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)

1-855-683-6757 (Employers), 1-855-683-6755 (Brokers), or visit HealthSourceRl.com/Employers





BASIC PLAN INFORMATION	Insurance Company	BCBSRI	BCBSRI	BCBSRI	NHPRI
Small Group Premiums: Premiums vary by age and family size. The premiums for small employers will depend on the employees who	Plan Name	VantageBlue 100/80 250/500	VantageBlue 100/80 500/1000	VantageBlue 100/80 750/1500	Neighborhood PRIME
will be covered.	Metal Level	PLATINUM	PLATINUM	PLATINUM	PLATINUM
Health Savings Accounts (HSAs) A Health Savings Account-qualified plan allows you to	Monthly Premium (21-year old) January Rate	\$404	\$383	\$367	\$323
contribute to a separate tax-exempt account which can be used for health care expenses like deductibles	Monthly Premium (40-year old) January Rate	\$517	\$490	\$469	\$412
and copayments.	Monthly Premium (60-year old) January Rate	\$1,097	\$1,040	\$996	\$876
	HSA Qualified				
HOW YOU GET YOUR CARE	Plan Type (see definitions on reverse)	PPO	PPO	PPO	НМО
Some insurers offer plans that include a smaller number of providers that the insurers have decided offer	Referral Required	No	No	No	No
high-quality care at a lower cost. Plans have different monthly premiums and out-of-pocket costs for care, as	Network Coverage Area	National	National	National	RI only
well as different providers (like doctors and hospitals) you can visit. The providers included in a plan's network	RI Provider Information	1,234 PCPs/	1,234 PCPs/	1,234 PCPs/	1,364 PCPs/
— 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	(subject to change)	pediatricians 4,244 specialists	pediatricians 4,244 specialists	pediatricians 4,244 specialists	pediatricians 5,808 specialists
("tiers") to doctors and hospitals within their networks, and you may pay less to see providers in certain tiers.		15 of 15 hospitals	15 of 15 hospitals	15 of 15 hospitals	15 of 15 hospitals
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	Out of Network Coverage,	Yes-	Yes-	Yes-	Not covered except for
any other health care needs you have. All plans cover preventive health care services at no cost.	Non-Emergency	20% Coinsurance	20% Coinsurance	20% Coinsurance	urgent or emergent care
MAXIMUM OUT-OF-POCKET In addition to your	Maximum Out-Of-Pocket				
monthly premium, the maximum out-of-pocket amount is the most you could have to pay in deduct-	(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
ibles, copayments and coinsurance during the year. 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	Deductible - Medical	\$250 Individual \$500 Family	\$500 Individual \$1,000 Family	\$750 Individual \$1,500 Family	\$500 Individual \$1,000 Family
addition to your monthly premium. Services subject to the deductible vary by plan and may include doctor visits and	Deductible - Drug	ф.	ф.		
hospitals stays, as well as prescription medications.					
		\$0 First sick visit free all other visits	\$0 First sick visit free all other visits	\$0 First sick visit free all other visits	\$0
COPAYMENTS & COINSURANCE	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
COPAYMENTS & COINSURANCE Copayments are fixed dollar amounts that you must pay for certain types of health care services	Primary Care Specialist Visit	First sick visit free, all other visits \$10 PCMH; \$20 Non-PCMH \$30	First sick visit free, all other visits \$10 PCMH; \$20 Non-PCMH \$30	First sick visit free, all other visits \$10 PCMH; \$20 Non-PCMH \$30	\$10 \$30
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	Primary Care	First sick visit free, all other visits \$10 PCMH; \$20 Non-PCMH \$30 \$0	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 \$30 \$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	Primary Care Specialist Visit	First sick visit free, all other visits \$10 PCMH; \$20 Non-PCMH \$30	First sick visit free, all other visits \$10 PCMH; \$20 Non-PCMH \$30	First sick visit free, all other visits \$10 PCMH; \$20 Non-PCMH \$30	\$10 \$30
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	Primary Care Specialist Visit Preventative Care	First sick visit free, all other visits \$10 PCMH; \$20 Non-PCMH \$30 \$0	First sick visit free, all other visits \$10 PCMH; \$20 Non-PCMH \$30 \$0	First sick visit free, all other visits \$10 PCMH; \$20 Non-PCMH \$30 \$0	\$10 \$30 \$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.	Primary Care Specialist Visit Preventative Care Urgent Care	First sick visit free, all other visits \$10 PCMH; \$20 Non-PCMH \$30 \$0 \$50	First sick visit free, all other visits \$10 PCMH; \$20 Non-PCMH \$30 \$0 \$50	First sick visit free, all other visits \$10 PCMH; \$20 Non-PCMH \$30 \$0 \$50	\$10 \$30 \$0 \$30
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	Primary Care Specialist Visit Preventative Care Urgent Care ER Services	First sick visit free, all other visits \$10 PCMH; \$20 Non-PCMH \$30 \$0 \$50 \$100	First sick visit free, all other visits \$10 PCMH; \$20 Non-PCMH \$30 \$0 \$50 \$100	First sick visit free, all other visits \$10 PCMH; \$20 Non-PCMH \$30 \$0 \$50 \$100	\$10 \$30 \$0 \$30 \$100
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	Primary Care Specialist Visit Preventative Care Urgent Care ER Services Inpatient Hospital X-rays & other Diag. Imaging High End Imaging: CT/PET/MRI	First sick visit free, all other visits \$10 PCMH; \$20 Non-PCMH \$30 \$0 \$50 \$100	First sick visit free, all other visits \$10 PCMH; \$20 Non-PCMH \$30 \$0 \$50 \$100 0%	First sick visit free, all other visits \$10 PCMH; \$20 Non-PCMH \$30 \$0 \$50 \$100 0%	\$10 \$30 \$0 \$30 \$100
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	Primary Care Specialist Visit Preventative Care Urgent Care ER Services Inpatient Hospital X-rays & other Diag. Imaging High End Imaging: CT/PET/MRI Mental Health/Substance Abuse - Office Visits	First sick visit free, all other visits \$10 PCMH; \$20 Non-PCMH \$30 \$0 \$50 \$100 \$0 \$100 \$0 \$100 \$0 \$100 \$0 \$100 \$0 \$100 \$0 \$100 \$0 \$100 \$	First sick visit free, all other visits \$10 PCMH; \$20 Non-PCMH \$30 \$0 \$50 \$50 \$100 \$0% \$0	First sick visit free, all other visits \$10 PCMH; \$20 Non-PCMH \$30 \$0 \$50 \$50 \$100 \$0%	\$10 \$30 \$0 \$30 \$100 0%
