



2027



Health Plans and Benefits for Small Employers

Call us today for a quick quote! 1-855-683-6757 | Email: Employers@HealthSourceRI.com

Exclusive options from HealthSource RI

Full Choice:

- HealthSource RI for Employers offers employers two contribution options to allow for maximum flexibility! As an employer, you choose the contribution model that best fits your business and your budget.

Stay competitive with a package of benefits

Personalize your comprehensive benefits package with exciting products including:

- Vision
- Medical Bridge
- Life
- Pet
- Telehealth

Tiered Benefits

- Tier contributions by employee groups to customize your benefits plan like never before
- Great cost-effective options to incentivize employees

When to Enroll

- At your renewal date or the 1st of any month
- Important deadlines to remember for the month prior to your coverage start date:
 - **By the 12th:** Finalize your coverage options
 - **By the 17th:** Employees pick their plans
 - **By the 23rd:** Make your first payment

Contact Us for a Free Quote Today

To find a broker or for information on enrolling

- Visit **HealthSourceRI.com/Employers**
- Call our **Business Engagement Team** at **1-855-683-6757**
- Email **Employers@HealthSourceRI.com**
- Visit us at **20 Newman Avenue, Suite 1000 in Rumford, RI 02916**

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.

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) and Health Maintenance Point of Service (HMO 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.

The following case study illustrates how Full Choice works:



Employer sets budget

Michael owns two restaurants in Providence. He selects a plan that costs an average of \$700 per month per employee. He decides to contribute 65% (about \$455 per month) toward each employee's premium.



Contribution Options

Michael chooses the contribution option that best suits his business needs. Michael can choose from either composite average rating or list bill rating options. Employees will have the same rate or an age-based rate, respectively.



Full Choice

Michael's employees can either pick the health insurance plan he selected or choose another plan, using Michael's chosen employer contribution to help pay the monthly premium. If the plan they select is more expensive, the employee pays more out of their paycheck. If the plan is less expensive, the employee pays less.



Solutions that work

Michael writes a single check to HealthSource RI for Employers, and his employees can call our Business Engagement Team if they have questions or need support.

Ask your broker about HealthSource RI for Employers!

