



HealthSourceRI  
WE WORK FOR YOU

# 2021 Cost Sharing Reduction Plans

*for eligible individuals and families*



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	\$25,520	\$31,900	\$19,140	\$25,520	\$12,760	\$19,140
2	\$34,480	\$43,100	\$25,860	\$34,480	\$17,240	\$25,860
3	\$43,440	\$54,300	\$32,580	\$43,440	\$21,720	\$32,580
4	\$52,400	\$65,500	\$39,300	\$52,400	\$26,200	\$39,300
5	\$61,360	\$76,700	\$46,020	\$61,360	\$30,680	\$46,020
6	\$70,320	\$87,900	\$52,740	\$70,320	\$35,160	\$52,740

## HealthSourceRI Plan Comparison & Savings Tool

You can also use our redesigned **Plan Comparison & Savings Tool** at [HealthSourceRI.com/calculator](https://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, 2020 through January 23, 2021**

**Important dates for picking your 2021 health insurance:**

- November 1** Open Enrollment begins!
- December 23** Deadline to pick and pay to ensure coverage is active January 1, 2021
- December 31** Very last day to pick and pay for coverage that begins January 2021. (ID cards will be delayed)
- January 23** Open Enrollment ends — this is your very last day to pick and pay for 2021 health coverage. Coverage purchased in January will be effective on February 1, 2021.

## 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**

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

You can also **call 211** to find Navigators in your area who can provide 1-on-1 enrollment support.

***Health insurance is required in Rhode Island. Sign up today to avoid a tax penalty later.***

**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, 2020. 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.

## 2021 Cost Sharing Reduction Insurance Plans for Eligible Individuals and Families

8 out of 10 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	INSURANCE COMPANY	BCBSRI	BCBSRI	NHPRI
<p><b>COSTING-SHARING REDUCTION (CSR) PLANS:</b> 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><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 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)	\$370	\$380	\$273
	MONTHLY PREMIUM (40-YEAR OLD, BEFORE TAX CREDIT)	\$472	\$486	\$349
	MONTHLY PREMIUM (60-YEAR OLD, BEFORE TAX CREDIT)	\$1,003	\$1,032	\$742
	HSA QUALIFIED	No	No	No
<b>HOW YOU GET YOUR CARE</b>	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	1,326 PCPs/Pediatricians 3,112 Specialists 499 Dentists 14 of 14 Hospitals	1,326 PCPs/Pediatricians 3,112 Specialists 499 Dentists 14 of 14 Hospitals	1,067 PCPs/Pediatricians 5,347 Specialists 565 Dentists 14 out 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	
<b>MAXIMUM OUT-OF-POCKET</b>	MAXIMUM OUT-OF-POCKET (MOOP) MEDICAL + DRUG	\$6,500 Individual \$13,000 Family	\$6,500 Individual \$13,000 Family	\$6,525 Individual \$13,050 Family
<b>DEDUCTIBLES</b>	DEDUCTIBLE - MEDICAL	\$5,450 Individual \$10,900 Family	\$3,700 Individual \$7,400 Family	\$3,900 Individual \$7,800 Family
	DEDUCTIBLE - DRUG	\$0	Only tiers 3, 4, and 5 apply to deductible	Tiers 5 & 6 Combined with Medical
<b>COPAYMENTS &amp; COINSURANCE</b>	PRIMARY CARE	First sick visit free, all other visits: \$60 Non-PCMH \$40 PCMH	\$20 Non-PCMH \$10 PCMH	\$20
<p><b>Copayments</b> are fixed dollar amounts that you must pay for certain types of health care services each time you use them.</p> <p><b>Coinsurance</b> 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 <b>TIERED</b> plans, copayments or coinsurance for a particular service may vary depending on your choice of health provider.</p>	SPECIALIST VISIT	\$65	\$45	\$65
	PREVENTATIVE CARE	\$0	\$0	\$0
<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>	URGENT CARE	\$75	\$75	\$65
	ER SERVICES	\$375	10%	35%
<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>	INPATIENT HOSPITAL	30%	10%	35%
	X-RAYS & OTHER DIAG. IMAGING	30%	10%	35%
	HIGH END IMAGING: CT/PET/MRI	30%	10%	35%
<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>	MENTAL HEALTH/SUBSTANCE ABUSE - OFFICE VISITS	\$60	\$20	\$20
	SPEECH/OCCUP/PHYS THERAPY, OUTPATIENT REHAB	30%	10%	\$65
	LAB SERVICES, OUTPATIENT	30%	10%	35%
	SKILLED NURSING FACILITY	30%	10%	35%
	OUTPATIENT SURGERY/SERVICES	30%	10%	35%
	PEDIATRIC DENTAL COVERAGE**	Yes	Yes	Yes
	TIER 1	\$10	\$10	\$10
<b>PRESCRIPTION DRUGS</b>	TIER 2	\$35	\$30	\$15
<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 3	\$60	\$50	\$40
	TIER 4	\$80	\$75	\$55
	TIER 5	\$250	\$100	Tier 5/Tier 6: 50%

