 10%   | \$500 per<br>inpatient stay   | 20%   | 20%   |
| X-rays & other Diag. Imaging                          | 10%   | 10%   | 0%  | 20%   | 20%   |
| High End Imaging: CT/PET/MRI                          | 10%   | 10%   | \$150 Tier 1;<br>\$250 Tier 2   | 20%   | 20% Tier 1; \$250 in addition to deductible <sup>1</sup> Tier 2         |
| Mental Health/Substance Abuse<br>- Office Visits      | 10%   | \$10  | \$70  | \$60  | \$70  |
| Speech/Occup/Phys Therapy,<br>Outpatient Rehab        | 10%   | \$40  | 0%  | 20%   | 20%   |
| Lab Services, Outpatient                              | 10%   | 10%   | 0%  | 20%   | 20%   |
| Skilled Nursing Facility                              | 10%   | 10%   | \$500 per<br>inpatient stay   | 20%   | 20%   |
| Outpatient Surgery/Services                           | 10%   | 10%   | \$150 Tier 1;<br>\$250 Tier 2   | 20%   | 20% Tier 1; \$250 in addition to deductible <sup>1</sup> Tier 2         |
| Pediatric Dental Coverage                             | No  | No  | Yes   | Yes   | Yes   |
| Tier 1  | \$10  | \$15  | \$15  | \$15  | \$15  |
| Tier 2  | \$35  | \$40  | \$40  | \$40  | \$40  |
| Tier 3  | \$60  | \$90  | \$70  | \$70  | \$70  |
| Tier 4  | \$100   | \$200   | \$100   | \$100   | \$100   |
| Tier 5  | N/A   | N/A   | N/A   | N/A   | N/A   |



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| BASIC PLAN INFORMATION  | Insurance Company                                     | BCBSRI  | BCBSRI  | BCBSRI  | BCBSRI  |
|---|---|---|---|---|---|
| <b>Individual Premiums:</b><br>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.<br><br><b>Health Savings Accounts (HSAs)</b><br>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.   | Plan Name   | *BlueSolutions for HSA Direct (CSR87)   | VantageBlue Direct Plan (CSR87)   | <b>NEW</b> BasicBlue Direct (CSR87)   | <b>NEW</b> BlueCHIP Direct WPD (CSR87)  |
|   | Plan Income Range<br>% of Federal Poverty Level (FPL) | 150-200% FPL  | 150-200% FPL  | 150-200% FPL  | 150-200% FPL  |
|   | Metal Level   | SILVER 87   | SILVER 87   | SILVER 87   | SILVER 87   |
|   | Monthly Premium (21-year old)<br>Before tax credit    | \$213   | \$263   | \$218   | \$206   |
|   | Monthly Premium (40-year old)<br>Before tax credit    | \$273   | \$336   | \$279   | \$263   |
|   | Monthly Premium (60-year old)<br>Before tax credit    | \$579   | \$713   | \$592   | \$558   |
|   | HSA Qualified   |   |   |   |   |
| <b>HOW YOU GET YOUR CARE</b><br>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   | POS   |
|   | Referral Required                                     | No  | No  | No  | Yes   |
|   | Network Coverage Area                                 | National  | National  | National  | RI only   |
|   | RI Provider Information<br>(subject to change)        | 1,234 PCPs/<br>pediatricians<br>4,244 specialists<br>15 of 15 hospitals<br>582 dentists | 1,234 PCPs/<br>pediatricians<br>4,244 specialists<br>15 of 15 hospitals<br>582 dentists | 1,234 PCPs/<br>pediatricians<br>4,244 specialists<br>15 of 15 hospitals<br>582 dentists | 1,234 PCPs/<br>pediatricians<br>4,244 specialists<br>15 of 15 hospitals<br>582 dentists |
|   | Out of Network Coverage,<br>Non-Emergency             | Yes—<br>30% Coinsurance   | Yes—<br>40% Coinsurance   | Not covered<br>except for urgent<br>or emergent care                                    | Not covered<br>except for urgent<br>or emergent care                                    |
| <b>MAXIMUM OUT-OF-POCKET</b> 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           | \$1,750 Individual<br>\$3,500 Family  | \$2,000 Individual<br>\$4,000 Family  | \$2,250 Individual<br>\$4,500 Family  | \$2,000 Individual<br>\$4,000 Family  |
| <b>DEDUCTIBLES</b> 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                                  | \$300 Individual<br>\$600 Family  | \$150 Individual<br>\$300 Family  | \$250 Individual<br>\$500 Family  | \$350 Individual<br>\$700 Family  |
