

2026 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. *Tax credit estimates are based on federal law as of October 1, 2025. Congress may act to change advanced premium tax credit levels for 2026, which would change the below estimates.*

Families:

Families of 2		Tax Credits by Annual Household Income				
Adults (age 40)	Children (age 0-14)	\$30,000	\$42,500	\$57,500	\$67,500	\$82,000
1	1	\$414	\$271	\$373	\$249	\$128
2	0	\$920	\$777	\$576	\$452	\$331
Families of 3		Tax Credits by Annual Household Income				
Adults (age 40)	Children (age 0-14)	\$40,000	\$55,000	\$75,000	\$85,000	\$105,000
1	2	\$366	\$193	\$525	\$406	\$240
2	1	\$872	\$699	\$728	\$609	\$443
Families of 4		Tax Credits by Annual Household Income				
Adults (age 40)	Children (age 0-14)	\$50,000	\$65,000	\$90,000	\$105,000	\$125,000
1	3	\$320	\$144	\$713	\$543	\$377
2	2	\$826	\$650	\$917	\$746	\$580

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

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	\$325	\$435	\$1,003	\$74
\$30,000	\$241	\$351	\$920	\$158
\$37,500	\$144	\$254	\$823	\$255
\$45,000	\$37	\$147	\$715	\$362
\$52,500	\$0	\$70	\$639	\$438

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

Rates as of November 1, 2025. 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.

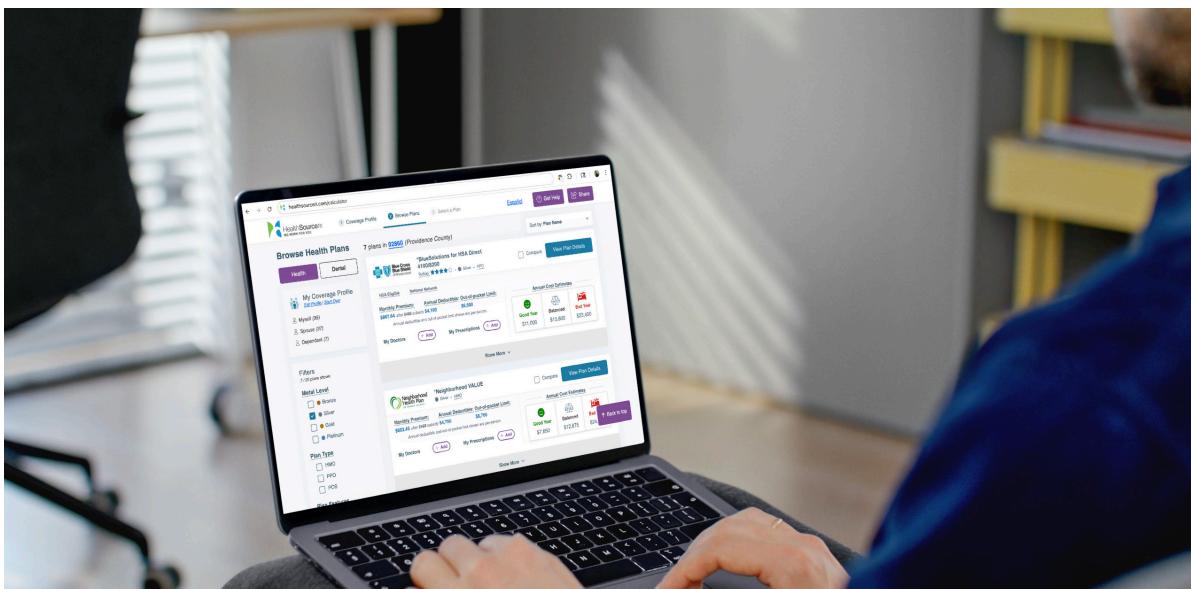
Health Maintenance Organization (HMO)/ Point of Service (POS):

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, 2025 through January 31, 2026. After Open Enrollment, you may enroll in coverage if you have a qualifying life event. Visit HealthSourceRI.com/SEP to learn more.

Important dates for picking your 2026 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 2026. (ID cards will be delayed).
January 31	Open Enrollment ends — this is your last day to enroll for 2026 health coverage. Coverage purchased in January will be effective on February 1, 2026.

