

2027

HealthSourceRI
WE WORK FOR YOU

Individual Market Plans and Benefits

Compare plans from the state's top insurence 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, 2026.*

Families:

Families of 2		Total State and Federal Assistance by Annual Household Income				
Adults (age 40)	Children (age 0-14)	$32,000	$42,000	$60,000	$70,000	$85,000
1	1	$627	$566	$527	$407	$279
2	0	$1,255	$1,193	$779	$658	$531
Families of 3		**Total State and Federal Assistance by Annual Household Income**				
Adults (age 40)	Children (age 0-14)	$40,000	$50,000	$75,000	$85,000	$100,000
1	2	$627	$572	$789	$654	$527
2	1	$1,255	$1,200	$1,041	$906	$778
Families of 4		**Total State and Federal Assistance by Annual Household Income**				
Adults (age 40)	Children (age 0-14)	$50,000	$65,000	$90,000	$105,000	$120,000
1	3	$625	$526	$1,051	$860	$732
2	2	$1,252	$1,153	$1,303	$1,111	$984

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

Single Adults:

State and Federal Assistance by Annual Household Income	Age			Silver Plan Premium after Tax Credit/State subsidy
	21-year old	40-year old	60-year old	
$25,000	$485	$622	$1,327	$7
$30,000	$453	$589	$1,294	$39
$35,000	$272	$408	$1,113	$220
$45,000	$129	$265	$970	$363
$55,000	$22	$159	$864	$469
$65,000	$0	$0	$357	$491-$978

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

Rates as of November 1, 2026. 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

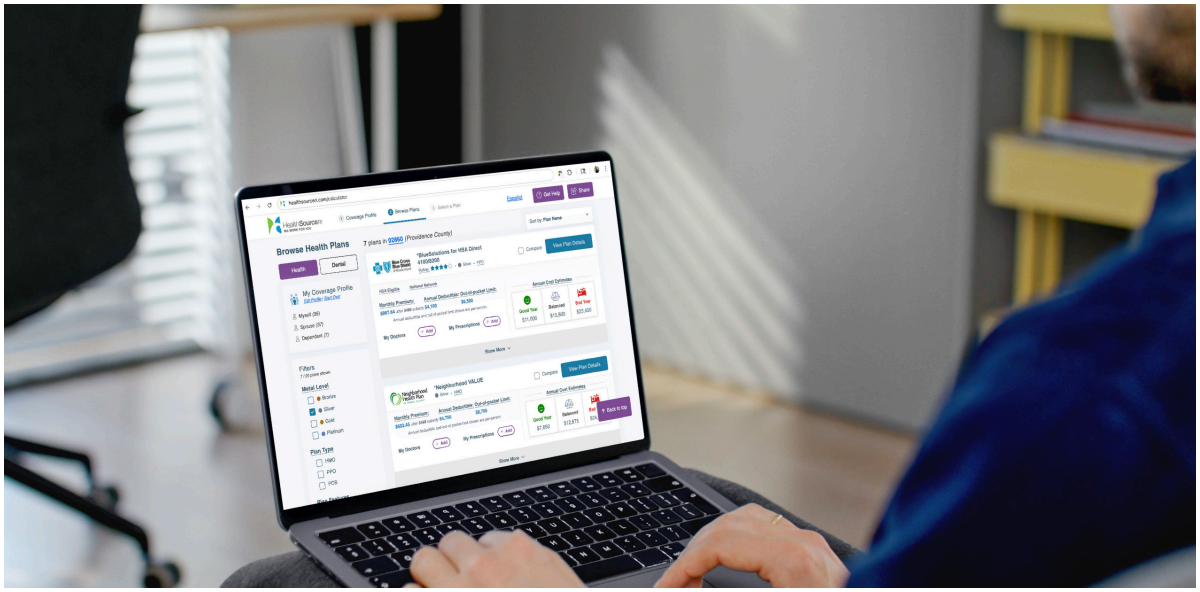
Preferred Provider Organization (PPO):
You will pay less if you use hospitals and doctors in the plan's preferred network, but you are often free to see providers who are not in the preferred network.