|   | Deductible - Drug                                     | Combined with Medical   | \$0   | Only Tiers 3, 4, and 5<br>apply to deductible   | Only Tiers 3, 4, and 5<br>apply to deductible   |
| <b>COPAYMENTS &amp; COINSURANCE</b><br><br><b>Copayments</b> are fixed dollar amounts that you must pay for certain types of health care services each time you use them.<br><br><b>Coinsurance</b> 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.<br><br>In <b>TIERED</b> plans, copayments or coinsurance for a particular service may vary depending on your choice of health provider.<br><br>The <b>WHITE</b> 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.<br><br>The <b>SHADED</b> 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.<br><br><b>A Patient-Centered Medical Home (PCMH)</b> 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  | 10%   | First sick visit free, all other visits<br>\$20 PCMH; \$40 Non-PCMH                     | \$10 PCMH;<br>\$20 Non-PCMH   | \$10 PCMH;<br>\$20 Non-PCMH   |
|   | Specialist Visit                                      | 10%   | \$55  | \$30  | \$25  |
|   | Preventative Care                                     | \$0   | \$0   | \$0   | \$0   |
|   | Urgent Care   | 10%   | \$75  | \$75  | \$75  |
|   | ER Services   | 10%   | \$200   | 10%   | 10%   |
|   | Inpatient Hospital                                    | 10%   | 20%   | 10%   | 10%   |
|   | X-rays & other Diag. Imaging                          | 10%   | 20%   | 10%   | 10%   |
|   | High End Imaging: CT/PET/MRI                          | 10%   | 20%   | 10%   | 10%   |
|   | Mental Health/Substance Abuse<br>- Office Visits      | 10%   | \$55  | \$30  | \$25  |
|   | Speech/Occup/Phys Therapy,<br>Outpatient Rehab        | 10%   | 20%   | 10%   | 10%   |
|   | Lab Services, Outpatient                              | 10%   | 20%   | 10%   | 10%   |
|   | Skilled Nursing Facility                              | 10%   | 20%   | 10%   | 10%   |
|   | Outpatient Surgery/Services                           | 10%   | 20%   | 10%   | 10%   |
| Pediatric Dental Coverage   | Yes   | Yes   | Yes   | Yes   |   |
| <b>PRESCRIPTION DRUGS</b><br>Insurance companies separate prescription drugs into different categories known as "tiers."<br>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  | \$30  | \$35  | \$30  | \$20  |
|   | Tier 3  | \$50  | \$60  | \$50  | \$50  |
|   | Tier 4  | \$75  | \$80  | \$75  | \$75  |
|   | Tier 5  | \$100   | \$125   | \$100   | \$100   |

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| Insurance Company                                     | NHPRI   | NHPRI   | UHC   | UHC   | UHC   |
|---|---|---|---|---|---|
| Plan Name   | Neighborhood Community (CSR87)  | *Neighborhood Value (CSR87)   | Silver Compass HSA 500 (CSR87)  | Silver Compass 500 (CSR87)  | <b>NEW</b> Silver Choice 500 (CSR87) <sup>2</sup>                       |
| Plan Income Range<br>% of Federal Poverty Level (FPL) | 150-200% FPL  | 150-200% FPL  | 150-200% FPL  | 150-200% FPL  | 150-200% FPL  |
| Metal Level   | SILVER 87   | SILVER 87   | SILVER 87   | SILVER 87   | SILVER 87   |
| Monthly Premium (21-year old)<br>Before tax credit    | \$203   | \$217   | \$213   | \$237   | \$250   |
| Monthly Premium (40-year old)<br>Before tax credit    | \$259   | \$277   | \$273   | \$303   | \$320   |
| Monthly Premium (60-year old)<br>Before tax credit    | \$550   | \$589   | \$579   | \$644   | \$679   |
| HSA Qualified   |   |   |   |   |   |
| Plan Type (see definitions on reverse)                | HMO   | HMO   | HMO   | HMO   | HMO   |
| Referral Required                                     | No  | No  | Yes   | Yes   | No  |
| Network Coverage Area                                 | RI only   | RI only   | RI only   | RI only   | National  |
| RI Provider Information<br>(subject to change)        | 1,364 PCPs/<br>pediatricians<br>5,808 specialists<br>15 of 15 hospitals | 1,364 PCPs/<br>pediatricians<br>5,808 specialists<br>15 of 15 hospitals | 1,076 PCPs/<br>pediatricians<br>4,711 specialists<br>14 of 15 hospitals | 1,076 PCPs/<br>pediatricians<br>4,711 specialists<br>14 of 15 hospitals | 1,304 PCPs/<br>pediatricians<br>5,321 specialists<br>15 of 15 hospitals |
