

2020 Cost Sharing Reduction Plans

*for eligible individuals
and families*



HealthSourceRI
WE WORK FOR YOU



Compare plans from the state's top insurance companies

Cost Sharing Reduction (CSR) Plans:

CSR plans are Silver plans that have reduced deductibles, coinsurance, and copayments, with no difference in premiums. These reductions are in addition to tax credits that help reduce your monthly premiums. If you qualify for CSRs, you will qualify for one of three levels of CSR plans (73, 87, or 94), depending on your income and family size. By selecting a CSR plan, you will pay the same premium per month as a regular Silver plan, but you will pay less for copayments, deductibles, and coinsurance when you see the doctor, go to the hospital or get a prescription. These reduced amounts are shown in this document for each HealthSource RI plan. You may qualify based on your family size and how your income compares to the Federal Poverty Level (FPL):

Metal Level	Silver 73		Silver 87		Silver 94	
Percentage of the Federal Poverty Level (FPL)	200% FPL	250% FPL	150% FPL	200% FPL	100% FPL	150% FPL
Family Size	You may qualify if your income is between:		You may qualify if your income is between:		You may qualify if your income is between:	
1	\$24,980	\$31,225	\$18,735	\$24,980	\$12,490	\$18,735
2	\$33,820	\$42,275	\$25,365	\$33,820	\$16,910	\$25,365
3	\$42,660	\$53,325	\$31,995	\$42,660	\$21,330	\$31,995
4	\$51,500	\$64,375	\$38,625	\$51,500	\$25,750	\$38,625
5	\$60,340	\$75,425	\$45,255	\$60,340	\$30,170	\$45,255
6	\$69,180	\$86,475	\$51,885	\$69,180	\$34,590	\$51,885

HealthSourceRI Plan Comparison & Savings Tool

You can also use our redesigned **Plan Comparison & Savings Tool** at HealthSourceRI.com/calculator to compare plan costs and estimate your savings. Just enter your age, family size and income and find the plan that best meets your needs and budget in less than 5 minutes.

When to Enroll or Renew

Open Enrollment runs November 1, 2019 through December 31, 2019

Important dates for picking your 2020 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, 2020
December 31: Very last day to pick and pay for 2020 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, 8:00am–7:00pm
- Saturday, 9:00–12:00pm (only during Open Enrollment)

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

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.

Rates as of November 1, 2019. 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.

*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).

**Preventative pediatric dental services are not subject to the deductible but other services may be. Please check with your insurance company.

2020 Cost Sharing Reduction Insurance Plans for Eligible Individuals and Families

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BCBSRI: Blue Cross & Blue Shield of Rhode Island

