



## 2019 Individual Market Plans and Benefits



HealthSourceRI  
WE WORK FOR YOU

- Easily compare plans from the state's top insurance companies, all in one place
- 8 out of 10 HealthSource RI customers receive financial help
- Use our **Plan Comparison Savings Tool** at [HealthSourceRI.com/calculator](https://HealthSourceRI.com/calculator) to get a quick quote
- Get in-person help at our **Walk-in Center** or attend an **Enrollment Fair**
- Visit [HealthSourceRI.com](https://HealthSourceRI.com) to enroll or call **1-855-840-4774** for assistance

## 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 (40 years)	Children (0-14 years)	\$ 30,000	\$ 40,000	\$ 50,000	\$ 60,000
1	1	\$ 193	\$ 65	\$ 126	\$ 43
2	0	\$ 529	\$ 401	\$ 260	\$ 178
Families of 3		Tax Credits by Annual Household Income			
Adults (40 years)	Children (0-14 years)	\$ 30,000	\$ 45,000	\$ 60,000	\$ 75,000
1	2	\$ 240	\$ 68	\$ 261	\$ 121
2	1	\$ 576	\$ 403	\$ 396	\$ 256
Families of 4		Tax Credits by Annual Household Income			
Adults (40 years)	Children (0-14 years)	\$ 45,000	\$ 60,000	\$ 75,000	\$ 90,000
1	3	\$ 127	\$ 0	\$ 324	\$ 199
2	2	\$ 463	\$ 273	\$ 459	\$ 333

### Single Adults:

Age	Tax Credits by Annual Household Income				
	\$ 20,000	\$ 25,000	\$ 30,000	\$ 35,000	\$ 40,000
21 year old	\$ 182	\$ 122	\$ 56	\$ 0	\$ 0
40 year old	\$ 255	\$ 195	\$ 129	\$ 58	\$ 7
60 year old	\$ 632	\$ 572	\$ 506	\$ 435	\$ 384

— Child/children eligible for free coverage RlteCare

#### 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.

\*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).

Rates as of November 1, 2017. 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](http://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 a web form titled "Tell us about yourself & your family." with a progress bar at the top indicating three steps: "Tell us about yourself", "Tell us about your doctors", and "Compare plans". The first step is active. Below the title, there is a note: "\* Indicates required field". The form contains the following fields and options:

- 1 - Who will be covered?**
- Age:\*** (text input field)
- In general, would you say the health of this person is: ?** (dropdown menu with "-- Select --")
- Expected medical procedures: ?** (dropdown menu with "None")
- Member of Federally Recognized Tribe? ?** (checkbox)
- Pregnant woman? ?** (checkbox)
- Person 1** (label for the first row)
- Add Another Person** (button)
- 2 - Do you want to include dental plans in your search?\*** (checkbox)
- Yes** (radio button)
- No** (radio button)

## When to Enroll or Renew

**Open Enrollment runs November 1, 2018 through December 31, 2018**

**Important dates for picking your 2019 health insurance:**

November 1	First day to shop for coverage
December 23	Deadline to pick and pay and ensure coverage is processed by January 1, 2019
December 31	Very last day to pick and pay for 2019 coverage (ID cards will be delayed)

## How to Enroll or Renew

**Visit HealthSourceRI.com to:**

- Enroll or renew coverage
- Compare plans and costs through our **Plan Comparison & Savings Tool**
- Find in-person enrollment help through a Navigator in your community
- Look for our calendar of enrollment events throughout the state

**Visit 401 Wampanoag Trail in East Providence or Call 1-855-840-4774**

- Monday through Friday, 8:00 am – 7:00 pm
- Saturday, 9:00 am – 12:00 pm (only during Open Enrollment)

You can also **call 211** to find in-person enrollment assistance through a Navigator in your community.

# 2019 Individual Market Plan Benefits

8 out of 10 HealthSource RI customers receive financial help.