2027 Small Group Market Plan Benefits

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

BASIC PLAN INFORMATION		INSURANCE COMPANY	BCBSRI	NHPRI
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 100/80 500/1000	Neighborhood PRIME Elite
HOW YOU GET YOUR CARE		METAL LEVEL	PLATINUM	PLATINUM
Some insurers offer plans that include a smaller number of providers that the insurers have decided 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
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 health care needs you have. All plans cover preventive healthcare services at no cost.		PLAN TYPE	PPO	HMO POS
		REFERRAL REQUIRED	No	No
		NETWORK COVERAGE AREA	National	RI Only
		RI PROVIDER INFORMATION (SUBJECT TO CHANGE)	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	Yes - 20% after out-of-network deductible	Yes - 50% after out-of-network deductible
MAXIMUM OUT-OF-POCKET		MAXIMUM OUT-OF-POCKET (MOOP) IN-NETWORK MEDICAL + DRUG	\$4,000 Individual \$8,000 Family	\$2,950 Individual \$5,900 Family
DEDUCTIBLES		DEDUCTIBLE - MEDICAL (IN- NETWORK)	\$500 Individual \$1,000 Family	\$850 Individual \$1,700 Family
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 in addition to your monthly premium. Services subject to the deductible vary by plan and may include doctor visits and hospitals stays, as well as prescription medications.		DEDUCTIBLE - DRUG (IN-NETWORK)	\$0	\$0
COPAYMENTS & COINSURANCE		IN-NETWORK COSTS:	\$20 Non-PCMH \$10 PCMH	First two sick visits free, all other visits: \$20
Copayments are fixed dollar amounts that you must pay for certain types of healthcare services each time you use them.		PRIMARY CARE		
Coinsurance is a percentage of the total cost of certain types of healthcare services that you must pay. <i>Coinsurance usually applies after you meet your deductible.</i>		SPECIALIST VISIT*	\$30	\$40
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.		PREVENTIVE CARE	\$0	\$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.		URGENT CARE	\$50	\$40
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.		EMERGENCY SERVICES	\$250	\$250
*Specialist copays may be different for certain specialists such as chiropractors, acupuncture, and vision; please check with your insurance company.		INPATIENT HOSPITAL	0%	0%
**Preventive pediatric dental services are not subject to the deductible but other services may be; please check with your insurance company.		X-RAYS & OTHER DIAGNOSTIC IMAGING	\$0	0%
		HIGH END IMAGING: CT / PET / MRI	0%	0%
		MENTAL HEALTH / SUBSTANCE ABUSE - OFFICE VISITS	\$20	First two visits free, all other visits: \$20
		SPEECH / OCCUPATIONAL / PHYSICAL THERAPY, OUTPATIENT REHAB	20%	\$40
		LAB SERVICES, OUTPATIENT	\$0	0%
		SKILLED NURSING FACILITY	0%	0%
		OUTPATIENT SURGERY / SERVICES	0%	0%
		PEDIATRIC DENTAL COVERAGE**	No	Yes
PRESCRIPTION DRUGS		Rx TIER 1	\$12	\$5
Insurance companies separate prescription drugs into different categories known as “tiers.”		Rx TIER 2	\$40	\$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	\$100	\$35
		Rx TIER 4	\$125	\$55
		Rx TIER 5	\$150	Tier 5/6: 50%, up to \$150 copayment
SMALL GROUP PREMIUMS		MONTHLY PREMIUM (21-YEAR OLD, JANUARY RATE)	\$694	\$556
Premiums vary by age and family size. The premiums for small employers will depend on the employees who will be covered. Employers can set their contributions using a composite average option or a list bill option. For more detail see the “ Exclusive options from HealthSource RI for Employers ” section of this document.		MONTHLY PREMIUM (40-YEAR OLD, JANUARY RATE)	\$887	\$710
		MONTHLY PREMIUM (60-YEAR OLD, JANUARY RATE)	\$1,884	\$1,508