NHPRI: Neighborhood Health Plan of Rhode Island

BASIC PLAN INFORMATION	INSURANCE COMPANY	BCBSRI	BCBSRI	NHPRI
<p>COSTING-SHARING REDUCTION (CSR) PLANS: CSR plans are versions of Silver plans that have reduced deductibles, coinsurance, and copayments, with no difference in premium. You may qualify for a CSR plan based on your family size and how your income compares to the Federal Poverty Level.</p> <p>INDIVIDUAL PREMIUMS: 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>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 health care expenses like deductibles and copayments.</p>	PLAN NAME	VantageBlue Direct Plan (CSR73)	BasicBlue Direct (CSR73)	*Neighborhood VALUE (CSR73)
	METAL LEVEL	SILVER 73	SILVER 73	SILVER 73
	PLAN INCOME RANGE % OF FEDERAL POVERTY LEVEL (FPL)	200-250% FPL	200-250% FPL	200-250% FPL
	MONTHLY PREMIUM (21-YEAR OLD, BEFORE TAX CREDIT)	\$365	\$361	\$260
	MONTHLY PREMIUM (40-YEAR OLD, BEFORE TAX CREDIT)	\$467	\$461	\$332
	MONTHLY PREMIUM (60-YEAR OLD, BEFORE TAX CREDIT)	\$991	\$979	\$705
	HSA QUALIFIED	No	No	No
HOW YOU GET YOUR CARE	PLAN TYPE (SEE DEFINITIONS ON PAGE 2)	PPO	PPO	HMO
<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>	REFERRAL REQUIRED	No	No	No
	NETWORK COVERAGE AREA	National	National	RI only
	RI PROVIDER INFORMATION	1,422 PCPs/ Pediatricians 3,008 Specialists 14 of 14 Hospitals 510 Dentists	1,422 PCPs/ Pediatricians 3,008 Specialists 14 of 14 Hospitals 510 Dentists	979 PCPs/ Pediatricians 5,281 Specialists 14 of 14 Hospitals 547 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
MAXIMUM OUT-OF-POCKET	MAXIMUM OUT-OF-POCKET (MOOP) MEDICAL + DRUG	\$6,500 Individual \$13,000 Family	\$6,500 Individual \$13,000 Family	\$6,500 Individual \$13,000 Family
DEDUCTIBLES	DEDUCTIBLE - MEDICAL	\$5,450 Individual \$10,900 Family	\$3,400 Individual \$6,800 Family	\$3,700 Individual \$7,400 Family
	DEDUCTIBLE - DRUG	\$0	Only Tiers 3, 4 and 5 apply to deductible	Tiers 5 and 6 Combined with Medical
COPAYMENTS & COINSURANCE	PRIMARY CARE	First sick visit free, all other visits \$40 PCMH \$60 Non-PCMH	\$10 PCM \$20 Non-PCMH	\$20
<p>Copayments are fixed dollar amounts that you must pay for certain types of health care services each time you use them.</p> <p>Coinsurance is a percentage of the total cost of certain types of health care services that you must pay. Coinsurance usually applies after you meet your deductible.</p> <p>In TIERED plans, copayments or coinsurance for a particular service may vary depending on your choice of health provider.</p> <p>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.</p> <p>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.</p> <p>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.</p>	SPECIALIST VISIT	\$65	\$45	\$65
	PREVENTATIVE CARE	\$0	\$0	\$0
	URGENT CARE	\$75	\$75	\$65
	ER SERVICES	\$375	10%	20%
	INPATIENT HOSPITAL	20%	10%	20%
	X-RAYS & OTHER DIAG. IMAGING	20%	10%	20%
	HIGH END IMAGING: CT/PET/MRI	20%	20%	20%
	MENTAL HEALTH/SUBSTANCE ABUSE - OFFICE VISITS	\$60	\$20	\$20
	SPEECH/OCCUP/PHYS THERAPY, OUTPATIENT REHAB.	20%	10%	\$65
	LAB SERVICES, OUTPATIENT	20%	10%	20%
	SKILLED NURSING FACILITY	20%	10%	20%
	OUTPATIENT SURGERY/SERVICES	20%	20%	20%
	PEDIATRIC DENTAL COVERAGE**	Yes	Yes	Yes
PRESCRIPTION DRUGS	TIER 1	\$10	\$10	\$10
<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 2	\$35	\$30	\$15
	TIER 3	\$60	\$50	\$40
	TIER 4	\$80	\$75	\$55
	TIER 5	\$250	\$100	Tier 5: Tier 5: 20%

2020 Cost Sharing Reduction Insurance Plans for Eligible Individuals and Families

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NHPRI: Neighborhood Health Plan of Rhode Island