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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 amount. After that, 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. 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	Primary Care Specialist Visit Preventative Care Urgent Care ER Services Inpatient Hospital X-rays & other Diag. Imaging High End Imaging: CT/PET/MRI Mental Health/Substance Abuse - Office Visits Speech/Occup/Phys Therapy, Outpatient Rehab Lab Services, Outpatient Skilled Nursing Facility Outpatient Surgery/Services Pediatric Dental Coverage Tier 1 Tier 2 Tier 3	First sick visit free, all other visits \$10 PCMH; \$20 Non-PCMH \$30 \$0 \$50 \$100 \$50 \$100 \$0% \$0 \$30 \$00 \$100 \$0% \$100 \$100 \$100 \$100 \$100	First sick visit free, all other visits \$10 PCMH; \$20 Non-PCMH \$30 \$0 \$50 \$100 \$50 \$100 \$0% \$0 \$0 \$30 \$00 \$100 \$0% \$00 \$100 \$0% \$100 \$25 \$100 \$100 \$25 \$35	First sick visit free, all other visits \$10 PCMH; \$20 Non-PCMH \$30 \$0 \$50 \$100 0% \$0 0% \$30 20% \$0 0% No \$10 \$25 \$35	\$10 \$30 \$0 \$30 \$100 0% 0% 0% \$10 \$30 0% 0% 0% No \$10 \$35 \$60



Insurance Company	BCBSRI	BCBSRI	BCBSRI	NHPRI	UHC
Plan Name	BlueSolutions for HSA 1500/3000	VantageBlue 100/60 1500/3000	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	НМО	НМО
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	1,234 PCPs/ pediatricians	1,234 PCPs/ pediatricians	1,364 PCPs/ pediatricians	1,304 PCPs/ pediatricians
	4,244 specialists	4,244 specialists	4,244 specialists	5,808 specialists	5,321 specialists
	15 of 15 hospitals	15 of 15 hospitals	15 of 15 hospitals	15 of 15 hospitals	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	\$0	\$0
	Combined with Medical	ΨΟ	Combined with Medical	\$0	30
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
Primary Care Specialist Visit	\$5 PCMH;	First sick visit free, all other visits	\$15 PCMH;		
	\$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	\$5 PCMH; \$15 Non-PCMH \$20	First sick visit free, all other visits \$15 PCMH; \$25 Non-PCMH \$30	\$15 PCMH; \$25 Non-PCMH \$30	\$20 \$40	\$30 \$30 Tier 1; \$60 Tier 2
Specialist Visit Preventative Care	\$5 PCMH; \$15 Non-PCMH \$20 \$0	First sick visit free, all other visits \$15 PCMH; \$25 Non-PCMH \$30 \$0	\$15 PCMH; \$25 Non-PCMH \$30 \$0	\$20 \$40 \$0	\$30 \$30 Tier 1; \$60 Tier 2 \$0
Specialist Visit Preventative Care Urgent Care	\$5 PCMH; \$15 Non-PCMH \$20 \$0 \$100	First sick visit free, all other visits \$15 PCMH; \$25 Non-PCMH \$30 \$0 \$75	\$15 PCMH; \$25 Non-PCMH \$30 \$0	\$20 \$40 \$0 \$40	\$30 \$30 Tier 1; \$60 Tier 2 \$0 \$75
Specialist Visit Preventative Care Urgent Care ER Services	\$5 PCMH; \$15 Non-PCMH \$20 \$0 \$100 \$200	First sick visit free, all other visits \$15 PCMH; \$25 Non-PCMH \$30 \$0 \$75	\$15 PCMH; \$25 Non-PCMH \$30 \$0 0%	\$20 \$40 \$0 \$40 \$200	\$30 \$30 Tier 1; \$60 Tier 2 \$0 \$75 \$200 \$500 in addition
Specialist Visit Preventative Care Urgent Care ER Services Inpatient Hospital	\$5 PCMH; \$15 Non-PCMH \$20 \$0 \$100 \$200 0%	First sick visit free, all other visits \$15 PCMH; \$25 Non-PCMH \$30 \$0 \$75 \$150 \$0%	\$15 PCMH; \$25 Non-PCMH \$30 \$0 0% 0%	\$20 \$40 \$0 \$40 \$200 0%	\$30 \$30 Tier 1; \$60 Tier 2 \$0 \$75 \$200 \$500 in addition to deductible¹
Specialist Visit Preventative Care Urgent Care ER Services Inpatient Hospital X-rays & other Diag. Imaging High End Imaging: CT/PET/MRI Mental Health/Substance Abuse - Office Visits	\$5 PCMH; \$15 Non-PCMH \$20 \$0 \$100 \$200 0%	First sick visit free, all other visits \$15 PCMH; \$25 Non-PCMH \$30 \$0 \$75 \$150 \$0% \$50	\$15 PCMH; \$25 Non-PCMH \$30 \$0 0% 0% 0%	\$20 \$40 \$0 \$40 \$200 0%	\$30 \$30 Tier 1; \$60 Tier 2 \$0 \$75 \$200 \$500 in addition to deductible¹ \$0
Specialist Visit Preventative Care Urgent Care ER Services Inpatient Hospital X-rays & other Diag. Imaging High End Imaging: CT/PET/MRI Mental Health/Substance	\$5 PCMH; \$15 Non-PCMH \$20 \$0 \$100 \$200 0% 0%	First sick visit free, all other visits \$15 PCMH; \$25 Non-PCMH \$30 \$0 \$75 \$150 \$0% \$50 \$0%	\$15 PCMH; \$25 Non-PCMH \$30 \$0 0% 0% 0% 0%	\$20 \$40 \$0 \$40 \$200 0% 0%	\$30 \$30 Tier 1; \$60 Tier 2 \$0 \$75 \$200 \$500 in addition to deductible¹ \$0
Specialist Visit Preventative Care Urgent Care ER Services Inpatient Hospital X-rays & other Diag. Imaging High End Imaging: CT/PET/MRI Mental Health/Substance Abuse - Office Visits Speech/Occup/Phys Therapy,	\$5 PCMH; \$15 Non-PCMH \$20 \$0 \$100 \$200 0% 0% 0%	First sick visit free, all other visits \$15 PCMH; \$25 Non-PCMH \$30 \$0 \$75 \$150 \$0% \$50 \$0% \$30	\$15 PCMH; \$25 Non-PCMH \$30 \$0 0% 0% 0% 0% 0%	\$20 \$40 \$0 \$40 \$200 0% 0% 0%	\$30 \$30 Tier 1; \$60 Tier 2 \$0 \$75 \$200 \$500 in addition to deductible¹ \$0 0% \$30
Specialist Visit Preventative Care Urgent Care ER Services Inpatient Hospital X-rays & other Diag. Imaging High End Imaging: CT/PET/MRI Mental Health/Substance Abuse - Office Visits Speech/Occup/Phys Therapy, Outpatient Rehab	\$5 PCMH; \$15 Non-PCMH \$20 \$0 \$100 \$200 0% 0% 0% \$20 0%	First sick visit free, all other visits \$15 PCMH; \$25 Non-PCMH \$30 \$0 \$75 \$150 \$0% \$50 \$0% \$30 \$00 \$20%	\$15 PCMH; \$25 Non-PCMH \$30 \$0 0% 0% 0% 0% 0% \$30 0%	\$20 \$40 \$0 \$40 \$200 0% 0% 0% \$20 \$40	\$30 \$30 Tier 1; \$60 Tier 2 \$0 \$75 \$200 \$500 in addition to deductible¹ \$0 0% \$30 0%
