

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 to see if you qualify
- Visit 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](#)

INDIVIDUAL MARKET PLANS & BENEFITS

2017 INDIVIDUAL MARKET PLAN BENEFITS

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BASIC PLAN INFORMATION Individual Premiums: <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> Health Savings Accounts (HSAs) <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 1400/2800	VantageBlue Direct Plan 1000/2000
	Metal Level	GOLD	GOLD
	Monthly Premium (21-year old, before tax credit)	\$310	\$337
	Monthly Premium (40-year old, before tax credit)	\$396	\$431
	Monthly Premium (60-year old, before tax credit)	\$840	\$915
	HSA Qualified	✓	
HOW YOU GET YOUR CARE <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>	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
	Out of Network Coverage, Non-Emergency	Yes — 20% Coinsurance	Yes — 40% Coinsurance
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	\$3,500 Individual \$7,000 Family	\$4,000 Individual \$8000 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 hospitals stays, as well as prescription medications.</i>	Deductible - Medical	\$1,400 Individual \$2,800 Family	\$1,000 Individual \$2000 Family
	Deductible - Drug	Combined with Medical	\$0
COPAYMENTS & COINSURANCE** <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	\$15 PCMH; \$35 Non-PCMH	First sick visit free, all other visits \$15 PCMH \$25 Non-PCMH
	Specialist Visit	\$40	\$40
	Preventative Care	\$0	\$0
	Urgent Care	\$75	\$75
	ER Services	\$150	\$200
	Inpatient Hospital	\$200 per admission	20%
	X-rays & other Diag. Imaging	0%	20%
	High End Imaging: CT/PET/MRI	\$150	20%
	Mental Health/Substance Abuse - Office Visits	\$40	\$40
	Speech/Occup/Phys Therapy, Outpatient Rehab	\$40	20%
	Lab Services, Outpatient	0%	20%
	Skilled Nursing Facility	\$200 per admission	20%
	Outpatient Surgery/Services	0%	20%
	Pediatric Dental Coverage	Yes	Yes
PRESCRIPTION DRUGS <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	\$25	\$25
	Tier 3	\$50	\$50
	Tier 4	\$75	\$75
	Tier 5	\$125	\$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	NEW BCBSRI	NEW BCBSRI	NHPRI	NHPRI	BCBSRI	BCBSRI	BCBSRI
BasicBlue Direct 2750/5500	VantageBlue Direct 1200/2400	BlueCHiP Direct 1800/3600	Neighborhood PLUS	*Neighborhood PRINCIPAL	*BlueSolutions for HSA Direct 3900/7800	VantageBlue Direct Plan 3050/6100	BasicBlue Direct 4900/9800
GOLD	GOLD	GOLD	GOLD	GOLD	SILVER	SILVER	SILVER
\$295	\$356	\$282	\$241	\$246	\$229	\$281	\$234
\$377	\$455	\$360	\$307	\$315	\$293	\$360	\$299
\$801	\$967	\$765	\$653	\$669	\$622	\$764	\$636
					✓		
PPO	PPO	POS	HMO	HMO	PPO	PPO	PPO
No	No	Yes	No	No	No	No	No
National	National	RI only	RI only	RI only	National	National	National
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	Yes — 30% 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	Yes — 30% Coinsurance	Yes — 40% Coinsurance	Not covered except for urgent or emergency care
\$2,750 Individual \$5,500 Family	\$3,800 Individual \$7,600 Family	\$3,600 Individual \$7,200 Family	\$4,500 Individual \$9,000 Family	\$3,000 Individual \$6,000 Family	\$4,300 Individual \$8,600 Family	\$6,825 Individual \$13,650 Family	\$5,500 Individual \$11,000 Family
\$2,750 Individual \$5,500 Family	\$1,200 Individual \$2,400 Family	\$1,800 Individual \$3,600 Family	\$800 Individual \$1,600 Family	\$1,500 Individual \$3,000 Family	\$3,900 Individual \$7,800 Family	\$3,050 Individual \$6,100 Family	\$4,900 Individual \$9,800 Family
Only tiers 3, 4, and 5	Combined with Medical	Only tiers 3, 4, and 5	\$0	\$0	Combined with Medical	\$0	Only tiers 3, 4, and 5
PCMH: 1 to 4 visits \$15, 5+visits 0% after deductible Non PCMH: 1 to 4 visits \$25, 5+visits 0% after deductible	First sick visit free, all other visits \$15 PCMH \$35 Non-PCMH	\$15 PCMH \$25 Non-PCMH	\$20	\$25	10%	First sick visit free, all other visits \$20 PCMH \$40 Non-PCMH	PCMH: 1 to 4 visits \$10, 5+ visits \$10 after deductible Non PCMH: 1 to 4 visits \$20, 5+ visits \$20 after deductible
\$30	\$50	\$40	\$40	\$40	10%	\$55	\$45
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
0%	\$75	\$75	\$40	\$40	10%	\$75	\$75
0%	\$200	10%	\$200	\$200	10%	\$200	10%
0%	10%	10%	20%	5%	10%	20%	10%
0%	10%	10%	20%	5%	10%	20%	10%
0%	10%	10%	20%	5%	10%	20%	10%
\$30	\$50	\$40	\$20	\$25	10%	\$55	\$45
0%	10%	10%	\$40	\$40	10%	20%	10%
0%	10%	10%	20%	5%	10%	20%	10%
0%	10%	10%	20%	5%	10%	20%	10%
0%	10%	10%	20%	5%	10%	20%	10%
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10
\$30	\$25	\$25	\$35	\$35	\$30	\$35	\$30
0%	\$50	\$50	\$60	\$60	\$50	\$60	\$50
0%	\$75	\$75	\$100	\$100	\$75	\$80	\$75
0%	\$125	\$125	N/A	N/A	\$100	\$125	\$100

