



2025

Individual Market Plans & 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)	\$30,000	\$42,500	\$55,000	\$67,500	\$82,000
1	1	\$424	\$342	\$460	\$298	\$97
2	0	\$849	\$766	\$630	\$469	\$268
Families of 3		Tax Credits by Annual Household Income				
Adults (age 40)	Children (age 0-14)	\$40,000	\$55,000	\$70,000	\$85,000	\$105,000
1	2	\$418	\$309	\$650	\$455	\$188
2	1	\$842	\$733	\$820	\$626	\$359
Families of 4		Tax Credits by Annual Household Income				
Adults (age 40)	Children (age 0-14)	\$45,000	\$65,000	\$85,000	\$105,000	\$125,000
1	3	\$424	\$298	\$839	\$581	\$301
2	2	\$849	\$722	\$1,010	\$752	\$471

 — Child/children are likely eligible for free coverage through RlteCare

Single Adults:

Tax Credits by Annual Household Income	Age			Example Silver Plan Premium after Tax Credit
	21-year old	40-year old	60-year old	
\$22,500	\$332	\$424	\$901	\$1
\$30,000	\$283	\$375	\$852	\$50
\$37,500	\$208	\$301	\$777	\$125
\$45,000	\$109	\$201	\$678	\$224
\$52,500	\$16	\$109	\$585	\$317
\$65,000	\$0	\$0	\$441	\$463 or less

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

Rates as of November 1, 2024. 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.

Understanding Your Health Insurance Network Options and Coverage

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.

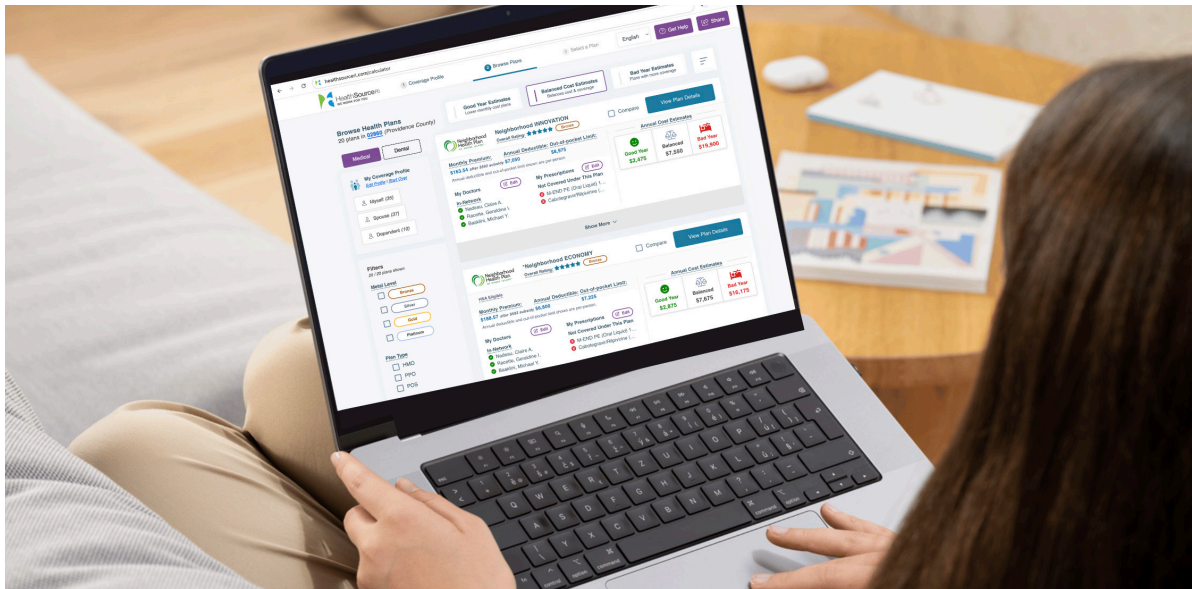
Health Maintenance Organization (HMO)/ Point of Service (POS):

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.

All HSRI plans for Individuals and Families cover pediatric dental services. Preventive pediatric dental services are not subject to the deductible but other services may be; please check with your insurance company.

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**.



When to Enroll or Renew

Open Enrollment runs November 1, 2024 through January 31, 2025

Important dates for picking your 2025 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 2025. (ID cards will be delayed).
January 31	Open Enrollment ends — this is your last day to enroll for 2025 health coverage. Coverage purchased in January will be effective on February 1, 2025.

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.

2025 Individual Market Plan Benefits

6 out of 7 HealthSource RI customers receive financial help.