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, 2026 through January 31, 2027. 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 2027 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 2027. (ID cards will be delayed).
January 31	Open Enrollment ends — this is your last day to enroll for 2027 health coverage. Coverage purchased in January will be effective on February 1, 2027.

Health insurance is required in Rhode Island. Enroll 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.

2027 Individual Market Plan Benefits

Most HealthSource RI customers receive financial help.
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BCBSRI: Blue Cross & Blue Shield of Rhode Island
NHPRI: Neighborhood Health Plan of Rhode Island

BASIC PLAN INFORMATION

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.

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.

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).

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.

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.

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.*

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.

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.

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.

INSURANCE COMPANY	BCBSRI	BCBSRI	BCBSRI	NHPRI
PLAN NAME	VantageBlue Direct Plan 950/1900	VantageBlue Direct Plan 1600/3200	BasicBlue Direct 2500/5000	Neighborhood PLUS 1600/3200
METAL LEVEL	PLATINUM	GOLD	GOLD	GOLD
MONTHLY PREMIUM (21-YEAR OLD, BEFORE TAX CREDIT)	$719	$630	$603	$451
MONTHLY PREMIUM (40-YEAR OLD, BEFORE TAX CREDIT)	$919	$805	$770	$576
MONTHLY PREMIUM (60-YEAR OLD, BEFORE TAX CREDIT)	$1,951	$1,709	$1,635	$1,223
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
RI PROVIDER INFORMATION (SUBJECT TO CHANGE)	1,578 PCPs 4,134 Specialists 436 Dentists 14 of 14 Hospitals	1,578 PCPs 4,134 Specialists 436 Dentists 14 of 14 Hospitals	1,578 PCPs 4,134 Specialists 436 Dentists 14 of 14 Hospitals	1,336 PCPs 5,501 Specialists 503 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 (MOOP) MEDICAL + DRUG	$3,000 Individual $6,000 Family	$8,900 Individual $17,800 Family	$5,900 Individual $11,800 Family	$7,875 Individual $15,750 Family
DEDUCTIBLE - MEDICAL	$950 Individual $1,900 Family	$1,600 Individual $3,200 Family	$2,500 Individual $5,000 Family	$1,600 Individual $3,200 Family
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
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 $20 PCMH	$25 Non-PCMH $15 PCMH	First two sick visits free, all other visits: $25
SPECIALIST VISIT	$30	$45	$30	$50
PREVENTATIVE CARE	$0	$0	$0	$0
URGENT CARE	$50	$75	$75	$50
EMERGENCY SERVICES	$100	$200	10%	$400
INPATIENT HOSPITAL	0%	20%	10%	25%
X-RAYS & OTHER DIAGNOSTIC IMAGING	0%	20%	10%	25%
HIGH END IMAGING: CT / PET / MRI	0%	20%	10%	25%
MENTAL HEALTH / SUBSTANCE ABUSE - OFFICE VISITS	$20	$30	$25	First two visits free, all other visits: $25
SPEECH / OCCUPATIONAL / PHYSICAL THERAPY, OUTPATIENT REHAB	20%	20%	10%	$50
LAB SERVICES, OUTPATIENT	0%	20%	10%	25%
SKILLED NURSING FACILITY	0%	20%	10%	25%
OUTPATIENT SURGERY / SERVICES	0%	20%	10%	25%
ABORTION COVERAGE	Yes[1]	Yes	Yes	Yes
Rx TIER 1	$10	$10	$10	$5
Rx TIER 2	$25	$25	$30	$10
Rx TIER 3	$50	$50	$50	$35
Rx TIER 4	$75	$75	$75	$50
Rx TIER 5	$150	$150	$150	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).
[1]A 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.

