

2016



- Easily compare plans from the state's top carriers, all in one place
- Nearly 9 out of 10 HealthSource RI customers received financial help this year. Use our Savings Calculator at HealthSourceRI.com/calculator to see if you qualify
- Visit HealthSourceRI.com to enroll or call 1-855-840-4774 for assistance

COST SHARING REDUCTION PLANS FOR ELIGIBLE INDIVIDUALS AND FAMILIES

Cost Sharing Reduction (CSR) Plans:

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

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

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

When to Enroll or Renew:

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

Important dates for picking your 2016 health insurance:

November 1	First day to shop for coverage
December 23	Deadline to choose a plan for January 2016
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 2016 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 M,W-F 8:30am-5pm, Tues 8:30am-7pm

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

Notes:

Preferred Provider Organization (PPO): You will pay less if you use hospitals and doctors in the plan's preferred network, but you are often free to see providers who are not in the preferred network.

Health Maintenance Organization (HMO)/Point of Service (POS): You agree to use only providers who are part of the network. In some plans, you must choose a Primary Care provider, who coordinates your care.

* This plan does not cover abortion except in very limited circumstances (check your policy or plan document for further information). No portion of the premium paid for this plan is placed in an allocation account, established for the coverage of elective abortion services, and defined by 45 CFR section 156(e)(3).

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.

² A modified variation of this plan that excludes coverage for most abortions is also available. "Modified" in the plan name indicates the modified variation.