BCBSRI: Blue Cross & Blue Shield of Rhode Island
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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.	PLAN NAME	VantageBlue Direct Plan 750/1500	VantageBlue Direct Plan 1500/3000	BasicBlue Direct 2500/5000	*Neighborhood ESSENTIAL
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.	METAL LEVEL	PLATINUM	GOLD	GOLD	GOLD
	MONTHLY PREMIUM (21-YEAR OLD, BEFORE TAX CREDIT)	\$577	\$495	\$468	\$335
	MONTHLY PREMIUM (40-YEAR OLD, BEFORE TAX CREDIT)	\$738	\$632	\$598	\$428
HOW YOU GET YOUR CARE	MONTHLY PREMIUM (60-YEAR OLD, BEFORE TAX CREDIT)	\$1,567	\$1,342	\$1,270	\$909
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.	HSA QUALIFIED	No	No	No	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
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).	RI PROVIDER INFORMATION (SUBJECT TO CHANGE)	1,431 PCPs 3,607 Specialists 440 Dentists 14 of 14 Hospitals	1,431 PCPs 3,607 Specialists 440 Dentists 14 of 14 Hospitals	1,431 PCPs 3,607 Specialists 440 Dentists 14 of 14 Hospitals	1,340 PCPs 5,690 Specialists 513 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	\$2,000 Individual \$4,000 Family	\$8,000 Individual \$16,000 Family	\$5,900 Individual \$11,800 Family	\$5,650 Individual \$11,300 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 - MEDICAL	\$750 Individual \$1,500 Family	\$1,500 Individual \$3,000 Family	\$2,500 Individual \$5,000 Family	\$2,650 Individual \$5,300 Family
	DEDUCTIBLE - DRUG	Tier 5 combined with medical	Tier 5 combined with medical	Tiers 3, 4, and 5 combined with medical	Tiers 5 and 6 combined with medical
COPAYMENTS & COINSURANCE	IN-NETWORK COSTS:				
Copayments are fixed dollar amounts that you must pay for certain types of healthcare services each time you use them.	PRIMARY CARE	First sick visit free, all other visits: \$20 Non-PCMH \$10 PCMH	First sick visit free, all other visits: \$30 Non-PCMH \$20 PCMH	\$25 Non-PCMH \$15 PCMH	\$30
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.	SPECIALIST VISIT	\$30	\$45	\$30	\$65
	PREVENTATIVE CARE	\$0	\$0	\$0	\$0
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.	URGENT CARE	\$50	\$75	\$75	\$65
	ER SERVICES	\$100	\$200	10%	\$350
	INPATIENT HOSPITAL	0%	20%	10%	0%
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.	X-RAYS & OTHER DIAG. IMAGING	0%	20%	10%	0%
	HIGH END IMAGING: CT/PET/MRI	0%	20%	10%	0%
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.	MENTAL HEALTH/SUBSTANCE ABUSE - OFFICE VISITS	\$20	\$30	\$25	\$30
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 \$36,450 for an individual or \$75,000 for a family of four.	SPEECH/OCCUP/PHYS THERAPY, OUTPATIENT REHAB	20%	20%	10%	\$65
	LAB SERVICES, OUTPATIENT	0%	20%	10%	0%
	SKILLED NURSING FACILITY	0%	20%	10%	0%
	OUTPATIENT SURGERY/SERVICES	0%	20%	10%	0%
PRESCRIPTION DRUGS	ABORTION COVERAGE	Yes¹	Yes	Yes	Limited*
Insurance companies separate prescription drugs into different categories known as “tiers.”	Rx TIER 1	\$10	\$10	\$10	\$5
	Rx TIER 2	\$25	\$25	\$30	\$10
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.	Rx TIER 3	\$50	\$50	\$50	\$35
	Rx TIER 4	\$75	\$75	\$75	\$50
	Rx TIER 5	\$150	\$150	\$150	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 §156.280 (e)(3).

¹A variation of this plan exists that excludes coverage for most abortions. An asterisk (*) at the beginning of the plan name indicates that it excludes most abortion coverage.

