



2018

Individual Market Plans and Benefits



- Easily compare plans from the state's top insurance companies, all in one place
- Nearly 9 out of 10 HealthSource RI customers receive financial help
- Use our **Savings Tool** at **HealthSourceRI.com/calculator** to get a quick quote
- Get in-person help at our **Walk-in Center** or attend an **Enrollment Fair**
- Visit **HealthSourceRI.com** to enroll or call **1-855-840-4774** for assistance

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 (0-14 years) | \$ 30,000 | \$ 40,000 | \$ 50,000 | \$ 60,000 |
| 1 | 1 | \$ 169 | \$ 45 | \$ 98 | \$ 18 |
| 2 | 0 | \$ 480 | \$ 355 | \$ 222 | \$ 243 |
| Families of 3 | | Tax Credits by Annual Household Income | | | |
| Adults (40 years) | Children (0-14 years) | \$ 30,000 | \$ 45,000 | \$ 60,000 | \$ 75,000 |
| 1 | 2 | \$ 214 | \$ 46 | \$ 213 | \$ 84 |
| 2 | 1 | \$ 525 | \$ 356 | \$ 337 | \$ 209 |
| Families of 4 | | Tax Credits by Annual Household Income | | | |
| Adults (40 years) | Children (0-14 years) | \$ 45,000 | \$ 60,000 | \$ 75,000 | \$ 90,000 |
| 1 | 3 | \$ 102 | \$ 0 | \$ 270 | \$ 151 |
| 2 | 2 | \$ 413 | \$ 226 | \$ 395 | \$ 275 |

Single Adults:

| Age | Tax Credits by Annual Household Income | | | | |
|-------------|--|-----------|-----------|-----------|-----------|
| | \$ 20,000 | \$ 25,000 | \$ 30,000 | \$ 35,000 | \$ 40,000 |
| 21 year old | \$ 163 | \$ 105 | \$ 41 | \$ 0 | \$ 0 |
| 40 year old | \$ 231 | \$ 173 | \$ 109 | \$ 40 | \$ 0 |
| 60 year old | \$ 580 | \$ 522 | \$ 458 | \$ 389 | \$ 340 |

— Child/children eligible for free coverage RlteCare

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).

Rates as of November 1, 2017. 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.

HealthSource RI Savings Tool

You can also use our **Savings Tool** 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 in less than 5 minutes.

Tell us about yourself & your family.

* Indicates required field

1 - Who will be covered?

| | Age:* | In general, would you say the health of this person is: ? | Expected medical procedures: ? | Member of Federally Recognized Tribe? ? | Pregnant woman? ? |
|----------|----------------------|---|--------------------------------|---|--------------------------|
| Person 1 | <input type="text"/> | -- Select -- | None | <input type="checkbox"/> | <input type="checkbox"/> |

[Add Another Person](#)

2 - Do you want to include dental plans in your search?*

Yes
 No

When to Enroll or Renew

Open enrollment runs **November 1, 2017 through December 31, 2017**

Important dates for picking your 2018 health insurance:

| | |
|-------------|---|
| November 1 | First day to shop for coverage |
| December 23 | Deadline to pick and pay and ensure coverage is processed by January 1 |
| December 31 | Very last day to pick and pay for January coverage (ID cards will be delayed) |

How to Enroll or Renew

Visit HealthSourceRI.com to:

- Enroll or renew coverage
- Compare plans and costs through our redesigned **Savings Tool**
- Find in-person enrollment help through a Navigator in your community
- Look for our calendar of enrollment events throughout the state

Visit **401 Wampanoag Trail in East Providence** or Call **1-855-840-4774**

- Monday through Friday, 8:00 am – 7:00 pm
- Saturday, 9:00 am – 12:00 pm (only during Open Enrollment)

You can also **call 211** to find in-person enrollment assistance through a Navigator in your community.