Specialist Visit Preventative Care Urgent Care ER Services Inpatient Hospital X-rays & other Diag. Imaging High End Imaging: CT/PET/MRI Mental Health/Substance Abuse - Office Visits Speech/Occup/Phys Therapy, Outpatient Rehab Lab Services, Outpatient	\$5 PCMH; \$15 Non-PCMH \$20 \$0 \$100 \$200 0% 0% 0% \$20 0%	First sick visit free, all other visits \$15 PCMH; \$25 Non-PCMH \$30 \$0 \$75 \$150 \$0% \$50 \$0% \$30 \$20% \$30	\$15 PCMH; \$25 Non-PCMH \$30 \$0 0% 0% 0% 0% 0% \$30 0%	\$20 \$40 \$0 \$40 \$200 0% 0% 0% \$20 \$40	\$30 \$30 Tier 1; \$60 Tier 2 \$0 \$75 \$200 \$500 in addition to deductible¹ \$0 0% \$30 0% \$30 0% \$500 in addition
Specialist Visit Preventative Care Urgent Care ER Services Inpatient Hospital X-rays & other Diag. Imaging High End Imaging: CT/PET/MRI Mental Health/Substance Abuse - Office Visits Speech/Occup/Phys Therapy, Outpatient Rehab Lab Services, Outpatient Skilled Nursing Facility	\$5 PCMH; \$15 Non-PCMH \$20 \$0 \$100 \$200 0% 0% 0% \$20 0% 0%	First sick visit free, all other visits \$15 PCMH; \$25 Non-PCMH \$30 \$0 \$75 \$150 \$0% \$50 \$25 \$0% \$25 \$0%	\$15 PCMH; \$25 Non-PCMH \$30 \$0 0% 0% 0% 0% 0% \$30 0% 0%	\$20 \$40 \$0 \$40 \$200 0% 0% 0% \$20 \$40 0%	\$30 \$30 Tier 1; \$60 Tier 2 \$0 \$75 \$200 \$500 in addition to deductible¹ \$0 0% \$30 0% \$30 0% \$500 in addition to deductible¹
Specialist Visit Preventative Care Urgent Care ER Services Inpatient Hospital X-rays & other Diag. Imaging High End Imaging: CT/PET/MRI Mental Health/Substance Abuse - Office Visits Speech/Occup/Phys Therapy, Outpatient Rehab Lab Services, Outpatient Skilled Nursing Facility Outpatient Surgery/Services	\$5 PCMH; \$15 Non-PCMH \$20 \$0 \$100 \$200 0% 0% 0% \$20 0% 0%	First sick visit free, all other visits \$15 PCMH; \$25 Non-PCMH \$30 \$0 \$75 \$150 \$0% \$50 \$20% \$25 \$0% \$0% \$0% \$0% \$0% \$0% \$0% \$0% \$0% \$0%	\$15 PCMH; \$25 Non-PCMH \$30 \$0 0% 0% 0% 0% 0% \$30 0% 0% 0%	\$20 \$40 \$0 \$40 \$200 0% 0% 0% \$20 \$40 0% 0%	\$30 \$30 Tier 1; \$60 Tier 2 \$0 \$75 \$200 \$500 in addition to deductible¹ \$0 0% \$30 0% \$30 0% \$500 in addition to deductible¹
Specialist Visit Preventative Care Urgent Care ER Services Inpatient Hospital X-rays & other Diag. Imaging High End Imaging: CT/PET/MRI Mental Health/Substance Abuse - Office Visits Speech/Occup/Phys Therapy, Outpatient Rehab Lab Services, Outpatient Skilled Nursing Facility Outpatient Surgery/Services Pediatric Dental Coverage	\$5 PCMH; \$15 Non-PCMH \$20 \$0 \$100 \$200 0% 0% 0% \$20 0% 0% 0%	First sick visit free, all other visits \$15 PCMH; \$25 Non-PCMH \$30 \$0 \$75 \$150 \$0% \$50 \$25 \$0% \$0% \$0% \$100 \$0% \$100 \$100 \$100 \$10	\$15 PCMH; \$25 Non-PCMH \$30 \$0 0% 0% 0% 0% 0% \$30 0% 0% 0%	\$20 \$40 \$0 \$40 \$200 0% 0% 0% \$20 \$40 0% 0%	\$30 \$30 Tier 1; \$60 Tier 2 \$0 \$75 \$200 \$500 in addition to deductible¹ \$0 0% \$30 0% \$500 in addition to deductible¹ \$500 in addition to deductible¹
Specialist Visit Preventative Care Urgent Care ER Services Inpatient Hospital X-rays & other Diag. Imaging High End Imaging: CT/PET/MRI Mental Health/Substance Abuse - Office Visits Speech/Occup/Phys Therapy, Outpatient Rehab Lab Services, Outpatient Skilled Nursing Facility Outpatient Surgery/Services Pediatric Dental Coverage Tier 1	\$5 PCMH; \$15 Non-PCMH \$20 \$0 \$100 \$200 0% 0% 0% \$20 0% 0% 0% 0%	First sick visit free, all other visits \$15 PCMH; \$25 Non-PCMH \$30 \$0 \$75 \$150 \$0% \$50 \$25 \$0% \$25 \$0% \$0% \$10	\$15 PCMH; \$25 Non-PCMH \$30 \$0 0% 0% 0% 0% 0% \$30 0% 0% 0% 0%	\$20 \$40 \$0 \$40 \$200 0% 0% 0% \$20 \$40 0% 0% 0%	\$30 \$30 Tier 1; \$60 Tier 2 \$0 \$75 \$200 \$500 in addition to deductible¹ \$0 0% \$30 0% \$500 in addition to deductible¹ \$500 in addition to deductible¹ No
Specialist Visit Preventative Care Urgent Care ER Services Inpatient Hospital X-rays & other Diag. Imaging High End Imaging: CT/PET/MRI Mental Health/Substance Abuse - Office Visits Speech/Occup/Phys Therapy, Outpatient Rehab Lab Services, Outpatient Skilled Nursing Facility Outpatient Surgery/Services Pediatric Dental Coverage Tier 1 Tier 2	\$5 PCMH; \$15 Non-PCMH \$20 \$0 \$100 \$200 0% 0% 0% \$20 0% 0% 0% 0% 0%	First sick visit free, all other visits \$15 PCMH; \$25 Non-PCMH \$30 \$0 \$75 \$150 \$0% \$50 \$0% \$25 \$0% \$25 \$0% \$0% \$10 \$30	\$15 PCMH; \$25 Non-PCMH \$30 \$0 0% 0% 0% 0% 0% \$30 0% 0% 0% 0%	\$20 \$40 \$0 \$40 \$200 0% 0% 0% \$20 \$40 0% 0% 0% No \$10	\$30 \$30 Tier 1; \$60 Tier 2 \$0 \$75 \$200 \$500 in addition to deductible! \$0 0% \$30 0% \$500 in addition to deductible! \$10% \$500 in addition to deductible! \$500 in addition to deductible!
Specialist Visit Preventative Care Urgent Care ER Services Inpatient Hospital X-rays & other Diag. Imaging High End Imaging: CT/PET/MRI Mental Health/Substance Abuse - Office Visits Speech/Occup/Phys Therapy, Outpatient Rehab Lab Services, Outpatient Skilled Nursing Facility Outpatient Surgery/Services Pediatric Dental Coverage Tier 1 Tier 2 Tier 3	\$5 PCMH; \$15 Non-PCMH \$20 \$0 \$100 \$200 0% 0% 0% \$20 0% 0% 0% 0% 0%	First sick visit free, all other visits \$15 PCMH; \$25 Non-PCMH \$30 \$0 \$75 \$150 \$0% \$50 \$0% \$50 \$0% \$25 \$0% \$0% \$25 \$0% \$0% \$10 \$30 \$50 \$50	\$15 PCMH; \$25 Non-PCMH \$30 \$0 0% 0% 0% 0% 0% \$30 0% 0% 0% No \$10 \$30	\$20 \$40 \$0 \$40 \$200 0% 0% 0% \$20 \$40 0% 0% 0% No \$10 \$35	\$30 \$30 Tier 1; \$60 Tier 2 \$0 \$75 \$200 \$500 in addition to deductible! \$0 0% \$30 0% \$500 in addition to deductible! \$No \$10/\$10 specialty \$60/\$100 specialty



Plan Name	Insurance Company	UHC	UHC	BCBSRI	BCBSRI	BCBSRI
Nonthry Premium (21-year old) S358 S312 S322 S303 S360	Plan Name					
Samany Ride	Metal Level					
Monthly Premium (40-year old) S488 S488 S444 Monthly Premium (60-year old) S872 S886 S803 S822 S731 Monthly Premium (60-year old) S872 S886 S803 S822 S731 Monthly Premium (60-year old) S872 S886 S803 S822 S731 Monthly Premium (60-year old) S872 S886 S803 S822 S731 Monthly Premium (60-year old) S872 S886 S803 S822 S731 Monthly Premium (60-year old) S872 S886 S803 S822 S731 Monthly Premium (60-year old) S822 S888 S444 Monthly Premium (60-year old) S822 S888 S444 Monthly Premium (60-year old) S822 S888 S444 Monthly Premium (60-year old) S822 S888 S824 S838 S824 S838 S825 S731 Monthly Premium (60-year old) S822 S838 S822 S731 Monthly Premium (60-year old) S822 S823 S731 Monthly Premium (60-year old) S822 S822 S731 Monthly Premium (60-year old) S822 S824 S8	Monthly Premium (21-year old)	\$358	\$312	\$252	\$303	\$269