| Out of Network Coverage,<br>Non-Emergency             | Not covered<br>except for urgent<br>or emergent care                    | Not covered<br>except for urgent<br>or emergent care                    | Not covered<br>except for urgent<br>or emergent care                    | Not covered<br>except for urgent<br>or emergent care                    | Not covered<br>except for urgent<br>or emergent care                    |
| Maximum Out-Of-Pocket<br>(MOOP) Medical + Drug        | \$2,250 Individual<br>\$4,500 Family                                    | \$2,250 Individual<br>\$4,500 Family                                    | \$1,500 Individual<br>\$3,000 Family                                    | \$1,500 Individual<br>\$3,000 Family                                    | \$1,500 Individual<br>\$3,000 Family                                    |
| Deductible - Medical                                  | \$500 Individual<br>\$1,000 Family                                      | \$500 Individual<br>\$1,000 Family                                      | \$500 Individual<br>\$1,000 Family                                      | \$500 Individual<br>\$1,000 Family                                      | \$500 Individual<br>\$1,000 Family                                      |
| Deductible - Drug                                     | Combined with Medical   | \$0   | Combined with Medical   | \$0   | \$0   |
| Primary Care  | 10%   | \$10  | \$35  | \$30  | \$35  |
| Specialist Visit                                      | 10%   | \$20  | \$70  | \$60  | \$70  |
| Preventative Care                                     | \$0   | \$0   | \$0   | \$0   | \$0   |
| Urgent Care   | 10%   | \$20  | \$75  | \$100   | \$75  |
| ER Services   | 10%   | \$100   | \$150   | \$200   | 20%   |
| Inpatient Hospital                                    | 10%   | 10%   | \$500 per<br>inpatient stay   | 20%   | 20%   |
| X-rays & other Diag. Imaging                          | 10%   | 10%   | 0%  | 20%   | 20%   |
| High End Imaging: CT/PET/MRI                          | 10%   | 10%   | \$150 Tier 1;<br>\$250 Tier 2   | 20%   | 20% Tier 1; \$250 in addition to deductible <sup>1</sup> Tier 2         |
| Mental Health/Substance Abuse<br>- Office Visits      | 10%   | \$10  | \$70  | \$60  | \$70  |
| Speech/Occup/Phys Therapy,<br>Outpatient Rehab        | 10%   | \$20  | 0%  | 20%   | 20%   |
| Lab Services, Outpatient                              | 10%   | 10%   | 0%  | 20%   | 20%   |
| Skilled Nursing Facility                              | 10%   | 10%   | \$500 per<br>inpatient stay   | 20%   | 20%   |
| Outpatient Surgery/Services                           | 10%   | 10%   | \$150 Tier 1;<br>\$250 Tier 2   | 20%   | 20% Tier 1; \$250 in addition to deductible <sup>1</sup> Tier 2         |
| Pediatric Dental Coverage                             | No  | No  | Yes   | Yes   | Yes   |
| Tier 1  | \$7   | \$10  | \$15  | \$15  | \$15  |
| Tier 2  | \$30  | \$35  | \$40  | \$40  | \$40  |
| Tier 3  | \$50  | \$60  | \$70  | \$70  | \$70  |
| Tier 4  | \$75  | \$75  | \$100   | \$100   | \$100   |
| Tier 5  | N/A   | N/A   | N/A   | N/A   | N/A   |

# 2016 INDIVIDUAL MARKET PLAN BENEFITS

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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   | Insurance Company  | BCBSRI  | BCBSRI  | BCBSRI  | BCBSRI  |
|--|--|---|---|---|---|
| <p><b>Individual Premiums:</b><br/>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.</p> <p><b>Health Savings Accounts (HSAs)</b><br/>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.</p>   | Plan Name  | *BlueSolutions for HSA Direct (CSR94)   | VantageBlue Direct Plan (CSR94)   | <b>NEW</b> BasicBlue Direct (CSR94)   | <b>NEW</b> BlueCHIP Direct WPD (CSR94)  |
|  | Plan Income Range<br>% of Federal Poverty Level (FPL)  | 100-150% FPL  | 100-150% FPL  | 100-150% FPL  | 100-150% FPL  |