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.

2026 Individual Market Plan Benefits

Most 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.	PLAN NAME	VantageBlue Direct Plan 950/1900	VantageBlue Direct Plan 1500/3000			*Neighborhood PLUS 2650/5300
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
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.	MONTHLY PREMIUM (21-YEAR OLD, BEFORE TAX CREDIT)	\$689	\$609		\$573	\$401
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.	MONTHLY PREMIUM (40-YEAR OLD, BEFORE TAX CREDIT)	\$880	\$778		\$732	\$513
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.	MONTHLY PREMIUM (60-YEAR OLD, BEFORE TAX CREDIT)	\$1,870	\$1,652		\$1,554	\$1,089
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.	HSA QUALIFIED	No	No		No	No
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.	PLAN TYPE (SEE DEFINITIONS ON PAGE 2)	PPO	PPO		PPO	HMO
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.	REFERRAL REQUIRED	No	No		No	No
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.	NETWORK COVERAGE AREA	National	National		National	RI Only
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.	RI PROVIDER INFORMATION (SUBJECT TO CHANGE)	1,457 PCPs 3,720 Specialists 443 Dentists 14 of 14 Hospitals	1,457 PCPs 3,720 Specialists 443 Dentists 14 of 14 Hospitals		1,457 PCPs 3,720 Specialists 443 Dentists 14 of 14 Hospitals	1,335 PCPs 5,450 Specialists 505 Dentists 14 of 14 Hospitals
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.	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
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.	MAXIMUM OUT-OF-POCKET (MOOP) MEDICAL + DRUG	\$2,500 Individual \$5,000 Family	\$8,000 Individual \$16,000 Family		\$5,900 Individual \$11,800 Family	\$5,650 Individual \$11,300 Family
COPAYMENTS & COINSURANCE Copayments are fixed dollar amounts that you must pay for certain types of healthcare services each time you use them.	DEDUCTIBLE - MEDICAL	\$950 Individual \$1,900 Family	\$1,500 Individual \$3,000 Family		\$2,500 Individual \$5,000 Family	\$2,650 Individual \$5,300 Family
COPAYMENTS & COINSURANCE Copayments are fixed dollar amounts that you must pay for certain types of healthcare services each time you use them.	DEDUCTIBLE - DRUG	Tier 5 combined with medical	Tier 5 combined with medical		Tiers 3, 4, and 5 combined with medical	Tiers 4, 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.	IN-NETWORK COSTS:	PRIMARY CARE	First sick visit free, all other visits: \$20 Non-PCMH \$10 PCMH		First sick visit free, all other visits: \$30 Non-PCMH \$15 PCMH	First two sick visits free, all other visits: \$30
COPAYMENTS & COINSURANCE Copayments are fixed dollar amounts that you must pay for certain types of healthcare services each time you use them.	SPECIALIST VISIT	\$30	\$45		\$30	\$65
COPAYMENTS & COINSURANCE Copayments are fixed dollar amounts that you must pay for certain types of healthcare services each time you use them.	PREVENTATIVE CARE	\$0	\$0		\$0	\$0
COPAYMENTS & COINSURANCE Copayments are fixed dollar amounts that you must pay for certain types of healthcare services each time you use them.	URGENT CARE	\$50	\$75		\$75	\$65
COPAYMENTS & COINSURANCE Copayments are fixed dollar amounts that you must pay for certain types of healthcare services each time you use them.	ER SERVICES	\$100	\$200		10%	\$400
COPAYMENTS & COINSURANCE Copayments are fixed dollar amounts that you must pay for certain types of healthcare services each time you use them.	INPATIENT HOSPITAL	0%	20%		10%	0%
COPAYMENTS & COINSURANCE Copayments are fixed dollar amounts that you must pay for certain types of healthcare services each time you use them.	X-RAYS & OTHER DIAG. IMAGING	0%	20%		10%	0%
COPAYMENTS & COINSURANCE Copayments are fixed dollar amounts that you must pay for certain types of healthcare services each time you use them.	HIGH END IMAGING: CT/PET/MRI	0%	20%		10%	0%
COPAYMENTS & COINSURANCE Copayments are fixed dollar amounts that you must pay for certain types of healthcare services each time you use them.	MENTAL HEALTH/SUBSTANCE ABUSE - OFFICE VISITS	\$20	\$30		\$25	First two visits free, all other visits: \$30
COPAYMENTS & COINSURANCE Copayments are fixed dollar amounts that you must pay for certain types of healthcare services each time you use them.	SPEECH/OCCUP/PHYS THERAPY, OUTPATIENT REHAB	20%	20%		10%	\$65
COPAYMENTS & COINSURANCE Copayments are fixed dollar amounts that you must pay for certain types of healthcare services each time you use them.	LAB SERVICES, OUTPATIENT	0%	20%		10%	0%
COPAYMENTS & COINSURANCE Copayments are fixed dollar amounts that you must pay for certain types of healthcare services each time you use them.	SKILLED NURSING FACILITY	0%	20%		10%	0%
COPAYMENTS & COINSURANCE Copayments are fixed dollar amounts that you must pay for certain types of healthcare services each time you use them.	OUTPATIENT SURGERY/SERVICES	0%	20%		10%	0%
PRESCRIPTION DRUGS Insurance companies separate prescription drugs into different categories known as "tiers."	ABORTION COVERAGE	Yes ¹	Yes		Yes	Limited*
PRESCRIPTION DRUGS Insurance companies separate prescription drugs into different categories known as "tiers."	Rx TIER 1	\$10	\$10		\$10	\$5
PRESCRIPTION DRUGS Insurance companies separate prescription drugs into different categories known as "tiers."	Rx TIER 2	\$25	\$25		\$30	\$10
PRESCRIPTION DRUGS Insurance companies separate prescription drugs into different categories known as "tiers."	Rx TIER 3	\$50	\$50		\$50	\$35
PRESCRIPTION DRUGS Insurance companies separate prescription drugs into different categories known as "tiers."	Rx TIER 4	\$75	\$75		\$75	\$50
PRESCRIPTION DRUGS Insurance companies separate prescription drugs into different categories known as "tiers."	Rx TIER 5	\$150	\$150		\$150	Tier 5/6: 50%, up to \$150 copayment