Monthly Premium (60-year old) \$872	Monthly Premium (40-year old)	\$458	\$398	\$322	\$388	\$344
Plan Type (see definitions on reverse)	Monthly Premium (60-year old)	\$972	\$846	\$683	\$823	\$731
Referral Required No No No No No No No N				√		
Network Coverage Area National Nationa	Plan Type (see definitions on reverse)	НМО	НМО	PPO	PPO	PPO
RI Provider Information	Referral Required	No	No	No	No	No
Deductible - Drug	Network Coverage Area	National	National	National	National	National
5,321 specialists 5,321 specialists 15 of 15 hospitals 15 of 15			,			
Out of Network Coverage, Not covered except for Non-Emergency Ves—	(subject to change)					
Maximum Out-Of-Pocket (MOOP) Medical + Drug		15 of 15 hospitals	15 of 15 hospitals	15 of 15 hospitals	15 of 15 hospitals	15 of 15 hospitals
Maximum Out-Of-Pocket (MOOP) Medical + Drug						
Maximum Out-Of-Pocket (MOOP) Medical + Drug	Out of Network Coverage	Not covered except for	Not covered except for	Yes-	Yes-	Yes-
Deductible - Medical S1,500 Individual S3,000 Family S13,000 Family S2,000 Individual S4,000 Family S4,000 Family S4,000 Family S4,000 Family S6,000 Family S6,		·				
Deductible - Medical S1,500 Individual S3,000 Family S13,000 Family S2,000 Individual S4,000 Family S4,000 Family S4,000 Family S4,000 Family S6,000 Family S6,	Maximum Out-Of-Pocket	\$4,000 Individual	\$2 500 Individual	CC 250 Individual	CC EOO Individual	\$6.500 Individual
Deductible - Predictal S3,000 Family S3,000 Family S4,000 Family S4,000 Family S6,000 Family Deductible - Drug S0 S0 Combined with Medical S0 S0 S0 S0 S0 S0 S0 S						
Deductible - Predictal S3,000 Family S3,000 Family S4,000 Family S4,000 Family S6,000 Family Deductible - Drug S0 S0 Combined with Medical S0 S0 S0 S0 S0 S0 S0 S						
Primary Care \$25 \$20 Tier 1; \$40 Tier 2 0% First sick wish free, all other visits First sick wish free, all other visits 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? 0% 0% 20% X-rays & other Diag, Imaging 9 \$0 Tier 1; 40% Tier 2 0% \$75 \$75 High End Imaging: CT/PET/MRI 0% Tier 1; \$250 in addition to deductible? Tier 2 0% 0% 20% Mental Health/Substance \$50 \$20 0% \$50 \$50 Abuse - Office Visits \$50 \$20 20% 20% Lab Services, Outpatient 0% \$0 \$20 20% 20% Skilled Nursing Facility 0% \$500 in addition to deductible? Tier 2	Deductible - Medical					
Second S	Deductible Dave					
Specialist Visit	Deductible - Drug	\$0	\$0	Combined with Medical	\$0	\$0
Urgent Care \$75 \$75 0% \$125 \$125 ER Services \$250 \$150 0% \$250 \$250 Inpatient Hospital 0% \$500 in addition to deductible of the deductib					First sick visit free, all other visits	First sick visit free, all other visits
ER Services \$250 \$150 0% \$250 \$250 Inpatient Hospital 0% \$500 in addition to deductible* 0% 0% 0% 20% X-rays & other Diag. Imaging \$0 \$0 Tier 1; 40% Tier 2 0% 575 \$75 High End Imaging: CT/PET/MRI 0% Tier 1; \$250 in addition to deductible* 10 0% 0% 0% 0% 20% Mental Health/Substance Abuse - Office Visits 550 \$20 0% 550 \$50 Speech/Cocup/Phys Therapy, 0% 0% 0% \$20 20% 20% Qutpatient Rehab Lab Services, Outpatient 0% \$0 Tier 1; 40% Tier 2 0% 525 \$25 Skilled Nursing Facility 0% 500 in addition to deductible* 10 0% 0% 20% Outpatient Surgery/Services 0% Tier 1; \$250 in addition to deductible* 0% 0% 20% Pediatric Dental Coverage No No No No No No No No Tier 1 \$10/\$10 specialty \$10/\$10 specialty \$10/\$10 specialty \$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	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
Inpatient Hospital 0% \$500 in addition to deductible 0% 0% 20%	Primary Care Specialist Visit	\$25 \$50	\$20 Tier 1; \$40 Tier 2 \$20 Tier 1; \$40 Tier 2	0%	First sick visit free, all other visits \$20 PCMH; \$40 Non-PCMH \$50	First sick visit free, all other visits \$20 PCMH; \$40 Non-PCMH \$50
X-rays & other Diag. Imaging \$0	Primary Care Specialist Visit Preventative Care	\$25 \$50 \$0	\$20 Tier 1; \$40 Tier 2 \$20 Tier 1; \$40 Tier 2 \$0	0% 0% \$0	First sick visit free, all other visits \$20 PCMH; \$40 Non-PCMH \$50	First sick visit free, all other visits \$20 PCMH; \$40 Non-PCMH \$50
High End Imaging: CT/PET/MRI	Primary Care Specialist Visit Preventative Care Urgent Care	\$25 \$50 \$0 \$75	\$20 Tier 1; \$40 Tier 2 \$20 Tier 1; \$40 Tier 2 \$0 \$75	0% 0% \$0 0%	First sick visit free, all other visits \$20 PCMH; \$40 Non-PCMH \$50 \$0 \$125	First sick visit free, all other visits \$20 PCMH; \$40 Non-PCMH \$50 \$0 \$125
Mental Health/Substance	Primary Care Specialist Visit Preventative Care Urgent Care ER Services	\$25 \$50 \$0 \$75 \$250	\$20 Tier 1; \$40 Tier 2 \$20 Tier 1; \$40 Tier 2 \$0 \$75 \$150 \$500 in addition	0% 0% \$0 0%	First sick visit free, all other visits \$20 PCMH; \$40 Non-PCMH \$50 \$0 \$125 \$250	First sick visit free, all other visits \$20 PCMH; \$40 Non-PCMH \$50 \$0 \$125 \$250
Abuse - Office Visits \$50 \$20 \$60 \$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 deductible¹ to to deductible¹ to to deductible¹ 0% 20% Outpatient Surgery/Services 0% Tier 1; \$250 in addition to deductible¹ Tier 2 into to deductible¹ Tier 2 into to deductible¹ Tier 2 0% 0% 20% Pediatric Dental Coverage No No 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	Primary Care Specialist Visit Preventative Care Urgent Care ER Services Inpatient Hospital	\$25 \$50 \$0 \$75 \$250	\$20 Tier 1; \$40 Tier 2 \$20 Tier 1; \$40 Tier 2 \$0 \$75 \$150 \$500 in addition to deductible¹	0% 0% \$0 0% 0% 0%	First sick visit free, all other visits \$20 PCMH; \$40 Non-PCMH \$50 \$0 \$125 \$250 \$0%	First sick visit free, all other visits \$20 PCMH; \$40 Non-PCMH \$50 \$0 \$125 \$250 \$20%