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BASIC PLAN INFORMATION	Insurance Company	BCBSRI	BCBSRI	BCBSRI	BCBSRI
Individual Premiums: A premium is the amount you must pay each month for health insurance. Premiums vary by age and family size, and you may qualify for tax credits if you earn less than \$47,080 for an individual or \$97,000 for a family of four. 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.	Plan Name	*BlueSolutions for HSA Direct (CSR73)	VantageBlue Direct Plan (CSR73)	NEW BasicBlue Direct (CSR73)	NEW BlueCHIP Direct WPD (CSR73)
	Plan Income Range % of Federal Poverty Level (FPL)	200-250% FPL	200-250% FPL	200-250% FPL	200-250% FPL
	Metal Level	SILVER 73	SILVER 73	SILVER 73	SILVER 73
	Monthly Premium (21-year old) Before tax credit	\$213	\$263	\$218	\$206
	Monthly Premium (40-year old) Before tax credit	\$273	\$336	\$279	\$263
	Monthly Premium (60-year old) Before tax credit	\$579	\$713	\$592	\$558
	HSA Qualified				
HOW YOU GET YOUR CARE Some insurers offer plans that include a smaller number of providers that the insurers have decided offer high-quality care at a lower cost. Plans have different monthly premiums and out-of-pocket costs for care, as well as different providers (like doctors and hospitals) you can visit. The providers included in a plan's network — and how those providers are paid for the care they give you — helps determine how much you will pay for your health insurance plan. Some plans assign levels ("tiers") to doctors and hospitals within their networks, and you may pay less to see providers in certain tiers. When choosing a plan, you should consider the monthly premium, as well as any out-of-pocket costs, providers you prefer to visit, prescription drugs you take, and any other health care needs you have. All plans cover preventive health care services at no cost.	Plan Type (see definitions on reverse)	PPO	PPO	PPO	POS
	Referral Required	No	No	No	Yes
	Network Coverage Area	National	National	National	RI only
	RI Provider Information (subject to change)	1,234 PCPs/ pediatricians 4,244 specialists 15 of 15 hospitals 582 dentists	1,234 PCPs/ pediatricians 4,244 specialists 15 of 15 hospitals 582 dentists	1,234 PCPs/ pediatricians 4,244 specialists 15 of 15 hospitals 582 dentists	1,234 PCPs/ pediatricians 4,244 specialists 15 of 15 hospitals 582 dentists
	Out of Network Coverage, Non-Emergency	Yes— 30% Coinsurance	Yes— 40% Coinsurance	Not covered except for urgent or emergent care	Not covered except for urgent or emergent care
MAXIMUM OUT-OF-POCKET In addition to your monthly premium, the maximum out-of-pocket amount is the most you could have to pay in deductibles, copayments and coinsurance during the year.	Maximum Out-Of-Pocket (MOOP) Medical + Drug	\$3,500 Individual \$7,000 Family	\$5,000 Individual \$10,000 Family	\$5,200 Individual \$10,400 Family	\$5,200 Individual \$10,400 Family
	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 addition to your monthly premium. Services subject to the deductible vary by plan and may include doctor visits and hospital stays, as well as prescription medications.	Deductible - Medical	\$2,200 Individual \$4,400 Family	\$2,700 Individual \$5,400 Family	\$2,900 Individual \$5,800 Family
	Deductible - Drug	Combined with Medical	\$0	Only Tiers 3, 4, and 5 apply to deductible	Only Tiers 3, 4, and 5 apply to deductible
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 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.	Primary Care	10%	First sick visit free, all other visits \$20 PCMH; \$40 Non-PCMH	\$10 PCMH; \$20 Non-PCMH	\$30 PCMH; \$50 Non-PCMH
	Specialist Visit	10%	\$55	\$45	\$60
	Preventative Care	\$0	\$0	\$0	\$0
	Urgent Care	10%	\$75	\$75	\$75
	ER Services	10%	\$200	10%	10%
	Inpatient Hospital	10%	20%	10%	10%
	X-rays & other Diag. Imaging	10%	20%	10%	10%
	High End Imaging: CT/PET/MRI	10%	20%	10%	10%
	Mental Health/Substance Abuse - Office Visits	10%	\$55	\$45	\$60
	Speech/Occup/Phys Therapy, Outpatient Rehab	10%	20%	10%	10%
	Lab Services, Outpatient	10%	20%	10%	10%
	Skilled Nursing Facility	10%	20%	10%	10%
	Outpatient Surgery/Services	10%	20%	10%	10%
Pediatric Dental Coverage	Yes	Yes	Yes	Yes	
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 about medication tiers.	Tier 1	\$10	\$10	\$10	\$10
	Tier 2	\$30	\$35	\$30	\$30
	Tier 3	\$50	\$60	\$50	\$50
	Tier 4	\$75	\$80	\$75	\$75
	Tier 5	\$100	\$125	\$100	\$100