INSURANCE COMPANY	BCBSRI	BCBSRI	BCBSRI	NHPRI	BCBSRI	NHPRI
PLAN NAME	BlueCHIP Direct (CSR73)	*BlueSolutions for HSA Direct (CSR73)	BlueCHIP Direct Advance (CSR73)	Neighborhood COMMUNITY (CSR73)	VantageBlue Direct Plan (CSR87)	*Neighborhood VALUE (CSR87)
METAL LEVEL	SILVER 73	SILVER 73	SILVER 73	SILVER 73	SILVER 87	SILVER 87
PLAN INCOME RANGE % OF FEDERAL POVERTY LEVEL (FPL)	200-250% FPL	200-250% FPL	200-250% FPL	200-250% FPL	150-200% FPL	150-200% FPL
MONTHLY PREMIUM (21-YEAR OLD, BEFORE TAX CREDIT)	\$343	\$338	\$291	\$247	\$365	\$260
MONTHLY PREMIUM (40-YEAR OLD, BEFORE TAX CREDIT)	\$438	\$432	\$372	\$315	\$467	\$332
MONTHLY PREMIUM (60-YEAR OLD, BEFORE TAX CREDIT)	\$930	\$917	\$789	\$669	\$991	\$705
HSA QUALIFIED	No	Yes	No	No	No	No
PLAN TYPE (SEE DEFINITIONS ON PAGE 2)	POS	PPO	POS	HMO	PPO	HMO
REFERRAL REQUIRED	Yes	No	Yes	No	No	No
NETWORK COVERAGE AREA	RI only	National	RI Only	RI only	National	RI only
RI PROVIDER INFORMATION	1,422 PCPs/ Pediatricians 3,008 Specialists 14 of 14 Hospitals 510 Dentists	1,422 PCPs/ Pediatricians 3,008 Specialists 14 of 14 Hospitals 510 Dentists	265 PCPs/ Pediatricians 1,068 Specialists 4 of 4 Lifespan Hospitals 420 Dentists	979 PCPs/ Pediatricians 5,281 Specialists 14 of 14 Hospitals 547 Dentists	1,422 PCPs/ Pediatricians 3,008 Specialists 14 of 14 Hospitals 510 Dentists	979 PCPs/ Pediatricians 5,281 Specialists 14 of 14 Hospitals 547 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 (MOOP) MEDICAL + DRUG	\$5,850 Individual \$11,700 Family	\$4,700 Individual \$9,400 Family	\$5,800 Individual \$11,600 Family	\$6,150 Individual \$12,300 Family	\$2,700 Individual \$5,400 Family	\$2,600 Individual \$5,200 Family
DEDUCTIBLE - MEDICAL	\$3,200 Individual \$6,400 Family	\$2,350 Individual \$4,700 Family	\$3,200 Individual \$6,400 Family	\$2,550 Individual \$5,100 Family	\$90 Individual \$180 Family	\$950 Individual \$1,900 Family
DEDUCTIBLE - DRUG	Only Tiers 3, 4 and 5 apply to deductible	Combined with Medical	Only Tiers 3, 4 and 5 apply to deductible	Combined with Medical	\$0	Tiers 5 and 6 Combined with Medical
PRIMARY CARE	\$20 PCMH \$30 Non-PCMH	20%	\$20 PCMH \$40 Non-PCMH	10%	First sick visit free, all other visits \$15 PCMH \$25 Non-PCMH	\$10
SPECIALIST VISIT	\$60	20%	\$60	10%	\$40	\$20
PREVENTATIVE CARE	\$0	\$0	\$0	\$0	\$0	\$0
URGENT CARE	\$75	20%	\$75	10%	\$75	\$20
ER SERVICES	10%	20%	10%	10%	\$300	10%
INPATIENT HOSPITAL	10%	20%	10%	10%	20%	10%
X-RAYS & OTHER DIAG. IMAGING	10%	20%	10%	10%	20%	10%
HIGH END IMAGING: CT/PET/MRI	10%	20%	10%	10%	20%	10%
MENTAL HEALTH/SUBSTANCE ABUSE - OFFICE VISITS	\$30	20%	\$40	10%	\$25	\$10
SPEECH/OCCUP/PHYS THERAPY, OUTPATIENT REHAB	10%	20%	10%	10%	20%	\$20
LAB SERVICES, OUTPATIENT	10%	20%	10%	10%	20%	10%
SKILLED NURSING FACILITY	10%	20%	10%	10%	20%	10%
OUTPATIENT SURGERY/SERVICES	10%	20%	10%	10%	20%	10%
PEDIATRIC DENTAL COVERAGE**	Yes	Yes	Yes	Yes	Yes	Yes
TIER 1	\$7	\$0	\$7	\$0	\$10	\$5
TIER 2	\$35	\$0	\$35	\$0	\$35	\$10
TIER 3	\$50	\$0	\$50	\$0	\$60	\$35
TIER 4	\$75	\$0	\$75	\$0	\$80	\$50
TIER 5	\$100	\$100	\$100	Tier 5/ Tier 6: 10%	\$125	Tier 5/ Tier 6: 10%

