



# 2021 Individual Market Plans and Benefits



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	\$217	\$93	\$161	\$67
2	0	\$566	\$442	\$301	\$207
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	\$264	\$95	\$311	\$153
2	1	\$613	\$444	\$451	\$293
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	\$155	\$0	\$387	\$239
2	2	\$504	\$320	\$527	\$379

### Single Adults:

Age	Tax Credits by Annual Household Income				
	\$ 20,000	\$ 25,000	\$ 30,000	\$ 35,000	\$ 40,000
21 year old	\$199	\$141	\$78	\$9	\$0
40 year old	\$275	\$217	\$154	\$85	\$21
60 year old	\$667	\$610	\$547	\$477	\$414

— 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, 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.

## HealthSource RI Plan Comparison & Savings Tool

You can use our **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 to find the plan that best meets your needs and budget in **less than five minutes**.

**Tell us about yourself & your family.**  
\* Indicates required field

1 - Who will be covered?

	Age*	In general, would you say the health of this person is?	Expected medical procedures?	Member of Federally Recognized Tribe?	Pregnant woman?
Person 1	<input type="text"/>	<input type="text" value="- Select -"/>	<input type="text" value="None"/>	<input type="checkbox"/>	<input type="checkbox"/>

[Add Another Person](#)

2 - Do you want to include dental plans in your search?\*

Yes  
 No

## When to Enroll or Renew

Open Enrollment runs November 1, 2020 through January 23, 2021

Important dates for picking your 2021 health coverage:

- |                    |  |
|--------------------|--|
| <b>November 1</b>  | Open Enrollment begins!  |
| <b>December 23</b> | Deadline to pick and pay to ensure coverage is active January 1, 2021  |
| <b>December 31</b> | Very last day to pick and pay for coverage that begins January 2021. (ID cards will be delayed)  |
| <b>January 23</b>  | 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](https://HealthSourceRI.com)

- Enroll or renew coverage
- Compare plans and costs through our **Plan Comparison & Savings Tool**

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 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.**

# 2021 Individual Market Plan Benefits

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	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 \$51,040 for an individual or \$104,800 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 750/1500 <sup>1</sup>	VantageBlue Direct Plan 1500/3000	*BlueSolutions for HSA Direct 1700/3400	*Neighborhood ESSENTIAL
	METAL LEVEL	PLATINUM	GOLD	GOLD	GOLD
	MONTHLY PREMIUM (21-YEAR OLD, BEFORE TAX CREDIT)	\$494	\$399	\$390	\$271
	MONTHLY PREMIUM (40-YEAR OLD, BEFORE TAX CREDIT)	\$631	\$510	\$498	\$347
	MONTHLY PREMIUM (60-YEAR OLD, BEFORE TAX CREDIT)	\$1,339	\$1,084	\$1,057	\$736
<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>	HSA QUALIFIED	No	No	✓	No
	PLAN TYPE (SEE DEFINITIONS ON PAGE 2)	PPO	PPO	PPO	HMO
	REFERRAL REQUIRED	No	No	No	No
	NETWORK COVERAGE AREA	National	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	1,326 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	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	\$1,800 Individual \$3,600 Family	\$8,000 Individual \$16,000 Family	\$5,200 Individual \$10,400 Family	\$5,000 Individual \$10,000 Family
	DEDUCTIBLES	DEDUCTIBLE - MEDICAL	\$750 Individual \$1,500 Family	\$1,500 Individual \$3,000 Family	\$1,700 Individual \$3,400 Family
<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 - DRUG	\$0	\$0	Combined with Medical	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>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> <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>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>	PRIMARY CARE	First sick visit free, all other visits: \$20 Non-PCMH \$10 PCMH	First sick visit free, all other visits: \$30 Non-PCMH \$20 PCMH	\$35 Non-PCMH \$15 PCMH
SPECIALIST VISIT		\$30	\$45	\$40	\$65
PREVENTATIVE CARE		\$0	\$0	\$0	\$0
URGENT CARE		\$50	\$75	\$75	\$65
ER SERVICES		\$100	\$200	\$300	\$350
INPATIENT HOSPITAL		0%	20%	\$300 per admission	0%
X-RAYS & OTHER DIAG. IMAGING		0%	20%	0%	0%
HIGH END IMAGING: CT/PET/MRI		0%	20%	\$150	0%
MENTAL HEALTH/SUBSTANCE ABUSE - OFFICE VISITS		\$20	\$30	\$35	\$30
SPEECH/OCCUP/PHYS THERAPY, OUTPATIENT REHAB		20%	20%	\$40	\$65
LAB SERVICES, OUTPATIENT		0%	20%	0%	0%
SKILLED NURSING FACILITY		0%	20%	\$300 per admission	0%
OUTPATIENT SURGERY/SERVICES	0%	20%	0%	0%	
<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>	PEDIATRIC DENTAL COVERAGE***	Yes	Yes	Yes	Yes
	TIER 1	\$10	\$10	\$10	\$5
	TIER 2	\$25	\$25	\$25	\$10
	TIER 3	\$50	\$50	\$50	\$35
	TIER 4	\$75	\$75	\$75	\$50
	TIER 5	\$125	\$125	\$125	Tier 5/Tier 6: 30%