Outpatient Rehab 0% \$20 20% Lab Services, Outpatient 0% \$0 Tier 1; 40% Tier 2 0% \$25 \$25 Skilled Nursing Facility 0% \$500 in addition to deductible! 0% 0% 20% Outpatient Surgery/Services 0% Tier 1; \$250 in addition to deductible! Tier 2 ition to deductible! Tier 2 0% 0% 0% 20% Pediatric Dental Coverage No	Primary Care Specialist Visit Preventative Care Urgent Care ER Services Inpatient Hospital X-rays & other Diag. Imaging High End Imaging: CT/PET/MRI	\$25 \$50 \$0 \$75 \$250 0% \$0	\$20 Tier 1; \$40 Tier 2 \$20 Tier 1; \$40 Tier 2 \$0 \$75 \$150 \$500 in addition to deductible¹ \$0 Tier 1; 40% Tier 2 0% Tier 1; \$250 in add-	0% 0% \$0 0% 0% 0% 0%	First sick visit free, all other visits \$20 PCMH; \$40 Non-PCMH \$50 \$0 \$125 \$250 \$0% \$75	First sick visit free, all other visits \$20 PCMH; \$40 Non-PCMH \$50 \$0 \$125 \$250 \$20% \$75
Skilled Nursing Facility 0% \$500 in addition to deductible¹ 0% 0% 20% Outpatient Surgery/Services 0% Tier 1; \$250 in addition to deductible¹ Tier 2 ition to deductible¹ Tier 2 ition to deductible¹ Tier 2 0% 0% 0% 20% Pediatric Dental Coverage No N	Primary Care Specialist Visit Preventative Care Urgent Care ER Services Inpatient Hospital X-rays & other Diag. Imaging High End Imaging: CT/PET/MRI Mental Health/Substance Abuse - Office Visits	\$25 \$50 \$0 \$75 \$250 0% \$0 0% Tier 1; \$250 in addition to deductible Tier 2	\$20 Tier 1; \$40 Tier 2 \$20 Tier 1; \$40 Tier 2 \$0 \$75 \$150 \$500 in addition to deductible¹ \$0 Tier 1; 40% Tier 2 0% Tier 1; \$250 in addition to deductible¹ Tier 2	0% 0% \$0 0% 0% 0% 0% 0%	First sick visit free, all other visits \$20 PCMH; \$40 Non-PCMH \$50 \$0 \$125 \$250 \$0%	First sick visit free, all other visits \$20 PCMH; \$40 Non-PCMH \$50 \$0 \$125 \$250 \$250 \$20% \$75 \$20%
Skilled Nursing Facility 0% to deductible¹ 0.76 0.76 20% Outpatient Surgery/Services 0% Tier 1; \$250 in addition to deductible¹ Tier 2 0% 0% 20% Pediatric Dental Coverage No No No No No Tier 1 \$10/\$10 specialty \$10/\$10 specialty \$10 \$10 Tier 2 \$35/\$60 specialty \$35/\$60 specialty \$40 \$40 Tier 3 \$60/\$100 specialty \$60/\$100 specialty \$70 \$70 Tier 4 N/A N/A \$90 \$90	Primary Care Specialist Visit Preventative Care Urgent Care ER Services Inpatient Hospital X-rays & other Diag. Imaging High End Imaging: CT/PET/MRI Mental Health/Substance Abuse - Office Visits Speech/Occup/Phys Therapy,	\$25 \$50 \$0 \$75 \$250 0% \$0 0% Tier 1; \$250 in addition to deductible¹ Tier 2 \$50	\$20 Tier 1; \$40 Tier 2 \$20 Tier 1; \$40 Tier 2 \$0 \$75 \$150 \$500 in addition to deductible¹ \$0 Tier 1; 40% Tier 2 0% Tier 1; \$250 in addition to deductible¹ Tier 2 \$20	0% 0% \$0 0% 0% 0% 0% 0% 0%	### First sick visit free, all other visits \$20 PCMH; \$40 Non-PCMH \$50 \$0 \$125 \$250 \$0% \$75 \$0% \$50	First sick visit free, all other visits \$20 PCMH; \$40 Non-PCMH \$50 \$0 \$125 \$250 \$20% \$75 \$20% \$50
Pediatric Dental Coverage	Primary Care Specialist Visit Preventative Care Urgent Care ER Services Inpatient Hospital X-rays & other Diag. Imaging High End Imaging: CT/PET/MRI Mental Health/Substance Abuse - Office Visits Speech/Occup/Phys Therapy, Outpatient Rehab	\$25 \$50 \$0 \$75 \$250 0% \$0 0% Tier 1; \$250 in addition to deductible¹ Tier 2 \$50 0%	\$20 Tier 1; \$40 Tier 2 \$20 Tier 1; \$40 Tier 2 \$0 \$75 \$150 \$500 in addition to deductible¹ \$0 Tier 1; 40% Tier 2 0% Tier 1; \$250 in addition to deductible¹ Tier 2 \$20 0%	0% 0% \$0 0% 0% 0% 0% 0% 0% 0% \$20	First sick visit free, all other visits \$20 PCMH; \$40 Non-PCMH \$50 \$0 \$125 \$250 \$0% \$75 \$0% \$50	First sick visit free, all other visits \$20 PCMH; \$40 Non-PCMH \$50 \$0 \$125 \$250 \$20% \$75 \$20% \$50
Tier 1 \$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	Primary Care Specialist Visit Preventative Care Urgent Care ER Services Inpatient Hospital X-rays & other Diag. Imaging High End Imaging: CT/PET/MRI Mental Health/Substance Abuse - Office Visits Speech/Occup/Phys Therapy, Outpatient Rehab Lab Services, Outpatient	\$25 \$50 \$0 \$75 \$250 0% \$0 0% Tier 1; \$250 in addition to deductible! Tier 2 \$50 0%	\$20 Tier 1; \$40 Tier 2 \$20 Tier 1; \$40 Tier 2 \$0 \$75 \$150 \$500 in addition to deductible¹ \$0 Tier 1; 40% Tier 2 0% Tier 1; \$250 in addition to deductible¹ Tier 2 \$20 0% \$0 Tier 1; 40% Tier 2	0% 0% \$0 0% 0% 0% 0% 0% 0% \$0% 0% 0%	First sick visit free, all other visits \$20 PCMH; \$40 Non-PCMH \$50 \$0 \$125 \$250 \$0% \$75 \$0% \$50 \$20% \$50	First sick visit free, all other visits \$20 PCMH; \$40 Non-PCMH \$50 \$0 \$125 \$250 \$20% \$75 \$20% \$50 \$20% \$525
Tier 2 \$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	Primary Care Specialist Visit Preventative Care Urgent Care ER Services Inpatient Hospital X-rays & other Diag. Imaging High End Imaging: CT/PET/MRI Mental Health/Substance Abuse - Office Visits Speech/Occup/Phys Therapy, Outpatient Rehab Lab Services, Outpatient Skilled Nursing Facility	\$25 \$50 \$0 \$75 \$250 0% \$0 0% Tier 1; \$250 in addition to deductible Tier 2 \$50 0% 0% 0% 0% 0% 0% 0% 0%	\$20 Tier 1; \$40 Tier 2 \$20 Tier 1; \$40 Tier 2 \$0 \$75 \$150 \$500 in addition to deductible¹ \$0 Tier 1; \$250 in addition to deductible¹ Tier 2 \$20 0% \$0 Tier 1; 40% Tier 2 \$20 0% \$0 Tier 1; 40% Tier 2	0% 0% \$0 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0%	First sick visit free, all other visits \$20 PCMH; \$40 Non-PCMH \$50 \$0 \$125 \$250 \$0% \$75 \$0% \$25 \$0% \$25 \$0%	First sick visit free, all other visits \$20 PCMH; \$40 Non-PCMH \$50 \$0 \$125 \$250 \$20% \$75 \$20% \$50 \$20% \$25 \$20% \$25