** Cost Sharing Reduction (CSR) plans are Silver plans that have reduced deductibles, coinsurance, and copayments. You may qualify for CSR plans if you earn less than \$29,700 for an individual or \$60,750 for a family of four


BCBSRI	NHPRI	NHPRI	BCBSRI	BCBSRI	NHPRI	NHPRI
BlueCHIP Direct 4800/9600	Neighborhood COMMUNITY	*Neighborhood VALUE	*BlueSolutions for HSA Direct 6000/12000	BasicBlue Direct 7150/14300	*Neighborhood ECONOMY	Neighborhood INNOVATION
SILVER	SILVER	SILVER	BRONZE	BRONZE	BRONZE	BRONZE
\$207	\$190	\$204	\$186	\$189	\$156	\$155
\$265	\$243	\$261	\$238	\$242	\$199	\$198
\$562	\$515	\$555	\$505	\$514	\$423	\$422
			✓		✓	
POS	HMO	HMO	PPO	PPO	HMO	HMO
Yes	No	No	No	No	No	No
RI only	RI only	RI only	National	National	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
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 — 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
\$5,800 Individual \$11,600 Family	\$4,750 Individual \$9,500 Family	\$7,150 Individual \$14,300 Family	\$6,550 Individual \$13,100 Family	\$7,150 Individual \$14,300 Family	\$6,550 Individual \$13,100 Family	\$7,150 Individual \$14,300 Family
\$4,800 Individual \$9,600 Family	\$2,850 Individual \$5,700 Family	\$3,000 Individual \$6,000 Family	\$6,000 Individual \$12,000 Family	\$7,150 Individual \$14,300 Family	\$6,000 Individual \$12,000 Family	\$6,550 Individual \$13,100 Family
Only tiers 3, 4, and 5	Combined with Medical	\$0	Combined with Medical	Only tiers 3, 4, and 5	Combined with Medical	Combined with Medical
\$35 PCMH \$55 Non-PCMH	10%	\$25	0%	PCMH: 1 to 4 visits \$50, 5+ visits 0% after deductible Non PCMH: 1 to 4 visits \$70, 5+ visits 0% after deductible	0%	\$15
\$65	10%	\$50	0%	\$95	0%	30%
\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$75	10%	\$50	0%	0%	0%	30%
10%	10%	\$250	0%	0%	0%	30%
10%	10%	20%	0%	0%	0%	\$600 copay
10%	10%	20%	0%	0%	0%	30%
10%	10%	20%	0%	0%	0%	30%
\$65	10%	\$25	0%	\$95	0%	\$15
10%	10%	\$50	0%	0%	0%	30%
10%	10%	20%	0%	0%	0%	30%
10%	10%	20%	0%	0%	0%	30%
10%	10%	20%	0%	0%	0%	30%
Yes	Yes	Yes	Yes	Yes	Yes	Yes
\$7	\$10	\$15	\$10	\$10	\$10	\$15
\$35	\$35	\$40	\$35	\$50	\$35	\$40
\$50	\$60	\$75	\$60	0%	\$60	\$75
\$75	\$100	\$125	\$100	0%	\$100	\$125
\$100	N/A	N/A	\$200	0%	N/A	N/A