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**NHPRI:** Neighborhood Health Plan of Rhode Island

INSURANCE COMPANY	BCBSRI	BCBSRI	BCBSRI	NHPRI	BCBSRI	BCBSRI
PLAN NAME	*BlueSolutions for HSA Direct (CSR73)	BlueChiP Direct Advance (CSR73)	BlueChiP Direct (CSR73)	Neighborhood COMMUNITY (CSR73)	VantageBlue Direct Plan (CSR87)	BasicBlue Direct (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)	\$357	\$314	\$361	\$256	\$370	\$380
MONTHLY PREMIUM (40-YEAR OLD, BEFORE TAX CREDIT)	\$456	\$401	\$461	\$328	\$472	\$486
MONTHLY PREMIUM (60-YEAR OLD, BEFORE TAX CREDIT)	\$968	\$852	\$980	\$696	\$1,003	\$1,032
HSA QUALIFIED	✓	No	No	No	No	No
PLAN TYPE (SEE DEFINITIONS ON PAGE 2)	PPO	POS	POS	HMO	PPO	PPO
REFERRAL REQUIRED	No	✓	✓	No	No	No
NETWORK COVERAGE AREA	National	RI Narrow	RI Only	RI Only	National	National
RI PROVIDER INFORMATION	1,326 PCPs/Pediatricians 3,112 Specialists 499 Dentists 14 of 14 Hospitals	343 PCPs/Pediatricians 1,160 Specialists 414 Dentists Lifespan Hosp. Network: Rhode Island; Hasbro; Miriam; Newport; Bradley	1,326 PCPs/Pediatricians 3,112 Specialists 499 Dentists 14 of 14 Hospitals	1,067 PCPs/Pediatricians 5,347 Specialists 565 Dentists 14 out of 14 Hospitals	1,326 PCPs/Pediatricians 3,112 Specialists 499 Dentists 14 of 14 Hospitals	1,326 PCPs/Pediatricians 3,112 Specialists 499 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	Not covered except for urgent or emergent care
MAXIMUM OUT-OF-POCKET (MOOP) MEDICAL + DRUG	\$4,900 Individual \$9,800 Family	\$5,800 Individual \$11,600 Family	\$5,850 Individual \$11,700 Family	\$6,250 Individual \$12,500 Family	\$2,700 Individual \$5,400 Family	\$2,700 Individual \$5,400 Family
DEDUCTIBLE - MEDICAL	\$2,500 Individual \$5,000 Family	\$3,500 Individual \$7,000 Family	\$3,500 Individual \$7,000 Family	\$2,650 Individual \$5,300 Family	\$150 Individual \$300 Family	\$550 Individual \$1,100 Family
DEDUCTIBLE - DRUG	Combined with Medical	Only tiers 3, 4, and 5 apply to deductible	Only tiers 3, 4, and 5 apply to deductible	Combined with Medical	\$0	Only tiers 3, 4, and 5 apply to deductible
PRIMARY CARE	20%	\$40 Non-PCMH \$20 PCMH	\$30 Non-PCMH \$20 PCMH	10%	First sick visit free, all others: \$25 Non-PCMH \$15 PCMH	\$20 Non-PCMH \$10 PCMH
SPECIALIST VISIT	20%	\$60	\$60	10%	\$40	\$40
PREVENTATIVE CARE	\$0	\$0	\$0	\$0	\$0	\$0
URGENT CARE	20%	\$75	\$75	10%	\$75	\$75
ER SERVICES	20%	10%	10%	10%	\$300	10%
INPATIENT HOSPITAL	20%	10%	10%	10%	20%	10%
X-RAYS & OTHER DIAG. IMAGING	20%	10%	10%	10%	20%	10%
HIGH END IMAGING: CT/PET/MRI	20%	10%	10%	10%	20%	10%
MENTAL HEALTH/SUBSTANCE ABUSE - OFFICE VISITS	20%	\$40	\$30	10%	\$25	\$20
SPEECH/OCCUP/PHYS THERAPY, OUTPATIENT REHAB	20%	10%	10%	10%	20%	10%
LAB SERVICES, OUTPATIENT	20%	10%	10%	10%	20%	10%
SKILLED NURSING FACILITY	20%	10%	10%	10%	20%	10%
OUTPATIENT SURGERY/SERVICES	20%	10%	10%	10%	20%	10%
PEDIATRIC DENTAL COVERAGE**	Yes	Yes	Yes	Yes	Yes	Yes
TIER 1	\$0	\$7	\$7	\$5	\$10	\$10
TIER 2	\$15	\$35	\$35	\$10	\$35	\$30
TIER 3	\$50	\$50	\$50	\$35	\$60	\$50
TIER 4	\$75	\$75	\$75	\$50	\$80	\$75
TIER 5	\$100	\$100	\$100	Tier 5/Tier 6: 10%	\$125	\$100