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Insurance Company	NHPRI	NHPRI	UHC	UHC	UHC
Plan Name	Neighborhood Community (CSR73)	*Neighborhood Value (CSR73)	Silver Compass HSA 2100 (CSR73)	Silver Compass 2500 (CSR73)	NEW Silver Choice 1900 (CSR73) ²
Plan Income Range % of Federal Poverty Level (FPL)	200-250% FPL	200-250% FPL	200-250% FPL	200-250% FPL	200-250% FPL
Metal Level	SILVER 73	SILVER 73	SILVER 73	SILVER 73	SILVER 73
Monthly Premium (21-year old) Before tax credit	\$203	\$217	\$213	\$237	\$250
Monthly Premium (40-year old) Before tax credit	\$259	\$277	\$273	\$303	\$320
Monthly Premium (60-year old) Before tax credit	\$550	\$589	\$579	\$644	\$679
HSA Qualified					
Plan Type (see definitions on reverse)	HMO	HMO	HMO	HMO	HMO
Referral Required	No	No	Yes	Yes	No
Network Coverage Area	RI only	RI only	RI only	RI only	National
RI Provider Information (subject to change)	1,364 PCPs/ pediatricians 5,808 specialists 15 of 15 hospitals	1,364 PCPs/ pediatricians 5,808 specialists 15 of 15 hospitals	1,076 PCPs/ pediatricians 4,711 specialists 14 of 15 hospitals	1,076 PCPs/ pediatricians 4,711 specialists 14 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
Maximum Out-Of-Pocket (MOOP) Medical + Drug	\$4,000 Individual \$8,000 Family	\$5,200 Individual \$10,400 Family	\$5,450 Individual \$6,850 Family	\$5,450 Individual \$10,900 Family	\$5,450 Individual \$10,900 Family
Deductible - Medical	\$2,150 Individual \$4,300 Family	\$3,000 Individual \$6,000 Family	\$2,100 Individual \$5,250 Family	\$2,500 Individual \$5,000 Family	\$1,900 Individual \$3,800 Family
Deductible - Drug	Combined with Medical	\$0	Combined with Medical	\$0	\$0
Primary Care	10%	\$10	\$35	\$30	\$35
Specialist Visit	10%	\$40	\$70	\$60	\$70
Preventative Care	\$0	\$0	\$0	\$0	\$0
Urgent Care	10%	\$40	\$75	\$100	\$75
ER Services	10%	\$200	\$150	\$200	20%
Inpatient Hospital	10%	10%	\$500 per inpatient stay	20%	20%
X-rays & other Diag. Imaging	10%	10%	0%	20%	20%
High End Imaging: CT/PET/MRI	10%	10%	\$150 Tier 1; \$250 Tier 2	20%	20% Tier 1; \$250 in addition to deductible ¹ Tier 2
Mental Health/Substance Abuse - Office Visits	10%	\$10	\$70	\$60	\$70
Speech/Occup/Phys Therapy, Outpatient Rehab	10%	\$40	0%	20%	20%
Lab Services, Outpatient	10%	10%	0%	20%	20%
Skilled Nursing Facility	10%	10%	\$500 per inpatient stay	20%	20%
Outpatient Surgery/Services	10%	10%	\$150 Tier 1; \$250 Tier 2	20%	20% Tier 1; \$250 in addition to deductible ¹ Tier 2
Pediatric Dental Coverage	No	No	Yes	Yes	Yes
Tier 1	\$10	\$15	\$15	\$15	\$15
Tier 2	\$35	\$40	\$40	\$40	\$40
Tier 3	\$60	\$90	\$70	\$70	\$70
Tier 4	\$100	\$200	\$100	\$100	\$100
Tier 5	N/A	N/A	N/A	N/A	N/A