2018 Individual Market Plan Benefits

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BCBSRI: Blue Cross & Blue Shield of Rhode Island

NHPRI: Neighborhood Health Plan of Rhode Island

| BASIC PLAN INFORMATION | INSURANCE COMPANY | BCBSRI | NHPRI |
|---|--|---|---|
| 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 \$48,240 for an individual or \$98,400 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 1400/2800 | Neighborhood PLUS |
| | METAL LEVEL | GOLD | GOLD |
| | MONTHLY PREMIUM (21-YEAR OLD, BEFORE TAX CREDIT) | \$350 | \$234 |
| | MONTHLY PREMIUM (40-YEAR OLD, BEFORE TAX CREDIT) | \$447 | \$300 |
| | MONTHLY PREMIUM (60-YEAR OLD, BEFORE TAX CREDIT) | \$950 | \$636 |
| | HSA QUALIFIED | ✓ | No |
| HOW YOU GET YOUR CARE Some insurers offer plans that include a smaller number of providers that the 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 healthcare needs you have. All plans cover preventative healthcare services at no cost. | PLAN TYPE (SEE DEFINITIONS ON PAGE 2) | PPO | HMO |
| | REFERRAL REQUIRED | No | No |
| | NETWORK COVERAGE AREA | National | RI only |
| | RI PROVIDER INFORMATION | 1,556 PCPs/ Pediatricians 4,361 Specialists 15 of 15 Hospitals 615 Dentists | 813 PCPs/ Pediatricians 4,675 Specialists 15 of 15 Hospitals 547 Dentists |
| | OUT OF NETWORK COVERAGE, NON-EMERGENCY | 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 | \$5,150 Individual \$10,300 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 | \$1,400 Individual \$2,800 Family |
| DEDUCTIBLE - DRUG | | Combined with Medical | Tier 4 Combined with Medical |
| 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. <input type="checkbox"/> 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. <input type="checkbox"/> 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 | \$15 PCMH; \$35 Non-PCMH | \$20 |
| | SPECIALIST VISIT | \$40 | \$40 |
| | PREVENTATIVE CARE | \$0 | \$0 |
| | URGENT CARE | \$75 | \$40 |
| | ER SERVICES | \$150 | \$200 |
| | INPATIENT HOSPITAL | \$200 | 20% |
| | X-RAYS & OTHER DIAG. IMAGING | 0% | 20% |
| | HIGH END IMAGING: CT/PET/MRI | \$150 | 20% |
| | MENTAL HEALTH/SUBSTANCE ABUSE - OFFICE VISITS | \$40 | \$20 |
| | SPEECH/OCCUP/PHYS THERAPY, OUTPATIENT REHAB | \$40 | \$40 |
| | LAB SERVICES, OUTPATIENT | 0% | 20% |
| | SKILLED NURSING FACILITY | \$200 | 20% |
| | OUTPATIENT SURGERY/SERVICES | 0% | 20% |
| | PEDIATRIC DENTAL COVERAGE | 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 |
| | TIER 2 | \$25 | \$35 |
| | TIER 3 | \$50 | \$60 |
| | TIER 4 | \$75 | 30% |
| | TIER 5 | \$125 | N/A |

**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 \$30,150 for an individual or \$61,500 for a family of four.

2018 Individual Market Plan Benefits

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NHPRI: Neighborhood Health Plan of Rhode Island

