

# 2017



- 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
- Get in-person help at our [Walk-in Center](#) or attend an [Enrollment Fair](#)

## COST SHARING REDUCTION PLANS FOR ELIGIBLE INDIVIDUALS AND FAMILIES

# 2017 COST SHARING REDUCTION REDUCTION INSURANCE PLANS FOR ELIGIBLE INDIVIDUALS AND FAMILIES

Nearly 9 out of 10 HealthSource RI customers received financial help this year. Use our Savings Calculator at [HealthSourceRI.com/calculator](http://HealthSourceRI.com/calculator) to see if you qualify.

<b>BASIC PLAN INFORMATION</b>  <b>Cost-Sharing Reduction (CSR) Plans</b> <i>CSR plans are versions of Silver plans that have reduced deductibles, coinsurance, and copayments, with no difference in premium. You may qualify for a CSR plan based on your family size and how your income compares to the Federal Poverty Level.</i>  <b>Individual Premiums</b> <i>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 \$47,520 for an individual or \$97,200 for a family of four.</i>  <b>Health Savings Accounts (HSAs)</b> <i>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.</i>	Insurance Company	BCBSRI	BCBSRI
	Plan Name	*BlueSolutions for HSA Direct (CSR73)	VantageBlue Direct Plan (CSR73)
	Plan Income Range % of Federal Poverty Level (FPL)	200-250% FPL	200-250% FPL
	Metal Level	SILVER 73	SILVER 73
	Monthly Premium (21-year old, before tax credit)	\$229	\$281
	Monthly Premium (40-year old, before tax credit)	\$293	\$360
	Monthly Premium (60-year old, before tax credit)	\$622	\$764
<b>HOW YOU GET YOUR CARE</b> <i>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.</i>  <i>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.</i>	HSA Qualified	✓	
	Plan Type (see definitions on reverse)	PPO	PPO
	Referral Required	No	No
	Network Coverage Area	National	National
	RI Provider Information Nearly all Primary Care Physicians and Specialists are covered by all plans (subject to change)	15 of 15 Hospitals	15 of 15 Hospitals
<b>MAXIMUM OUT-OF-POCKET</b> <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>	Out of Network Coverage, Non-Emergency	Yes — 30% Coinsurance	Yes — 40% Coinsurance
	Maximum Out-Of-Pocket (MOOP) Medical + Drug	\$3,650 Individual \$7,300 Family	\$5,600 Individual \$11,200 Family
<b>DEDUCTIBLES</b> <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 hospitals stays, as well as prescription medications.</i>	Deductible - Medical	\$2,350 Individual \$4,700 Family	\$2,900 Individual \$5,800 Family
	Deductible - Drug	Combined with Medical	\$0
<b>COPAYMENTS &amp; COINSURANCE</b> <i>Copayments are fixed dollar amounts that you must pay for certain types of health care services each time you use them.</i>  <i>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.</i>  <i>In TIERED plans, copayments or coinsurance for a particular service may vary depending on your choice of health provider.</i>  <i>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.</i>  <i>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.</i>  <i>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.</i>	Primary Care	10%	First sick visit free, all other visits \$20 PCMH \$40 Non-PCMH
	Specialist Visit	10%	\$55
	Preventative Care	\$0	\$0
	Urgent Care	10%	\$75
	ER Services	10%	\$200
	Inpatient Hospital	10%	20%
	X-rays & other Diag. Imaging	10%	20%
	High End Imaging: CT/PET/MRI	10%	20%
	Mental Health/Substance Abuse - Office Visits	10%	\$55
	Speech/Occup/Phys Therapy, Outpatient Rehab	10%	20%
	Lab Services, Outpatient	10%	20%
	Skilled Nursing Facility	10%	20%
	Outpatient Surgery/Services	10%	20%
	Pediatric Dental Coverage	Yes	Yes
<b>PRESCRIPTION DRUGS</b> <i>Insurance companies separate prescription drugs into different categories known as "tiers."</i>  <i>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.</i>	Tier 1	\$10	\$10
	Tier 2	\$30	\$35
	Tier 3	\$50	\$60
	Tier 4	\$75	\$80
	Tier 5	\$100	\$125

Rates as of November 1, 2016. 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.

