

2016



- Easily compare plans from the state's top carriers, all in one place
- **Offer your employees the best choice of plans** through our Full Employee Choice model
- Talk to our Business Engagement Specialists:
1-855-683-6757 (Employers),
1-855-683-6755 (Brokers), or visit HealthSourceRI.com/Employers

SMALL GROUP MARKET PLANS & BENEFITS

2016 SMALL GROUP MARKET PLAN BENEFITS



Rates as of October 9, 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
<p>Small Group Premiums: Premiums vary by age and family size. The premiums for small employers will depend on the employees who will be covered.</p> <p>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.</p>	Insurance Company	BCBSRI	BCBSRI	BCBSRI	NHPRI
	Plan Name	VantageBlue 100/80 250/500	VantageBlue 100/80 500/1000	VantageBlue 100/80 750/1500	NEW Neighborhood PRIME
	Metal Level	PLATINUM	PLATINUM	PLATINUM	PLATINUM
	Monthly Premium (21-year old) January Rate	\$404	\$383	\$367	\$323
	Monthly Premium (40-year old) January Rate	\$517	\$490	\$469	\$412
	Monthly Premium (60-year old) January Rate	\$1,097	\$1,040	\$996	\$876
	HSA Qualified				
HOW YOU GET YOUR CARE					
<p>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.</p> <p>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	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	1,234 PCPs/ pediatricians 4,244 specialists 15 of 15 hospitals	1,234 PCPs/ pediatricians 4,244 specialists 15 of 15 hospitals	1,364 PCPs/ pediatricians 5,808 specialists 15 of 15 hospitals
	Out of Network Coverage, Non-Emergency	Yes— 20% Coinsurance	Yes— 20% Coinsurance	Yes— 20% Coinsurance	Not covered except for urgent or emergent care
MAXIMUM OUT-OF-POCKET <i>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.</i>					
	Maximum Out-Of-Pocket (MOOP) Medical + Drug	\$1,250 Individual \$2,500 Family	\$1,500 Individual \$3,000 Family	\$1,700 Individual \$3,400 Family	\$1,500 Individual \$3,000 Family
DEDUCTIBLES <i>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.</i>					
	Deductible - Medical	\$250 Individual \$500 Family	\$500 Individual \$1,000 Family	\$750 Individual \$1,500 Family	\$500 Individual \$1,000 Family
	Deductible - Drug	\$0	\$0	\$0	\$0
COPAYMENTS & COINSURANCE					
<p>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 TIERED plans, copayments or coinsurance for a particular service may vary depending on your choice of health provider.</p> <p>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.</p> <p>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.</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	First sick visit free, all other visits \$10 PCMH; \$20 Non-PCMH	First sick visit free, all other visits \$10 PCMH; \$20 Non-PCMH	First sick visit free, all other visits \$10 PCMH; \$20 Non-PCMH	\$10
	Specialist Visit	\$30	\$30	\$30	\$30
	Preventative Care	\$0	\$0	\$0	\$0
	Urgent Care	\$50	\$50	\$50	\$30
	ER Services	\$100	\$100	\$100	\$100
	Inpatient Hospital	0%	0%	0%	0%
	X-rays & other Diag. Imaging	\$0	\$0	\$0	0%
	High End Imaging: CT/PET/MRI	0%	0%	0%	0%
	Mental Health/Substance Abuse - Office Visits	\$30	\$30	\$30	\$10
	Speech/Occup/Phys Therapy, Outpatient Rehab	20%	20%	20%	\$30
	Lab Services, Outpatient	\$0	\$0	\$0	0%
	Skilled Nursing Facility	0%	0%	0%	0%
	Outpatient Surgery/Services	0%	0%	0%	0%
	Pediatric Dental Coverage	No	No	No	No
	PRESCRIPTION DRUGS				
<p>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	\$10
	Tier 2	\$25	\$25	\$25	\$35
	Tier 3	\$35	\$35	\$35	\$60
	Tier 4	\$60	\$60	\$60	\$100
	Tier 5	\$100	\$100	\$100	N/A