2027 Individual Market Plan Benefits

Most HealthSource RI customers receive financial help.
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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 2750/5500	VantageBlue Direct Plan 6000/12000
METAL LEVEL	GOLD	GOLD	GOLD	GOLD	SILVER
MONTHLY PREMIUM (21-YEAR OLD, BEFORE TAX CREDIT)	$583	$554	$478	$442	$665
MONTHLY PREMIUM (40-YEAR OLD, BEFORE TAX CREDIT)	$745	$708	$610	$565	$849
MONTHLY PREMIUM (60-YEAR OLD, BEFORE TAX CREDIT)	$1,582	$1,504	$1,296	$1,199	$1,804
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)	1,578 PCPs 4,134 Specialists 436 Dentists 14 of 14 Hospitals	1,578 PCPs 4,134 Specialists 436 Dentists 14 of 14 Hospitals	577 PCPs 1,565 Specialists 385 Dentists Brown University Health Hospitals: RI Hosp., Hasbro, Miriam, Newport, Bradley	1,336 PCPs 5,501 Specialists 503 Dentists 14 of 14 Hospitals	1,578 PCPs 4,134 Specialists 436 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	$7,000 Individual $14,000 Family	$6,000 Individual $12,000 Family	$6,000 Individual $12,000 Family	$5,725 Individual $11,450 Family	$11,400 Individual $22,800 Family
DEDUCTIBLE - MEDICAL	$1,900 Individual $3,800 Family	$2,300 Individual $4,600 Family	$2,300 Individual $4,600 Family	$2,750 Individual $5,500 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: $30	First sick visit free, all other visits: $60 Non-PCMH $40 PCMH
SPECIALIST VISIT	$40	$45	$45	$65	$65
PREVENTATIVE CARE	$0	$0	$0	$0	$0
URGENT CARE	$75	$75	$75	$65	$75
EMERGENCY SERVICES	$300	10%	10%	$400	$475
INPATIENT HOSPITAL	$300 per admission	10%	10%	0%	30%
X-RAYS & OTHER DIAGNOSTIC IMAGING	0%	10%	10%	0%	30%
HIGH END IMAGING: CT / PET / MRI	$150	10%	10%	0%	30%
MENTAL HEALTH / SUBSTANCE ABUSE - OFFICE VISITS	$35	$35	$35	First two visits free, all other visits: $30	$60
SPEECH / OCCUPATIONAL / PHYSICAL THERAPY, OUTPATIENT REHAB	$40	10%	10%	$65	30%
LAB SERVICES, OUTPATIENT	0%	10%	10%	0%	30%
SKILLED NURSING FACILITY	$300 per admission	10%	10%	0%	30%
OUTPATIENT SURGERY / SERVICES	0%	10%	10%	0%	30%
ABORTION COVERAGE	Limited*	Yes	Yes	Limited*	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