|  | Metal Level  | SILVER 94   | SILVER 94   | SILVER 94   | SILVER 94   |
|  | Monthly Premium (21-year old)<br>Before tax credit   | \$213   | \$263   | \$218   | \$206   |
|  | Monthly Premium (40-year old)<br>Before tax credit   | \$273   | \$336   | \$279   | \$263   |
|  | Monthly Premium (60-year old)<br>Before tax credit   | \$579   | \$713   | \$592   | \$558   |
|  | HSA Qualified  |   |   |   |   |
|  | <p><b>HOW YOU GET YOUR CARE</b><br/>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.</p> | Plan Type (see definitions on reverse)  | PPO   | PPO   | PPO   |
| Referral Required  |  | No  | No  | No  | Yes   |
| Network Coverage Area  |  | National  | National  | National  | RI only   |
| RI Provider Information<br>(subject to change)   |  | 1,234 PCPs/<br>pediatricians<br>4,244 specialists<br>15 of 15 hospitals<br>582 dentists | 1,234 PCPs/<br>pediatricians<br>4,244 specialists<br>15 of 15 hospitals<br>582 dentists | 1,234 PCPs/<br>pediatricians<br>4,244 specialists<br>15 of 15 hospitals<br>582 dentists | 1,234 PCPs/<br>pediatricians<br>4,244 specialists<br>15 of 15 hospitals<br>582 dentists |
| Out of Network Coverage,<br>Non-Emergency  |  | Yes —<br>30% Coinsurance  | Yes —<br>40% Coinsurance  | Not covered<br>except for urgent<br>or emergent care                                    | Not covered<br>except for urgent<br>or emergent care                                    |
| <p><b>MAXIMUM OUT-OF-POCKET</b> 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.</p>  | Maximum Out-Of-Pocket<br>(MOOP) Medical + Drug   | \$750 Individual<br>\$1,500 Family  | \$725 Individual<br>\$1,450 Family  | \$750 Individual<br>\$1,500 Family  | \$650 Individual<br>\$1,300 Family  |
|  | <p><b>DEDUCTIBLES</b> 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.</p>  | Deductible - Medical  | \$0   | \$0   | \$0   |
| Deductible - Drug  |  | \$0   | \$0   | \$0   | \$0   |
| <p><b>COPAYMENTS &amp; COINSURANCE</b><br/>Copayments are fixed dollar amounts that you must pay for certain types of health care services each time you use them.</p> <p>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.</p> <p>In <b>TIERED</b> plans, copayments or coinsurance for a particular service may vary depending on your choice of health provider.</p> <p>The <b>WHITE</b> 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.</p> <p>The <b>SHADED</b> 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.</p> <p>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.</p> | Primary Care   | 10%   | First sick visit free, all other visits \$20 PCMH; \$40 Non-PCMH                        | \$5 PCMH;<br>\$15 Non-PCMH  | \$5 PCMH;<br>\$15 Non-PCMH  |
|  | Specialist Visit   | 10%   | \$55  | \$20  | \$20  |
|  | Preventative Care  | \$0   | \$0   | \$0   | \$0   |
|  | Urgent Care  | 10%   | \$75  | \$75  | \$75  |
|  | ER Services  | 10%   | \$200   | 10%   | 10%   |
|  | Inpatient Hospital   | 10%   | 20%   | 10%   | 10%   |
|  | X-rays & other Diag. Imaging   | 10%   | 20%   | 10%   | 10%   |
|  | High End Imaging: CT/PET/MRI   | 10%   | 20%   | 10%   | 10%   |
|  | Mental Health/Substance Abuse - Office Visits  | 10%   | \$55  | \$20  | \$20  |
|  | Speech/Occup/Phys Therapy, Outpatient Rehab  | 10%   | 20%   | 10%   | 10%   |
|  | Lab Services, Outpatient   | 10%   | 20%   | 10%   | 10%   |
|  | Skilled Nursing Facility   | 10%   | 20%   | 10%   | 10%   |
|  | Outpatient Surgery/Services  | 10%   | 20%   | 10%   | 10%   |
| Pediatric Dental Coverage  | Yes  | Yes   | Yes   | Yes   |   |
| <p><b>PRESCRIPTION DRUGS</b><br/>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.</p>   | Tier 1   | \$10  | \$10  | \$10  | \$5   |
|  | Tier 2   | \$30  | \$35  | \$30  | \$15  |
|  | Tier 3   | \$50  | \$60  | \$50  | \$30  |
|  | Tier 4   | \$75  | \$80  | \$75  | \$50  |
|  | Tier 5   | \$100   | \$125   | \$100   | \$100   |

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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.