¹This 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)(9).

²A 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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BCBSRI: Blue Cross & Blue Shield of Rhode Island

NHPRI: Neighborhood Health Plan of Rhode Island

INSURANCE COMPANY	BCBSRI	BCBSRI	BCBSRI	NHPRI	BCBSRI
PLAN NAME	*BlueSolutions for HSA Direct 1900/3800	BlueChiP Direct 2300/4600	BlueChiP Direct Advance 2300/4600	Neighborhood PLUS 1375/2750	VantageBlue Direct Plan 6000/12000
METAL LEVEL	GOLD	GOLD	GOLD	GOLD	SILVER
MONTHLY PREMIUM (21-YEAR OLD, BEFORE TAX CREDIT)	\$549	\$532	\$459	\$393	\$551
MONTHLY PREMIUM (40-YEAR OLD, BEFORE TAX CREDIT)	\$702	\$680	\$586	\$502	\$704
MONTHLY PREMIUM (60-YEAR OLD, BEFORE TAX CREDIT)	\$1,491	\$1,445	\$1,245	\$1,066	\$1,494
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)	1,457 PCPs 3,720 Specialists 443 Dentists 14 of 14 Hospitals	1,457 PCPs 3,720 Specialists 443 Dentists 14 of 14 Hospitals	547 PCPs 1,481 Specialists 387 Dentists Brown University Health Hospitals: RI Hosp., Hasbro, Miriam, Newport, Bradley	1,335 PCPs 5,450 Specialists 505 Dentists 14 of 14 Hospitals	1,457 PCPs 3,720 Specialists 443 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	\$4,900 Individual \$9,800 Family	\$4,900 Individual \$9,800 Family	\$7,550 Individual \$15,100 Family	\$9,400 Individual \$18,800 Family
DEDUCTIBLE - MEDICAL	\$1,900 Individual \$3,800 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 4, 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	First two sick visits free, all other visits: \$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%	\$400	\$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	First two visits free, all other visits: \$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	\$7	\$7	\$5	\$10
Rx TIER 2	\$30	\$25	\$25	\$10	\$45
Rx TIER 3	\$50	\$50	\$50	\$35	\$90
Rx TIER 4	\$75	\$75	\$75	\$50	\$125
Rx TIER 5	\$150	\$150	\$150	Tier 5/6: 50%, up to \$150 copayment	\$150