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BASIC PLAN INFORMATION	Insurance Company	BCBSRI	BCBSRI	BCBSRI	BCBSRI
Individual Premiums: A premium is the amount you must pay each month for health insurance. Premiums vary by age and family size, and you may qualify for tax credits if you earn less than \$47,080 for an individual or \$97,000 for a family of four. 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.	Plan Name	*BlueSolutions for HSA Direct (CSR87)	VantageBlue Direct Plan (CSR87)	NEW BasicBlue Direct (CSR87)	NEW BlueCHIP Direct WPD (CSR87)
	Plan Income Range % of Federal Poverty Level (FPL)	150-200% FPL	150-200% FPL	150-200% FPL	150-200% FPL
	Metal Level	SILVER 87	SILVER 87	SILVER 87	SILVER 87
	Monthly Premium (21-year old) Before tax credit	\$213	\$263	\$218	\$206
	Monthly Premium (40-year old) Before tax credit	\$273	\$336	\$279	\$263
	Monthly Premium (60-year old) Before tax credit	\$579	\$713	\$592	\$558
	HSA Qualified				
HOW YOU GET YOUR CARE Some insurers offer plans that include a smaller number of providers that the insurers have decided offer high-quality care at a lower cost. Plans have different monthly premiums and out-of-pocket costs for care, as well as different providers (like doctors and hospitals) you can visit. The providers included in a plan's network — and how those providers are paid for the care they give you — helps determine how much you will pay for your health insurance plan. Some plans assign levels ("tiers") to doctors and hospitals within their networks, and you may pay less to see providers in certain tiers. When choosing a plan, you should consider the monthly premium, as well as any out-of-pocket costs, providers you prefer to visit, prescription drugs you take, and any other health care needs you have. All plans cover preventive health care services at no cost.	Plan Type (see definitions on reverse)	PPO	PPO	PPO	POS
	Referral Required	No	No	No	Yes
	Network Coverage Area	National	National	National	RI only
	RI Provider Information (subject to change)	1,234 PCPs/ pediatricians 4,244 specialists 15 of 15 hospitals 582 dentists	1,234 PCPs/ pediatricians 4,244 specialists 15 of 15 hospitals 582 dentists	1,234 PCPs/ pediatricians 4,244 specialists 15 of 15 hospitals 582 dentists	1,234 PCPs/ pediatricians 4,244 specialists 15 of 15 hospitals 582 dentists
	Out of Network Coverage, Non-Emergency	Yes— 30% Coinsurance	Yes— 40% Coinsurance	Not covered except for urgent or emergent care	Not covered except for urgent or emergent care
MAXIMUM OUT-OF-POCKET In addition to your monthly premium, the maximum out-of-pocket amount is the most you could have to pay in deductibles, copayments and coinsurance during the year.	Maximum Out-Of-Pocket (MOOP) Medical + Drug	\$1,750 Individual \$3,500 Family	\$2,000 Individual \$4,000 Family	\$2,250 Individual \$4,500 Family	\$2,000 Individual \$4,000 Family
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 addition to your monthly premium. Services subject to the deductible vary by plan and may include doctor visits and hospital stays, as well as prescription medications.	Deductible - Medical	\$300 Individual \$600 Family	\$150 Individual \$300 Family	\$250 Individual \$500 Family	\$350 Individual \$700 Family
	Deductible - Drug	Combined with Medical	\$0	Only Tiers 3, 4, and 5 apply to deductible	Only Tiers 3, 4, and 5 apply to deductible
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 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.	Primary Care	10%	First sick visit free, all other visits \$20 PCMH; \$40 Non-PCMH	\$10 PCMH; \$20 Non-PCMH	\$10 PCMH; \$20 Non-PCMH
	Specialist Visit	10%	\$55	\$30	\$25
	Preventative Care	\$0	\$0	\$0	\$0
	Urgent Care	10%	\$75	\$75	\$75
	ER Services	10%	\$200	10%	10%
	Inpatient Hospital	10%	20%	10%	10%
	X-rays & other Diag. Imaging	10%	20%	10%	10%
	High End Imaging: CT/PET/MRI	10%	20%	10%	10%
	Mental Health/Substance Abuse - Office Visits	10%	\$55	\$30	\$25
	Speech/Occup/Phys Therapy, Outpatient Rehab	10%	20%	10%	10%
	Lab Services, Outpatient	10%	20%	10%	10%
	Skilled Nursing Facility	10%	20%	10%	10%
	Outpatient Surgery/Services	10%	20%	10%	10%
Pediatric Dental Coverage	Yes	Yes	Yes	Yes	
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 about medication tiers.	Tier 1	\$10	\$10	\$10	\$10
	Tier 2	\$30	\$35	\$30	\$20
	Tier 3	\$50	\$60	\$50	\$50
	Tier 4	\$75	\$80	\$75	\$75
	Tier 5	\$100	\$125	\$100	\$100

