



HealthSourceRI
WE WORK FOR YOU



2023 Individual Market Plans and Benefits

Compare plans from the state's top insurance companies

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 (age 40)	Children (age 0-14)	\$ 35,000	\$ 45,000	\$ 55,000	\$ 65,000	\$75,000
1	1	\$330	\$234	\$328	\$204	\$73
2	0	\$707	\$612	\$480	\$356	\$224
Families of 3		Tax Credits by Annual Household Income				
Adults (age 40)	Children (age 0-14)	\$ 40,000	\$ 55,000	\$ 70,000	\$ 85,000	\$100,000
1	2	\$346	\$215	\$474	\$283	\$122
2	1	\$724	\$593	\$626	\$434	\$273
Families of 4		Tax Credits by Annual Household Income				
Adults (age 40)	Children (age 0-14)	\$ 40,000	\$ 60,000	\$ 80,000	\$ 100,000	\$120,000
1	3	\$378	\$245	\$687	\$430	\$206
2	2	\$756	\$623	\$839	\$582	\$358

— Child/children eligible for free coverage RltCare

Single Adults:

Tax Credits by Annual Household Income	Age		
	21 year old	40 year old	60 year old
\$20,000	\$296	\$378	\$802
\$27,500	\$248	\$330	\$754
\$35,000	\$170	\$252	\$677
\$42,500	\$72	\$154	\$578
\$50,000	\$0	\$57	\$481
\$57,500	\$0	\$0	\$395

Silver Plan Premium after Tax Credit ²
\$1
\$49
\$126
\$225
\$322 or less
\$409 or less

²Compare all HSRI plan costs using our Plan Comparison & Savings Tool.

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.

****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 \$33,975 for an individual or \$69,375 for a family of four.

*****Preventative pediatric dental services** are not subject to the deductible but other services may be. Please check with your insurance company.

Rates as of November 1, 2022. 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 Plan Comparison & Savings Tool

You can use our **Plan Comparison & Savings Tool** at HealthSourceRI.com/calculator to compare plan costs and estimate your savings. Just enter your age, family size and income to find the plan that best meets your needs and budget in **less than five minutes**.

The screenshot shows the first step of the tool, 'Tell us about yourself'. At the top, there are four steps: Step 1 (Tell us about yourself), Step 2 (Tell us about your doctors), Step 3 (Tell us about your prescription), and Step 4 (Compare plans). Step 1 is currently active. Below the steps, the title 'Tell us about yourself & your family' is followed by the text 'Find out if you might qualify for no cost insurance or tax credit savings in less than 5 minutes'. A note indicates that an asterisk (*) denotes required fields. The first required field is 'Rhode Island zip code where you live', with a text input box labeled 'ZipCode'. Below this, the question 'Who will be covered?' is followed by a table with five columns: 'Age*', 'Relationship', 'In general, would you say the health of this person is?', 'Expected medical procedures', and 'Member of Federally Recognized Tribe?'. The first row, labeled 'Person 1', has input boxes for 'Age' (containing '25'), 'Relationship' (a dropdown menu showing 'Self'), 'In general, would you say the health of this person is?' (a dropdown menu showing '-- Select --'), 'Expected medical procedures' (a dropdown menu showing 'None of the below'), and 'Member of Federally Recognized Tribe?' (a checkbox). There is also a checkbox for 'Pregnant woman?'. An 'Add Another Person' button is located to the right of the table. At the bottom, the question 'Do you want to include dental plans in your search?' is followed by radio buttons for 'Yes' and 'No'.

When to Enroll or Renew

Open Enrollment runs November 1, 2022 through January 31, 2023

Important dates for picking your 2023 health coverage:

November 1	Open Enrollment begins!
December 23	Pick a plan and pay to complete enrollment and make sure your ID cards arrive in time.
December 31	Last day to pick and pay for coverage that begins January 2023. (ID cards will be delayed).
January 31	Open Enrollment ends — this is your last day to enroll for 2023 health coverage. Coverage purchased in January will be effective on February 1, 2023.

Health insurance is required in Rhode Island. Sign up today to avoid a tax penalty later.

How to Enroll or Renew

Visit HealthSourceRI.com to:

- Enroll or renew coverage
- Compare plans and costs through our **Plan Comparison & Savings Tool**

Call 1-855-840-4774

You can also **call 211** to find Navigators in your area who can provide 1-on-1 enrollment support.

