



2018

Cost Sharing Reduction Plans for Eligible Individuals and Families



- 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

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
Family Size	You may qualify if your income is between:		You may qualify if your income is between:		You may qualify if your income is between:	
1	\$ 24,120	\$ 30,150	\$ 18,090	\$ 24,120	\$ 12,060	\$ 18,090
2	\$ 32,480	\$ 40,600	\$ 24,360	\$ 32,480	\$ 16,240	\$ 24,360
3	\$ 40,840	\$ 51,050	\$ 30,630	\$ 40,840	\$ 20,420	\$ 30,630
4	\$ 49,200	\$ 61,500	\$ 36,900	\$ 49,200	\$ 24,600	\$ 36,900
5	\$ 57,560	\$ 71,950	\$ 43,170	\$ 57,560	\$ 28,780	\$ 43,170
6	\$ 65,920	\$ 82,400	\$ 49,440	\$ 65,920	\$ 32,960	\$ 49,440

HealthSourceRI Calculator

You can also use our redesigned **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.

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

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

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.

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.

*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).

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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	BCBSRI	NHPRI
<p>COSTING-SHARING REDUCTION (CSR) PLANS: 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.</p> <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 \$47,520 for an individual or \$97,200 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 (CSR73)	VantageBlue Direct Plan (CSR73)	Neighborhood COMMUNITY (CSR73)
	METAL LEVEL	SILVER 73	SILVER 73	SILVER 73
	PLAN INCOME RANGE % OF FEDERAL POVERTY LEVEL (FPL)	200-250% FPL	200-250% FPL	200-250% FPL
	MONTHLY PREMIUM (21-YEAR OLD, BEFORE TAX CREDIT)	\$301	\$339	\$225
	MONTHLY PREMIUM (40-YEAR OLD, BEFORE TAX CREDIT)	\$385	\$434	\$287
	MONTHLY PREMIUM (60-YEAR OLD, BEFORE TAX CREDIT)	\$817	\$921	\$610
	HSA QUALIFIED	✓	No	No
<p>HOW YOU GET YOUR CARE</p> <p>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.</p> <p>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.</p>	PLAN TYPE (SEE DEFINITIONS ON PAGE 2)	PPO	PPO	HMO
	REFERRAL REQUIRED	No	No	No
	NETWORK COVERAGE AREA	National	National	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	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
<p>MAXIMUM OUT-OF-POCKET</p> <p>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	\$3,650 Individual \$7,300 Family	\$6,250 Individual \$12,500 Family	\$4,500 Individual \$9,000 Family
	<p>DEDUCTIBLES</p> <p>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.</p>	DEDUCTIBLE - MEDICAL	\$2,250 Individual \$4,500 Family	\$4,150 Individual \$8,300 Family
DEDUCTIBLE - DRUG		Combined with Medical	\$0	Combined with Medical
<p>COPAYMENTS & COINSURANCE</p> <p>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><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.</p> <p><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.</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	20%	First sick visit free, all other visits \$30 PCMH; \$50 Non-PCMH	10%
	SPECIALIST VISIT	20%	\$65	10%
	PREVENTATIVE CARE	\$0	\$0	\$0
	URGENT CARE	20%	\$75	10%
	ER SERVICES	20%	\$275	10%
	INPATIENT HOSPITAL	20%	30%	10%
	X-RAYS & OTHER DIAG. IMAGING	20%	30%	10%
	HIGH END IMAGING: CT/PET/MRI	20%	30%	10%
	MENTAL HEALTH/SUBSTANCE ABUSE - OFFICE VISITS	20%	\$65	10%
	SPEECH/OCCUP/PHYS THERAPY, OUTPATIENT REHAB	20%	30%	10%
	LAB SERVICES, OUTPATIENT	20%	30%	10%
	SKILLED NURSING FACILITY	20%	30%	10%
	OUTPATIENT SURGERY/SERVICES	20%	30%	10%
	PEDIATRIC DENTAL COVERAGE	Yes	Yes	Yes
<p>PRESCRIPTION DRUGS</p> <p>Insurance companies separate prescription drugs into different categories known as "tiers."</p> <p>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	\$0	\$10	\$10
	TIER 2	\$15	\$35	\$35
	TIER 3	\$50	\$60	\$60
	TIER 4	\$75	\$80	10%
	TIER 5	\$100	\$200	N/A