| INSURANCE COMPANY | BCBSRI | BCBSRI | BCBSRI | <small>NEW</small> BCBSRI | NHPRI |
|---|---|---|---|--|---|
| PLAN NAME | VantageBlue Direct Plan 1325/2650 | BasicBlue Direct 2750/5500 | BlueCHIP Direct 2300/4600 | BlueCHIP Direct Advance 2300/4600 | *Neighborhood PRINCIPAL |
| METAL LEVEL | GOLD | GOLD | GOLD | GOLD | GOLD |
| MONTHLY PREMIUM (21-YEAR OLD, BEFORE TAX CREDIT) | \$361 | \$344 | \$317 | \$256 | \$241 |
| MONTHLY PREMIUM (40-YEAR OLD, BEFORE TAX CREDIT) | \$462 | \$439 | \$405 | \$327 | \$308 |
| MONTHLY PREMIUM (60-YEAR OLD, BEFORE TAX CREDIT) | \$981 | \$933 | \$860 | \$695 | \$655 |
| HSA QUALIFIED | No | No | No | No | No |
| PLAN TYPE (SEE DEFINITIONS ON PAGE 2) | PPO | PPO | POS | POS | HMO |
| REFERRAL REQUIRED | No | No | Yes | Yes | No |
| NETWORK COVERAGE AREA | National | National | RI only | RI only | RI only |
| RI PROVIDER INFORMATION | 1,556 PCPs/ Pediatricians 4,361 Specialists 15 of 15 Hospitals 615 Dentists | 1,556 PCPs/ Pediatricians 4,361 Specialists 15 of 15 Hospitals 615 Dentists | 1,556 PCPs/ Pediatricians 4,361 Specialists 15 of 15 Hospitals 615 Dentists | 245 PCPs/ Pediatricians 1,222 Specialists 4 of 4 Lifespan Hospitals 520 Dentists | 813 PCPs/ Pediatricians 4,675 Specialists 15 of 15 Hospitals 547 Dentists |
| 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 | \$4,225 Individual \$8,450 Family | \$2,750 Individual \$5,500 Family | \$3,900 Individual \$7,800 Family | \$3,900 Individual \$7,800 Family | \$3,500 Individual \$7,000 Family |
| DEDUCTIBLE - MEDICAL | \$1,325 Individual \$2,650 Family | \$2,750 Individual \$5,500 Family | \$2,300 Individual \$4,600 Family | \$2,300 Individual \$4,600 Family | \$2,100 Individual \$4,200 Family |
| DEDUCTIBLE - DRUG | \$0 | Only tiers 3, 4 and 5 combined with Medical | Only tiers 3, 4 and 5 combined with Medical | Only tiers 3, 4 and 5 combined with Medical | Tier 4 Combined with Medical |
| PRIMARY CARE | First sick visit free, all other visits \$20 PCMH; \$30 Non-PCMH | \$15 PCMH; \$25 Non-PCMH | \$15 PCMH; \$35 Non-PCMH | \$25 PCMH \$45 Non-PCMH | \$25 |
| SPECIALIST VISIT | \$45 | \$30 | \$45 | \$60 | \$40 |
| PREVENTATIVE CARE | \$0 | \$0 | \$0 | \$0 | \$0 |
| URGENT CARE | \$75 | 0% | \$75 | \$75 | \$40 |
| ER SERVICES | \$200 | 0% | 10% | 10% | \$350 |
| INPATIENT HOSPITAL | 20% | 0% | 10% | 10% | 0% |
| X-RAYS & OTHER DIAG. IMAGING | 20% | 0% | 10% | 10% | 0% |
| HIGH END IMAGING: CT/PET/MRI | 20% | 0% | 10% | 10% | 0% |
| MENTAL HEALTH/SUBSTANCE ABUSE - OFFICE VISITS | \$45 | \$30 | \$45 | \$60 | \$25 |
| SPEECH/OCCUP/PHYS THERAPY, OUTPATIENT REHAB | 20% | 0% | 10% | 10% | \$40 |
| LAB SERVICES, OUTPATIENT | 20% | 0% | 10% | 10% | 0% |
| SKILLED NURSING FACILITY | 20% | 0% | 10% | 10% | 0% |
| OUTPATIENT SURGERY/SERVICES | 20% | 0% | 10% | 10% | 0% |
| PEDIATRIC DENTAL COVERAGE | Yes | Yes | Yes | Yes | Yes |
| TIER 1 | \$10 | \$10 | \$10 | \$7 | \$10 |
| TIER 2 | \$25 | \$30 | \$25 | \$35 | \$35 |
| TIER 3 | \$50 | 0% | \$50 | \$50 | \$60 |
| TIER 4 | \$75 | 0% | \$75 | \$75 | 30% |
| TIER 5 | \$125 | 0% | \$125 | \$100 | N/A |