2023 Individual Market Plan Benefits

6 out of 7 HealthSource RI customers receive financial help.
Use our **Plan Comparison & Savings Tool** at **HealthSourceRI.com/calculator** to get a quick quote.

BCBSRI: Blue Cross & Blue Shield of Rhode Island
NHPRI: Neighborhood Health Plan of Rhode Island

BASIC PLAN INFORMATION	INSURANCE COMPANY	BCBSRI	BCBSRI	BCBSRI	NHPRI
INDIVIDUAL PREMIUMS: A premium is the amount you must pay each month for health insurance. Premiums vary by age and family size. 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 healthcare expenses like deductibles and copayments.	PLAN NAME	VantageBlue Direct Plan 750/1500 ¹	VantageBlue Direct Plan 1500/3000	*BlueSolutions for HSA Direct 1700/3400	*Neighborhood ESSENTIAL
	METAL LEVEL	PLATINUM	GOLD	GOLD	GOLD
	MONTHLY PREMIUM (21-YEAR OLD, BEFORE TAX CREDIT)	\$489	\$414	\$390	\$303
	MONTHLY PREMIUM (40-YEAR OLD, BEFORE TAX CREDIT)	\$625	\$529	\$499	\$387
HOW YOU GET YOUR CARE Some insurers offer plans that include a smaller number of providers that 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 preventive healthcare services at no cost. Nearly all primary care physicians and specialists are covered by all plans (subject to change).	MONTHLY PREMIUM (60-YEAR OLD, BEFORE TAX CREDIT)	\$1,327	\$1,123	\$1,059	\$821
	HSA QUALIFIED	No	No	Yes	No
	PLAN TYPE (SEE DEFINITIONS ON PAGE 2)	PPO	PPO	PPO	HMO
	REFERRAL REQUIRED	No	No	No	No
	NETWORK COVERAGE AREA	National	National	National	RI Only
	RI PROVIDER INFORMATION	1,378 PCPs 3,487 Specialists 483 Dentists 14 of 14 Hospitals	1,378 PCPs 3,487 Specialists 483 Dentists 14 of 14 Hospitals	1,378 PCPs 3,487 Specialists 483 Dentists 14 of 14 Hospitals	1,115 PCPs 5,600 Specialists 539 Dentists 14 of 14 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
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	\$1,800 Individual \$3,600 Family	\$8,000 Individual \$16,000 Family	\$5,200 Individual \$10,400 Family	\$5,650 Individual \$11,300 Family
	DEDUCTIBLE - MEDICAL	\$750 Individual \$1,500 Family	\$1,500 Individual \$3,000 Family	\$1,700 Individual \$3,400 Family	\$2,650 Individual \$5,300 Family
DEDUCTIBLES The deductible is the amount you must pay out-of-pocket for certain healthcare services before your insurance plan begins to pay. The deductible amount is separate from 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 - DRUG	Combined with medical	\$0	Combined with medical	Tiers 5 and 6 combined with medical
COPAYMENTS & COINSURANCE** Copayments are fixed dollar amounts that you must pay for certain types of healthcare services each time you use them. Coinsurance is a percentage of the total cost of certain types of healthcare 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 healthcare 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 healthcare 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 healthcare providers that work together to coordinate your care. Visiting a PCMH provider may cost less in certain plans.	IN-NETWORK COSTS:	First sick visit free, all other visits: \$20 Non-PCMH \$10 PCMH	First sick visit free, all other visits: \$30 Non-PCMH \$20 PCMH	\$35 Non-PCMH \$15 PCMH	\$30
	PRIMARY CARE				
	SPECIALIST VISIT	\$30	\$45	\$40	\$65
	PREVENTATIVE CARE	\$0	\$0	\$0	\$0
	URGENT CARE	\$50	\$75	\$75	\$65
	ER SERVICES	\$100	\$200	\$300	\$350
	INPATIENT HOSPITAL	0%	20%	\$300 per admission	0%
	X-RAYS & OTHER DIAG. IMAGING	0%	20%	0%	0%
	HIGH END IMAGING: CT/PET/MRI	0%	20%	\$150	0%
	MENTAL HEALTH/SUBSTANCE ABUSE - OFFICE VISITS	\$20	\$30	\$35	\$30
	SPEECH/OCCUP/PHYS THERAPY, OUTPATIENT REHAB	20%	20%	\$40	\$65
	LAB SERVICES, OUTPATIENT	0%	20%	0%	0%
	SKILLED NURSING FACILITY	0%	20%	\$300 per admission	0%
	OUTPATIENT SURGERY/SERVICES	0%	20%	0%	0%
	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	\$5
	TIER 2	\$25	\$25	\$25	\$10
	TIER 3	\$50	\$50	\$50	\$35
	TIER 4	\$75	\$75	\$75	\$50
	TIER 5	\$125	\$125	\$125	Tier 5/Tier 6: 30%

*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 A modified variation of this plan that excludes coverage for most abortions is also available. “Modified” in the plan name indicates the modified version.