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Insurance Company	BCBSRI	BCBSRI	BCBSRI	NHPRI	UHC
Plan Name	NEW BlueSolutions for HSA 1500/3000	VantageBlue 100/60 1500/3000	NEW BasicBlue 2750/5500	Neighborhood PREMIER	Gold Edge HMO 1250
Metal Level	GOLD	GOLD	GOLD	GOLD	GOLD
Monthly Premium (21-year old) January Rate	\$305	\$332	\$284	\$281	\$355
Monthly Premium (40-year old) January Rate	\$390	\$424	\$363	\$359	\$453
Monthly Premium (60-year old) January Rate	\$829	\$901	\$771	\$763	\$963
HSA Qualified	✓				
Plan Type (see definitions on reverse)	PPO	PPO	PPO	HMO	HMO
Referral Required	No	No	No	No	No
Network Coverage Area	National	National	National	RI only	National
RI Provider Information (subject to change)	1,234 PCPs/ pediatricians 4,244 specialists 15 of 15 hospitals	1,234 PCPs/ pediatricians 4,244 specialists 15 of 15 hospitals	1,234 PCPs/ pediatricians 4,244 specialists 15 of 15 hospitals	1,364 PCPs/ pediatricians 5,808 specialists 15 of 15 hospitals	1,304 PCPs/ pediatricians 5,321 specialists 15 of 15 hospitals
Out of Network Coverage, Non-Emergency	Yes— 40% Coinsurance	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
Maximum Out-Of-Pocket (MOOP) Medical + Drug	\$3,000 Individual \$6,000 Family	\$4,500 Individual \$9,000 Family	\$2,750 Individual \$5,500 Family	\$5,000 Individual \$10,000 Family	\$4,000 Individual \$8,000 Family
Deductible - Medical	\$1,500 Individual \$3,000 Family	\$1,500 Individual \$3,000 Family	\$2,750 Individual \$5,500 Family	\$1,500 Individual \$3,000 Family	\$1,250 Individual \$2,500 Family
Deductible - Drug	Combined with Medical	\$0	Tiers 3, 4 and 5 Combined with Medical	\$0	\$0
Primary Care	\$5 PCMH; \$15 Non-PCMH	First sick visit free, all other visits \$15 PCMH; \$25 Non-PCMH	\$15 PCMH; \$25 Non-PCMH	\$20	\$30
Specialist Visit	\$20	\$30	\$30	\$40	\$30 Tier 1; \$60 Tier 2
Preventative Care	\$0	\$0	\$0	\$0	\$0
Urgent Care	\$100	\$75	0%	\$40	\$75
ER Services	\$200	\$150	0%	\$200	\$200
Inpatient Hospital	0%	0%	0%	0%	\$500 in addition to deductible ¹
X-rays & other Diag. Imaging	0%	\$50	0%	0%	\$0
High End Imaging: CT/PET/MRI	0%	0%	0%	0%	0%
Mental Health/Substance Abuse - Office Visits	\$20	\$30	\$30	\$20	\$30
Speech/Occup/Phys Therapy, Outpatient Rehab	0%	20%	0%	\$40	0%
Lab Services, Outpatient	0%	\$25	0%	0%	0%
Skilled Nursing Facility	0%	0%	0%	0%	\$500 in addition to deductible ¹
Outpatient Surgery/Services	0%	0%	0%	0%	\$500 in addition to deductible ¹
Pediatric Dental Coverage	No	No	No	No	No
Tier 1	\$10	\$10	\$10	\$10	\$10/\$10 specialty
Tier 2	\$30	\$30	\$30	\$35	\$35/\$60 specialty
Tier 3	\$50	\$50	0%	\$60	\$60/\$100 specialty
Tier 4	\$75	\$75	0%	\$100	N/A
Tier 5	\$125	\$125	0%	N/A	N/A