BCBSRI	BCBSRI	NHPRI	NHPRI	BCBSRI	BCBSRI	BCBSRI	BCBSRI
BasicBlue Direct (CSR73)	BlueCHIP Direct (CSR73)	Neighborhood Community (CSR73)	*Neighborhood Value (CSR73)	*BlueSolutions for HSA Direct (CSR87)	VantageBlue Direct Plan (CSR87)	BasicBlue Direct (CSR87)	BlueCHIP Direct (CSR87)
200-250% FPL	200-250% FPL	200-250% FPL	200-250% FPL	150-200% FPL	150-200% FPL	150-200% FPL	150-200% FPL
SILVER 73	SILVER 73	SILVER 73	SILVER 73	SILVER 87	SILVER 87	SILVER 87	SILVER 87
\$234	\$207	\$190	\$204	\$229	\$281	\$234	\$207
\$299	\$265	\$243	\$261	\$293	\$360	\$299	\$265
\$636	\$562	\$515	\$555	\$622	\$764	\$636	\$562
PPO	POS	HMO	HMO	PPO	PPO	PPO	POS
No	Yes	No	No	No	No	No	PCP referral required
National	RI only	RI only	RI only	National	National	National	RI only
15 of 15 Hospitals	15 of 15 Hospitals	15 of 15 Hospitals	15 of 15 Hospitals	15 of 15 Hospitals	15 of 15 Hospitals	15 of 15 Hospitals	15 of 15 Hospitals
Not covered except for urgent or emergency care	Not covered except for urgent or emergency care	Not covered except for urgent or emergency care	Not covered except for urgent or emergency care	Yes — 30% Coinsurance	Yes — 40% Coinsurance	Not covered except for urgent or emergency care	Not covered except for urgent or emergency care
\$5,200 Individual \$10,400 Family	\$5,500 Individual \$11,000 Family	\$4,250 Individual \$8,500 Family	\$5,500 Individual \$11,000 Family	\$1,750 Individual \$3,500 Family	\$2,000 Individual \$4,000 Family	\$2,275 Individual \$4,550 Family	\$2,250 Individual \$4,500 Family
\$2,900 Individual \$5,800 Family	\$2,350 Individual \$4,700 Family	\$2,275 Individual \$4,550 Family	\$3,000 individual \$6,000 Family	\$375 Individual \$750 Family	\$150 Individual \$300 Family	\$325 Individual \$650 Family	\$375 Individual \$750 Family
Only tiers 3, 4, and 5	Only tiers 3, 4, and 5	Combined with Medical	\$0	Combined with Medical	\$0	Only tiers 3, 4, and 5	Only tiers 3, 4, and 5
1 to 4 visits \$10, 5+ visits \$10 after deductible PCMH 1 to 4 visits \$20, 5+ visits \$20 after deductible	\$30 PCMH \$50 Non-PCMH	10%	\$20	10%	First sick visit free, all other visits \$20 PCMH \$40 Non-PCMH	1 to 4 visits \$10, 5+ visits \$10 after deductible PCMH 1 to 4 visits \$20, 5+ visits \$20 after deductible	\$10 PCMH \$20 Non-PCMH
\$45	\$60	10%	\$50	10%	\$55	\$40	\$25
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$75	\$75	10%	\$50	10%	\$75	\$75	\$75
10%	10%	10%	\$150	10%	\$200	10%	10%
10%	10%	10%	10%	10%	20%	10%	10%
10%	10%	10%	10%	10%	20%	10%	10%
10%	10%	10%	10%	10%	20%	10%	10%
\$45	\$60	10%	\$20	10%	\$55	\$40	\$25
10%	10%	10%	\$50	10%	20%	10%	10%
10%	10%	10%	10%	10%	20%	10%	10%
10%	10%	10%	10%	10%	20%	10%	10%
10%	10%	10%	10%	10%	20%	10%	10%
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
\$10	\$7	\$10	\$15	\$10	\$10	\$10	\$7
\$30	\$35	\$35	\$40	\$30	\$35	\$30	\$20
\$50	\$50	\$60	\$75	\$50	\$60	\$50	\$50
\$75	\$75	\$100	\$125	\$75	\$80	\$75	\$75
\$100	\$100	N/A	N/A	\$100	\$125	\$100	\$100