2023 Individual Market Plan Benefits

out of 7 HealthSource RI customers receive financial help.

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NHPRi: Neighborhood Health Plan of Rhode Island

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INSURANCE COMPANY	BCBSRI	BCBSRI	BCBSRI	NHPRI	BCBSRI
PLAN NAME	BasicBlue Direct 2500/5000	BlueCHiP Direct 2300/4600	BlueCHiP Direct Advance 2300/4600	Neighborhood PLUS	VantageBlue Direct Plan 6000/12000
METAL LEVEL	GOLD	GOLD	GOLD	GOLD	SILVER
MONTHLY PREMIUM (21-YEAR OLD, BEFORE TAX CREDIT)	\$390	\$366	\$316	\$297	\$374
MONTHLY PREMIUM (40-YEAR OLD, BEFORE TAX CREDIT)	\$499	\$468	\$404	\$379	\$477
MONTHLY PREMIUM (60-YEAR OLD, BEFORE TAX CREDIT)	\$1,059	\$994	\$857	\$806	\$1,014
HSA QUALIFIED	No	No	No	No	No
PLAN TYPE (SEE DEFINITIONS ON PAGE 2)	PPO	POS	POS	HMO	PPO
REFERRAL REQUIRED	No	Yes	Yes	No	No
NETWORK COVERAGE AREA	National	RI Only	RI Narrow	RI Only	National
RI PROVIDER INFORMATION	1,378 PCPs 3,487 Specialists 483 Dentists 14 of 14 Hospitals	1,378 PCPs 3,487 Specialists 483 Dentists 14 of 14 Hospitals	392 PCPs 1,298 Specialists 405 Dentists Lifespan Hospital Network: Rhode Island; Hasbro; Miriam; Newport; Bradley	1,115 PCPs 5,600 Specialists 539 Dentists 14 of 14 Hospitals	1,378 PCPs 3,487 Specialists 483 Dentists 14 of 14 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 MEDICAL + DRUG	\$5,900 Individual \$11,800 Family	\$3,900 Individual \$7,800 Family	\$3,900 Individual \$7,800 Family	\$7,550 Individual \$15,100 Family	\$8,900 Individual \$17,800 Family
DEDUCTIBLE - MEDICAL	\$2,500 Individual \$5,000 Family	\$2,300 Individual \$4,600 Family	\$2,300 Individual \$4,600 Family	\$1,375 Individual \$2,750 Family	\$6,000 Individual \$12,000 Family
DEDUCTIBLE - DRUG	Tiers 3, 4, and 5 combined with medical	Tiers 3, 4, and 5 combined with medical	Tiers 3, 4, and 5 combined with medical	Tiers 5 and 6 combined with medical	\$0
IN-NETWORK COSTS:					First sick visit free, all other visits: \$60 Non-PCMH \$40 PCMH
PRIMARY CARE	\$25 Non-PCMH \$15 PCMH	\$35 Non-PCMH \$15 PCMH	\$35 Non-PCMH \$15 PCMH	\$25	
SPECIALIST VISIT	\$30	\$45	\$45	\$50	\$65
PREVENTATIVE CARE	\$0	\$0	\$0	\$0	\$0
URGENT CARE	\$75	\$75	\$75	\$50	\$75
ER SERVICES	10%	10%	10%	\$300	\$375
INPATIENT HOSPITAL	10%	10%	10%	20%	30%
X-RAYS & OTHER DIAG. IMAGING	10%	10%	10%	20%	30%
HIGH END IMAGING: CT/PET/MRI	10%	10%	10%	20%	30%
MENTAL HEALTH/SUBSTANCE ABUSE - OFFICE VISITS	\$25	\$35	\$35	\$25	\$60
SPEECH/OCCUP/PHYS THERAPY, OUTPATIENT REHAB	10%	10%	10%	\$50	30%
LAB SERVICES, OUTPATIENT	10%	10%	10%	20%	30%
SKILLED NURSING FACILITY	10%	10%	10%	20%	30%
OUTPATIENT SURGERY/SERVICES	10%	10%	10%	20%	30%
PEDIATRIC DENTAL COVERAGE***	Yes	Yes	Yes	Yes	Yes
TIER 1	\$10	\$10	\$10	\$5	\$10
TIER 2	\$30	\$25	\$25	\$10	\$35
TIER 3	\$50	\$50	\$50	\$35	\$80
TIER 4	\$75	\$75	\$75	\$50	\$100
TIER 5	\$125	\$125	\$125	Tier 5/Tier 6: 30%	\$250