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INSURANCE COMPANY	BCBSRI	BCBSRI	BCBSRI	BCBSRI	NHPRI	BCBSRI	NHPRI
PLAN NAME	BasicBlue Direct (CSR87)	BlueCHIP Direct (CSR87)	*BlueSolutions for HSA Direct (CSR87)	BlueCHIP Direct Advance (CSR87)	Neighborhood COMMUNITY (CSR87)	VantageBlue Direct Plan (CSR94)	*Neighborhood VALUE (CSR94)
METAL LEVEL	SILVER 87	SILVER 87	SILVER 87	SILVER 87	SILVER 87	SILVER 94	SILVER 94
PLAN INCOME RANGE % OF FEDERAL POVERTY LEVEL (FPL)	150-200% FPL	150-200% FPL	150-200% FPL	150-200% FPL	150-200% FPL	100-150% FPL	100-150% FPL
MONTHLY PREMIUM (21-YEAR OLD, BEFORE TAX CREDIT)	\$361	\$343	\$338	\$291	\$247	\$365	\$260
MONTHLY PREMIUM (40-YEAR OLD, BEFORE TAX CREDIT)	\$461	\$438	\$432	\$372	\$315	\$467	\$332
MONTHLY PREMIUM (60-YEAR OLD, BEFORE TAX CREDIT)	\$979	\$930	\$917	\$789	\$669	\$991	\$705
HSA QUALIFIED	No	No	No	No	No	No	No
PLAN TYPE (SEE DEFINITIONSONPAGE2)	PPO	POS	PPO	POS	HMO	PPO	HMO
REFERRAL REQUIRED	No	Yes	No	Yes	No	No	No
NETWORK COVERAGE AREA	National	RI only	National	RI Only	RI only	National	RI only
RI PROVIDER INFORMATION	1,422 PCPs/ Pediatricians 3,008 Specialists 14 of 14 Hospitals 510 Dentists	1,422 PCPs/ Pediatricians 3,008 Specialists 14 of 14 Hospitals 510 Dentists	1,422 PCPs/ Pediatricians 3,008 Specialists 14 of 14 Hospitals 510 Dentists	265 PCPs/ Pediatricians 1,068 Specialists 4 of 4 Lifespan Hospitals 420 Dentists	979 PCPs/ Pediatricians 5,281 Specialists 14 of 14 Hospitals 547 Dentists	1,422 PCPs/ Pediatricians 3,008 Specialists 14 of 14 Hospitals 510 Dentists	979 PCPs/ Pediatricians 5,281 Specialists 14 of 14 Hospitals 547 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	Not covered except for urgent or emergent care
MAXIMUM OUT-OF-POCKET (MOOP) MEDICAL + DRUG	\$2,700 Individual \$5,400 Family	\$2,700 Individual \$5,400 Family	\$2,400 Individual \$4,800 Family	\$2,700 Individual \$5,400 Family	\$2,600 Individual \$5,200 Family	\$800 Individual \$1,600 Family	\$2,150 Individual \$4,300 Family
DEDUCTIBLE - MEDICAL	\$400 Individual \$800 Family	\$550 Individual \$1,100 Family	\$325 Individual \$650 Family	\$550 Individual \$1,100 Family	\$600 Individual \$1,200 Family	\$0	\$0
DEDUCTIBLE - DRUG	Only Tiers 3, 4 and 5 apply to deductible	Only Tiers 3, 4 and 5 apply to deductible	Combined with Medical	Only Tiers 3, 4 and 5 apply to deductible	Combined with Medical	\$0	\$0
PRIMARY CARE	\$10 PCMH \$20 Non-PCMH	\$10 PCMH \$20 Non-PCMH	10%	\$10 PCMH \$20 Non-PCMH	10%	First sick visit free, all other visits \$10 PCMH \$20 Non-PCMH	\$5
SPECIALIST VISIT	\$40	\$25	20%	\$25	10%	\$35	\$15
PREVENTATIVE CARE	\$0	\$0	\$0	\$0	\$0	\$0	\$0
URGENT CARE	\$75	\$75	20%	\$75	10%	\$75	\$15
ER SERVICES	10%	10%	20%	10%	10%	\$300	10%
INPATIENT HOSPITAL	10%	10%	20%	10%	10%	20%	10%
X-RAYS & OTHER DIAG. IMAGING	10%	10%	20%	10%	10%	20%	10%
HIGH END IMAGING: CT/PET/MRI	10%	10%	20%	10%	10%	20%	10%
MENTAL HEALTH/SUBSTANCE ABUSE - OFFICE VISITS	\$20	\$20	20%	\$20	10%	\$20	\$5
SPEECH/OCCUP/PHYS THERAPY, OUTPATIENT REHAB	10%	10%	20%	10%	10%	20%	\$15
LAB SERVICES, OUTPATIENT	10%	10%	20%	10%	10%	20%	10%
SKILLED NURSING FACILITY	10%	10%	20%	10%	10%	20%	10%
OUTPATIENT SURGERY/SERVICES	10%	10%	20%	10%	10%	20%	10%
PEDIATRIC DENTAL COVERAGE**	Yes	Yes	Yes	Yes	Yes	Yes	Yes
TIER 1	\$10	\$7	\$0	\$7	\$0	\$10	\$2
TIER 2	\$30	\$20	\$10	\$20	\$7	\$35	\$5
TIER 3	\$50	\$30	\$20	\$30	\$20	\$60	\$15
TIER 4	\$75	\$50	\$35	\$50	\$30	\$80	\$30
TIER 5	\$100	\$70	\$50	\$70	Tier 5/Tier 6: 10%	\$125	Tier 5/ Tier 6: 10%