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Insurance Company	UHC	UHC	BCBSRI	BCBSRI	BCBSRI
Plan Name	Gold HMO 1500	Gold Choice Advanced HMO 1500	BlueSolutions for HSA 100/60 3000/6000	<small>NEW</small> VantageBlue 100/80 2000/4000	VantageBlue 80/60 3000/6000
Metal Level	GOLD	GOLD	SILVER	SILVER	SILVER
Monthly Premium (21-year old) January Rate	\$358	\$312	\$252	\$303	\$269
Monthly Premium (40-year old) January Rate	\$458	\$398	\$322	\$388	\$344
Monthly Premium (60-year old) January Rate	\$972	\$846	\$683	\$823	\$731
HSA Qualified			✓		
Plan Type (see definitions on reverse)	HMO	HMO	PPO	PPO	PPO
Referral Required	No	No	No	No	No
Network Coverage Area	National	National	National	National	National
RI Provider Information (subject to change)	1,304 PCPs/ pediatricians 5,321 specialists 15 of 15 hospitals	1,304 PCPs/ pediatricians 5,321 specialists 15 of 15 hospitals	1,234 PCPs/ pediatricians 4,244 specialists 15 of 15 hospitals	1,234 PCPs/ pediatricians 4,244 specialists 15 of 15 hospitals	1,234 PCPs/ pediatricians 4,244 specialists 15 of 15 hospitals
Out of Network Coverage, Non-Emergency	Not covered except for urgent or emergent care	Not covered except for urgent or emergent care	Yes— 40% Coinsurance	Yes— 20% Coinsurance	Yes— 40% Coinsurance
Maximum Out-Of-Pocket (MOOP) Medical + Drug	\$4,000 Individual \$8,000 Family	\$3,500 Individual \$7,000 Family	\$6,350 Individual \$12,700 Family	\$6,500 Individual \$13,000 Family	\$6,500 Individual \$13,000 Family
Deductible - Medical	\$1,500 Individual \$3,000 Family	\$1,500 Individual \$3,000 Family	\$3,000 Individual \$6,000 Family	\$2,000 Individual \$4,000 Family	\$3,000 Individual \$6,000 Family
Deductible - Drug	\$0	\$0	Combined with Medical	\$0	\$0
Primary Care	\$25	\$20 Tier 1; \$40 Tier 2	0%	First sick visit free, all other visits \$20 PCMH; \$40 Non-PCMH	First sick visit free, all other visits \$20 PCMH; \$40 Non-PCMH
Specialist Visit	\$50	\$20 Tier 1; \$40 Tier 2	0%	\$50	\$50
Preventative Care	\$0	\$0	\$0	\$0	\$0
Urgent Care	\$75	\$75	0%	\$125	\$125
ER Services	\$250	\$150	0%	\$250	\$250
Inpatient Hospital	0%	\$500 in addition to deductible ¹	0%	0%	20%
X-rays & other Diag. Imaging	\$0	\$0 Tier 1; 40% Tier 2	0%	\$75	\$75
High End Imaging: CT/PET/MRI	0% Tier 1; \$250 in addition to deductible ¹ Tier 2	0% Tier 1; \$250 in addition to deductible ¹ Tier 2	0%	0%	20%
Mental Health/Substance Abuse - Office Visits	\$50	\$20	0%	\$50	\$50
Speech/Occup/Phys Therapy, Outpatient Rehab	0%	0%	\$20	20%	20%
Lab Services, Outpatient	0%	\$0 Tier 1; 40% Tier 2	0%	\$25	\$25
Skilled Nursing Facility	0%	\$500 in addition to deductible ¹	0%	0%	20%
Outpatient Surgery/Services	0% Tier 1; \$250 in addition to deductible ¹ Tier 2	0% Tier 1; \$250 in addition to deductible ¹ Tier 2	0%	0%	20%
Pediatric Dental Coverage	No	No	No	No	No
Tier 1	\$10/\$10 specialty	\$10/\$10 specialty	\$10	\$10	\$10
Tier 2	\$35/\$60 specialty	\$35/\$60 specialty	\$40	\$40	\$40
Tier 3	\$60/\$100 specialty	\$60/\$100 specialty	\$70	\$70	\$70
Tier 4	N/A	N/A	\$90	\$90	\$90
Tier 5	N/A	N/A	\$125	\$125	\$125