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INSURANCE COMPANY	BCBSRI	BCBSRI	BCBSRI	NHPRI	BCBSRI
PLAN NAME	*BlueSolutions for HSA Direct 1700/3400	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)	\$465	\$439	\$378	\$325	\$450
MONTHLY PREMIUM (40-YEAR OLD, BEFORE TAX CREDIT)	\$594	\$561	\$482	\$416	\$575
MONTHLY PREMIUM (60-YEAR OLD, BEFORE TAX CREDIT)	\$1,262	\$1,190	\$1,025	\$883	\$1,221
HSA QUALIFIED	Yes	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 (SUBJECT TO CHANGE)	1,431 PCPs 3,607 Specialists 440 Dentists 14 of 14 Hospitals	1,431 PCPs 3,607 Specialists 440 Dentists 14 of 14 Hospitals	558 PCPs 1,434 Specialists 380 Dentists Brown University Health Hospitals: RI Hosp., Hasbro, Miriam, Newport, Bradley	1,340 PCPs 5,690 Specialists 513 Dentists 14 of 14 Hospitals	1,431 PCPs 3,607 Specialists 440 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	\$5,600 Individual \$11,200 Family	\$3,900 Individual \$7,800 Family	\$3,900 Individual \$7,800 Family	\$7,550 Individual \$15,100 Family	\$9,200 Individual \$18,400 Family
DEDUCTIBLE - MEDICAL	\$1,700 Individual \$3,400 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	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	Tier 5 combined with medical
IN-NETWORK COSTS:					
PRIMARY CARE	\$35 Non-PCMH \$15 PCMH	\$35 Non-PCMH \$15 PCMH	\$35 Non-PCMH \$15 PCMH	\$25	First sick visit free, all other visits: \$60 Non-PCMH \$40 PCMH
SPECIALIST VISIT	\$40	\$45	\$45	\$50	\$65
PREVENTATIVE CARE	\$0	\$0	\$0	\$0	\$0
URGENT CARE	\$75	\$75	\$75	\$50	\$75
ER SERVICES	\$300	10%	10%	\$300	\$475
INPATIENT HOSPITAL	\$300 per admission	10%	10%	20%	30%
X-RAYS & OTHER DIAG. IMAGING	0%	10%	10%	20%	30%
HIGH END IMAGING: CT/PET/MRI	\$150	10%	10%	20%	30%
MENTAL HEALTH/SUBSTANCE ABUSE - OFFICE VISITS	\$35	\$35	\$35	\$25	\$60
SPEECH/OCCUP/PHYS THERAPY, OUTPATIENT REHAB	\$40	10%	10%	\$50	30%
LAB SERVICES, OUTPATIENT	0%	10%	10%	20%	30%
SKILLED NURSING FACILITY	\$300 per admission	10%	10%	20%	30%
OUTPATIENT SURGERY/SERVICES	0%	10%	10%	20%	30%
ABORTION COVERAGE	Limited*	Yes	Yes	Yes	Yes
Rx TIER 1	\$10	\$10	\$10	\$5	\$10
Rx TIER 2	\$25	\$25	\$25	\$10	\$35
Rx TIER 3	\$50	\$50	\$50	\$35	\$80
Rx TIER 4	\$75	\$75	\$75	\$50	\$100
Rx TIER 5	\$150	\$150	\$150	Tier 5/Tier 6: 30%	\$150

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INSURANCE COMPANY	BCBSRI	BCBSRI	BCBSRI	NHPRI	NHPRI
PLAN NAME	*BlueSolutions for HSA Direct 4100/8200	BlueChiP Direct 5000/10000	BlueChiP Direct Advance 4950/9900	Neighborhood VALUE	Neighborhood COMMUNITY
METAL LEVEL	SILVER	SILVER	SILVER	SILVER	SILVER
MONTHLY PREMIUM (21-YEAR OLD, BEFORE TAX CREDIT)	\$414	\$410	\$355	\$333	\$316
MONTHLY PREMIUM (40-YEAR OLD, BEFORE TAX CREDIT)	\$529	\$524	\$454	\$425	\$404
MONTHLY PREMIUM (60-YEAR OLD, BEFORE TAX CREDIT)	\$1,124	\$1,112	\$963	\$904	\$857
HSA QUALIFIED	Yes	No	No	No	Yes
PLAN TYPE (SEE DEFINITIONS ON PAGE 2)	PPO	POS	POS	HMO	HMO
REFERRAL REQUIRED	No	Yes	Yes	No	No
NETWORK COVERAGE AREA	National	RI Only	RI Narrow	RI Only	RI Only
RI PROVIDER INFORMATION (SUBJECT TO CHANGE)	1,431 PCPs 3,607 Specialists 440 Dentists 14 of 14 Hospitals	1,431 PCPs 3,607 Specialists 440 Dentists 14 of 14 Hospitals	558 PCPs 1,434 Specialists 380 Dentists Brown University Health Hospitals: RI Hosp., Hasbro, Miriam, Newport, Bradley	1,340 PCPs 5,690 Specialists 513 Dentists 14 of 14 Hospitals	1,340 PCPs 5,690 Specialists 513 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	\$6,500 Individual \$13,000 Family	\$7,500 Individual \$15,000 Family	\$7,200 Individual \$14,400 Family	\$8,700 Individual \$17,400 Family	\$7,500 Individual \$15,000 Family
DEDUCTIBLE - MEDICAL	\$4,100 Individual \$8,200 Family	\$5,000 Individual \$10,000 Family	\$4,950 Individual \$9,900 Family	\$4,750 Individual \$9,500 Family	\$3,600 Individual \$7,200 Family
DEDUCTIBLE - DRUG	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	Combined with medical
IN-NETWORK COSTS:					
PRIMARY CARE	20%	\$30 Non-PCMH \$20 PCMH	\$45 Non-PCMH \$25 PCMH	\$35	15%
SPECIALIST VISIT	20%	\$60	\$60	\$75	15%
PREVENTATIVE CARE	\$0	\$0	\$0	\$0	\$0
URGENT CARE	20%	\$75	\$75	\$75	15%
ER SERVICES	20%	10%	10%	40%	15%
INPATIENT HOSPITAL	20%	10%	10%	40%	15%
X-RAYS & OTHER DIAG. IMAGING	20%	10%	10%	40%	15%
HIGH END IMAGING: CT/PET/MRI	20%	10%	10%	40%	15%
MENTAL HEALTH/SUBSTANCE ABUSE - OFFICE VISITS	20%	\$30	\$45	\$35	15%
SPEECH/OCCUP/PHYS THERAPY, OUTPATIENT REHAB	20%	10%	10%	\$75	15%
LAB SERVICES, OUTPATIENT	20%	10%	10%	40%	15%
SKILLED NURSING FACILITY	20%	10%	10%	40%	15%
OUTPATIENT SURGERY/SERVICES	20%	10%	10%	40%	15%
ABORTION COVERAGE	Limited*	Yes	Yes	Yes ¹	Yes
Rx TIER 1	\$10	\$7	\$7	\$10	\$5
Rx TIER 2	\$30	\$35	\$35	\$15	\$10
Rx TIER 3	\$50	\$50	\$50	\$40	\$35
Rx TIER 4	\$75	\$75	\$75	\$55	\$50
Rx TIER 5	\$150	\$150	\$150	Tier 5/Tier 6: 50%	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 §156.280 (e)(3).