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INSURANCE COMPANY	BCBSRI	BCBSRI	<small>NEW</small> BCBSRI	NHPRI	BCBSRI	NHPRI
PLAN NAME	BasicBlue Direct (CSR73)	BlueCHIP Direct (CSR73)	BlueCHIP Direct Advance (CSR73)	*Neighborhood VALUE (CSR73)	*BlueSolutions for HSA Direct (CSR87)	Neighborhood COMMUNITY (CSR87)
METAL LEVEL	SILVER 73	SILVER 73	SILVER 73	SILVER 73	SILVER 87	SILVER 87
PLAN INCOME RANGE % OF FEDERAL POVERTY LEVEL (FPL)	200-250% FPL	200-250% FPL	200-250% FPL	200-250% FPL	150-200% FPL	150-200% FPL
MONTHLY PREMIUM (21-YEAR OLD, BEFORE TAX CREDIT)	\$336	\$312	\$277	\$243	\$301	\$225
MONTHLY PREMIUM (40-YEAR OLD, BEFORE TAX CREDIT)	\$430	\$399	\$354	\$311	\$385	\$287
MONTHLY PREMIUM (60-YEAR OLD, BEFORE TAX CREDIT)	\$913	\$847	\$753	\$660	\$817	\$610
HSA QUALIFIED	No	No	No	No	No	No
PLAN TYPE (SEE DEFINITIONS ON PAGE 2)	PPO	POS	POS	HMO	PPO	HMO
REFERRAL REQUIRED	No	Yes	Yes	No	No	No
NETWORK COVERAGE AREA	National	RI only	RI only	RI Only	National	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	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	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	\$5,200 Individual \$10,400 Family	\$5,500 Individual \$11,000 Family	\$5,500 Individual \$11,000 Family	\$5,850 Individual \$11,700 Family	\$1,750 Individual \$3,500 Family	\$2,450 Individual \$4,900 Family
DEDUCTIBLE - MEDICAL	\$2,755 Individual \$5,510 Family	\$2,350 Individual \$4,700 Family	\$2,350 Individual \$4,700 Family	\$3,425 Individual \$6,850 Family	\$300 Individual \$600 Family	\$550 Individual \$1,100 Family
DEDUCTIBLE - DRUG	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	Combined with Medical	Combined with Medical
PRIMARY CARE	\$10 PCMH; \$20 Non-PCMH	\$20 PCMH; \$40 Non-PCMH	\$20 PCMH; \$40 Non-PCMH	\$20	20%	10%
SPECIALIST VISIT	\$45	\$60	\$60	\$60	20%	10%
PREVENTATIVE CARE	\$0	\$0	\$0	\$0	\$0	\$0
URGENT CARE	\$75	\$75	\$75	\$60	20%	10%
ER SERVICES	10%	10%	10%	20%	20%	10%
INPATIENT HOSPITAL	10%	10%	10%	20%	20%	10%
X-RAYS & OTHER DIAG. IMAGING	10%	10%	10%	20%	20%	10%
HIGH END IMAGING: CT/PET/MRI	10%	10%	10%	20%	20%	10%
MENTAL HEALTH/SUBSTANCE ABUSE - OFFICE VISITS	\$45	\$60	\$60	\$20	20%	10%
SPEECH/OCCUP/PHYS THERAPY, OUTPATIENT REHAB	10%	10%	10%	\$60	20%	10%
LAB SERVICES, OUTPATIENT	10%	10%	10%	20%	20%	10%
SKILLED NURSING FACILITY	10%	10%	10%	20%	20%	10%
OUTPATIENT SURGERY/SERVICES	10%	10%	10%	20%	20%	10%
PEDIATRIC DENTAL COVERAGE	Yes	Yes	Yes	Yes	Yes	Yes
TIER 1	\$10	\$7	\$7	\$15	\$0	\$7
TIER 2	\$30	\$35	\$35	\$40	\$15	\$30
TIER 3	\$50	\$50	\$50	\$75	\$50	\$50
TIER 4	\$75	\$75	\$75	20%	\$75	10%
TIER 5	\$100	\$100	\$100	N/A	\$100	N/A