Tier 3 \$60/\$100 specialty \$60/\$100 specialty \$70 \$70 Tier 4 N/A N/A \$90 \$90 \$90	Primary Care Specialist Visit Preventative Care Urgent Care ER Services Inpatient Hospital X-rays & other Diag. Imaging High End Imaging: CT/PET/MRI Mental Health/Substance Abuse - Office Visits Speech/Occup/Phys Therapy, Outpatient Rehab Lab Services, Outpatient Skilled Nursing Facility Outpatient Surgery/Services	\$25 \$50 \$0 \$75 \$250 0% \$0 0% Tier 1; \$250 in addition to deductible Tier 2 \$50 0% 0% 0% 0% 0% 0% 107 1; \$250 in addition to deductible Tier 2	\$20 Tier 1; \$40 Tier 2 \$20 Tier 1; \$40 Tier 2 \$0 \$75 \$150 \$500 in addition to deductible¹ \$0 Tier 1; \$250 in addition to deductible¹ Tier 2 \$20 \$0% \$0 Tier 1; 40% Tier 2 \$20 \$0% \$0 Tier 1; 40% Tier 2 \$0% Tier 1; \$250 in addition to deductible¹ Tier 2	0% 0% 0% \$0 0% 0% 0% 0% 0% 0% 0% 0% 0% \$20 0% 0%	First sick visit free, all other visits \$20 PCMH; \$40 Non-PCMH \$50 \$0 \$125 \$250 \$0% \$75 \$0% \$50 \$20% \$25 \$0% \$0% \$0% \$0% \$0% \$0% \$0% \$0% \$0% \$0%	First sick visit free, all other visits \$20 PCMH; \$40 Non-PCMH \$50 \$0 \$125 \$250 \$20% \$75 \$20% \$50 \$20% \$25 \$20% \$20% \$25 \$20% \$20% \$20% \$20% \$20% \$20% \$20% \$20%
Tier 4 N/A N/A \$90 \$90 \$90	Primary Care Specialist Visit Preventative Care Urgent Care ER Services Inpatient Hospital X-rays & other Diag. Imaging High End Imaging: CT/PET/MRI Mental Health/Substance Abuse - Office Visits Speech/Occup/Phys Therapy, Outpatient Rehab Lab Services, Outpatient Skilled Nursing Facility Outpatient Surgery/Services Pediatric Dental Coverage	\$25 \$50 \$0 \$75 \$250 0% \$0 0% Tier 1; \$250 in addition to deductible¹ Tier 2 \$50 0% 0% No No	\$20 Tier 1; \$40 Tier 2 \$20 Tier 1; \$40 Tier 2 \$0 \$75 \$150 \$500 in addition to deductible¹ \$0 Tier 1; \$250 in addition to deductible¹ Tier 2 \$20 0% \$0 Tier 1; 40% Tier 2 \$20 0% \$0 Tier 1; 40% Tier 2 No	0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% No	First sick visit free, all other visits \$20 PCMH; \$40 Non-PCMH \$50 \$0 \$125 \$250 \$0% \$75 \$0% \$25 \$0% \$0% \$125 \$0% \$10% \$10% \$10% \$10% \$10% \$10% \$10%	First sick visit free, all other visits \$20 PCMH; \$40 Non-PCMH \$50 \$0 \$125 \$250 \$20% \$75 \$20% \$50 \$20% \$25 \$20% \$00 \$100 \$100 \$100 \$100 \$100 \$100 \$10
T	Primary Care Specialist Visit Preventative Care Urgent Care ER Services Inpatient Hospital X-rays & other Diag. Imaging High End Imaging: CT/PET/MRI Mental Health/Substance Abuse - Office Visits Speech/Occup/Phys Therapy, Outpatient Rehab Lab Services, Outpatient Skilled Nursing Facility Outpatient Surgery/Services Pediatric Dental Coverage	\$25 \$50 \$0 \$75 \$250 0% \$0 0% Tier 1; \$250 in addition to deductible¹ Tier 2 \$50 0% 0% No \$0 \$0 10% Tier 1; \$250 in addition to deductible¹ Tier 2 \$50 No \$10/\$10 specialty	\$20 Tier 1; \$40 Tier 2 \$20 Tier 1; \$40 Tier 2 \$0 \$75 \$150 \$500 in addition to deductible¹ \$0 Tier 1; 40% Tier 2 0% Tier 1; \$250 in addition to deductible¹ Tier 2 \$20 0% \$0 Tier 1; 40% Tier 2 \$500 in addition to deductible¹ Tier 2 No \$10/\$10 specialty	0% 0% 0% \$0 0% 0% 0% 0% 0% 0% 0% 0% 0% No \$10	First sick visit free, all other visits \$20 PCMH; \$40 Non-PCMH \$50 \$0 \$125 \$250 \$0% \$75 \$0% \$50 \$20% \$25 \$0% \$125 \$0% \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10	First sick visit free, all other visits \$20 PCMH; \$40 Non-PCMH \$50 \$0 \$125 \$250 20% \$75 20% \$50 20% \$10 \$10
Tier 5 N/A N/A \$125 \$125	Primary Care Specialist Visit Preventative Care Urgent Care ER Services Inpatient Hospital X-rays & other Diag. Imaging High End Imaging: CT/PET/MRI Mental Health/Substance Abuse - Office Visits Speech/Occup/Phys Therapy, Outpatient Rehab Lab Services, Outpatient Skilled Nursing Facility Outpatient Surgery/Services Pediatric Dental Coverage Tier 1 Tier 2	\$25 \$50 \$0 \$75 \$250 0% \$0 0% Tier 1; \$250 in addition to deductible Tier 2 \$50 0% 0% 0% No 10% Tier 1; \$250 in addition to deductible Tier 2 \$50 No \$10/\$10 specialty \$35/\$60 specialty	\$20 Tier 1; \$40 Tier 2 \$20 Tier 1; \$40 Tier 2 \$0 \$75 \$150 \$500 in addition to deductible¹ \$0 Tier 1; \$250 in addition to deductible¹ Tier 2 \$20 0% \$0 Tier 1; 40% Tier 2 \$20 0% \$0 Tier 1; 40% Tier 2 \$10% \$10% Tier 1; \$250 in addition to deductible¹ Tier 2 \$10% Tier 1; \$250 in addition to deductible¹ Tier 2 \$10% Tier 1; \$250 in addition to deductible¹ Tier 2 \$10% Tier 1; \$250 in addition to deductible¹ Tier 2 \$10% Tier 1; \$250 in addition to deductible¹ Tier 2	0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% No \$20 0% No \$10 \$40	First sick visit free, all other visits \$20 PCMH; \$40 Non-PCMH \$50 \$0 \$125 \$250 \$0% \$75 \$0% \$50 \$20% \$125 \$10% \$10 \$10 \$10 \$10 \$10 \$10 \$10	First sick visit free, all other visits \$20 PCMH; \$40 Non-PCMH \$50 \$0 \$125 \$250 \$20% \$75 \$20% \$50 \$20% \$125 \$250 \$20% \$10 \$10 \$10 \$40
	Primary Care Specialist Visit Preventative Care Urgent Care ER Services Inpatient Hospital X-rays & other Diag. Imaging High End Imaging: CT/PET/MRI Mental Health/Substance Abuse - Office Visits Speech/Occup/Phys Therapy, Outpatient Rehab Lab Services, Outpatient Skilled Nursing Facility Outpatient Surgery/Services Pediatric Dental Coverage Tier 1 Tier 2 Tier 3	\$25 \$50 \$0 \$75 \$250 0% \$0 0% Tier 1; \$250 in addition to deductible¹ Tier 2 \$50 0% 0% No \$10/\$10 specialty \$35/\$60 specialty	\$20 Tier 1; \$40 Tier 2 \$20 Tier 1; \$40 Tier 2 \$0 \$75 \$150 \$500 in addition to deductible¹ \$0 Tier 1; 40% Tier 2 0% Tier 1; \$250 in addition to deductible¹ Tier 2 \$20 0% \$0 Tier 1; 40% Tier 2 \$20 No \$10/\$10 specialty \$35/\$60 specialty \$60/\$100 specialty	0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% No \$20 0% No \$10 \$40	First sick visit free, all other visits \$20 PCMH; \$40 Non-PCMH \$50 \$0 \$125 \$250 \$0% \$75 \$0% \$50 \$20% \$25 \$0% \$0% \$10 \$40 \$70	First sick visit free, all other visits \$20 PCMH; \$40 Non-PCMH \$50 \$0 \$125 \$250 \$20% \$75 \$20% \$250 \$20% \$25 \$20% \$20% \$210 \$20% \$25 \$20% \$20% \$25 \$20% \$20% \$270 \$20% \$310 \$340 \$370



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.