¹A variation of this plan exists that excludes coverage for most abortions. An asterisk (*) at the beginning of the plan name indicates that it excludes most abortion coverage.

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INSURANCE COMPANY	BCBSRI	NHPRI	NHPRI
PLAN NAME	BlueSolutions for HSA Direct 6300/12600	*Neighborhood ECONOMY	Neighborhood INNOVATION
METAL LEVEL	BRONZE	BRONZE	BRONZE
MONTHLY PREMIUM (21-YEAR OLD, BEFORE TAX CREDIT)	\$300	\$242	\$234
MONTHLY PREMIUM (40-YEAR OLD, BEFORE TAX CREDIT)	\$384	\$309	\$299
MONTHLY PREMIUM (60-YEAR OLD, BEFORE TAX CREDIT)	\$815	\$657	\$636
HSA QUALIFIED	Yes	Yes	No
PLAN TYPE (SEE DEFINITIONS ON PAGE 2)	PPO	HMO	HMO
REFERRAL REQUIRED	No	No	No
NETWORK COVERAGE AREA	National	RI Only	RI Only
RI PROVIDER INFORMATION (SUBJECT TO CHANGE)	1,431 PCPs 3,607 Specialists 440 Dentists 14 of 14 Hospitals	1,340 PCPs 5,690 Specialists 513 Dentists 14 of 14 Hospitals	1,340 PCPs 5,690 Specialists 513 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
MAXIMUM OUT-OF-POCKET MEDICAL + DRUG	\$8,050 Individual \$16,100 Family	\$7,225 Individual \$14,450 Family	\$8,975 Individual \$17,950 Family
DEDUCTIBLE - MEDICAL	\$6,300 Individual \$12,600 Family	\$6,800 Individual \$13,600 Family	\$7,050 Individual \$14,100 Family
DEDUCTIBLE - DRUG	Combined with medical	Combined with medical	Combined with medical
IN-NETWORK COSTS:			
PRIMARY CARE	10%	0%	\$25
SPECIALIST VISIT	10%	0%	30%
PREVENTATIVE CARE	\$0	\$0	\$0
URGENT CARE	10%	0%	30%
ER SERVICES	10%	0%	30%
INPATIENT HOSPITAL	10%	0%	30%
X-RAYS & OTHER DIAG. IMAGING	10%	0%	30%
HIGH END IMAGING: CT/PET/MRI	10%	0%	30%
MENTAL HEALTH/SUBSTANCE ABUSE - OFFICE VISITS	10%	0%	\$25
SPEECH/OCCUP/PHYS THERAPY, OUTPATIENT REHAB	10%	0%	30%
LAB SERVICES, OUTPATIENT	10%	0%	30%
SKILLED NURSING FACILITY	10%	0%	30%
OUTPATIENT SURGERY/SERVICES	10%	0%	30%
ABORTION COVERAGE	Yes ¹	Limited*	Yes
Rx TIER 1	\$10	\$5	\$10
Rx TIER 2	\$35	\$10	\$15
Rx TIER 3	\$60	\$35	\$40
Rx TIER 4	\$100	\$50	\$55
Rx TIER 5	\$150	Tier 5/Tier 6: 30%	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 §156.280 (e)(3).

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