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PLAN NAME	VantageBlue Direct Plan (CSR87)	BasicBlue Direct (CSR87)	BlueCHIP Direct (CSR87)	BlueCHIP Direct Advance (CSR87)	*Neighborhood VALUE (CSR87)	*BlueSolutions for HSA Direct (CSR94)	Neighborhood COMMUNITY (CSR94)
METAL LEVEL	SILVER 87	SILVER 87	SILVER 87	SILVER 87	SILVER 87	SILVER 94	SILVER 94
PLAN INCOME RANGE % OF FEDERAL POVERTY LEVEL (FPL)	150-200% FPL	150-200% FPL	150-200% FPL	150-200% FPL	150-200% FPL	100-150% FPL	100-150% FPL
MONTHLY PREMIUM (21-YEAR OLD, BEFORE TAX CREDIT)	\$339	\$336	\$312	\$277	\$243	\$301	\$225
MONTHLY PREMIUM (40-YEAR OLD, BEFORE TAX CREDIT)	\$434	\$430	\$399	\$354	\$311	\$385	\$287
MONTHLY PREMIUM (60-YEAR OLD, BEFORE TAX CREDIT)	\$921	\$913	\$847	\$753	\$660	\$817	\$610
HSA QUALIFIED	No	No	No	No	No	No	No
PLAN TYPE (SEE DEFINITIONS ON PAGE 2)	PPO	PPO	POS	POS	HMO	PPO	HMO
REFERRAL REQUIRED	No	No	Yes	Yes	No	No	No
NETWORK COVERAGE AREA	National	National	RI only	RI only	RI only	National	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	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	Not covered except for urgent or emergent care	Not covered except for urgent or emergent care
MAXIMUM OUT-OF-POCKET (MOOP) MEDICAL + DRUG	\$1,950 Individual \$3,900 Family	\$2,275 Individual \$4,550 Family	\$2,350 Individual \$4,700 Family	\$2,350 Individual \$4,700 Family	\$2,450 Individual \$4,900 Family	\$575 Individual \$1,150 Family	\$2,250 Individual \$4,500 Family
DEDUCTIBLE - MEDICAL	\$90 Individual \$180 Family	\$150 Individual \$300 Family	\$375 Individual \$750 Family	\$375 Individual \$750 Family	\$800 Individual \$1,600 Family	\$0	\$0
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	\$0	\$0
PRIMARY CARE	First sick visit free, all other visits \$15 PCMH \$25 Non-PCMH	\$10 PCMH \$20 Non-PCMH	\$10 PCMH \$20 Non-PCMH	\$10 PCMH \$20 Non-PCMH	\$10	20%	10%
SPECIALIST VISIT	\$40	\$40	\$25	\$25	\$20	20%	10%
PREVENTATIVE CARE	\$0	\$0	\$0	0	\$0	\$0	\$0
URGENT CARE	\$75	\$75	\$75	\$75	\$20	20%	10%
ER SERVICES	\$200	10%	10%	10%	10%	20%	10%
INPATIENT HOSPITAL	20%	10%	10%	10%	10%	20%	10%
X-RAYS & OTHER DIAG. IMAGING	20%	10%	10%	10%	10%	20%	10%
HIGH END IMAGING: CT/PET/MRI	20%	10%	10%	10%	10%	20%	10%
MENTAL HEALTH/SUBSTANCE ABUSE - OFFICE VISITS	\$40	\$40	\$25	\$25	\$10	20%	10%
SPEECH/OCCUP/PHYS THERAPY, OUTPATIENT REHAB	20%	10%	10%	10%	\$20	20%	10%
LAB SERVICES, OUTPATIENT	20%	10%	10%	10%	10%	20%	10%
SKILLED NURSING FACILITY	20%	10%	10%	10%	10%	20%	10%
OUTPATIENT SURGERY/SERVICES	20%	10%	10%	10%	10%	20%	10%
PEDIATRIC DENTAL COVERAGE	Yes	Yes	Yes	Yes	Yes	Yes	Yes
TIER 1	\$10	\$10	\$7	\$7	\$10	\$0	\$5
TIER 2	\$35	\$30	\$20	\$20	\$35	\$15	\$15
TIER 3	\$60	\$50	\$50	\$50	\$60	\$50	\$30
TIER 4	\$80	\$75	\$75	\$75	10%	\$75	10%
TIER 5	\$125	\$100	\$100	\$100	N/A	\$100	N/A