Use our [Plan Comparison & Savings Tool](http://HealthSourceRI.com/calculator) at [HealthSourceRI.com/calculator](http://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	NHPRI
<p><b>INDIVIDUAL PREMIUMS:</b> A premium is the amount you must pay each month for health insurance. Premiums vary by age and family size, and you may qualify for tax credits if you earn less than \$48,560 for an individual or \$100,400 for a family of four.</p> <p><b>HEALTH SAVINGS ACCOUNTS (HSAs):</b> 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.</p>	PLAN NAME	VantageBlue Direct Plan 1375/2750	*Neighborhood PRINCIPAL
	METAL LEVEL	GOLD	GOLD
	MONTHLY PREMIUM (21-YEAR OLD, BEFORE TAX CREDIT)	\$392	\$261
	MONTHLY PREMIUM (40-YEAR OLD, BEFORE TAX CREDIT)	\$501	\$334
	MONTHLY PREMIUM (60-YEAR OLD, BEFORE TAX CREDIT)	\$1,064	\$709
	HSA QUALIFIED	No	No
<p><b>HOW YOU GET YOUR CARE</b></p> <p>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.</p> <p>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 preventative healthcare services at no cost.</p>	PLAN TYPE (SEE DEFINITIONS ON PAGE 2)	PPO	HMO
	REFERRAL REQUIRED	No	No
	NETWORK COVERAGE AREA	National	RI only
	RI PROVIDER INFORMATION	1,551 PCPs/ Pediatricians 3,314 Specialists 14 of 14 Hospitals 505 Dentists	926 PCPs/ Pediatricians 5,073 Specialists 14 of 14 Hospitals 546 Dentists
	OUT-OF-NETWORK COVERAGE, NON-EMERGENCY	Not covered except for urgent or emergent care	Not covered except for urgent or emergent care
<p><b>MAXIMUM OUT-OF-POCKET</b></p> <p>In addition to your monthly premium, the <b>maximum out-of-pocket</b> amount is the most you could have to pay in deductibles, copayments and coinsurance during the year.</p>	MAXIMUM OUT-OF-POCKET MEDICAL + DRUG	\$5,200 Individual \$10,400 Family	\$4,000 Individual \$8,000 Family
	<p><b>DEDUCTIBLES</b></p> <p>The <b>deductible</b> is the amount you must pay out-of-pocket for certain health care 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 hospital stays, as well as prescription medications.</p>	DEDUCTIBLE - MEDICAL	\$1,375 Individual \$2,750 Family
DEDUCTIBLE - DRUG		\$0	Tiers 5 & 6 Combined with Medical
<p><b>COPAYMENTS &amp; COINSURANCE**</b></p> <p><b>Copayments</b> are fixed dollar amounts that you must pay for certain types of healthcare services each time you use them.</p> <p><b>Coinsurance</b> 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.</p> <p>In <b>TIERED</b> plans, copayments or coinsurance for a particular service may vary depending on your choice of health provider.</p> <p>The <b>WHITE</b> 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.</p> <p>The <b>SHADED</b> 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.</p> <p>A <b>Patient-Centered Medical Home (PCMH)</b> is a team of healthcare providers that work together to coordinate your care. Visiting a PCMH provider may cost less in certain plans.</p>	PRIMARY CARE	First sick visit free, all other visits \$20 PCMH; \$30 Non-PCMH	\$25
	SPECIALIST VISIT	\$45	\$40
	PREVENTATIVE CARE	\$0	\$0
	URGENT CARE	\$75	\$40
	ER SERVICES	\$225	\$350
	INPATIENT HOSPITAL	20%	0%
	X-RAYS & OTHER DIAG. IMAGING	20%	0%
	HIGH END IMAGING: CT/PET/MRI	20%	0%
	MENTAL HEALTH/SUBSTANCE ABUSE - OFFICE VISITS	\$30	\$25
	SPEECH/OCCUP/PHYS THERAPY, OUTPATIENT REHAB	20%	\$40
	LAB SERVICES, OUTPATIENT	20%	0%
	SKILLED NURSING FACILITY	20%	0%
	OUTPATIENT SURGERY/SERVICES	20%	0%
	PEDIATRIC DENTAL COVERAGE***	Yes	Yes
<p><b>PRESCRIPTION DRUGS</b></p> <p>Insurance companies separate prescription drugs into different categories known as "tiers."</p> <p>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.</p>	TIER 1	\$10	\$5
	TIER 2	\$25	\$10
	TIER 3	\$50	\$35
	TIER 4	\$75	\$50
	TIER 5	\$125	Tier 5/Tier 6: 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 \$30,350 for an individual or \$62,750 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.

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8 out of 10 HealthSource RI customers receive financial help.