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[1]A 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	*BlueSolutions for HSA Direct 4100/8200	BlueCHiP Direct 5000/10000	BlueCHiP Direct Advance 4950/9900	Neighborhood PRIMARY 5500/11000	Neighborhood PRIMARY 3950/7900 HSA
METAL LEVEL	SILVER	SILVER	SILVER	SILVER	SILVER
MONTHLY PREMIUM (21-YEAR OLD, BEFORE TAX CREDIT)	$624	$617	$533	$492	$459
MONTHLY PREMIUM (40-YEAR OLD, BEFORE TAX CREDIT)	$798	$788	$681	$629	$587
MONTHLY PREMIUM (60-YEAR OLD, BEFORE TAX CREDIT)	$1,695	$1,674	$1,446	$1,335	$1,247
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)	1,578 PCPs 4,134 Specialists 436 Dentists 14 of 14 Hospitals	1,578 PCPs 4,134 Specialists 436 Dentists 14 of 14 Hospitals	577 PCPs 1,565 Specialists 385 Dentists Brown University Health Hospitals: RI Hosp., Hasbro, Miriam, Newport, Bradley	1,336 PCPs 5,501 Specialists 503 Dentists 14 of 14 Hospitals	1,336 PCPs 5,501 Specialists 503 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	$10,400 Individual $20,800 Family	$10,000 Individual $20,000 Family	$9,750 Individual $19,500 Family	$7,650 Individual $15,300 Family
DEDUCTIBLE - MEDICAL	$4,100 Individual $8,200 Family	$5,000 Individual $10,000 Family	$4,950 Individual $9,900 Family	$5,500 Individual $11,000 Family	$3,950 Individual $7,900 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	Combined with medical
IN-NETWORK COSTS:					
PRIMARY CARE	20%	$30 Non-PCMH $20 PCMH	$45 Non-PCMH $25 PCMH	First two sick visits free, all other visits: $35	20%
SPECIALIST VISIT	20%	$60	$60	$75	20%
PREVENTATIVE CARE	$0	$0	$0	$0	$0
URGENT CARE	20%	$75	$75	$75	20%
EMERGENCY SERVICES	20%	10%	10%	50%	20%
INPATIENT HOSPITAL	20%	10%	10%	50%	20%
X-RAYS & OTHER DIAGNOSTIC IMAGING	20%	10%	10%	50%	20%
HIGH END IMAGING: CT / PET / MRI	20%	10%	10%	50%	20%
MENTAL HEALTH / SUBSTANCE ABUSE - OFFICE VISITS	20%	$30	$45	First two visits free, all other visits: $35	20%
SPEECH / OCCUPATIONAL / PHYSICAL THERAPY, OUTPATIENT REHAB	20%	10%	10%	$75	20%
LAB SERVICES, OUTPATIENT	20%	10%	10%	50%	20%
SKILLED NURSING FACILITY	20%	10%	10%	50%	20%
OUTPATIENT SURGERY / SERVICES	20%	10%	10%	50%	20%
ABORTION COVERAGE	Limited*	Yes	Yes	Yes[1]	Yes
Rx TIER 1	$10	$7	$7	$5	$5
Rx TIER 2	$30	$35	$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).
[1]A 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	NHPRI	NHPRI
PLAN NAME	BlueCHiP Direct 7100/14200	BlueSolutions for HSA Direct 6700/13400	*Neighborhood SELECT 7600/15200 HSA	Neighborhood SELECT 8000/16000 HSA
METAL LEVEL	BRONZE	BRONZE	BRONZE	BRONZE
MONTHLY PREMIUM (21-YEAR OLD, BEFORE TAX CREDIT)	$404	$382	$323	$303
MONTHLY PREMIUM (40-YEAR OLD, BEFORE TAX CREDIT)	$517	$488	$413	$388
MONTHLY PREMIUM (60-YEAR OLD, BEFORE TAX CREDIT)	$1,097	$1,036	$877	$823
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)	1,578 PCPs 4,134 Specialists 436 Dentists 14 of 14 Hospitals	1,578 PCPs 4,134 Specialists 436 Dentists 14 of 14 Hospitals	1,336 PCPs 5,501 Specialists 503 Dentists 14 of 14 Hospitals	1,336 PCPs 5,501 Specialists 503 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	$12,000 Individual $24,000 Family	$8,500 Individual $17,000 Family	$8,100 Individual $16,200 Family	$10,000 Individual $20,000 Family
DEDUCTIBLE - MEDICAL	$7,100 Individual $14,200 Family	$6,700 Individual $13,400 Family	$7,600 Individual $15,200 Family	$8,000 Individual $16,000 Family
DEDUCTIBLE - DRUG	Tiered 3, 4, and 5 combined with medical	Combined with medical	Combined with medical	Combined with medical
IN-NETWORK COSTS:				
PRIMARY CARE	$45 Non-PCMH $35 PCMH	10%	0%	First two sick visits free, all other visits: $25
SPECIALIST VISIT	30%	10%	0%	40%
PREVENTATIVE CARE	$0	$0	$0	$0
URGENT CARE	$75	10%	0%	40%
EMERGENCY SERVICES	30%	10%	0%	40%
INPATIENT HOSPITAL	30%	10%	0%	40%
X-RAYS & OTHER DIAGNOSTIC IMAGING	30%	10%	0%	40%
HIGH END IMAGING: CT / PET / MRI	30%	10%	0%	40%
MENTAL HEALTH / SUBSTANCE ABUSE - OFFICE VISITS	$0	10%	0%	First two visits free, all other visits: $25
SPEECH / OCCUPATIONAL / PHYSICAL THERAPY, OUTPATIENT REHAB	30%	10%	0%	40%
LAB SERVICES, OUTPATIENT	30%	10%	0%	40%
SKILLED NURSING FACILITY	30%	10%	0%	40%
OUTPATIENT SURGERY / SERVICES	30%	10%	0%	40%
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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