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Insurance Company	NHPRI	NHPRI	UHC	UHC	UHC
Plan Name	Neighborhood Community (CSR87)	*Neighborhood Value (CSR87)	Silver Compass HSA 500 (CSR87)	Silver Compass 500 (CSR87)	NEW Silver Choice 500 (CSR87) ²
Plan Income Range % of Federal Poverty Level (FPL)	150-200% FPL	150-200% FPL	150-200% FPL	150-200% FPL	150-200% FPL
Metal Level	SILVER 87	SILVER 87	SILVER 87	SILVER 87	SILVER 87
Monthly Premium (21-year old) Before tax credit	\$203	\$217	\$213	\$237	\$250
Monthly Premium (40-year old) Before tax credit	\$259	\$277	\$273	\$303	\$320
Monthly Premium (60-year old) Before tax credit	\$550	\$589	\$579	\$644	\$679
HSA Qualified					
Plan Type (see definitions on reverse)	HMO	HMO	HMO	HMO	HMO
Referral Required	No	No	Yes	Yes	No
Network Coverage Area	RI only	RI only	RI only	RI only	National
RI Provider Information (subject to change)	1,364 PCPs/ pediatricians 5,808 specialists 15 of 15 hospitals	1,364 PCPs/ pediatricians 5,808 specialists 15 of 15 hospitals	1,076 PCPs/ pediatricians 4,711 specialists 14 of 15 hospitals	1,076 PCPs/ pediatricians 4,711 specialists 14 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
Maximum Out-Of-Pocket (MOOP) Medical + Drug	\$2,250 Individual \$4,500 Family	\$2,250 Individual \$4,500 Family	\$1,500 Individual \$3,000 Family	\$1,500 Individual \$3,000 Family	\$1,500 Individual \$3,000 Family
Deductible - Medical	\$500 Individual \$1,000 Family	\$500 Individual \$1,000 Family	\$500 Individual \$1,000 Family	\$500 Individual \$1,000 Family	\$500 Individual \$1,000 Family
Deductible - Drug	Combined with Medical	\$0	Combined with Medical	\$0	\$0
Primary Care	10%	\$10	\$35	\$30	\$35
Specialist Visit	10%	\$20	\$70	\$60	\$70
Preventative Care	\$0	\$0	\$0	\$0	\$0
Urgent Care	10%	\$20	\$75	\$100	\$75
ER Services	10%	\$100	\$150	\$200	20%
Inpatient Hospital	10%	10%	\$500 per inpatient stay	20%	20%
X-rays & other Diag. Imaging	10%	10%	0%	20%	20%
High End Imaging: CT/PET/MRI	10%	10%	\$150 Tier 1; \$250 Tier 2	20%	20% Tier 1; \$250 in addition to deductible ¹ Tier 2
Mental Health/Substance Abuse - Office Visits	10%	\$10	\$70	\$60	\$70
Speech/Occup/Phys Therapy, Outpatient Rehab	10%	\$20	0%	20%	20%
Lab Services, Outpatient	10%	10%	0%	20%	20%
Skilled Nursing Facility	10%	10%	\$500 per inpatient stay	20%	20%
Outpatient Surgery/Services	10%	10%	\$150 Tier 1; \$250 Tier 2	20%	20% Tier 1; \$250 in addition to deductible ¹ Tier 2
Pediatric Dental Coverage	No	No	Yes	Yes	Yes
Tier 1	\$7	\$10	\$15	\$15	\$15
Tier 2	\$30	\$35	\$40	\$40	\$40
Tier 3	\$50	\$60	\$70	\$70	\$70
Tier 4	\$75	\$75	\$100	\$100	\$100
Tier 5	N/A	N/A	N/A	N/A	N/A