2027 Small Group Market Plan Benefits

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

INSURANCE COMPANY	BCBSRI	NHPRI	BCBSRI	BCBSRI	BCBSRI	BCBSRI
PLAN NAME	VantageBlue 100/80 750/1500	Neighborhood PRIME	VantageBlue 100/60 1500/3000	VantageBlue 100/80 2500/5000	VantageBlue 100/80 4000/8000	BlueSolutions for HSA 100/60 2500/5000
METAL LEVEL	PLATINUM	PLATINUM	GOLD	GOLD	GOLD	GOLD
HSA QUALIFIED	No	No	No	No	No	Yes
PLAN TYPE	PPO	HMO	PPO	PPO	PPO	PPO
REFERRAL REQUIRED	No	No	No	No	No	No
NETWORK COVERAGE AREA	National	RI Only	National	National	National	National
RI PROVIDER INFORMATION (SUBJECT TO CHANGE)	1,578 PCPs 4,134 Specialists 436 Dentists 14 of 14 Hospitals	1,336 PCPs 5,501 Specialists 503 Dentists 14 of 14 Hospitals	1,578 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	1,578 PCPs 4,134 Specialists 436 Dentists 14 of 14 Hospitals
OUT-OF-NETWORK COVERAGE, NON-EMERGENCY	Yes - 20% after out-of-network deductible	Not covered except for urgent or emergent care	Yes - 40% after out-of-network deductible	Yes - 20% after out-of-network deductible	Yes - 20% after out-of-network deductible	Yes - 40% after out-of-network deductible
MAXIMUM OUT-OF-POCKET (MOOP) IN-NETWORK MEDICAL + DRUG	\$3,500 Individual \$7,000 Family	\$2,950 Individual \$5,900 Family	\$7,000 Individual \$14,000 Family	\$6,500 Individual \$13,000 Family	\$6,500 Individual \$13,000 Family	\$6,850 Individual \$13,700 Family
DEDUCTIBLE - MEDICAL (IN- NETWORK)	\$750 Individual \$1,500 Family	\$850 Individual \$1,700 Family	\$1,500 Individual \$3,000 Family	\$2,500 Individual \$5,000 Family	\$4,000 Individual \$8,000 Family	\$2,500 Individual \$5,000 Family
DEDUCTIBLE - DRUG (IN- NETWORK)	\$0	\$0	\$0	\$0	\$0	Combined with medical
IN-NETWORK COSTS:	\$20 Non-PCMH \$10 PCMH	First two sick visits free, all other visits: \$20	\$30 Non-PCMH \$20 PCMH	\$30 Non-PCMH \$20 PCMH	\$30 Non-PCMH \$20 PCMH	0%
PRIMARY CARE						
SPECIALIST VISIT*	\$30	\$40	\$40	\$40	\$40	0%
PREVENTIVE CARE	\$0	\$0	\$0	\$0	\$0	\$0
URGENT CARE	\$50	\$40	\$100	\$100	\$100	0%
EMERGENCY SERVICES	\$200	\$250	\$250	\$200	\$200	0%
INPATIENT HOSPITAL	0%	0%	0%	0%	0%	0%
X-RAYS & OTHER DIAGNOSTIC IMAGING	\$0	0%	\$75	\$75	\$75	0%
HIGH END IMAGING: CT / PET / MRI	0%	0%	0%	0%	0%	0%
MENTAL HEALTH / SUBSTANCE ABUSE - OFFICE VISITS	\$20	First two visits free, all other visits: \$20	\$30	\$30	\$30	0%
SPEECH / OCCUPATIONAL / PHYSICAL THERAPY, OUTPATIENT REHAB	20%	\$40	20%	20%	20%	0%
LAB SERVICES, OUTPATIENT	\$0	0%	\$25	\$25	\$25	0%
SKILLED NURSING FACILITY	0%	0%	0%	0%	0%	0%
OUTPATIENT SURGERY / SERVICES	0%	0%	0%	0%	0%	0%
PEDIATRIC DENTAL COVERAGE**	No	Yes	No	No	No	No
Rx TIER 1	\$12	\$5	\$12	\$10	\$10	\$10
Rx TIER 2	\$40	\$10	\$40	\$40	\$40	\$50
Rx TIER 3	\$100	\$35	\$100	\$100	\$100	\$100
Rx TIER 4	\$125	\$55	\$125	\$125	\$125	\$125
Rx TIER 5	\$150	Tier 5/6: 50%, up to \$150 copayment	\$150	\$150	\$150	\$150
MONTHLY PREMIUM (21-YEAR OLD, JANUARY RATE)	\$668	\$519	\$616	\$577	\$531	\$534
MONTHLY PREMIUM (40-YEAR OLD, JANUARY RATE)	\$854	\$663	\$787	\$737	\$679	\$682
MONTHLY PREMIUM (60-YEAR OLD, JANUARY RATE)	\$1,813	\$1,408	\$1,672	\$1,565	\$1,441	\$1,449