Plan Name	Insurance Company	BCBSRI	NHPRI	NHPRI	UHC	UHC	UHC
Monthly Permium (21-year old) 2028 202	Plan Name						
	Metal Level						
Monthly Permittin (40-year old) \$222 \$228 \$208 \$517 \$379 \$381	Monthly Premium (21-year old)	\$229	\$225	\$231	\$248	\$296	\$298
Monthly Premium (80-year old) \$821	Monthly Premium (40-year old)	\$292	\$288	\$295	\$317	\$379	\$381
Plan Type (see definitions on reversed) PPO	Monthly Premium (60-year old)	\$621	\$611	\$626	\$674	\$804	\$810
Pan Type (see definitions on reverse)	-		√		√		
Network Coverage Area National Fill only Fill only National Natio	Plan Type (see definitions on reverse)	PPO	НМО	НМО		НМО	НМО
Provider Information 1,234 PCPs/ podistricians 1,364 PCPs/ podistricians 2,424 specialists 15 of 15 hospitals 15 of 15 hosp	Referral Required	No	No	No	No	No	No
Part	Network Coverage Area	National	RI only	RI only	National	National	National
16 of 16 hospitals		pediatricians	pediatricians	pediatricians	pediatricians	pediatricians	pediatricians
Non-Emergency Urgent or emergent care S6,000 Individual \$13,000 Family S6,000 Family S							
MOOP Medical + Drug \$10,000 Family \$13,100 Family \$13,100 Family \$13,100 Family \$12,000 Family							
Deductible - Infectical S10,000 Family S4,000 Family S		* - /	4 - 7	* - /	, , , , , , , , , , , , , , , , , , , ,		1 - 1
Primary Care \$20 PCMH; 15% \$30 \$30 \$30 \$35 \$20 Tier 1; \$40 Tier 2	Deductible - Medical						
Specialist Visit	Deductible - Drug	Tiers 3, 4 and 5 Combined with Medical	Combined with Medical	\$0	Combined with Medical	\$0	\$0
Preventative Care	Primary Care		15%	\$30	\$30	\$35	\$20 Tier 1; \$40 Tier 2
Urgent Care	Specialist Visit	\$45	15%	\$60	\$30 Tier 1; \$60 Tier 2	\$70	\$20 Tier 1; \$40 Tier 2
ER Services 0% 15% \$250 \$150 20% \$200 Inpatient Hospital 0% 15% 30% \$500 in addition to deductible! 20% \$500 in addition to deductible! X-rays & other Diag. Imaging 0% 15% 30% 0% 0% 20% \$0 Tier 1; 40% Tier 2 High End Imaging; CT/PET/MRI 0% 15% 30% 0% 0% 20% Tier 1; 5500 in addition to deductible! Tier 2 tier	Specialist visit						
Inpatient Hospital 0% 15% 30% S500 in addition to deductible 20% S500 in addition to deductible X-rays & other Diag. Imaging 0% 15% 30% 0% 20% 50 Tier 1; 40% Tier 2 440 \$35 \$40 \$40/\$60 specialty \$20/\$20 specialty \$20/\$210 specialty	·	\$0	\$0	\$0	\$0	\$0	\$0
X-rays & other Diag. Imaging 0% 15% 30% 0% 20% \$0 Tier 1; 40% Tier 2	Preventative Care		•				<u> </u>
High End Imaging: CT/PET/MRI 0% 15% 30% 0% 20% Tier 1; \$250 in addition to deductible Tier 2 tien to deductible Tier 2 tie	Preventative Care Urgent Care	0%	15%	\$60	\$75	\$75	\$75
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% \$50 in addition to deductible t	Preventative Care Urgent Care ER Services	0%	15%	\$60 \$250	\$75 \$150 \$500 in addition	\$75 20%	\$75 \$200 \$500 in addition
Abuse - Office Visits \$45 15% \$50 \$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* 20% \$500 in addition to deductible* Outpatient Surgery/Services 0% 15% 30% \$250 in addition to deductible* 0% Tier 1; \$250 in addition to deductible* Tier 2 into to deductible* Tier 2 Pediatric Dental Coverage No No <td< td=""><td>Preventative Care Urgent Care ER Services Inpatient Hospital</td><td>0% 0% 0%</td><td>15% 15% 15%</td><td>\$60 \$250 30%</td><td>\$75 \$150 \$500 in addition to deductible¹</td><td>\$75 20% 20%</td><td>\$75 \$200 \$500 in addition to deductible¹</td></td<>	Preventative Care Urgent Care ER Services Inpatient Hospital	0% 0% 0%	15% 15% 15%	\$60 \$250 30%	\$75 \$150 \$500 in addition to deductible ¹	\$75 20% 20%	\$75 \$200 \$500 in addition to deductible¹
Outpatient Rehab 0% 15% 30% 0% 20% \$0 Tier 1; 40% Tier 2 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! 20% \$500 in addition to deductible! Outpatient Surgery/Services 0% 15% 30% \$250 in addition addition to deductible! Tier 2 ition to deductible! Tier 2 0% Tier 1; \$250 in addition to deductible! Tier 2 0% Tier 1; \$500 in addition to deductible! Tier 2 0% Tier 1; \$20 in addition to deductible! Tier 2 0% Tier 1; \$20 in addition to deductible! Tier 2 0% Tier 1; \$20 in addition to deductible! Tier 2 0% Tier 1; \$20 in addition to deductible! Tier 2 0% Tier 1; \$20 in addition to deductible! Tier 2 0% Tier 1; \$20 in addition to deductible! Tier 2 0% Tier 1; \$20 in addition to deductible! Tier 2 0% Tier 1; \$20 in addition to deductible! Tier 2 0% Tier 1; \$20 in addition to deductible!	Preventative Care Urgent Care ER Services Inpatient Hospital X-rays & other Diag. Imaging High End Imaging: CT/PET/MRI	0% 0% 0% 0%	15% 15% 15%	\$60 \$250 30%	\$75 \$150 \$500 in addition to deductible¹ 0%	\$75 20% 20% 20% 20% 20% Tier 1; \$250 in add-	\$75 \$200 \$500 in addition to deductible¹ \$0 Tier 1; 40% Tier 2 0% Tier 1; \$500 in add-
Skilled Nursing Facility 0% 15% 30% \$500 in addition to deductible to deductibl	Preventative Care Urgent Care ER Services Inpatient Hospital X-rays & other Diag. Imaging High End Imaging: CT/PET/MRI Mental Health/Substance Abuse - Office Visits	0% 0% 0% 0%	15% 15% 15% 15%	\$60 \$250 30% 30% 30%	\$75 \$150 \$500 in addition to deductible ¹ 0% 0%	\$75 20% 20% 20% 20% 20% Tier 1; \$250 in addition to deductible¹ Tier 2	\$75 \$200 \$500 in addition to deductible¹ \$0 Tier 1; 40% Tier 2 0% Tier 1; \$500 in addition to deductible¹ Tier 2
Dutpatient Surgery/Services 0% 15% 30% \$250 in addition to deductible 20% Tier 1; \$250 in addition to deductible 15% 30% \$250 in addition to deductible 15% 15% 30% 15% 30% 15% 30% 15% 30% 15% 30% 15% 30% 15% 30% 15% 30	Preventative Care Urgent Care ER Services Inpatient Hospital X-rays & other Diag. Imaging High End Imaging: CT/PET/MRI Mental Health/Substance Abuse - Office Visits Speech/Occup/Phys Therapy,	0% 0% 0% 0% 0% 545	15% 15% 15% 15% 15%	\$60 \$250 30% 30% 30% \$30	\$75 \$150 \$500 in addition to deductible¹ 0% 0% \$30	\$75 20% 20% 20% 20% 20% 20% Tier 1; \$250 in addition to deductible¹ Tier 2 \$70	\$75 \$200 \$500 in addition to deductible¹ \$0 Tier 1; 40% Tier 2 0% Tier 1; \$500 in addition to deductible¹ Tier 2 \$20
Pediatric Dental Coverage	Preventative Care Urgent Care ER Services Inpatient Hospital X-rays & other Diag. Imaging High End Imaging: CT/PET/MRI Mental Health/Substance Abuse - Office Visits Speech/Occup/Phys Therapy, Outpatient Rehab	0% 0% 0% 0% 0% \$45	15% 15% 15% 15% 15% 15%	\$60 \$250 30% 30% 30% \$30 \$60	\$75 \$150 \$500 in addition to deductible ¹ 0% 0% \$30	\$75 20% 20% 20% 20% Tier 1; \$250 in addition to deductible¹ Tier 2 \$70 20%	\$75 \$200 \$500 in addition to deductible¹ \$0 Tier 1; 40% Tier 2 0% Tier 1; \$500 in addition to deductible¹ Tier 2 \$20 0%
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	Preventative Care Urgent Care ER Services Inpatient Hospital X-rays & other Diag. Imaging High End Imaging: CT/PET/MRI Mental Health/Substance Abuse - Office Visits Speech/Occup/Phys Therapy, Outpatient Rehab Lab Services, Outpatient	0% 0% 0% 0% 0% \$45 0% 0%	15% 15% 15% 15% 15% 15% 15%	\$60 \$250 30% 30% 30% \$30 \$60	\$75 \$150 \$500 in addition to deductible¹ 0% 0% \$30 0% 0% \$500 in addition	\$75 20% 20% 20% 20% 20% Tier 1; \$250 in addition to deductible Tier 2 \$70 20% 20%	\$75 \$200 \$500 in addition to deductible¹ \$0 Tier 1; 40% Tier 2 0% Tier 1; \$500 in addition to deductible¹ Tier 2 \$20 0% \$0 Tier 1; 40% Tier 2