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**NHPRI:** Neighborhood Health Plan of Rhode Island

INSURANCE COMPANY	BCBSRI	BCBSRI	BCBSRI	NHPRI	NHPRI	BCBSRI	BCBSRI
PLAN NAME	BlueChiP Direct (CSR87)	*BlueSolutions for HSA Direct (CSR87)	BlueChiP Direct Advance (CSR87)	*Neighborhood VALUE (CSR87)	Neighborhood COMMUNITY (CSR87)	VantageBlue Direct Plan (CSR94)	BasicBlue Direct (CSR94)
METAL LEVEL	SILVER 87	SILVER 87	SILVER 87	SILVER 87	SILVER 87	SILVER 94	SILVER 94
PLAN INCOME RANGE %OFFEDERALPOVERTYLEVEL(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	\$357	\$314	\$273	\$256	\$370	\$380
MONTHLY PREMIUM (40-YEAR OLD, BEFORE TAX CREDIT)	\$461	\$456	\$401	\$349	\$328	\$472	\$486
MONTHLY PREMIUM (60-YEAR OLD, BEFORE TAX CREDIT)	\$980	\$968	\$852	\$742	\$696	\$1,003	\$1,032
HSA QUALIFIED	No	No	No	No	No	No	No
PLANTYPE(SEEDEFINITIONSONPAGE2)	POS	PPO	POS	HMO	HMO	PPO	PPO
REFERRAL REQUIRED	✓	No	✓	No	No	No	No
NETWORK COVERAGE AREA	RI Only	National	RI Narrow	RI Only	RI Only	National	National
RI PROVIDER INFORMATION	1,326 PCPs/Pediatricians 3,112 Specialists 499 Dentists 14 of 14 Hospitals	1,326 PCPs/Pediatricians 3,112 Specialists 499 Dentists 14 of 14 Hospitals	343 PCPs/Pediatricians 1,160 Specialists 414 Dentists Lifespan Hosp. Network: Rhode Island; Hasbro; Miriam; Newport; Bradley	1,067 PCPs/Pediatricians 5,347 Specialists 565 Dentists 14 out of 14 Hospitals	1,067 PCPs/Pediatricians 5,347 Specialists 565 Dentists 14 out of 14 Hospitals	1,326 PCPs/Pediatricians 3,112 Specialists 499 Dentists 14 of 14 Hospitals	1,326 PCPs/Pediatricians 3,112 Specialists 499 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	Not covered except for urgent or emergent care	Not covered except for urgent or emergent care