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| INSURANCE COMPANY | BCBSRI | BCBSRI | BCBSRI | BCBSRI | NHPRI |
|---|---|---|---|---|---|
| PLAN NAME | *BlueSolutions for HSA Direct 4100/8200 | VantageBlue Direct Plan 4850/9700 | BasicBlue Direct 4900/9800 | BlueCHIP Direct 4800/9600 | *Neighborhood VALUE |
| METAL LEVEL | SILVER | SILVER | SILVER | SILVER | SILVER |
| MONTHLY PREMIUM (21-YEAR OLD, BEFORE TAX CREDIT) | \$301 | \$339 | \$336 | \$312 | \$243 |
| MONTHLY PREMIUM (40-YEAR OLD, BEFORE TAX CREDIT) | \$385 | \$434 | \$430 | \$399 | \$311 |
| MONTHLY PREMIUM (60-YEAR OLD, BEFORE TAX CREDIT) | \$817 | \$921 | \$913 | \$847 | \$660 |
| HSA QUALIFIED | ✓ | No | No | No | No |
| PLAN TYPE (SEE DEFINITIONS ON PAGE 2) | PPO | PPO | PPO | POS | HMO |
| REFERRAL REQUIRED | No | No | No | Yes | No |
| NETWORK COVERAGE AREA | National | National | National | RI Only | RI only |
| RI PROVIDER INFORMATION | 1,556 PCPs/ Pediatricians 4,361 Specialists 15 of 15 Hospitals 615 Dentists | 1,556 PCPs/ Pediatricians 4,361 Specialists 15 of 15 Hospitals 615 Dentists | 1,556 PCPs/ Pediatricians 4,361 Specialists 15 of 15 Hospitals 615 Dentists | 1,556 PCPs/ Pediatricians 4,361 Specialists 15 of 15 Hospitals 615 Dentists | 813 PCPs/ Pediatricians 4,675 Specialists 15 of 15 Hospitals 547 Dentists |
| 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 | \$4,600 Individual \$9,200 Family | \$7,225 Individual \$14,450 Family | \$5,500 Individual \$11,000 Family | \$5,800 Individual \$11,600 Family | \$7,350 Individual \$14,700 Family |
| DEDUCTIBLE - MEDICAL | \$4,100 Individual \$8,200 Family | \$4,850 Individual \$9,700 Family | \$4,900 Individual \$9,800 Family | \$4,800 Individual \$9,600 Family | \$3,500 Individual \$7,000 Family |
| DEDUCTIBLE - DRUG | Combined with Medical | \$0 | Only tiers 3, 4 and 5 combined with Medical | Only tiers 3, 4 and 5 combined with Medical | Tier 4 Combined with Medical |
| PRIMARY CARE | 20% | First sick visit free, all other visits \$40 PCMH \$60 Non-PCMH | \$10 PCMH \$20 Non-PCMH | \$25 PCMH \$45 Non-PCMH | \$25 |
| SPECIALIST VISIT | 20% | \$65 | \$45 | \$60 | \$60 |
| PREVENTATIVE CARE | \$0 | \$0 | \$0 | \$0 | \$0 |
| URGENT CARE | 20% | \$75 | \$75 | \$75 | \$60 |
| ER SERVICES | 20% | \$275 | 10% | 10% | 25% |
| INPATIENT HOSPITAL | 20% | 30% | 10% | 10% | 25% |
| X-RAYS & OTHER DIAG. IMAGING | 20% | 30% | 10% | 10% | 25% |
| HIGH END IMAGING: CT/PET/MRI | 20% | 30% | 10% | 10% | 25% |
| MENTAL HEALTH/SUBSTANCE ABUSE - OFFICE VISITS | 20% | \$65 | \$45 | \$60 | \$25 |
| SPEECH/OCCUP/PHYS THERAPY, OUTPATIENT REHAB | 20% | 30% | 10% | 10% | \$60 |
| LAB SERVICES, OUTPATIENT | 20% | 30% | 10% | 10% | 25% |
| SKILLED NURSING FACILITY | 20% | 30% | 10% | 10% | 25% |
| OUTPATIENT SURGERY/SERVICES | 20% | 30% | 10% | 10% | 25% |
| PEDIATRIC DENTAL COVERAGE | Yes | Yes | Yes | Yes | Yes |
| TIER 1 | \$10 | \$10 | \$10 | \$7 | \$15 |
| TIER 2 | \$30 | \$35 | \$30 | \$35 | \$40 |
| TIER 3 | \$50 | \$80 | \$50 | \$50 | \$75 |
| TIER 4 | \$75 | \$100 | \$75 | \$75 | 30% |
| TIER 5 | \$100 | \$250 | \$100 | \$100 | N/A |