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	Preventative Care Urgent Care ER Services Inpatient Hospital X-rays & other Diag. Imaging High End Imaging: CT/PET/MRI Mental Health/Substance Abuse - Office Visits Speech/Occup/Phys Therapy, Outpatient Rehab Lab Services, Outpatient Skilled Nursing Facility	0% 0% 0% 0% 0% \$45 0% 0%	15% 15% 15% 15% 15% 15% 15% 15%	\$60 \$250 30% 30% 30% \$30 \$60 30%	\$75 \$150 \$500 in addition to deductible¹ 0% 0% \$30 0% \$500 in addition to deductible¹ \$250 in addition	\$75 20% 20% 20% 20% 20% Tier 1; \$250 in addition to deductible¹ Tier 2 \$70 20% 20% 20% 20%	\$75 \$200 \$500 in addition to deductible¹ \$0 Tier 1; 40% Tier 2 0% Tier 1; \$500 in addition to deductible¹ Tier 2 \$20 0% \$0 Tier 1; 40% Tier 2 \$500 in addition to deductible¹ 0% Tier 1; \$500 in addition to deductible¹
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	Preventative Care Urgent Care ER Services Inpatient Hospital X-rays & other Diag. Imaging High End Imaging: CT/PET/MRI Mental Health/Substance Abuse - Office Visits Speech/Occup/Phys Therapy, Outpatient Rehab Lab Services, Outpatient Skilled Nursing Facility Outpatient Surgery/Services	0% 0% 0% 0% 0% 545 0% 0% 0%	15% 15% 15% 15% 15% 15% 15% 15% 15%	\$60 \$250 30% 30% 30% \$30 \$60 30% 30%	\$75 \$150 \$500 in addition to deductible¹ 0% 0% \$30 0% \$500 in addition to deductible¹ \$250 in addition to deductible¹	\$75 20% 20% 20% 20% Tier 1; \$250 in addition to deductible¹ Tier 2 \$70 20% 20% 20% 20% 20% 20%	\$75 \$200 \$500 in addition to deductible¹ \$0 Tier 1; 40% Tier 2 0% Tier 1; \$500 in addition to deductible¹ Tier 2 \$20 0% \$0 Tier 1; 40% Tier 2 \$500 in addition to deductible¹ 0% Tier 1; \$500 in addition to deductible¹
Tier 4 0% \$100 \$200 N/A N/A N/A	Preventative Care Urgent Care ER Services Inpatient Hospital X-rays & other Diag. Imaging High End Imaging: CT/PET/MRI Mental Health/Substance Abuse - Office Visits Speech/Occup/Phys Therapy, Outpatient Rehab Lab Services, Outpatient Skilled Nursing Facility Outpatient Surgery/Services Pediatric Dental Coverage	0% 0% 0% 0% 0% 0% \$45 0% 0% 0% No	15% 15% 15% 15% 15% 15% 15% 15% 15% No	\$60 \$250 30% 30% \$30 \$60 30% 30% No	\$75 \$150 \$500 in addition to deductible¹ 0% 0% \$30 0% \$500 in addition to deductible¹ \$250 in addition to deductible¹ No	\$75 20% 20% 20% 20% Tier 1; \$250 in addition to deductible¹ Tier 2 \$70 20% 20% 20% 20% No	\$75 \$200 \$500 in addition to deductible¹ \$0 Tier 1; 40% Tier 2 0% Tier 1; \$500 in addition to deductible¹ Tier 2 \$20 0% \$0 Tier 1; 40% Tier 2 \$500 in addition to deductible¹ 0% Tier 1; \$500 in addition to deductible¹ No
	Preventative Care Urgent Care ER Services Inpatient Hospital X-rays & other Diag. Imaging High End Imaging: CT/PET/MRI Mental Health/Substance Abuse - Office Visits Speech/Occup/Phys Therapy, Outpatient Rehab Lab Services, Outpatient Skilled Nursing Facility Outpatient Surgery/Services Pediatric Dental Coverage	0% 0% 0% 0% 0% 0% \$45 0% 0% 0% No	15% 15% 15% 15% 15% 15% 15% 15% 15% No	\$60 \$250 30% 30% 30% \$30 \$60 30% 30% No	\$75 \$150 \$500 in addition to deductible¹ 0% 0% \$30 0% \$500 in addition to deductible¹ \$250 in addition to deductible¹ No \$20/\$20 specialty	\$75 20% 20% 20% 20% 20% Tier 1; \$250 in addition to deductible¹ Tier 2 \$70 20% 20% 20% 20% No \$20% Tier 1; \$250 in addition to deductible¹ Tier 2 No	\$75 \$200 \$500 in addition to deductible¹ \$0 Tier 1; 40% Tier 2 0% Tier 1; \$500 in addition to deductible¹ Tier 2 \$20 0% \$0 Tier 1; 40% Tier 2 \$500 in addition to deductible¹ 0% Tier 1; \$500 in addition to deductible¹ 0% Tier 1; \$500 in addition to deductible¹ Tier 2 No \$20/\$20 specialty
Tier 5	Preventative Care Urgent Care ER Services Inpatient Hospital X-rays & other Diag. Imaging High End Imaging: CT/PET/MRI Mental Health/Substance Abuse - Office Visits Speech/Occup/Phys Therapy, Outpatient Rehab Lab Services, Outpatient Skilled Nursing Facility Outpatient Surgery/Services Pediatric Dental Coverage Tier 1 Tier 2	0% 0% 0% 0% 0% 0% \$45 0% 0% 0% No \$10 \$40	15% 15% 15% 15% 15% 15% 15% 15% 15% No \$10 \$35	\$60 \$250 30% 30% \$30 \$60 30% 30% No \$15	\$75 \$150 \$500 in addition to deductible¹ 0% 0% \$30 0% \$500 in addition to deductible¹ \$250 in addition to deductible¹ No \$20/\$20 specialty \$40/\$60 specialty	\$75 20% 20% 20% 20% 20% Tier 1; \$250 in addition to deductible¹ Tier 2 \$70 20% 20% 20% 20% 20% 20% 20% \$20% 20% Tier 1; \$250 in addition to deductible¹ Tier 2 No \$20/\$20 specialty \$40/\$60 specialty	\$75 \$200 \$500 in addition to deductible¹ \$0 Tier 1; 40% Tier 2 0% Tier 1; \$500 in addition to deductible¹ Tier 2 \$20 0% \$0 Tier 1; 40% Tier 2 \$500 in addition to deductible¹ 0% Tier 1; \$500 in addition to deductible¹ No \$20/\$20 specialty \$40/\$60 specialty
	Preventative Care Urgent Care ER Services Inpatient Hospital X-rays & other Diag. Imaging High End Imaging: CT/PET/MRI Mental Health/Substance Abuse - Office Visits Speech/Occup/Phys Therapy, Outpatient Rehab Lab Services, Outpatient Skilled Nursing Facility Outpatient Surgery/Services Pediatric Dental Coverage Tier 1 Tier 2 Tier 3	0% 0% 0% 0% 0% 0% \$45 0% 0% 0% No \$10 \$40	15% 15% 15% 15% 15% 15% 15% 15% 15% 15%	\$60 \$250 30% 30% 30% \$30 \$60 30% 30% No \$15 \$40	\$75 \$150 \$500 in addition to deductible¹ 0% 0% \$30 0% \$500 in addition to deductible¹ \$250 in addition to deductible¹ No \$20/\$20 specialty \$40/\$60 specialty	\$75 20% 20% 20% 20% 20% Tier 1; \$250 in addition to deductible! Tier 2 \$70 20% 20% 20% 20% 20% 20% 20% 2	\$75 \$200 \$500 in addition to deductible¹ \$0 Tier 1; 40% Tier 2 0% Tier 1; \$500 in addition to deductible¹ Tier 2 \$20 0% \$0 Tier 1; 40% Tier 2 \$500 in addition to deductible¹ 0% Tier 1; \$500 in addition to deductible¹ No \$20/\$20 specialty \$40/\$60 specialty \$70/\$100 specialty

BCBSRI: Blue Cross & Blue Shield of Rhode Island • NHPRI: Neighborhood Health Plan of Rhode Island • UHC: UnitedHealthcare



Insurance Company	BCBSRI	BCBSRI	NHPRI	UHC
Plan Name	BlueSolutions for HSA 100/60 5200/10400	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	НМО	НМО
Referral Required	No	No	No	No
Network Coverage Area	National	National	RI only	National
RI Provider Information (subject to change)	1,234 PCPs/ pediatricians	1,234 PCPs/ pediatricians	1,364 PCPs/ pediatricians	1,304 PCPs/ pediatricians
	4,244 specialists	4,244 specialists	5,808 specialists	5,321 specialists
	15 of 15 hospitals	15 of 15 hospitals	15 of 15 hospitals	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 3 Tier 4	\$75 \$95	0%	\$60 \$100	\$70/\$100 specialty N/A
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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.