*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	NHPRI
PLAN NAME	BlueChiP Direct 5000/10000	*BlueSolutions for HSA Direct 4100/8200	BlueChiP Direct Advance 4950/9900	Neighborhood PRIMARY 4750/9500	Neighborhood PRIMARY 3850/7700 HSA
METAL LEVEL	SILVER	SILVER	SILVER	SILVER	SILVER
MONTHLY PREMIUM (21-YEAR OLD, BEFORE TAX CREDIT)	\$502	\$499	\$432	\$397	\$382
MONTHLY PREMIUM (40-YEAR OLD, BEFORE TAX CREDIT)	\$642	\$638	\$552	\$507	\$488
MONTHLY PREMIUM (60-YEAR OLD, BEFORE TAX CREDIT)	\$1,364	\$1,355	\$1,173	\$1,077	\$1,037
HSA QUALIFIED	No	Yes	No	No	Yes
PLAN TYPE (SEE DEFINITIONS ON PAGE 2)	POS	PPO	POS	HMO	HMO
REFERRAL REQUIRED	Yes	No	Yes	No	No
NETWORK COVERAGE AREA	RI Only	National	RI Narrow	RI Only	RI Only
RI PROVIDER INFORMATION (SUBJECT TO CHANGE)	1,457 PCPs 3,720 Specialists 443 Dentists 14 of 14 Hospitals	1,457 PCPs 3,720 Specialists 443 Dentists 14 of 14 Hospitals	547 PCPs 1,481 Specialists 387 Dentists Brown University Health Hospitals: RI Hosp., Hasbro, Miriam, Newport, Bradley	1,335 PCPs 5,450 Specialists 505 Dentists 14 of 14 Hospitals	1,335 PCPs 5,450 Specialists 505 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	\$8,000 Individual \$16,000 Family	\$7,500 Individual \$15,000 Family	\$8,200 Individual \$16,400 Family	\$8,700 Individual \$17,400 Family	\$7,650 Individual \$15,300 Family
DEDUCTIBLE - MEDICAL	\$5,000 Individual \$10,000 Family	\$4,100 Individual \$8,200 Family	\$4,950 Individual \$9,900 Family	\$4,750 Individual \$9,500 Family	\$3,850 Individual \$7,700 Family
DEDUCTIBLE - DRUG	Tiers 3, 4, and 5 combined with medical	Combined with medical	Tiers 3, 4, and 5 combined with medical	Tiers 4, 5, and 6 combined with medical	Combined with medical
IN-NETWORK COSTS:					
PRIMARY CARE	\$30 Non-PCMH \$20 PCMH	20%	\$45 Non-PCMH \$25 PCMH	First two sick visits free, all other visits: \$35	15%
SPECIALIST VISIT	\$60	20%	\$60	\$75	15%
PREVENTATIVE CARE	\$0	\$0	\$0	\$0	\$0
URGENT CARE	\$75	20%	\$75	\$75	15%
ER SERVICES	10%	20%	10%	40%	15%
INPATIENT HOSPITAL	10%	20%	10%	40%	15%
X-RAYS & OTHER DIAG. IMAGING	10%	20%	10%	40%	15%
HIGH END IMAGING: CT/PET/MRI	10%	20%	10%	40%	15%
MENTAL HEALTH/SUBSTANCE ABUSE - OFFICE VISITS	\$30	20%	\$45	First two visits free, all other visits: \$35	15%
SPEECH/OCCUP/PHYS THERAPY, OUTPATIENT REHAB	10%	20%	10%	\$75	15%
LAB SERVICES, OUTPATIENT	10%	20%	10%	40%	15%
SKILLED NURSING FACILITY	10%	20%	10%	40%	15%
OUTPATIENT SURGERY/SERVICES	10%	20%	10%	40%	15%
ABORTION COVERAGE	Yes	Limited*	Yes	Yes ¹	Yes
Rx TIER 1	\$7	\$10	\$7	\$5	\$5
Rx TIER 2	\$35	\$30	\$35	\$15	\$10
Rx TIER 3	\$50	\$50	\$50	\$50	\$45
Rx TIER 4	\$75	\$75	\$75	\$75	\$65
Rx TIER 5	\$150	\$150	\$150	Tier 5/6: 50%, up to \$150 copayment	Tier 5/6: 50%, up to \$150 copayment