MAXIMUMOUT-OF-POCKET(MOOP) MEDICAL + DRUG	\$2,700 Individual \$5,400 Family	\$2,500 Individual \$5,000 Family	\$2,700 Individual \$5,400 Family	\$2,800 Individual \$5,600 Family	\$2,750 Individual \$5,500 Family	\$800 Individual \$1,600 Family	\$1,200 Individual \$2,400 Family
DEDUCTIBLE - MEDICAL	\$800 Individual \$1,600 Family	\$450 Individual \$900 Family	\$800 Individual \$1,600 Family	\$1,100 Individual \$2,200 Family	\$750 Individual \$1,500 Family	\$0 Individual \$0 Family	\$0 Individual \$0 Family
DEDUCTIBLE - DRUG	Only tiers 3, 4, and 5 apply to deductible	Combined with Medical	Only tiers 3, 4, and 5 apply to deductible	Tiers 5 & 6 Combined with Medical	Combined with Medical	\$0	\$0
PRIMARY CARE	\$20 Non-PCMH \$10 PCMH	20%	\$20 Non-PCMH \$10 PCMH	\$10	10%	First sick visit free, all other visits: \$20 Non-PCMH \$10 PCMH	\$15 Non-PCMH \$5 PCMH
SPECIALIST VISIT	\$25	20%	\$25	\$20	10%	\$35	\$20
PREVENTATIVE CARE	\$0	\$0	\$0	\$0	0%	\$0	\$0
URGENT CARE	\$75	20%	\$75	\$20	10%	\$75	\$75
ER SERVICES	10%	20%	10%	10%	10%	\$300	10%
INPATIENT HOSPITAL	10%	20%	10%	10%	10%	20%	10%
X-RAYS & OTHER DIAG. IMAGING	10%	20%	10%	10%	10%	20%	10%
HIGH END IMAGING: CT/PET/MRI	10%	20%	10%	10%	10%	20%	10%
MENTALHEALTH/SUBSTANCEABUSE - OFFICE VISITS	\$20	20%	\$20	\$10	10%	\$20	\$15
SPEECH/OCCUP/PHYS THERAPY, OUTPATIENT REHAB	10%	20%	10%	\$20	10%	20%	10%
LAB SERVICES, OUTPATIENT	10%	20%	10%	10%	10%	20%	10%
SKILLED NURSING FACILITY	10%	20%	10%	10%	10%	20%	10%
OUTPATIENT SURGERY/SERVICES	10%	20%	10%	10%	10%	20%	10%
PEDIATRIC DENTAL COVERAGE**	Yes	Yes	Yes	Yes	Yes	Yes	Yes
TIER 1	\$7	\$0	\$7	\$5	\$5	\$10	\$0
TIER 2	\$20	\$15	\$20	\$10	\$7	\$35	\$15
TIER 3	\$50	\$50	\$50	\$35	\$30	\$60	\$50
TIER 4	\$75	\$75	\$75	\$50	\$45	\$80	\$75
TIER 5	\$100	\$100	\$100	Tier 5/Tier 6: 10%	Tier 5/Tier 6: 10%	\$125	\$100