| Insurance Company                                     | NHPRI   | NHPRI   | UHC   | UHC   | UHC   |
|---|---|---|---|---|---|
| Plan Name   | Neighborhood Community (CSR94)  | *Neighborhood Value (CSR94)   | Silver Compass HSA (CSR94)  | Silver Compass (CSR94)  | <b>NEW</b> Silver Choice (CSR94) <sup>2</sup>                           |
| Plan Income Range<br>% of Federal Poverty Level (FPL) | 100-150% FPL  | 100-150% FPL  | 100-150% FPL  | 100-150% FPL  | 100-150% FPL  |
| Metal Level   | SILVER 94   | SILVER 94   | SILVER 94   | SILVER 94   | SILVER 94   |
| Monthly Premium (21-year old)<br>Before tax credit    | \$203   | \$217   | \$213   | \$237   | \$250   |
| Monthly Premium (40-year old)<br>Before tax credit    | \$259   | \$277   | \$273   | \$303   | \$320   |
| Monthly Premium (60-year old)<br>Before tax credit    | \$550   | \$589   | \$579   | \$644   | \$679   |
| HSA Qualified   |   |   |   |   |   |
| Plan Type (see definitions on reverse)                | HMO   | HMO   | HMO   | HMO   | HMO   |
| Referral Required                                     | No  | No  | Yes   | Yes   | No  |
| Network Coverage Area                                 | RI only   | RI only   | RI only   | RI only   | National  |
| RI Provider Information<br>(subject to change)        | 1,364 PCPs/<br>pediatricians<br>5,808 specialists<br>15 of 15 hospitals | 1,364 PCPs/<br>pediatricians<br>5,808 specialists<br>15 of 15 hospitals | 1,076 PCPs/<br>pediatricians<br>4,711 specialists<br>14 of 15 hospitals | 1,076 PCPs/<br>pediatricians<br>4,711 specialists<br>14 of 15 hospitals | 1,304 PCPs/<br>pediatricians<br>5,321 specialists<br>15 of 15 hospitals |
| Out of Network Coverage,<br>Non-Emergency             | Not covered<br>except for urgent<br>or emergent care                    | Not covered<br>except for urgent<br>or emergent care                    | Not covered<br>except for urgent<br>or emergent care                    | Not covered<br>except for urgent<br>or emergent care                    | Not covered<br>except for urgent<br>or emergent care                    |
| Maximum Out-Of-Pocket<br>(MOOP) Medical + Drug        | \$1,000 Individual<br>\$2,000 Family                                    | \$1,500 Individual<br>\$3,000 Family                                    | \$1,000 Individual<br>\$2,000 Family                                    | \$500 Individual<br>\$1,000 Family                                      | \$500 Individual<br>\$1,000 Family                                      |
| Deductible - Medical                                  | \$0   | \$0   | \$0   | \$0   | \$0   |
| Deductible - Drug                                     | \$0   | \$0   | \$0   | \$0   | \$0   |
| Primary Care  | 10%   | \$5   | \$35  | \$30  | \$35  |
| Specialist Visit                                      | 10%   | \$15  | \$70  | \$60  | \$70  |
| Preventative Care                                     | \$0   | \$0   | \$0   | \$0   | \$0   |
| Urgent Care   | 10%   | \$15  | \$75  | \$100   | \$75  |
| ER Services   | 10%   | \$50  | \$150   | \$200   | 20%   |
| Inpatient Hospital                                    | 10%   | 10%   | \$500 per<br>inpatient stay   | 20%   | 20%   |
| X-rays & other Diag. Imaging                          | 10%   | 10%   | \$0   | 20%   | 20%   |
| High End Imaging: CT/PET/MRI                          | 10%   | 10%   | \$150 Tier 1;<br>\$250 Tier 2   | 20%   | 20% Tier 1;<br>\$250 Tier 2   |
| Mental Health/Substance Abuse<br>- Office Visits      | 10%   | \$5   | \$70  | \$60  | \$70  |
| Speech/Occup/Phys Therapy,<br>Outpatient Rehab        | 10%   | \$15  | \$0   | 20%   | 20%   |
| Lab Services, Outpatient                              | 10%   | 10%   | \$0   | 20%   | 20%   |
| Skilled Nursing Facility                              | 10%   | 10%   | \$500 per<br>inpatient stay   | 20%   | 20%   |
| Outpatient Surgery/Services                           | 10%   | 10%   | \$150 Tier 1;<br>\$250 Tier 2   | 20%   | 20% Tier 1;<br>\$250 Tier 2   |
| Pediatric Dental Coverage                             | No  | No  | Yes   | Yes   | Yes   |
| Tier 1  | \$5   | \$5   | \$15  | \$15  | \$15  |
| Tier 2  | \$15  | \$20  | \$40  | \$40  | \$40  |
| Tier 3  | \$30  | \$30  | \$70  | \$70  | \$70  |
| Tier 4  | \$50  | \$50  | \$100   | \$100   | \$100   |
| Tier 5  | N/A   | N/A   | N/A   | N/A   | N/A   |