NHPRI	NHPRI	BCBSRI	BCBSRI	BCBSRI	BCBSRI	NHPRI	NHPRI
Neighborhood Community (CSR87)	*Neighborhood Value (CSR87)	*BlueSolutions for HSA Direct (CSR94)	VantageBlue Direct Plan (CSR94)	BasicBlue Direct (CSR94)	BlueCHIP Direct (CSR94)	Neighborhood Community (CSR94)	*Neighborhood Value (CSR94)
150-200% FPL	150-200% FPL	100-150% FPL	100-150% FPL	100-150% FPL	100-150% FPL	100-150% FPL	100-150% FPL
SILVER 87	SILVER 87	SILVER 94	SILVER 94	SILVER 94	SILVER 94	SILVER 94	SILVER 94
\$190	\$204	\$229	\$281	\$234	\$207	\$190	\$204
\$243	\$261	\$293	\$360	\$299	\$265	\$243	\$261
\$515	\$555	\$622	\$764	\$636	\$562	\$515	\$555
HMO	HMO	PPO	PPO	PPO	POS	HMO	HMO
No	No	No	No	No	PCP referral required	No	No
RI only	RI only	National	National	National	RI only	RI only	RI only
15 of 15 Hospitals	15 of 15 Hospitals	15 of 15 Hospitals	15 of 15 Hospitals	15 of 15 Hospitals	15 of 15 Hospitals	15 of 15 Hospitals	15 of 15 Hospitals
Not covered except for urgent or emergency care	Not covered except for urgent or emergency care	Yes — 30% Coinsurance	Yes — 40% Coinsurance	Not covered except for urgent or emergency care	Not covered except for urgent or emergency care	Not covered except for urgent or emergency care	Not covered except for urgent or emergency care
\$2,100 Individual \$4,200 Family	\$2,250 Individual \$4,500 Family	\$750 Individual \$1,500 Family	\$725 Individual \$1,450 Family	\$750 Individual \$1,500 Family	\$750 Individual \$1,500 Family	\$1,100 Individual \$2,200 Family	\$1,150 Individual \$2,300 Family
\$500 Individual \$1,000 Family	\$500 Individual \$1,000 Family	\$0	\$0	\$0	\$0	\$0	\$0
Combined with Medical	\$0	\$0	\$0	\$0	\$0	\$0	\$0
10%	\$10	10%	First sick visit free, all other visits \$20 PCMH \$40 Non-PCMH	\$5 PCMH \$15 Non-PCMH	\$5 PCMH \$15 Non-PCMH	10%	\$5
10%	\$20	10%	\$55	\$20	\$20	10%	\$15
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
10%	\$20	10%	\$75	\$75	\$75	10%	\$15
10%	\$125	10%	\$200	10%	10%	10%	\$50
10%	10%	10%	20%	10%	10%	10%	10%
10%	10%	10%	20%	10%	10%	10%	10%
10%	10%	10%	20%	10%	10%	10%	10%
10%	\$10	10%	\$55	\$20	\$20	10%	\$5
10%	\$20	10%	20%	10%	10%	10%	\$15
10%	10%	10%	20%	10%	10%	10%	10%
10%	10%	10%	20%	10%	10%	10%	10%
10%	10%	10%	20%	10%	10%	10%	10%
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
\$7	\$10	\$10	\$10	\$10	\$5	\$5	\$5
\$30	\$35	\$30	\$35	\$30	\$15	\$15	\$15
\$50	\$60	\$50	\$60	\$50	\$30	\$30	\$30
\$75	\$100	\$75	\$80	\$75	\$50	\$50	\$50
N/A	N/A	\$100	\$125	\$100	\$100	N/A	N/A

