

Common Terms

Co-pay / Co-insurance: Your share of \$ and/or % for covered healthcare services

Cost-sharing reduction plans (CSR): Versions of Silver plans that have reduced deductibles, coinsurance, and co-pays, with no difference in premium

Deductible: The amount you pay for covered healthcare services before your plan starts to pay

Maximum out-of-pocket: The limit on the amount of money you have to pay for covered medical services (including deductibles, co-pays and co-insurance)

Network: The providers and facilities (hospitals, urgent care centers, labs, etc.) your health insurer has contracted with to provide healthcare services

Plan: The health insurance coverage you buy, often referred to as a policy or product

Premium: Your monthly payment for your plan

Preventive Services

Did you know that preventive services are 100% covered? These services include an annual physical with your Primary Care Physician (PCP), some lab tests, immunizations, certain medical testing like colonoscopies and mammograms, and more.

Choosing

The Right Plan.

Looking beyond the premium

When choosing a health plan, it is important to consider all factors related to seeking medical care, not just your monthly premium. Now more than ever, balancing the costs of your health plan can be vital to ensuring both affordability and maximizing your benefits. Factors aside from your monthly premium can include out-of-pocket costs, whether your preferred doctors are in-network, how much your prescriptions costs, and more.

What to Consider



Do you have a preferred doctor?

Check out our provider directories to see if your doctors are included in your plan's network.



Do you have a chronic condition, or a surgery planned?

Check to see if you have a co-pay or need to meet your deductible first. Check the amount of co-insurance you need to pay.



Do you regularly take medications?

Check the plans you are considering to see how much your prescriptions will cost.



Do you need to see a specialist?

Check each plan to see if you need a referral to see another doctor. See if the plan will pay for specialists that are "out-of-network" or in another state.

Compare plans at HealthSourceRI.com/Calculator and get a quick quote.

Review the two plan scenarios below.

Plan A

Has a lower monthly bill, but you have to pay for most of your health services (doctor visits, mental healthcare, etc.) until you've reached the deductible.

Monthly/Annual Premium: \$200/ \$2,400*

Annual Deductible: \$6.500

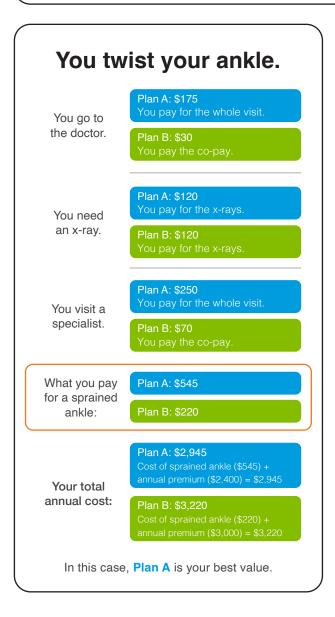
Plan B

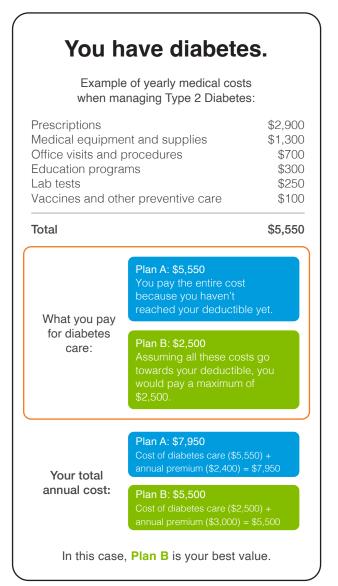
Has a higher monthly bill, but pays for most of your health services (doctor visits, mental healthcare, etc.) even before you've reached your deductible.

Monthly/Annual Premium: \$250/ \$3,000

Annual Deductible: \$2,500

*Plan A is \$600/yr less than Plan B





In Conclusion...

You can see from the two scenarios above that if you have no medical costs or only minor expenses, a plan with lower premiums like Plan A may be right for you, but if something more serious happens or you have a chronic condition, a plan with lower out-of-pocket costs

like Plan B will save you more money in the end. Visit our online calculator tool, where you can include information about how you and your family typically use your coverage, to project the costs with various plans and help when choosing the right plan for you.

Learn more at HealthSourceRI.com/Calculator.