INSURANCE COMPANY	BCBSRI 	BCBSRI 	NHPRI	NHPRI	NHPRI
PLAN NAME	BlueCHiP Select RI 100/NC 3500/7000	BlueCHiP Select RI for HSA 100/NC 3000/6000	Neighborhood PEAK Elite	Neighborhood PEAK	Neighborhood PREMIER Elite
METAL LEVEL	GOLD	GOLD	GOLD	GOLD	GOLD
HSA QUALIFIED	No	Yes	Yes	Yes	No
PLAN TYPE	POS	POS	HMO POS	HMO	HMO POS
REFERRAL REQUIRED	Yes	Yes	No	No	No
NETWORK COVERAGE AREA	RI Only	RI Only	RI Only	RI Only	RI Only
RI PROVIDER INFORMATION (SUBJECT TO CHANGE)	1,354 PCPs 2,538 Specialists 381 Dentists Brown University Health Hospitals, Care New England Hospitals, Westerly Hospital	1,354 PCPs 2,538 Specialists 381 Dentists Brown University Health Hospitals, Care New England Hospitals, Westerly Hospital	1,336 PCPs 5,501 Specialists 503 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	Yes - 50% after out-of-network deductible	Not covered except for urgent or emergent care	Yes - 50% after out-of-network deductible
MAXIMUM OUT-OF-POCKET (MOOP) IN-NETWORK MEDICAL + DRUG	\$12,000 Individual \$24,000 Family	\$8,500 Individual \$17,000 Family	\$3,400 Individual \$6,800 Family	\$3,400 Individual \$6,800 Family	\$6,700 Individual \$13,400 Family
DEDUCTIBLE - MEDICAL (IN-NETWORK)	\$3,500 Individual \$7,000 Family	\$3,000 Individual \$6,000 Family	\$2,800 Individual \$5,600 Family	\$2,800 Individual \$5,600 Family	\$3,025 Individual \$6,050 Family
DEDUCTIBLE - DRUG (IN-NETWORK)	\$0	Combined with medical	Combined with medical	Combined with medical	\$0
IN-NETWORK COSTS:					
PRIMARY CARE	\$20	0%	\$25	\$25	First two sick visits free, all other visits: \$20
SPECIALIST VISIT*	\$35	0%	\$55	\$55	\$55
PREVENTIVE CARE	\$0	\$0	\$0	\$0	\$0
URGENT CARE	\$100	0%	\$55	\$55	\$55
EMERGENCY SERVICES	\$300	0%	0%	0%	\$350
INPATIENT HOSPITAL	0%	0%	0%	0%	10%
X-RAYS & OTHER DIAGNOSTIC IMAGING	\$55	0%	0%	0%	10%
HIGH END IMAGING: CT / PET / MRI	0%	0%	0%	0%	10%
MENTAL HEALTH / SUBSTANCE ABUSE - OFFICE VISITS	\$20	0%	\$25	\$25	First two visits free, all other visits: \$20
SPEECH / OCCUPATIONAL / PHYSICAL THERAPY, OUTPATIENT REHAB	20%	0%	\$55	\$55	\$55
LAB SERVICES, OUTPATIENT	\$25	0%	0%	0%	10%
SKILLED NURSING FACILITY	0%	0%	0%	0%	10%
OUTPATIENT SURGERY / SERVICES	0%	0%	0%	0%	10%
PEDIATRIC DENTAL COVERAGE**	No	No	Yes	Yes	Yes
Rx TIER 1	\$7	\$7	\$5	\$5	\$5
Rx TIER 2	\$25	\$25	\$10	\$10	\$10
Rx TIER 3	\$100	\$100	\$45	\$45	\$45
Rx TIER 4	\$125	\$125	\$60	\$60	\$60
Rx TIER 5	\$150	\$150	Tier 5/6: 50%, up to \$150 copayment	Tier 5/6: 50%, up to \$150 copayment	Tier 5/6: 50%, up to \$150 copayment
MONTHLY PREMIUM (21-YEAR OLD, JANUARY RATE)	\$498	\$450	\$527	\$485	\$514
MONTHLY PREMIUM (40-YEAR OLD, JANUARY RATE)	\$636	\$575	\$673	\$619	\$656
MONTHLY PREMIUM (60-YEAR OLD, JANUARY RATE)	\$1,351	\$1,222	\$1,429	\$1,315	\$1,394