*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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INSURANCE COMPANY	BCBSRI	BCBSRI	NHPRI	NHPRI
PLAN NAME	BlueCHiP Direct 7000/14000	BlueSolutions for HSA Direct 6300/12600	*Neighborhood SELECT 6900/13800 HSA	Neighborhood SELECT 7100/14200 HSA
METAL LEVEL	BRONZE	BRONZE	BRONZE	BRONZE
MONTHLY PREMIUM (21-YEAR OLD, BEFORE TAX CREDIT)	\$394	\$371	\$296	\$287
MONTHLY PREMIUM (40-YEAR OLD, BEFORE TAX CREDIT)	\$504	\$474	\$378	\$367
MONTHLY PREMIUM (60-YEAR OLD, BEFORE TAX CREDIT)	\$1,069	\$1,007	\$803	\$779
HSA QUALIFIED	Yes	Yes	Yes	Yes
PLAN TYPE (SEE DEFINITIONS ON PAGE 2)	POS	PPO	HMO	HMO
REFERRAL REQUIRED	Yes	No	No	No
NETWORK COVERAGE AREA	RI Only	National	RI Only	RI Only
RI PROVIDER INFORMATION (SUBJECT TO CHANGE)	1,457 PCPs 3,720 Specialists 443 Dentists 14 of 14 Hospitals	1,457 PCPs 3,720 Specialists 443 Dentists 14 of 14 Hospitals	1,335 PCPs 5,450 Specialists 505 Dentists 14 of 14 Hospitals	1,335 PCPs 5,450 Specialists 505 Dentists 14 of 14 Hospitals
OUT-OF-NETWORK COVERAGE, NON-EMERGENCY	Not covered except for urgent or emergent care			
MAXIMUM OUT-OF-POCKET MEDICAL + DRUG	\$10,600 Individual \$21,200 Family	\$8,050 Individual \$16,100 Family	\$7,400 Individual \$14,800 Family	\$9,100 Individual \$18,200 Family
DEDUCTIBLE - MEDICAL	\$7,000 Individual \$14,000 Family	\$6,300 Individual \$12,600 Family	\$6,900 Individual \$13,800 Family	\$7,100 Individual \$14,200 Family
DEDUCTIBLE - DRUG	Combined with medical	Combined with medical	Combined with medical	Combined with medical
IN-NETWORK COSTS:				
PRIMARY CARE	\$45 Non-PCM \$35 PCM	10%	0%	\$25
SPECIALIST VISIT	30%	10%	0%	30%
PREVENTATIVE CARE	\$0	\$0	\$0	\$0
URGENT CARE	\$75	10%	0%	30%
ER SERVICES	30%	10%	0%	30%
INPATIENT HOSPITAL	30%	10%	0%	30%
X-RAYS & OTHER DIAG. IMAGING	30%	10%	0%	30%
HIGH END IMAGING: CT/PET/MRI	30%	10%	0%	30%
MENTAL HEALTH/SUBSTANCE ABUSE - OFFICE VISITS	\$0	10%	0%	\$25
SPEECH/OCCUP/PHYS THERAPY, OUTPATIENT REHAB	30%	10%	0%	30%
LAB SERVICES, OUTPATIENT	30%	10%	0%	30%
SKILLED NURSING FACILITY	30%	10%	0%	30%
OUTPATIENT SURGERY/SERVICES	30%	10%	0%	30%
ABORTION COVERAGE	Yes	Yes ¹	Limited*	Yes
Rx TIER 1	\$5	\$10	\$5	\$5
Rx TIER 2	\$20	\$35	\$10	\$15
Rx TIER 3	\$50	\$60	\$40	\$50
Rx TIER 4	\$75	\$100	\$65	\$65
Rx TIER 5	\$150	\$150	Tier 5/6: 50%, up to \$150 copayment	Tier 5/6: 50%, up to \$150 copayment

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