## 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.

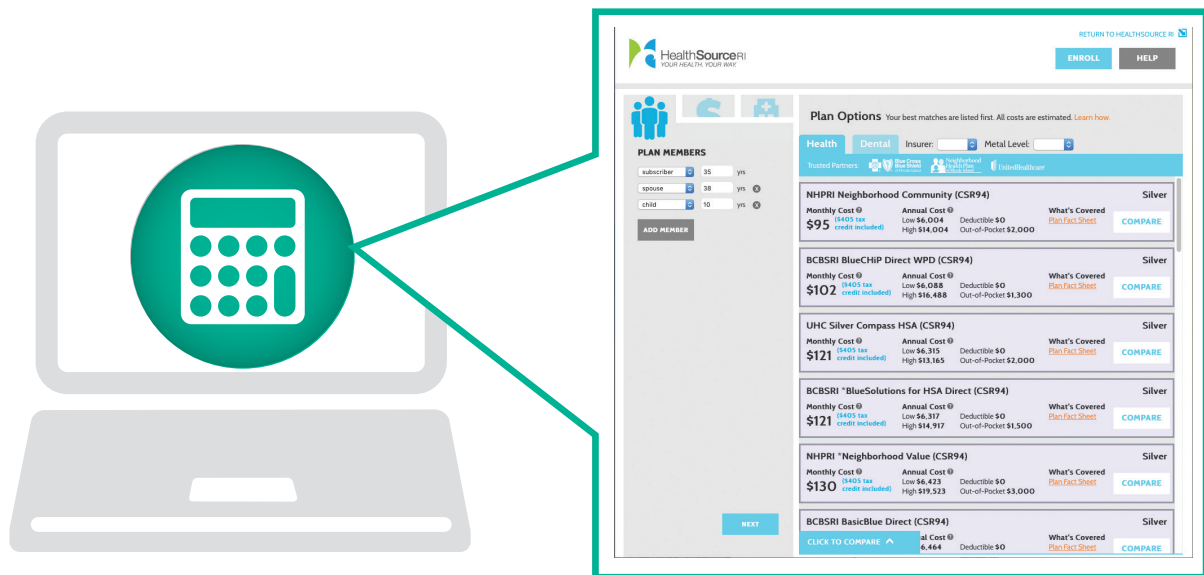
By selecting a CSR plan, you will pay the same premium per month as a regular Silver plan, but you will pay less for copayments, deductibles, and coinsurance when you see the doctor, go to the hospital or get a prescription. These reduced amounts are shown in this document for each HealthSource RI plan. 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		\$23,760	\$29,700	\$17,820	\$23,760	\$11,880	\$17,820
2		\$32,040	\$40,050	\$24,030	\$32,040	\$16,020	\$24,030
3		\$40,320	\$50,400	\$30,240	\$40,320	\$20,160	\$30,240
4		\$48,600	\$60,750	\$36,450	\$48,600	\$24,300	\$36,450
5		\$56,880	\$71,100	\$42,660	\$56,880	\$28,440	\$42,660
6		\$65,160	\$81,450	\$48,870	\$65,160	\$32,580	\$48,870

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).



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

## When to Enroll or Renew:

Open enrollment runs November 1, 2016 through January 31, 2017.

### Important dates for picking your 2017 health insurance:

November 1	First day to shop for coverage
December 23	Deadline to choose a plan for January 2017
December 23	Deadline to pay and ensure coverage is processed by January 1
December 31	Very last day to pay for January coverage (ID cards will be delayed)
January 31	Last day to shop for or make a change to your 2017 coverage

## How to Enroll or Renew:

Online — Visit [HealthSourceRI.com](https://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 Monday - Friday 8:00 am - 7:00 pm

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