

2020 Individual Market Plans and Benefits



HealthSourceRI
WE WORK FOR YOU



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.

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	\$ 196	\$ 72	\$ 128	\$ 41
2	0	\$ 528	\$ 403	\$ 261	\$ 174
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	\$ 243	\$ 74	\$ 268	\$ 118
2	1	\$ 575	\$ 405	\$ 401	\$ 251
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	\$ 133	\$ 0	\$ 332	\$ 194
2	2	\$ 465	\$ 280	\$ 466	\$ 327

Single Adults:

Age	Tax Credits by Annual Household Income				
	\$ 20,000	\$ 25,000	\$ 30,000	\$ 35,000	\$ 40,000
21 year old	\$ 183	\$ 124	\$ 61	\$ 0	\$ 0
40 year old	\$ 255	\$ 196	\$ 133	\$ 64	\$ 6
60 year old	\$ 628	\$ 569	\$ 506	\$ 436	\$ 378

■ — 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, 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.

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**.

The screenshot shows the 'Tell us about yourself & your family' section of the tool. It includes a progress bar at the top with three steps: 'Tell us about yourself', 'Tell us about your doctors', and 'Compare plans'. Below the progress bar, the title 'Tell us about yourself & your family.' is displayed in green. A note indicates that an asterisk (*) denotes a required field. The main question is '1 - Who will be covered?'. Below this, there are five columns of input fields for 'Person 1': 'Age:*' (text input), 'In general, would you say the health of this person is:?' (dropdown menu), 'Expected medical procedures:?' (dropdown menu with 'None' selected), 'Member of Federally Recognized Tribe??' (checkbox), and 'Pregnant woman??' (checkbox). A blue button labeled 'Add Another Person' is located to the right of these fields. Below the main question, there is a second question: '2 - Do you want to include dental plans in your search?*' with radio button options for 'Yes' and 'No'.

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

Health insurance is now required in the state of RI for 2020. Sign up today to avoid a tax penalty later.

**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.

2020 Individual Market Plan Benefits

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NHPRI: Neighborhood Health Plan of Rhode Island

BASIC PLAN INFORMATION	INSURANCE COMPANY	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, 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. 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 Direct Plan 750/1500	VantageBlue Direct Plan 1500/3000	*Neighborhood ESSENTIAL
	METAL LEVEL	PLATINUM	GOLD	GOLD
	MONTHLY PREMIUM (21-YEAR OLD, BEFORE TAX CREDIT)	\$465	\$383	\$260
	MONTHLY PREMIUM (40-YEAR OLD, BEFORE TAX CREDIT)	\$595	\$490	\$333
	MONTHLY PREMIUM (60-YEAR OLD, BEFORE TAX CREDIT)	\$1,263	\$1,041	\$707
	HSA QUALIFIED	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. Some plans assign levels ("tiers") to doctors and hospitals within their networks, and you may pay less to see providers in certain tiers. 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.	PLAN TYPE (SEE DEFINITIONS ON PAGE 2)	PPO	PPO	HMO
	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 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.	MAXIMUM OUT-OF-POCKET MEDICAL + DRUG	\$1,800 Individual \$3,600 Family	\$8,000 Individual \$16,000 Family	\$4,700 Individual \$9,400 Family
	DEDUCTIBLES The deductible 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.	DEDUCTIBLE - MEDICAL	\$750 Individual \$1,500 Family	\$1,500 Individual \$3,000 Family
DEDUCTIBLE - DRUG		\$0	\$0	Tiers 5 & 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. 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. In TIERED plans, copayments or coinsurance for a particular service may vary depending on your choice of health provider. 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.	PRIMARY CARE	First sick visit free, all other visits \$10 PCMH; \$20 Non-PCMH	First sick visit free, all other visits \$20 PCMH; \$30 Non-PCMH	\$25
	SPECIALIST VISIT	\$30	\$45	\$40
	PREVENTATIVE CARE	\$0	\$0	\$0
	URGENT CARE	\$50	\$75	\$40
	ER SERVICES	\$100	\$200	\$350
	INPATIENT HOSPITAL	0%	20%	0%
	X-RAYS & OTHER DIAG. IMAGING	0%	20%	0%
	HIGH END IMAGING: CT/PET/MRI	0%	20%	0%
	MENTALHEALTH/SUBSTANCE ABUSE-OFFICE VISITS	\$20	\$30	\$25
	SPEECH/OCCUP/PHYSTHERAPY, OUTPATIENT REHAB	20%	20%	\$40
	LAB SERVICES, OUTPATIENT	0%	20%	0%
	SKILLED NURSING FACILITY	0%	20%	0%
	OUTPATIENT SURGERY/SERVICES	0%	20%	0%
PEDIATRIC DENTAL COVERAGE***	Yes	Yes	Yes	
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.	TIER 1	\$10	\$10	\$5
	TIER 2	\$25	\$25	\$10
	TIER 3	\$50	\$50	\$35
	TIER 4	\$75	\$75	\$50
	TIER 5	\$175	\$125	Not Covered