INSURANCE COMPANY	NHPRI	NHPRI	BCBSRI	BCBSRI	BCBSRI 
PLAN NAME	Neighborhood PREMIER	Neighborhood EDGE	VantageBlue 100/80 9000/18000	BlueSolutions for HSA 100/60 5200/10400	BlueChiP Select RI 100/NC 7000/14000
METAL LEVEL	GOLD	GOLD	SILVER	SILVER	SILVER
HSA QUALIFIED	No	No	No	Yes	No
PLAN TYPE	HMO	HMO	PPO	PPO	POS
REFERRAL REQUIRED	No	No	No	No	Yes
NETWORK COVERAGE AREA	RI Only	RI Only	National	National	RI Only
RI PROVIDER INFORMATION (SUBJECT TO CHANGE)	1,336 PCPs 5,501 Specialists 503 Dentists 14 of 14 Hospitals	1,336 PCPs 5,501 Specialists 503 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	1,354 PCPs 2,538 Specialists 381 Dentists Brown University Health Hospitals, Care New England Hospitals, Westerly Hospital
OUT-OF-NETWORK COVERAGE, NON-EMERGENCY	Not covered except for urgent or emergent care	Not covered except for urgent or emergent care	Yes - 20% after out-of-network deductible	Yes - 40% after out-of-network deductible	Not covered except for urgent or emergent care
MAXIMUM OUT-OF-POCKET (MOOP) IN-NETWORK MEDICAL + DRUG	\$6,700 Individual \$13,400 Family	\$6,850 Individual \$13,700 Family	\$12,000 Individual \$24,000 Family	\$8,500 Individual \$17,000 Family	\$10,600 Individual \$21,200 Family
DEDUCTIBLE - MEDICAL (IN-NETWORK)	\$3,025 Individual \$6,050 Family	\$2,750 Individual \$5,500 Family	\$9,000 Individual \$18,000 Family	\$5,200 Individual \$10,400 Family	\$7,000 Individual \$14,000 Family
DEDUCTIBLE - DRUG (IN-NETWORK)	\$0	Tiers 4, 5, and 6 combined with medical	\$0	Combined with medical	\$0
IN-NETWORK COSTS:					
PRIMARY CARE	First two sick visits free, all other visits: \$20	First two sick visits free, all other visits: \$25	\$50 Non-PCMH \$30 PCMH	0%	\$50
SPECIALIST VISIT*	\$55	\$55	\$55	0%	\$55
PREVENTIVE CARE	\$0	\$0	\$0	\$0	\$0
URGENT CARE	\$55	\$55	\$150	0%	\$150
EMERGENCY SERVICES	\$350	15%	\$500	0%	\$400
INPATIENT HOSPITAL	10%	15%	0%	0%	0%
X-RAYS & OTHER DIAGNOSTIC IMAGING	10%	15%	\$100	0%	\$100
HIGH END IMAGING: CT / PET / MRI	10%	15%	0%	0%	0%
MENTAL HEALTH / SUBSTANCE ABUSE - OFFICE VISITS	First two visits free, all other visits: \$20	First two visits free, all other visits: \$25	\$50	0%	\$50
SPEECH / OCCUPATIONAL / PHYSICAL THERAPY, OUTPATIENT REHAB	\$55	15%	0%	0%	20%
LAB SERVICES, OUTPATIENT	10%	15%	\$50	0%	\$50
SKILLED NURSING FACILITY	10%	15%	0%	0%	0%
OUTPATIENT SURGERY / SERVICES	10%	15%	0%	0%	0%
PEDIATRIC DENTAL COVERAGE**	Yes	Yes	No	No	No
Rx TIER 1	\$5	\$5	\$12	\$10	\$7
Rx TIER 2	\$10	\$10	\$40	\$50	\$25
Rx TIER 3	\$45	\$40	\$100	\$100	\$100
Rx TIER 4	\$60	\$55	\$125	\$125	\$125
Rx TIER 5	Tier 5/6: 50%, up to \$150 copayment	Tier 5/6: 50%, up to \$150 copayment	\$150	\$150	\$150
MONTHLY PREMIUM (21-YEAR OLD, JANUARY RATE)	\$480	\$459	\$427	\$419	\$413
MONTHLY PREMIUM (40-YEAR OLD, JANUARY RATE)	\$614	\$587	\$546	\$535	\$528
MONTHLY PREMIUM (60-YEAR OLD, JANUARY RATE)	\$1,303	\$1,246	\$1,159	\$1,137	\$1,122