Monthly Tax Credits:

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

Families:

Families of 2		Tax Credits by Annual Household Income			
Adults (40 years)	Children (0-18 years)	\$30,000	\$40,000	\$50,000	\$60,000
1	1	\$115	\$0	\$0	\$0
2	0	\$376	\$249	\$118	\$38
Families of 3		Tax Credits by Annual Household Income			
Adults (40 years)	Children (0-18 years)	\$30,000	\$45,000	\$60,000	\$75,000
1	2	\$161	\$0	\$40	\$0
2	1	\$422	\$250	\$171	\$46
Families of 4		Tax Credits by Annual Household Income			
Adults (40 years)	Children (0-18 years)	\$45,000	\$60,000	\$75,000	\$90,000
1	3	\$46	\$0	\$45	\$0
2	2	\$307	\$117	\$176	\$55

 Child/children eligible for free coverage RItteCare

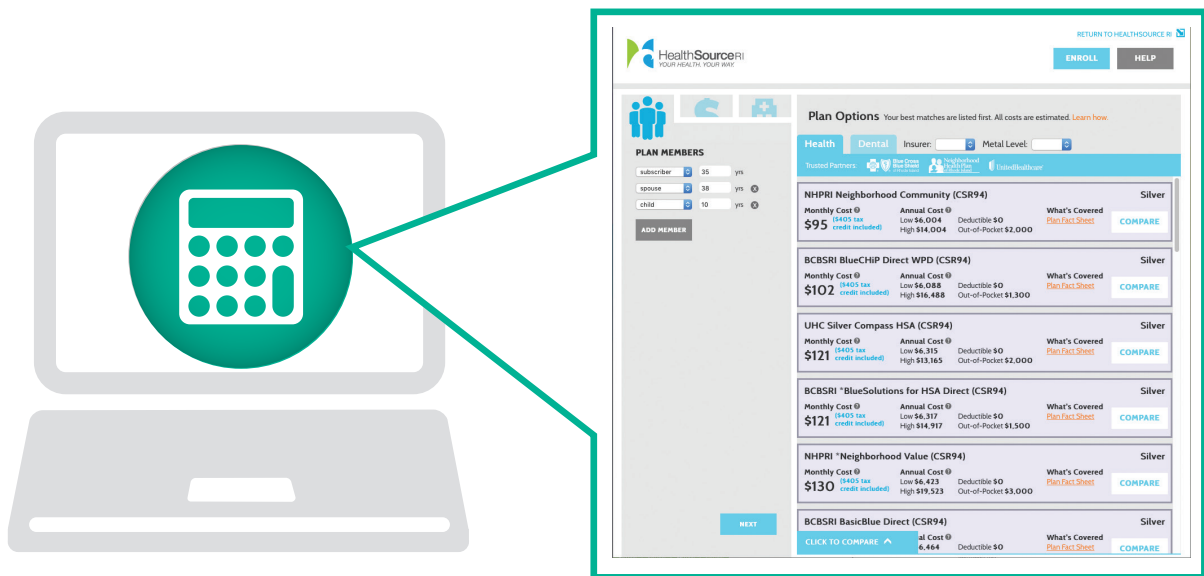
Single Adults:

Age	Tax Credits by Annual Household Income				
	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000
21 year old	\$122	\$63	\$0	\$0	\$0
40 year old	\$179	\$119	\$54	\$0	\$0
60 year old	\$472	\$413	\$347	\$277	\$231

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 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 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.