**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 \$49,960 for an individual or \$103,000 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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INSURANCE COMPANY	BCBSRI	BCBSRI	BCBSRI	BCBSRI	NHPRI
PLAN NAME	*BlueSolutions for HSA Direct 1700/3400	BasicBlue Direct 2500/5000	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)	\$363	\$362	\$341	\$286	\$254
MONTHLY PREMIUM (40-YEAR OLD, BEFORE TAX CREDIT)	\$464	\$463	\$435	\$366	\$325
MONTHLY PREMIUM (60-YEAR OLD, BEFORE TAX CREDIT)	\$986	\$983	\$924	\$777	\$689
HSA QUALIFIED	✓	No	No	No	No
PLAN TYPE (SEE DEFINITIONS ON PAGE 2)	PPO	PPO	POS	POS	HMO
REFERRAL REQUIRED	No	No	✓	✓	No
NETWORK COVERAGE AREA	National	National	RI only	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 MEDICAL + DRUG	\$5,200 Individual \$10,400 Family	\$5,900 Individual \$11,800 Family	\$3,900 Individual \$7,800 Family	\$3,900 Individual \$7,800 Family	\$6,250 Individual \$12,500 Family
DEDUCTIBLE - MEDICAL	\$1,700 Individual \$3,400 Family	\$2,500 Individual \$5,000 Family	\$2,300 Individual \$4,600 Family	\$2,300 Individual \$4,600 Family	\$1,200 Individual \$2,400 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; \$20 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	\$200	10%	10%	10%	\$200
INPATIENT HOSPITAL	\$200 per admission	10%	10%	10%	10%
X-RAYS & OTHER DIAG. IMAGING	10%	10%	10%	10%	10%
HIGH END IMAGING: CT/PET/MRI	\$125	10%	10%	10%	10%
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	10%	10%	10%	10%	10%
SKILLED NURSING FACILITY	\$200 per admission	10%	10%	10%	10%
OUTPATIENT SURGERY/SERVICES	10%	10%	10%	10%	10%
PEDIATRIC DENTAL COVERAGE***	Yes	Yes	Yes	Yes	Yes
TIER 1	\$10	\$10	\$10	\$10	\$5
TIER 2	\$25	\$30	\$25	\$25	\$10
TIER 3	\$35	\$40	\$35	\$35	\$35
TIER 4	\$45	\$50	\$45	\$45	\$50
TIER 5	\$125	\$125	\$125	\$125	Tier 5 Plan B, 2019

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INSURANCE COMPANY	BCBSRI	BCBSRI	BCBSRI	BCBSRI	NHPRI
PLAN NAME	VantageBlue Direct Plan 5700/11400	BasicBlue Direct 5500/11000	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	\$361	\$343	\$338	\$260
MONTHLY PREMIUM (40-YEAR OLD, BEFORE TAX CREDIT)	\$467	\$461	\$438	\$432	\$332
MONTHLY PREMIUM (60-YEAR OLD, BEFORE TAX CREDIT)	\$991	\$979	\$930	\$917	\$705
HSA QUALIFIED	No	No	No	✓	No
PLAN TYPE (SEE DEFINITIONS ON PAGE 2)	PPO	PPO	POS	PPO	HMO
REFERRAL REQUIRED	No	No	✓	No	No
NETWORK COVERAGE AREA	National	National	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	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
MAXIMUM OUT-OF-POCKET MEDICAL + DRUG	\$8,150 Individual \$16,300 Family	\$7,800 Individual \$15,600 Family	\$6,000 Individual \$12,000 Family	\$5,700 Individual \$11,400 Family	\$7,950 Individual \$15,900 Family
DEDUCTIBLE - MEDICAL	\$5,700 Individual \$11,400 Family	\$5,500 Individual \$11,000 Family	\$4,800 Individual \$9,600 Family	\$4,100 Individual \$8,200 Family	\$3,700 Individual \$7,400 Family
DEDUCTIBLE - DRUG	\$0	Only Tiers 3, 4 & 5 Combined with Medical	Only Tiers 3, 4 & 5 Combined with Medical	Combined with Medical	Tiers 5 & 6 Combined with Medical
PRIMARY CARE	First sick visit free, all other visits \$40 PCMH \$60 Non-PCMH	\$10 PCMH \$20 Non-PCMH	\$20 PCMH \$30 Non-PCMH	100%	\$30
SPECIALIST VISIT	\$65	\$45	\$60	100%	\$65
PREVENTATIVE CARE	\$0	\$0	\$0	\$0	\$0
URGENT CARE	\$75	100%	\$75	100%	\$65
ER SERVICES	\$375	100%	100%	100%	100%
INPATIENT HOSPITAL	100%	100%	100%	100%	100%
X-RAYS & OTHER DIAG. IMAGING	100%	100%	100%	100%	100%
HIGH END IMAGING: CT/PET/MRI	100%	100%	100%	100%	100%
MENTAL HEALTH/SUBSTANCE ABUSE-OFFICE VISITS	\$60	\$20	\$30	100%	\$30
SPEECH/OCCUP/PHYS THERAPY, OUTPATIENT REHAB	100%	100%	100%	100%	\$65
LAB SERVICES, OUTPATIENT	100%	100%	100%	100%	100%
SKILLED NURSING FACILITY	100%	100%	100%	100%	100%
OUTPATIENT SURGERY/SERVICES	100%	100%	100%	100%	100%
PEDIATRIC DENTAL COVERAGE***	Yes	Yes	Yes	Yes	Yes
TIER 1	\$10	\$10	\$7	100%	\$10
TIER 2	\$35	\$30	\$35	100%	\$15
TIER 3	\$80	100%	100%	100%	\$40
TIER 4	\$100	100%	100%	100%	\$55
TIER 5	\$250	100%	100%	100%	100% (Tier 5, 2019)