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Insurance Company	BCBSRI	NHPRI	NHPRI	UHC	UHC	UHC
Plan Name	NEW BasicBlue 5000/10000	Neighborhood PARTNER	Neighborhood CHOICE	Silver Edge HMO HSA 2000	*Silver Choice HMO 2000	Silver Choice Advanced HMO 4000
Metal Level	SILVER	SILVER	SILVER	SILVER	SILVER	SILVER
Monthly Premium (21-year old) January Rate	\$229	\$225	\$231	\$248	\$296	\$298
Monthly Premium (40-year old) January Rate	\$292	\$288	\$295	\$317	\$379	\$381
Monthly Premium (60-year old) January Rate	\$621	\$611	\$626	\$674	\$804	\$810
HSA Qualified		✓		✓		
Plan Type (see definitions on reverse)	PPO	HMO	HMO	HMO	HMO	HMO
Referral Required	No	No	No	No	No	No
Network Coverage Area	National	RI only	RI only	National	National	National
RI Provider Information (subject to change)	1,234 PCPs/ pediatricians 4,244 specialists 15 of 15 hospitals	1,364 PCPs/ pediatricians 5,808 specialists 15 of 15 hospitals	1,364 PCPs/ pediatricians 5,808 specialists 15 of 15 hospitals	1,304 PCPs/ pediatricians 5,321 specialists 15 of 15 hospitals	1,304 PCPs/ pediatricians 5,321 specialists 15 of 15 hospitals	1,304 PCPs/ pediatricians 5,321 specialists 15 of 15 hospitals
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	Not covered except for urgent or emergent care
Maximum Out-Of-Pocket (MOOP) Medical + Drug	\$5,000 Individual \$10,000 Family	\$6,550 Individual \$13,100 Family	\$6,550 Individual \$13,100 Family	\$5,250 Individual \$6,850 Family	\$6,250 Individual \$12,500 Family	\$6,000 Individual \$12,000 Family
Deductible - Medical	\$5,000 Individual \$10,000 Family	\$2,000 Individual \$4,000 Family	\$2,250 Individual \$4,500 Family	\$2,000 Individual \$5,000 Family	\$2,000 Individual \$4,000 Family	\$4,000 Individual \$8,000 Family
Deductible - Drug	Tiers 3, 4 and 5 Combined with Medical	Combined with Medical	\$0	Combined with Medical	\$0	\$0
Primary Care	\$20 PCMH; \$30 Non-PCMH	15%	\$30	\$30	\$35	\$20 Tier 1; \$40 Tier 2
Specialist Visit	\$45	15%	\$60	\$30 Tier 1; \$60 Tier 2	\$70	\$20 Tier 1; \$40 Tier 2
Preventative Care	\$0	\$0	\$0	\$0	\$0	\$0
Urgent Care	0%	15%	\$60	\$75	\$75	\$75
ER Services	0%	15%	\$250	\$150	20%	\$200
Inpatient Hospital	0%	15%	30%	\$500 in addition to deductible ¹	20%	\$500 in addition to deductible ¹
X-rays & other Diag. Imaging	0%	15%	30%	0%	20%	\$0 Tier 1; 40% Tier 2
High End Imaging: CT/PET/MRI	0%	15%	30%	0%	20% Tier 1; \$250 in addition to deductible ¹ Tier 2	0% Tier 1; \$500 in addition to deductible ¹ Tier 2
Mental Health/Substance Abuse - Office Visits	\$45	15%	\$30	\$30	\$70	\$20
Speech/Occup/Phys Therapy, Outpatient Rehab	0%	15%	\$60	0%	20%	0%
Lab Services, Outpatient	0%	15%	30%	0%	20%	\$0 Tier 1; 40% Tier 2
Skilled Nursing Facility	0%	15%	30%	\$500 in addition to deductible ¹	20%	\$500 in addition to deductible ¹
Outpatient Surgery/Services	0%	15%	30%	\$250 in addition to deductible ¹	20% Tier 1; \$250 in addition to deductible ¹ Tier 2	0% Tier 1; \$500 in addition to deductible ¹ Tier 2
Pediatric Dental Coverage	No	No	No	No	No	No
Tier 1	\$10	\$10	\$15	\$20/\$20 specialty	\$20/\$20 specialty	\$20/\$20 specialty
Tier 2	\$40	\$35	\$40	\$40/\$60 specialty	\$40/\$60 specialty	\$40/\$60 specialty
Tier 3	0%	\$60	\$90	\$70/\$100 specialty	\$70/\$100 specialty	\$70/\$100 specialty
Tier 4	0%	\$100	\$200	N/A	N/A	N/A
Tier 5	0%	N/A	N/A	N/A	N/A	N/A