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| INSURANCE COMPANY | BCBSRI | NHPRI | BCBSRI | BCBSRI | NHPRI | NHPRI |
|--|---|---|---|---|---|---|
| PLAN NAME | <small>NEW</small> BlueCHIP Direct Advance 4650/9300 | Neighborhood COMMUNITY | *BlueSolutions for HSA Direct 6000/12000 | BasicBlue Direct 6850/13700 | *Neighborhood ECONOMY | Neighborhood INNOVATION |
| METAL LEVEL | SILVER | SILVER | BRONZE | BRONZE | BRONZE | BRONZE |
| MONTHLY PREMIUM (21-YEAR OLD, BEFORE TAX CREDIT) | \$277 | \$225 | \$215 | \$248 | \$155 | \$155 |
| MONTHLY PREMIUM (40-YEAR OLD, BEFORE TAX CREDIT) | \$354 | \$287 | \$275 | \$317 | \$198 | \$198 |
| MONTHLY PREMIUM (60-YEAR OLD, BEFORE TAX CREDIT) | \$753 | \$610 | \$585 | \$673 | \$420 | \$421 |
| HSA QUALIFIED | No | ✓ | ✓ | No | ✓ | No |
| PLAN TYPE (SEE DEFINITIONS ON PAGE 2) | POS | HMO | PPO | PPO | HMO | HMO |
| REFERRAL REQUIRED | Yes | No | No | No | No | No |
| NETWORK COVERAGE AREA | RI only | RI only | National | National | RI only | RI only |
| RI PROVIDER INFORMATION | 245 PCPs/ Pediatricians 1,222 Specialists 4 of 4 Lifespan Hospitals 520 Dentists | 813 PCPs/ Pediatricians 4,675 Specialists 15 of 15 Hospitals 547 Dentists | 1,556 PCPs/ Pediatricians 4,361 Specialists 15 of 15 Hospitals 615 Dentists | 1,556 PCPs/ Pediatricians 4,361 Specialists 15 of 15 Hospitals 615 Dentists | 813 PCPs/ Pediatricians 4,675 Specialists 15 of 15 Hospitals 547 Dentists | 813 PCPs/ Pediatricians 4,675 Specialists 15 of 15 Hospitals 547 Dentists |
| OUT OF NETWORK COVERAGE, NON-EMERGENCY | Not covered except for urgent or emergent care | Not covered except for urgent or emergent care | Not covered except for urgent or emergent care | Not covered except for urgent or emergent care | Not covered except for urgent or emergent care | Not covered except for urgent or emergent care |
| MAXIMUM OUT-OF-POCKET (MOOP) MEDICAL + DRUG | \$5,650 Individual \$11,300 Family | \$6,550 Individual \$13,100 Family | \$6,550 Individual \$13,100 Family | \$6,850 Individual \$13,700 Family | \$6,550 Individual \$13,100 Family | \$7,350 Individual \$14,700 Family |
| DEDUCTIBLE - MEDICAL | \$4,650 Individual \$9,300 Family | \$2,850 Individual \$5,700 Family | \$6,000 Individual \$12,000 Family | \$6,850 Individual \$13,700 Family | \$6,000 Individual \$12,000 Family | \$6,550 Individual \$13,100 Family |
| DEDUCTIBLE - DRUG | Only tiers 3, 4 and 5 combined with Medical | Combined with Medical | Combined with Medical | Only tiers 3, 4 and 5 combined with Medical | Combined with Medical | Combined with Medical |
| PRIMARY CARE | \$25 PCMH \$45 Non-PCMH | 10% | 0% | \$30 PCMH \$50 Non-PCMH | 0% | \$20 |
| SPECIALIST VISIT | \$60 | 10% | 0% | \$60 | 0% | 30% |
| PREVENTATIVE CARE | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| URGENT CARE | \$75 | 10% | 0% | 0% | 0% | 30% |
| ER SERVICES | 10% | 10% | 0% | 0% | 0% | 30% |
| INPATIENT HOSPITAL | 10% | 10% | 0% | 0% | 0% | 30% |
| X-RAYS & OTHER DIAG. IMAGING | 10% | 10% | 0% | 0% | 0% | 30% |
| HIGH END IMAGING: CT/PET/MRI | 10% | 10% | 0% | 0% | 0% | 30% |
| MENTAL HEALTH/SUBSTANCE ABUSE - OFFICE VISITS | \$60 | 10% | 0% | \$60 | 0% | \$20 |
| SPEECH/OCCUP/PHYS THERAPY, OUTPATIENT REHAB | 10% | 10% | 0% | 0% | 0% | 30% |
| LAB SERVICES, OUTPATIENT | 10% | 10% | 0% | 0% | 0% | 30% |
| SKILLED NURSING FACILITY | 10% | 10% | 0% | 0% | 0% | 30% |
| OUTPATIENT SURGERY/SERVICES | 10% | 10% | 0% | 0% | 0% | 30% |
| PEDIATRIC DENTAL COVERAGE | Yes | Yes | Yes | Yes | Yes | Yes |
| TIER 1 | \$7 | \$10 | \$10 | \$10 | \$10 | \$15 |
| TIER 2 | \$35 | \$35 | \$35 | \$50 | \$35 | \$40 |
| TIER 3 | \$50 | \$60 | \$60 | 0% | \$60 | \$75 |
| TIER 4 | \$75 | 30% | \$100 | 0% | 30% | 30% |
| TIER 5 | \$100 | N/A | \$200 | 0% | N/A | N/A |

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