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INSURANCE COMPANY	BCBSRI	BCBSRI	BCBSRI	BCBSRI	NHPRI
PLAN NAME	*BlueSolutions for HSA Direct 1400/2800	BasicBlue Direct 2300/4600	BlueCHIP Direct 2300/4600	BlueCHIP Direct Advance 2300/4600	Neighborhood PLUS
METAL LEVEL	GOLD	GOLD	GOLD	GOLD	GOLD
MONTHLY PREMIUM (21-YEAR OLD, BEFORE TAX CREDIT)	\$383	\$382	\$347	\$295	\$253
MONTHLY PREMIUM (40-YEAR OLD, BEFORE TAX CREDIT)	\$490	\$489	\$444	\$377	\$323
MONTHLY PREMIUM (60-YEAR OLD, BEFORE TAX CREDIT)	\$1,040	\$1,038	\$942	\$801	\$686
HSA QUALIFIED	✓	No	No	No	No
PLAN TYPE (SEE DEFINITIONS ON PAGE 2)	PPO	PPO	POS	POS	HMO
REFERRAL REQUIRED	No	No	Yes	Yes	No
NETWORK COVERAGE AREA	National	National	RI only	RI Only	RI only
RI PROVIDER INFORMATION	1,551 PCPs/ Pediatricians 3,314 Specialists 14 of 14 Hospitals 505 Dentists	1,551 PCPs/ Pediatricians 3,314 Specialists 14 of 14 Hospitals 505 Dentists	1,551 PCPs/ Pediatricians 3,314 Specialists 14 of 14 Hospitals 505 Dentists	262 PCPs/ Pediatricians 1,173 Specialists 4 of 4 Lifespan Hospitals 412 Dentists	926 PCPs/ Pediatricians 5,073 Specialists 14 of 14 Hospitals 546 Dentists
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	\$3,500 Individual \$7,000 Family	\$3,100 Individual \$6,200 Family	\$3,900 Individual \$7,800 Family	\$3,900 Individual \$7,800 Family	\$5,900 Individual \$11,800 Family
DEDUCTIBLE - MEDICAL	\$1,400 Individual \$2,800 Family	\$2,300 Individual \$4,600 Family	\$2,300 Individual \$4,600 Family	\$2,300 Individual \$4,600 Family	\$1,000 Individual \$2,000 Family
DEDUCTIBLE - DRUG	Combined with Medical	Only Tiers 3, 4 & 5 Combined with Medical	Only Tiers 3, 4 & 5 Combined with Medical	Only Tiers 3, 4 & 5 Combined with Medical	Tiers 5 & 6 Combined with Medical
PRIMARY CARE	\$15 PCMH; \$35 Non-PCMH	\$15 PCMH; \$25 Non-PCMH	\$15 PCMH; \$35 Non-PCMH	\$15 PCMH; \$35 Non-PCMH	\$20
SPECIALIST VISIT	\$40	\$30	\$45	\$45	\$40
PREVENTATIVE CARE	\$0	\$0	\$0	\$0	\$0
URGENT CARE	\$75	\$75	\$75	\$75	\$40
ER SERVICES	\$150	10%	10%	10%	\$200
INPATIENT HOSPITAL	\$200 per admission	10%	10%	10%	20%
X-RAYS & OTHER DIAG. IMAGING	0%	10%	10%	10%	20%
HIGH END IMAGING: CT/PET/MRI	\$150	10%	10%	10%	20%
MENTAL HEALTH/SUBSTANCE ABUSE - OFFICE VISITS	\$35	\$25	\$35	\$35	\$20
SPEECH/OCCUP/PHYS THERAPY, OUTPATIENT REHAB	\$40	10%	10%	10%	\$40
LAB SERVICES, OUTPATIENT	0%	10%	10%	10%	20%
SKILLED NURSING FACILITY	\$200 per admission	10%	10%	10%	20%
OUTPATIENT SURGERY/SERVICES	0%	10%	10%	10%	20%
PEDIATRIC DENTAL COVERAGE***	Yes	Yes	Yes	Yes	Yes
TIER 1	\$10	\$10	\$10	\$10	\$5
TIER 2	\$25	\$30	\$25	\$25	\$10
TIER 3	\$50	\$50	\$50	\$50	\$35
TIER 4	\$75	\$75	\$75	\$75	\$50
TIER 5	\$125	\$125	\$125	\$125	Tier 5/Tier 6: 30%