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<p>Individual Premiums: A premium is the amount you must pay each month for health insurance. Premiums vary by age and family size, and you may qualify for tax credits if you earn less than \$47,080 for an individual or \$97,000 for a family of four.</p> <p>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>	Plan Name	*BlueSolutions for HSA Direct (CSR94)	VantageBlue Direct Plan (CSR94)	NEW BasicBlue Direct (CSR94)	NEW BlueCHiP Direct WPD (CSR94)
	Plan Income Range % of Federal Poverty Level (FPL)	100-150% FPL	100-150% FPL	100-150% FPL	100-150% FPL
	Metal Level	SILVER 94	SILVER 94	SILVER 94	SILVER 94
	Monthly Premium (21-year old) Before tax credit	\$213	\$263	\$218	\$206
	Monthly Premium (40-year old) Before tax credit	\$273	\$336	\$279	\$263
	Monthly Premium (60-year old) Before tax credit	\$579	\$713	\$592	\$558
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	<p>HOW YOU GET YOUR CARE Some insurers offer plans that include a smaller number of providers that the insurers have decided offer high-quality care at a lower cost. Plans have different monthly premiums and out-of-pocket costs for care, as well as different providers (like doctors and hospitals) you can visit. The providers included in a plan's network — and how those providers are paid for the care they give you — helps determine how much you will pay for your health insurance plan. Some plans assign levels ("tiers") to doctors and hospitals within their networks, and you may pay less to see providers in certain tiers. When choosing a plan, you should consider the monthly premium, as well as any out-of-pocket costs, providers you prefer to visit, prescription drugs you take, and any other health care needs you have. All plans cover preventive health care services at no cost.</p>	Plan Type (see definitions on reverse)	PPO	PPO	PPO
Referral Required		No	No	No	Yes
Network Coverage Area		National	National	National	RI only
RI Provider Information (subject to change)		1,234 PCPs/ pediatricians 4,244 specialists 15 of 15 hospitals 582 dentists	1,234 PCPs/ pediatricians 4,244 specialists 15 of 15 hospitals 582 dentists	1,234 PCPs/ pediatricians 4,244 specialists 15 of 15 hospitals 582 dentists	1,234 PCPs/ pediatricians 4,244 specialists 15 of 15 hospitals 582 dentists
Out of Network Coverage, Non-Emergency		Yes — 30% Coinsurance	Yes — 40% Coinsurance	Not covered except for urgent or emergent care	Not covered except for urgent or emergent care
<p>MAXIMUM OUT-OF-POCKET In addition to your monthly premium, the maximum out-of-pocket amount is the most you could have to pay in deductibles, copayments and coinsurance during the year.</p>	Maximum Out-Of-Pocket (MOOP) Medical + Drug	\$750 Individual \$1,500 Family	\$725 Individual \$1,450 Family	\$750 Individual \$1,500 Family	\$650 Individual \$1,300 Family
	<p>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 addition to your monthly premium. Services subject to the deductible vary by plan and may include doctor visits and hospital stays, as well as prescription medications.</p>	Deductible - Medical	\$0	\$0	\$0
Deductible - Drug		\$0	\$0	\$0	\$0
<p>COPAYMENTS & COINSURANCE 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	10%	First sick visit free, all other visits \$20 PCMH; \$40 Non-PCMH	\$5 PCMH; \$15 Non-PCMH	\$5 PCMH; \$15 Non-PCMH
	Specialist Visit	10%	\$55	\$20	\$20
	Preventative Care	\$0	\$0	\$0	\$0
	Urgent Care	10%	\$75	\$75	\$75
	ER Services	10%	\$200	10%	10%
	Inpatient Hospital	10%	20%	10%	10%
	X-rays & other Diag. Imaging	10%	20%	10%	10%
	High End Imaging: CT/PET/MRI	10%	20%	10%	10%
	Mental Health/Substance Abuse - Office Visits	10%	\$55	\$20	\$20
	Speech/Occup/Phys Therapy, Outpatient Rehab	10%	20%	10%	10%
	Lab Services, Outpatient	10%	20%	10%	10%
	Skilled Nursing Facility	10%	20%	10%	10%
	Outpatient Surgery/Services	10%	20%	10%	10%
Pediatric Dental Coverage	Yes	Yes	Yes	Yes	
<p>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 about medication tiers.</p>	Tier 1	\$10	\$10	\$10	\$5
	Tier 2	\$30	\$35	\$30	\$15
	Tier 3	\$50	\$60	\$50	\$30
	Tier 4	\$75	\$80	\$75	\$50
	Tier 5	\$100	\$125	\$100	\$100

2016 INDIVIDUAL MARKET PLAN BENEFITS

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.