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INSURANCE COMPANY	BCBSRI	BCBSRI	BCBSRI	<small>new</small> BCBSRI	NHPRI
PLAN NAME	VantageBlue Direct Plan (CSR94)	BasicBlue Direct (CSR94)	BlueCHIP Direct (CSR94)	BlueCHIP Direct Advance (CSR94)	*Neighborhood VALUE (CSR94)
METAL LEVEL	SILVER 94	SILVER 94	SILVER 94	SILVER 94	SILVER 94
PLAN INCOME RANGE % OF FEDERAL POVERTY LEVEL (FPL)	100-150% FPL	100-150% FPL	100-150% FPL	100-150% FPL	100-150% FPL
MONTHLY PREMIUM (21-YEAR OLD, BEFORE TAX CREDIT)	\$339	\$336	\$312	\$277	\$243
MONTHLY PREMIUM (40-YEAR OLD, BEFORE TAX CREDIT)	\$434	\$430	\$399	\$354	\$311
MONTHLY PREMIUM (60-YEAR OLD, BEFORE TAX CREDIT)	\$921	\$913	\$847	\$753	\$660
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
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MAXIMUM OUT-OF-POCKET (MOOP) MEDICAL + DRUG	\$500 Individual \$1,000 Family	\$700 Individual \$1,400 Family	\$750 Individual \$1,500 Family	\$750 Individual \$1,500 Family	\$2,000 Individual \$4,000 Family
DEDUCTIBLE - MEDICAL	\$0	\$0	\$0	\$0	\$0
DEDUCTIBLE - DRUG	\$0	\$0	\$0	\$0	\$0
PRIMARY CARE	First sick visit free, all other visits \$10 PCMH \$20 Non-PCMH	\$5 PCMH \$15 Non-PCMH	\$5 PCMH \$15 Non-PCMH	\$5 PCMH \$15 Non-PCMH	\$5
SPECIALIST VISIT	\$35	\$20	\$20	\$20	\$15
PREVENTATIVE CARE	\$0	\$0	\$0	\$0	\$0
URGENT CARE	\$75	\$75	\$75	\$75	\$15
ER SERVICES	\$200	10%	10%	10%	10%
INPATIENT HOSPITAL	20%	10%	10%	10%	10%
X-RAYS & OTHER DIAG. IMAGING	20%	10%	10%	10%	10%
HIGH END IMAGING: CT/PET/MRI	20%	10%	10%	10%	10%
MENTAL HEALTH/SUBSTANCE ABUSE - OFFICE VISITS	\$35	\$20	\$20	\$20	\$5
SPEECH/OCCUP/PHYS THERAPY, OUTPATIENT REHAB	20%	10%	10%	10%	\$15
LAB SERVICES, OUTPATIENT	20%	10%	10%	10%	10%
SKILLED NURSING FACILITY	20%	10%	10%	10%	10%
OUTPATIENT SURGERY/SERVICES	20%	10%	10%	10%	10%
PEDIATRIC DENTAL COVERAGE	Yes	Yes	Yes	Yes	Yes
TIER 1	\$10	\$0	\$5	\$5	\$5
TIER 2	\$35	\$15	\$15	\$15	\$15
TIER 3	\$60	\$50	\$30	\$30	\$30
TIER 4	\$80	\$75	\$50	\$50	10%
TIER 5	\$125	\$100	\$100	\$100	N/A