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INSURANCE COMPANY	BCBSRI	NHPRI	BCBSRI	BCBSRI	NHPRI	NHPRI
PLAN NAME	BlueCHIP Direct Advance 4650/9300	Neighborhood COMMUNITY	BasicBlue Direct 6550/13100	*BlueSolutions for HSA Direct 6300/12600	*Neighborhood ECONOMY	Neighborhood INNOVATION
METAL LEVEL	SILVER	SILVER	BRONZE	BRONZE	BRONZE	BRONZE
MONTHLY PREMIUM (21-YEAR OLD, BEFORE TAX CREDIT)	\$291	\$247	\$257	\$227	\$174	\$171
MONTHLY PREMIUM (40-YEAR OLD, BEFORE TAX CREDIT)	\$372	\$315	\$328	\$290	\$223	\$219
MONTHLY PREMIUM (60-YEAR OLD, BEFORE TAX CREDIT)	\$789	\$669	\$697	\$616	\$473	\$465
HSA QUALIFIED	No	✓	No	✓	✓	No
PLAN TYPE (SEE DEFINITIONS ON PAGE 2)	POS	HMO	PPO	PPO	HMO	HMO
REFERRAL REQUIRED	✓	No	No	No	No	No
NETWORK COVERAGE AREA	RI only	RI only	National	National	RI only	RI only
RI PROVIDER INFORMATION	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	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	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 MEDICAL + DRUG	\$5,800 Individual \$11,600 Family	\$6,750 Individual \$13,500 Family	\$7,350 Individual \$14,700 Family	\$6,550 Individual \$13,100 Family	\$6,550 Individual \$13,100 Family	\$7,350 Individual \$14,700 Family
DEDUCTIBLE - MEDICAL	\$4,650 Individual \$9,300 Family	\$2,950 Individual \$5,900 Family	\$6,450 Individual \$12,900 Family	\$6,000 Individual \$12,000 Family	\$6,000 Individual \$12,000 Family	\$6,550 Individual \$13,100 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	100%	\$30 PCMH \$50 Non-PCMH	100%	0%	\$20
SPECIALIST VISIT	\$60	100%	\$60	100%	0%	0%
PREVENTATIVE CARE	\$0	\$0	\$0	\$0	\$0	\$0
URGENT CARE	\$75	100%	\$75	100%	0%	0%
ER SERVICES	100%	100%	100%	100%	0%	0%
INPATIENT HOSPITAL	100%	100%	100%	100%	0%	0%
X-RAYS & OTHER DIAG. IMAGING	100%	100%	100%	100%	0%	0%
HIGH END IMAGING: CT/PET/MRI	100%	100%	100%	100%	0%	0%
MENTALHEALTH/SUBSTANCEABUSE-OFFICEVISITS	\$45	100%	\$50	100%	0%	\$20
SPEECH/OCCUP/PHYSTHERAPY,OUTPATIENTREHAB	100%	100%	100%	100%	0%	0%
LAB SERVICES, OUTPATIENT	100%	100%	100%	100%	0%	0%
SKILLED NURSING FACILITY	100%	100%	100%	100%	0%	0%
OUTPATIENT SURGERY/SERVICES	100%	100%	100%	100%	0%	0%
PEDIATRIC DENTAL COVERAGE***	Yes	Yes	Yes	Yes	Yes	Yes
TIER 1	\$7	\$7	\$10	\$10	\$7	\$10
TIER 2	\$35	\$35	\$35	\$35	\$35	\$35
TIER 3	\$100	\$100	\$100	\$100	\$100	\$100
TIER 4	\$200	\$200	\$200	\$200	\$200	\$200
TIER 5	\$300	Tier 3/Tier 4: 50%	\$300	\$300	Tier 3/Tier 4: 50%	Tier 3/Tier 4: 50%

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