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INSURANCE COMPANY	BCBSRI	BCBSRI	BCBSRI	BCBSRI	NHPRI
PLAN NAME	BasicBlue Direct 5500/11000	BlueCHiP Direct 5000/10000	*BlueSolutions for HSA Direct 4100/8200	BlueCHiP Direct Advance 4950/9900	*Neighborhood VALUE
METAL LEVEL	SILVER	SILVER	SILVER	SILVER	SILVER
MONTHLY PREMIUM (21-YEAR OLD, BEFORE TAX CREDIT)	\$376	\$343	\$352	\$296	\$299
MONTHLY PREMIUM (40-YEAR OLD, BEFORE TAX CREDIT)	\$480	\$438	\$450	\$379	\$382
MONTHLY PREMIUM (60-YEAR OLD, BEFORE TAX CREDIT)	\$1,020	\$930	\$956	\$804	\$811
HSA QUALIFIED	No	No	Yes	No	No
PLAN TYPE (SEE DEFINITIONS ON PAGE 2)	PPO	POS	PPO	POS	HMO
REFERRAL REQUIRED	No	Yes	No	Yes	No
NETWORK COVERAGE AREA	National	RI Only	National	RI Narrow	RI Only
RI PROVIDER INFORMATION	1,378 PCPs 3,487 Specialists 483 Dentists 14 of 14 Hospitals	1,378 PCPs 3,487 Specialists 483 Dentists 14 of 14 Hospitals	1,378 PCPs 3,487 Specialists 483 Dentists 14 of 14 Hospitals	392 PCPs 1,298 Specialists 405 Dentists Lifespan Hospital Network: Rhode Island; Hasbro; Miriam; Newport; Bradley	1,115 PCPs 5,600 Specialists 539 Dentists 14 of 14 Hospitals
OUT0-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 MEDICAL + DRUG	\$7,800 Individual \$15,600 Family	\$7,500 Individual \$15,000 Family	\$5,700 Individual \$11,400 Family	\$7,200 Individual \$14,400 Family	\$8,800 Individual \$17,600 Family
DEDUCTIBLE - MEDICAL	\$5,500 Individual \$11,000 Family	\$5,000 Individual \$10,000 Family	\$4,100 Individual \$8,200 Family	\$4,950 Individual \$9,900 Family	\$4,225 Individual \$8,450 Family
DEDUCTIBLE - DRUG	Tiers 3, 4, and 5 combined with medical	Tiers 3, 4, and 5 combined with medical	Combined with medical	Tiers 3, 4, and 5 combined with medical	Tiers 5 and 6 combined with medical
IN-NETWORK COSTS:	\$20 Non-PCMH \$10 PCMH	\$30 Non-PCMH \$20 PCMH	20%	\$45 Non-PCMH \$25 PCMH	\$35
PRIMARY CARE					
SPECIALIST VISIT	\$45	\$60	20%	\$60	\$75
PREVENTATIVE CARE	\$0	\$0	\$0	\$0	\$0
URGENT CARE	\$75	\$75	20%	\$75	\$75
ER SERVICES	10%	10%	20%	10%	40%
INPATIENT HOSPITAL	10%	10%	20%	10%	40%
X-RAYS & OTHER DIAG. IMAGING	10%	10%	20%	10%	40%
HIGH END IMAGING: CT/PET/MRI	10%	10%	20%	10%	40%
MENTAL HEALTH/SUBSTANCE ABUSE - OFFICE VISITS	\$20	\$30	20%	\$45	\$35
SPEECH/OCCUP/PHYS THERAPY, OUTPATIENT REHAB	10%	10%	20%	10%	\$75
LAB SERVICES, OUTPATIENT	10%	10%	20%	10%	40%
SKILLED NURSING FACILITY	10%	10%	20%	10%	40%
OUTPATIENT SURGERY/SERVICES	10%	10%	20%	10%	40%
PEDIATRIC DENTAL COVERAGE***	Yes	Yes	Yes	Yes	Yes
TIER 1	\$10	\$7	\$10	\$7	\$10
TIER 2	\$30	\$35	\$30	\$35	\$15
TIER 3	\$50	\$50	\$50	\$50	\$40
TIER 4	\$75	\$75	\$75	\$75	\$55
TIER 5	\$100	\$100	\$100	\$100	Tier 5/Tier 6: 50%