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INSURANCE COMPANY	BCBSRI	BCBSRI	BCBSRI	BCBSRI	NHPRI
PLAN NAME	BasicBlue Direct (CSR94)	BlueCHIP Direct (CSR94)	*BlueSolutions for HSA Direct (CSR94)	BlueCHIP Direct Advance (CSR94)	Neighborhood COMMUNITY (CSR94)
METAL LEVEL	SILVER 94	SILVER 94	SILVER 94	SILVER 94	SILVER 94
PLAN INCOME RANGE % OF FEDERAL POVERTY LEVEL (FPL)	100-150% FPL	100-150% FPL	100-150% FPL	100-150% FPL	100-150% FPL
MONTHLY PREMIUM (21-YEAR OLD, BEFORE TAX CREDIT)	\$361	\$343	\$338	\$291	\$247
MONTHLY PREMIUM (40-YEAR OLD, BEFORE TAX CREDIT)	\$461	\$438	\$432	\$372	\$315
MONTHLY PREMIUM (60-YEAR OLD, BEFORE TAX CREDIT)	\$979	\$930	\$917	\$789	\$669
HSA QUALIFIED	No	No	No	No	No
PLAN TYPE (SEE DEFINITIONS ON PAGE 2)	PPO	POS	PPO	POS	HMO
REFERRAL REQUIRED	No	Yes	No	Yes	No
NETWORK COVERAGE AREA	National	RI only	National	RI Only	RI only
RI PROVIDER INFORMATION	1,422 PCPs/ Pediatricians 3,008 Specialists 14 of 14 Hospitals 510 Dentists	1,422 PCPs/ Pediatricians 3,008 Specialists 14 of 14 Hospitals 510 Dentists	1,422 PCPs/ Pediatricians 3,008 Specialists 14 of 14 Hospitals 510 Dentists	265 PCPs/ Pediatricians 1,068 Specialists 4 of 4 Lifespan Hospitals 420 Dentists	979 PCPs/Pediatricians 5,281 Specialists 14 of 14 Hospitals 547 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 (MOOP) MEDICAL + DRUG	\$1,200 Individual \$2,400 Family	\$1,000 Individual \$2,000 Family	\$1,000 Individual \$2,000 Family	\$1,000 Individual \$2,000 Family	\$2,250 Individual \$4,500 Family
DEDUCTIBLE - MEDICAL	\$0	\$0	\$0	\$0	\$0
DEDUCTIBLE - DRUG	\$0	\$0	Combined with Medical	\$0	\$0
PRIMARY CARE	\$5 PCMH \$15 Non-PCMH	\$5 PCMH \$15 Non-PCMH	20%	\$5 PCMH \$15 Non-PCMH	10%
SPECIALIST VISIT	\$20	\$20	20%	\$20	10%
PREVENTATIVE CARE	\$0	\$0	\$0	\$0	\$0
URGENT CARE	\$75	\$75	20%	\$75	10%
ER SERVICES	10%	10%	20%	10%	10%
INPATIENT HOSPITAL	10%	10%	20%	10%	10%
X-RAYS & OTHER DIAG. IMAGING	10%	10%	20%	10%	10%
HIGH END IMAGING: CT/PET/MRI	10%	10%	20%	10%	10%
MENTAL HEALTH/SUBSTANCE ABUSE - OFFICE VISITS	\$15	\$15	20%	\$15	10%
SPEECH/OCCUP/PHYS THERAPY, OUTPATIENT REHAB	10%	10%	20%	10%	10%
LAB SERVICES, OUTPATIENT	10%	10%	20%	10%	10%
SKILLED NURSING FACILITY	10%	10%	20%	10%	10%
OUTPATIENT SURGERY/SERVICES	10%	10%	20%	10%	10%
PEDIATRIC DENTAL COVERAGE**	Yes	Yes	Yes	Yes	Yes
TIER 1	\$0	\$5	\$0	\$5	\$2
TIER 2	\$15	\$15	\$15	\$15	\$5
TIER 3	\$50	\$30	\$50	\$30	\$15
TIER 4	\$75	\$50	\$75	\$50	\$30
TIER 5	\$100	\$100	\$100	\$100	Tier 5/ Tier 6: 10%