2027 Small Group Market Plan Benefits

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

INSURANCE COMPANY	BCBSRI 	NHPRI	BCBSRI	BCBSRI 	NHPRI
PLAN NAME	BlueCHiP Select RI for HSA 100/NC 5200/10400	Neighborhood CHOICE	BlueSolutions for HSA 100/60 7800/15600	BlueCHiP Select RI for HSA 100/NC 8000/16000	Neighborhood STANDARD
METAL LEVEL	SILVER	SILVER	BRONZE	BRONZE	BRONZE
HSA QUALIFIED	Yes	No	Yes	Yes	Yes
PLAN TYPE	POS	HMO	PPO	POS	HMO
REFERRAL REQUIRED	Yes	No	No	Yes	No
NETWORK COVERAGE AREA	RI Only	RI Only	National	RI Only	RI Only
RI PROVIDER INFORMATION (SUBJECT TO CHANGE)	1,354 PCPs 2,538 Specialists 381 Dentists Brown University Health Hospitals, Care New England Hospitals, Westerly Hospital	1,336 PCPs 5,501 Specialists 503 Dentists 14 of 14 Hospitals	1,578 PCPs 4,134 Specialists 436 Dentists 14 of 14 Hospitals	1,354 PCPs 2,538 Specialists 381 Dentists Brown University Health Hospitals, Care New England Hospitals, Westerly Hospital	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	Yes - 40% after out-of-network deductible	Not covered except for urgent or emergent care	Not covered except for urgent or emergent care
MAXIMUM OUT-OF-POCKET (MOOP) IN-NETWORK MEDICAL + DRUG	\$8,500 Individual \$17,000 Family	\$10,000 Individual \$20,000 Family	\$7,800 Individual \$15,600 Family	\$8,500 Individual \$17,000 Family	\$8,000 Individual \$16,000 Family
DEDUCTIBLE - MEDICAL (IN-NETWORK)	\$5,200 Individual \$10,400 Family	\$5,000 Individual \$10,000 Family	\$7,800 Individual \$15,600 Family	\$8,000 Individual \$16,000 Family	\$7,000 Individual \$14,000 Family
DEDUCTIBLE - DRUG (IN-NETWORK)	Combined with medical	Tiers 4, 5, and 6 combined with medical	Combined with medical	Combined with medical	Combined with medical
IN-NETWORK COSTS:					
PRIMARY CARE	0%	First two sick visits free, all other visits: \$35	0%	0%	20%
SPECIALIST VISIT*	0%	\$75	0%	0%	20%
PREVENTIVE CARE	\$0	\$0	\$0	\$0	\$0
URGENT CARE	0%	\$75	0%	0%	20%
EMERGENCY SERVICES	0%	50%	0%	0%	20%
INPATIENT HOSPITAL	0%	50%	0%	0%	20%
X-RAYS & OTHER DIAGNOSTIC IMAGING	0%	50%	0%	0%	20%
HIGH END IMAGING: CT / PET / MRI	0%	50%	0%	0%	20%
MENTAL HEALTH / SUBSTANCE ABUSE - OFFICE VISITS	0%	First two visits free, all other visits: \$35	0%	0%	20%
SPEECH / OCCUPATIONAL / PHYSICAL THERAPY, OUTPATIENT REHAB	0%	\$75	0%	0%	20%
LAB SERVICES, OUTPATIENT	0%	50%	0%	0%	20%
SKILLED NURSING FACILITY	0%	50%	0%	0%	20%
OUTPATIENT SURGERY / SERVICES	0%	50%	0%	0%	20%
PEDIATRIC DENTAL COVERAGE**	No	Yes	No	No	Yes
Rx TIER 1	\$7	\$5	\$0	\$7	\$5
Rx TIER 2	\$25	\$15	\$0	\$25	\$15
Rx TIER 3	\$100	\$50	\$0	\$100	\$45
Rx TIER 4	\$125	\$70	\$0	\$125	\$60
Rx TIER 5	\$150	Tier 5/6: 50%, up to \$150 copayment	\$0	\$150	Tier 5/6: 50%, up to \$150 copayment
MONTHLY PREMIUM (21-YEAR OLD, JANUARY RATE)	\$373	\$412	\$359	\$320	\$354
MONTHLY PREMIUM (40-YEAR OLD, JANUARY RATE)	\$477	\$527	\$459	\$409	\$452
MONTHLY PREMIUM (60-YEAR OLD, JANUARY RATE)	\$1,013	\$1,118	\$975	\$868	\$961