*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).

INSURANCE COMPANY	NHPRI	BCBSRI	NHPRI	NHPRI
PLAN NAME	Neighborhood COMMUNITY	BlueSolutions for HSA Direct 6300/12600 ¹	*Neighborhood ECONOMY	Neighborhood INNOVATION
METAL LEVEL	SILVER	BRONZE	BRONZE	BRONZE
MONTHLY PREMIUM (21-YEAR OLD, BEFORE TAX CREDIT)	\$285	\$253	\$214	\$211
MONTHLY PREMIUM (40-YEAR OLD, BEFORE TAX CREDIT)	\$364	\$323	\$274	\$270
MONTHLY PREMIUM (60-YEAR OLD, BEFORE TAX CREDIT)	\$774	\$686	\$581	\$573
HSA QUALIFIED	No	Yes	Yes	No
PLAN TYPE (SEE DEFINITIONS ON PAGE 2)	HMO	PPO	HMO	HMO
REFERRAL REQUIRED	No	No	No	No
NETWORK COVERAGE AREA	RI Only	National	RI Only	RI Only
RI PROVIDER INFORMATION	1,115 PCPs 5,600 Specialists 539 Dentists 14 of 14 Hospitals	1,378 PCPs 3,487 Specialists 483 Dentists 14 of 14 Hospitals	1,115 PCPs 5,600 Specialists 539 Dentists 14 of 14 Hospitals	1,115 PCPs 5,600 Specialists 539 Dentists 14 of 14 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
MAXIMUM OUT-OF-POCKET MEDICAL + DRUG	\$8,500 Individual \$17,000 Family	\$7,000 Individual \$14,000 Family	\$6,900 Individual \$13,800 Family	\$8,550 Individual \$17,100 Family
DEDUCTIBLE - MEDICAL	\$2,950 Individual \$5,900 Family	\$6,300 Individual \$12,600 Family	\$6,675 Individual \$13,350 Family	\$6,825 Individual \$13,650 Family
DEDUCTIBLE - DRUG	Combined with medical	Combined with medical	Combined with medical	Combined with medical
IN-NETWORK COSTS:				
PRIMARY CARE	15%	10%	0%	\$25
SPECIALIST VISIT	15%	10%	0%	30%
PREVENTATIVE CARE	\$0	\$0	\$0	\$0
URGENT CARE	15%	10%	0%	30%
ER SERVICES	15%	10%	0%	30%
INPATIENT HOSPITAL	15%	10%	0%	30%
X-RAYS & OTHER DIAG. IMAGING	15%	10%	0%	30%
HIGH END IMAGING: CT/PET/MRI	15%	10%	0%	30%
MENTAL HEALTH/SUBSTANCE ABUSE - OFFICE VISITS	15%	10%	0%	\$25
SPEECH/OCCUP/PHYS THERAPY, OUTPATIENT REHAB	15%	10%	0%	30%
LAB SERVICES, OUTPATIENT	15%	10%	0%	30%
SKILLED NURSING FACILITY	15%	10%	0%	30%
OUTPATIENT SURGERY/SERVICES	15%	10%	0%	30%
PEDIATRIC DENTAL COVERAGE***	Yes	Yes	Yes	Yes
TIER 1	\$5	\$10	\$5	\$10
TIER 2	\$10	\$35	\$10	\$15
TIER 3	\$35	\$60	\$35	\$40
TIER 4	\$50	\$100	\$50	\$55
TIER 5	Tier 5/Tier 6: 50%	\$200	Tier 5/Tier 6: 30%	Tier 5/Tier 6: 30%

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¹A modified variation of this plan that excludes coverage for most abortions is also available. "Modified" in the plan name indicates the modified version.