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INSURANCE COMPANY	BCBSRI	BCBSRI	BCBSRI	BCBSRI	NHPRI
PLAN NAME	BasicBlue Direct 4900/9800	VantageBlue Direct Plan 5525/11050	BlueCHIP Direct 4800/9600	*BlueSolutions for HSA Direct 4100/8200	*Neighborhood VALUE
METAL LEVEL	SILVER	SILVER	SILVER	SILVER	SILVER
MONTHLY PREMIUM (21-YEAR OLD, BEFORE TAX CREDIT)	\$365	\$350	\$332	\$329	\$263
MONTHLY PREMIUM (40-YEAR OLD, BEFORE TAX CREDIT)	\$466	\$447	\$425	\$421	\$336
MONTHLY PREMIUM (60-YEAR OLD, BEFORE TAX CREDIT)	\$989	\$949	\$902	\$894	\$713
HSA QUALIFIED	No	No	No	✓	No
PLAN TYPE (SEE DEFINITIONS ON PAGE 2)	PPO	PPO	POS	PPO	HMO
REFERRAL REQUIRED	No	No	Yes	No	No
NETWORK COVERAGE AREA	National	National	RI only	National	RI only
RI PROVIDER INFORMATION	1,551 PCPs/ Pediatricians 3,314 Specialists 14 of 14 Hospitals 505 Dentists	1,551 PCPs/ Pediatricians 3,314 Specialists 14 of 14 Hospitals 505 Dentists	1,551 PCPs/ Pediatricians 3,314 Specialists 14 of 14 Hospitals 505 Dentists	1,551 PCPs/ Pediatricians 3,314 Specialists 14 of 14 Hospitals 505 Dentists	926 PCPs/ Pediatricians 5,073 Specialists 14 of 14 Hospitals 546 Dentists
OUTO-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	\$5,500 Individual \$11,000 Family	\$7,850 Individual \$15,700 Family	\$5,800 Individual \$11,600 Family	\$4,600 Individual \$9,200 Family	\$7,900 Individual \$15,800 Family
DEDUCTIBLE - MEDICAL	\$4,900 Individual \$9,800 Family	\$5,525 Individual \$11,050 Family	\$4,800 Individual \$9,600 Family	\$4,100 Individual \$8,200 Family	\$3,600 Individual \$7,200 Family
DEDUCTIBLE - DRUG	Only Tiers 3, 4 & 5 Combined with Medical	\$0	Only Tiers 3, 4 & 5 Combined with Medical	Combined with Medical	Tiers 5 & 6 Combined with Medical
PRIMARY CARE	\$10 PCMH \$20 Non-PCMH	First sick visit free, all other visits \$40 PCMH \$60 Non-PCMH	\$25 PCMH \$45 Non-PCMH	20%	\$25
SPECIALIST VISIT	\$45	\$65	\$60	20%	\$60
PREVENTATIVE CARE	\$0	\$0	\$0	\$0	\$0
URGENT CARE	\$75	\$75	\$75	20%	\$60
ER SERVICES	10%	\$300	10%	20%	25%
INPATIENT HOSPITAL	10%	30%	10%	20%	25%
X-RAYS & OTHER DIAG. IMAGING	10%	30%	10%	20%	25%
HIGH END IMAGING: CT/PET/MRI	10%	30%	10%	20%	25%
MENTAL HEALTH/SUBSTANCE ABUSE - OFFICE VISITS	\$20	\$60	\$45	20%	\$25
SPEECH/OCCUP/PHYS THERAPY, OUTPATIENT REHAB	10%	30%	10%	20%	\$60
LAB SERVICES, OUTPATIENT	10%	30%	10%	20%	25%
SKILLED NURSING FACILITY	10%	30%	10%	20%	25%
OUTPATIENT SURGERY/SERVICES	10%	30%	10%	20%	25%
PEDIATRIC DENTAL COVERAGE***	Yes	Yes	Yes	Yes	Yes
TIER 1	\$10	\$10	\$7	\$10	\$10
TIER 2	\$30	\$35	\$35	\$30	\$15
TIER 3	\$50	\$80	\$50	\$50	\$40
TIER 4	\$75	\$100	\$75	\$75	\$55
TIER 5	\$100	\$250	\$100	\$100	Tier 5/Tier 6: 30%