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Insurance Company	BCBSRI	BCBSRI	NHPRI	UHC
Plan Name	BlueSolutions for HSA 100/60 5200/10400	NEW BasicBlue 6850/13700	Neighborhood STANDARD	Bronze Edge HMO HSA 5000
Metal Level	BRONZE	BRONZE	BRONZE	BRONZE
Monthly Premium (21-year old) January Rate	\$197	\$187	\$178	\$210
Monthly Premium (40-year old) January Rate	\$252	\$239	\$227	\$269
Monthly Premium (60-year old) January Rate	\$536	\$507	\$482	\$571
HSA Qualified	✓		✓	✓
Plan Type (see definitions on reverse)	PPO	PPO	HMO	HMO
Referral Required	No	No	No	No
Network Coverage Area	National	National	RI only	National
RI Provider Information (subject to change)	1,234 PCPs/ pediatricians 4,244 specialists 15 of 15 hospitals	1,234 PCPs/ pediatricians 4,244 specialists 15 of 15 hospitals	1,364 PCPs/ pediatricians 5,808 specialists 15 of 15 hospitals	1,304 PCPs/ pediatricians 5,321 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
Maximum Out-Of-Pocket (MOOP) Medical + Drug	\$6,550 Individual \$13,100 Family	\$6,850 Individual \$13,700 Family	\$6,550 Individual \$13,100 Family	\$6,500 Individual \$13,000 Family
Deductible - Medical	\$5,200 Individual \$10,400 Family	\$6,850 Individual \$13,700 Family	\$4,900 Individual \$9,800 Family	\$5,000 Individual \$10,000 Family
Deductible - Drug	Combined with Medical	Tiers 3, 4 and 5 Combined with Medical	Combined with Medical	Combined with Medical
Primary Care	0%	\$50 PCMH; \$70 Non-PCMH	20%	\$40
Specialist Visit	0%	\$85	20%	\$40 Tier 1; \$70 Tier 2
Preventative Care	\$0	\$0	\$0	\$0
Urgent Care	0%	0%	20%	\$75
ER Services	0%	0%	20%	\$250
Inpatient Hospital	0%	0%	20%	\$500 in addition to deductible ¹
X-rays & other Diag. Imaging	0%	0%	20%	0%
High End Imaging: CT/PET/MRI	0%	0%	20%	\$300
Mental Health/Substance Abuse - Office Visits	0%	\$85	20%	\$40
Speech/Occup/Phys Therapy, Outpatient Rehab	0%	0%	20%	0%
Lab Services, Outpatient	0%	0%	20%	0%
Skilled Nursing Facility	0%	0%	20%	\$500 in addition to deductible ¹
Outpatient Surgery/Services	0%	0%	20%	\$300 in addition to deductible ¹
Pediatric Dental Coverage	No	No	No	No
Tier 1	\$10	\$10	\$10	\$20/\$20 specialty
Tier 2	\$50	\$50	\$35	\$40/\$60 specialty
Tier 3	\$75	0%	\$60	\$70/\$100 specialty
Tier 4	\$95	0%	\$100	N/A
Tier 5	\$150	0%	N/A	N/A

HealthSource RI for Employers lets you offer your employees a wide range of high-quality health insurance options:

- Our Full Choice program is your [exclusive source](#) for offering your employees [multiple carrier options](#), allowing you to customize health plan offerings like never before
- Your employees can pick the plan and level of healthcare that works best for them, [and you can highlight any combination of plans and metal levels to suit your needs](#)
- Our [defined contribution model](#) lets you determine your healthcare budget now and in the future
- [HealthSource RI is the only place](#) you can claim small business tax credits
- There are [no minimum participation requirements](#) and you can tier plan contributions to match your workforce

The following case study illustrates how Full Employee Choice works:

Joe owns a manufacturing company in Providence. He selects a plan that costs \$500/month per individual. He decides to contribute \$325/month toward the individual premium

Joe's employees can either pick the coverage he selected or choose another health insurance plan, using Joe's \$325 contribution to help pay the monthly premium. If the plan they select is more expensive, the employees pay more out of their paychecks. If the plan is less expensive, the employees pay less

Joe writes a single check to HealthSource RI, and his employees can call our Business Engagement Team if they have questions or need support

Ask your broker about HealthSource RI for Employers!

When to Enroll:

- You can enroll your business or nonprofit at your existing carrier renewal date, or any time you choose
- Finalize your coverage offering by the 12th of the month before your requested effective date
- Payments are due by the 23rd of the month

To get a quote:

Call our Business Engagement Team

1-855-683-6757

To find a broker or for information on enrolling through HealthSource RI for Employers, visit our website HealthSourceRI.com/Employers

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.

* A variation of this plan that excludes coverage for most abortions is available for small employers seeking a plan under a religious exemption. Please call the HealthSource RI Business Engagement Team to learn more.

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.