Rates as of December 1, 2015. This is a partial summary of benefits and coverage and should not be considered a contract. This information, including all quoted rates, should be used for informational purposes only. Changes may be made to the benefits and coverage policies described here. You should only rely upon the Evidence of Coverage document provided to you from your health insurance company for information about covered benefits, limitations and exclusions.

Insurance Company	NHPRI	NHPRI	UHC	UHC	UHC
Plan Name	Neighborhood Community (CSR94)	*Neighborhood Value (CSR94)	Silver Compass HSA (CSR94)	Silver Compass (CSR94)	NEW Silver Choice (CSR94) ²
Plan Income Range % of Federal Poverty Level (FPL)	100-150% FPL	100-150% FPL	100-150% FPL	100-150% FPL	100-150% FPL
Metal Level	SILVER 94	SILVER 94	SILVER 94	SILVER 94	SILVER 94
Monthly Premium (21-year old) Before tax credit	\$203	\$217	\$213	\$237	\$250
Monthly Premium (40-year old) Before tax credit	\$259	\$277	\$273	\$303	\$320
Monthly Premium (60-year old) Before tax credit	\$550	\$589	\$579	\$644	\$679
HSA Qualified					
Plan Type (see definitions on reverse)	HMO	HMO	HMO	HMO	HMO
Referral Required	No	No	Yes	Yes	No
Network Coverage Area	RI only	RI only	RI only	RI only	National
RI Provider Information (subject to change)	1,364 PCPs/ pediatricians 5,808 specialists 15 of 15 hospitals	1,364 PCPs/ pediatricians 5,808 specialists 15 of 15 hospitals	1,076 PCPs/ pediatricians 4,711 specialists 14 of 15 hospitals	1,076 PCPs/ pediatricians 4,711 specialists 14 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
Maximum Out-Of-Pocket (MOOP) Medical + Drug	\$1,000 Individual \$2,000 Family	\$1,500 Individual \$3,000 Family	\$1,000 Individual \$2,000 Family	\$500 Individual \$1,000 Family	\$500 Individual \$1,000 Family
Deductible - Medical	\$0	\$0	\$0	\$0	\$0
Deductible - Drug	\$0	\$0	\$0	\$0	\$0
Primary Care	10%	\$5	\$35	\$30	\$35
Specialist Visit	10%	\$15	\$70	\$60	\$70
Preventative Care	\$0	\$0	\$0	\$0	\$0
Urgent Care	10%	\$15	\$75	\$100	\$75
ER Services	10%	\$50	\$150	\$200	20%
Inpatient Hospital	10%	10%	\$500 per inpatient stay	20%	20%
X-rays & other Diag. Imaging	10%	10%	\$0	20%	20%
High End Imaging: CT/PET/MRI	10%	10%	\$150 Tier 1; \$250 Tier 2	20%	20% Tier 1; \$250 Tier 2
Mental Health/Substance Abuse - Office Visits	10%	\$5	\$70	\$60	\$70
Speech/Occup/Phys Therapy, Outpatient Rehab	10%	\$15	\$0	20%	20%
Lab Services, Outpatient	10%	10%	\$0	20%	20%
Skilled Nursing Facility	10%	10%	\$500 per inpatient stay	20%	20%
Outpatient Surgery/Services	10%	10%	\$150 Tier 1; \$250 Tier 2	20%	20% Tier 1; \$250 Tier 2
Pediatric Dental Coverage	No	No	Yes	Yes	Yes
Tier 1	\$5	\$5	\$15	\$15	\$15
Tier 2	\$15	\$20	\$40	\$40	\$40
Tier 3	\$30	\$30	\$70	\$70	\$70
Tier 4	\$50	\$50	\$100	\$100	\$100
Tier 5	N/A	N/A	N/A	N/A	N/A