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PLAN NAME	BlueCHIP Direct (CSR94)	*BlueSolutions for HSA Direct (CSR94)	BlueCHIP Direct Advance (CSR94)	*Neighborhood VALUE (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	\$357	\$314	\$273	\$256
MONTHLY PREMIUM (40-YEAR OLD, BEFORE TAX CREDIT)	\$461	\$456	\$401	\$349	\$328
MONTHLY PREMIUM (60-YEAR OLD, BEFORE TAX CREDIT)	\$980	\$968	\$852	\$742	\$696
HSA QUALIFIED	No	No	No	No	No
PLAN TYPE (SEE DEFINITIONS ON PAGE 2)	POS	PPO	POS	HMO	HMO
REFERRAL REQUIRED	✓	No	✓	No	No
NETWORK COVERAGE AREA	RI Only	National	RI Narrow	RI Only	RI Only
RI PROVIDER INFORMATION	1,326 PCPs/Pediatricians 3,112 Specialists 499 Dentists 14 of 14 Hospitals	1,326 PCPs/Pediatricians 3,112 Specialists 499 Dentists 14 of 14 Hospitals	343 PCPs/Pediatricians 1,160 Specialists 414 Dentists Lifespan Hosp. Network: Rhode Island; Hasbro; Miriam; Newport; Bradley	1,067 PCPs/Pediatricians 5,347 Specialists 565 Dentists 14 out of 14 Hospitals	1,067 PCPs/Pediatricians 5,347 Specialists 565 Dentists 14 out 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 (MOOP) MEDICAL + DRUG	\$1,000 Individual \$2,000 Family	\$1,000 Individual \$2,000 Family	\$1,000 Individual \$2,000 Family	\$2,150 Individual \$4,300 Family	\$2,250 Individual \$4,500 Family
DEDUCTIBLE - MEDICAL	\$0 Individual \$0 Family	\$0 Individual \$0 Family	\$0 Individual \$0 Family	\$0 Individual \$0 Family	\$0 Individual \$0 Family
DEDUCTIBLE - DRUG	\$0	Combined with Medical	\$0	\$0	\$0
PRIMARY CARE	\$15 Non-PCMH \$5 PCMH	20%	\$15 Non-PCMH \$5 PCMH	\$5	10%
SPECIALIST VISIT	\$20	20%	\$20	\$15	10%
PREVENTATIVE CARE	\$0	\$0	\$0	\$0	\$0
URGENT CARE	\$75	20%	\$75	\$15	10%
ER SERVICES	10%	20%	10%	10%	10%
INPATIENT HOSPITAL	10%	20%	10%	10%	10%
X-RAYS & OTHER DIAG. IMAGING	10%	20%	10%	10%	10%
HIGH END IMAGING: CT/PET/MRI	10%	20%	10%	10%	10%
MENTAL HEALTH/SUBSTANCE ABUSE - OFFICE VISITS	\$15	20%	\$15	\$5	10%
SPEECH/OCCUP/PHYS THERAPY, OUTPATIENT REHAB	10%	20%	10%	\$15	10%
LAB SERVICES, OUTPATIENT	10%	20%	10%	10%	10%
SKILLED NURSING FACILITY	10%	20%	10%	10%	10%
OUTPATIENT SURGERY/SERVICES	10%	20%	10%	10%	10%
PEDIATRIC DENTAL COVERAGE**	Yes	Yes	Yes	Yes	Yes
TIER 1	\$5	\$0	\$5	\$2	\$2
TIER 2	\$15	\$15	\$15	\$5	\$5
TIER 3	\$30	\$50	\$30	\$15	\$15
TIER 4	\$50	\$75	\$50	\$30	\$30
TIER 5	\$100	\$100	\$100	Tier 5/Tier 6: 10%	Tier 5/Tier 6: 10%