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INSURANCE COMPANY	BCBSRI	NHPRI	BCBSRI	BCBSRI	NHPRI	NHPRI
PLAN NAME	BlueCHIP Direct Advance 4650/9300	Neighborhood COMMUNITY	BasicBlue Direct 6450/12900	*BlueSolutions for HSA Direct 6000/12000	Neighborhood INNOVATION	*Neighborhood ECONOMY
METAL LEVEL	SILVER	SILVER	BRONZE	BRONZE	BRONZE	BRONZE
MONTHLY PREMIUM (21-YEAR OLD, BEFORE TAX CREDIT)	\$298	\$246	\$260	\$229	\$169	\$169
MONTHLY PREMIUM (40-YEAR OLD, BEFORE TAX CREDIT)	\$381	\$315	\$332	\$293	\$216	\$215
MONTHLY PREMIUM (60-YEAR OLD, BEFORE TAX CREDIT)	\$809	\$668	\$705	\$622	\$459	\$458
HSA QUALIFIED	No	✓	No	✓	No	✓
PLAN TYPE (SEE DEFINITIONS ON PAGE 2)	POS	HMO	PPO	PPO	HMO	HMO
REFERRAL REQUIRED	Yes	No	No	No	No	No
NETWORK COVERAGE AREA	RI only	RI only	National	National	RI only	RI only
RI PROVIDER INFORMATION	262 PCPs/ Pediatricians 1,173 Specialists 4 of 4 Lifespan Hospitals 412 Dentists	926 PCPs/ Pediatricians 5,073 Specialists 14 of 14 Hospitals 546 Dentists	1,551 PCPs/ Pediatricians 3,314 Specialists 14 of 14 Hospitals 505 Dentists	1,551 PCPs/ Pediatricians 3,314 Specialists 14 of 14 Hospitals 505 Dentists	926 PCPs/ Pediatricians 5,073 Specialists 14 of 14 Hospitals 546 Dentists	926 PCPs/ Pediatricians 5,073 Specialists 14 of 14 Hospitals 546 Dentists
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	Not covered except for urgent or emergent care
MAXIMUM OUT-OF-POCKET MEDICAL + DRUG	\$5,650 Individual \$11,300 Family	\$6,550 Individual \$13,100 Family	\$7,350 Individual \$14,700 Family	\$6,550 Individual \$13,100 Family	\$7,350 Individual \$14,700 Family	\$6,550 Individual \$13,100 Family
DEDUCTIBLE - MEDICAL	\$4,650 Individual \$9,300 Family	\$2,850 Individual \$5,700 Family	\$6,450 Individual \$12,900 Family	\$6,000 Individual \$12,000 Family	\$6,550 Individual \$13,100 Family	\$6,000 Individual \$12,000 Family
DEDUCTIBLE - DRUG	Only Tiers 3, 4 & 5 Combined with Medical	Combined with Medical	Only Tiers 3, 4 & 5 Combined with Medical	Combined with Medical	Combined with Medical	Combined with Medical
PRIMARY CARE	\$25 PCMH \$45 Non-PCMH	10%	\$30 PCMH \$50 Non-PCMH	10%	\$20	0%
SPECIALIST VISIT	\$60	10%	\$60	10%	30%	0%
PREVENTATIVE CARE	\$0	\$0	\$0	\$0	\$0	\$0
URGENT CARE	\$75	10%	\$75	10%	30%	0%
ER SERVICES	10%	10%	10%	10%	30%	0%
INPATIENT HOSPITAL	10%	10%	10%	10%	30%	0%
X-RAYS & OTHER DIAG. IMAGING	10%	10%	10%	10%	30%	0%
HIGH END IMAGING: CT/PET/MRI	10%	10%	10%	10%	30%	0%
MENTAL HEALTH/SUBSTANCE ABUSE - OFFICE VISITS	\$45	10%	\$50	10%	\$20	0%
SPEECH/OCCUP/PHYS THERAPY, OUTPATIENT REHAB	10%	10%	10%	10%	30%	0%
LAB SERVICES, OUTPATIENT	10%	10%	10%	10%	30%	0%
SKILLED NURSING FACILITY	10%	10%	10%	10%	30%	0%
OUTPATIENT SURGERY/SERVICES	10%	10%	10%	10%	30%	0%
PEDIATRIC DENTAL COVERAGE***	Yes	Yes	Yes	Yes	Yes	Yes
TIER 1	\$7	\$5	\$10	\$10	\$10	\$5
TIER 2	\$35	\$10	\$35	\$35	\$15	\$10
TIER 3	\$50	\$35	\$50	\$60	\$40	\$35
TIER 4	\$75	\$50	\$100	\$100	\$55	\$50
TIER 5	\$100	Tier 5/Tier 6: 30%	\$200	\$200	Tier 5/Tier 6: 30%	Tier 5/Tier 6: 30%

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