<sup>1</sup>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 \$31,900 for an individual or \$65,500 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	NHPRI	BCBSRI
PLAN NAME	BasicBlue Direct 2500/5000	BlueChiP Direct 2300/4600	BlueChiP Direct Advance 2300/4600	Neighborhood PLUS	VantageBlue Direct Plan 5700/11400
METAL LEVEL	GOLD	GOLD	GOLD	GOLD	SILVER
MONTHLY PREMIUM (21-YEAR OLD, BEFORE TAX CREDIT)	\$384	\$361	\$311	\$265	\$370
MONTHLY PREMIUM (40-YEAR OLD, BEFORE TAX CREDIT)	\$491	\$461	\$398	\$339	\$472
MONTHLY PREMIUM (60-YEAR OLD, BEFORE TAX CREDIT)	\$1,042	\$979	\$844	\$719	\$1,003
HSA QUALIFIED	No	No	No	No	No
PLAN TYPE (SEE DEFINITIONS ON PAGE 2)	PPO	POS	POS	HMO	PPO
REFERRAL REQUIRED	No	✓	✓	No	No
NETWORK COVERAGE AREA	National	RI Only	RI Only	RI Only	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 Hospital Network: Rhode Island; Hasbro; Miriam; Newport; Bradley	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
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	\$5,900 Individual \$11,800 Family	\$3,900 Individual \$7,800 Family	\$3,900 Individual \$7,800 Family	\$6,750 Individual \$13,500 Family	\$8,150 Individual \$16,300 Family
DEDUCTIBLE - MEDICAL	\$2,500 Individual \$5,000 Family	\$2,300 Individual \$4,600 Family	\$2,300 Individual \$4,600 Family	\$1,250 Individual \$2,500 Family	\$5,700 Individual \$11,400 Family
DEDUCTIBLE - DRUG	Only tiers 3, 4, and 5 apply to deductible	Only tiers 3, 4, and 5 apply to deductible	Only tiers 3, 4, and 5 apply to deductible	Tiers 5 & 6 Combined with Medical	\$0
PRIMARY CARE	\$25 Non-PCMH \$15 PCMH	\$35 Non-PCMH \$15 PCMH	\$35 Non-PCMH \$15 PCMH	\$25	First sick visit free, all other visits: \$60 Non-PCMH \$40 PCMH
SPECIALIST VISIT	\$30	\$45	\$45	\$50	\$65
PREVENTATIVE CARE	\$0	\$0	\$0	\$0	\$0
URGENT CARE	\$75	\$75	\$75	\$50	\$75
ER SERVICES	10%	10%	10%	\$300	\$375
INPATIENT HOSPITAL	10%	10%	10%	20%	30%
X-RAYS & OTHER DIAG. IMAGING	10%	10%	10%	20%	30%
HIGH END IMAGING: CT/PET/MRI	10%	10%	10%	20%	30%
MENTAL HEALTH/SUBSTANCE ABUSE-OFFICE VISITS	\$25	\$35	\$35	\$25	\$60
SPEECH/OCCUP/PHYS THERAPY, OUTPATIENT REHAB	10%	10%	10%	\$50	30%
LAB SERVICES, OUTPATIENT	10%	10%	10%	20%	30%
SKILLED NURSING FACILITY	10%	10%	10%	20%	30%
OUTPATIENT SURGERY/SERVICES	10%	10%	10%	20%	30%
PEDIATRIC DENTAL COVERAGE***	Yes	Yes	Yes	Yes	Yes
TIER 1	\$10	\$10	\$10	\$5	\$10
TIER 2	\$30	\$25	\$25	\$10	\$35
TIER 3	\$50	\$50	\$50	\$35	\$80
TIER 4	\$75	\$75	\$75	\$50	\$100
TIER 5	\$125	\$125	\$125	Tier 5/Tier 6: 30%	\$250

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INSURANCE COMPANY	BCBSRI	BCBSRI	BCBSRI	BCBSRI	NHPRI
PLAN NAME	BasicBlue Direct 5500/11000	BlueCHIP Direct 4800/9600	*BlueSolutions for HSA Direct 4100/8200	BlueCHIP Direct Advance 4650/9300	*Neighborhood VALUE
METAL LEVEL	SILVER	SILVER	SILVER	SILVER	SILVER
MONTHLY PREMIUM (21-YEAR OLD, BEFORE TAX CREDIT)	\$380	\$361	\$357	\$314	\$273
MONTHLY PREMIUM (40-YEAR OLD, BEFORE TAX CREDIT)	\$486	\$461	\$456	\$401	\$349
MONTHLY PREMIUM (60-YEAR OLD, BEFORE TAX CREDIT)	\$1,032	\$980	\$968	\$852	\$742
HSA QUALIFIED	No	No	✓	No	No
PLAN TYPE (SEE DEFINITIONS ON PAGE 2)	PPO	POS	PPO	POS	HMO
REFERRAL REQUIRED	No	✓	No	✓	No
NETWORK COVERAGE AREA	National	RI Only	National	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	1,326 PCPs/ Pediatricians 3,112 Specialists 499 Dentists 14 of 14 Hospitals	343 PCPs/Pediatricians 1,160 Specialists 414 Dentists Lifespan Hospital Network: Rhode Island; Hasbro; Miriam; Newport; Bradley	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 MEDICAL + DRUG	\$7,800 Individual \$15,600 Family	\$6,000 Individual \$12,000 Family	\$5,700 Individual \$11,400 Family	\$5,800 Individual \$11,600 Family	\$7,850 Individual \$15,700 Family
DEDUCTIBLE - MEDICAL	\$5,500 Individual \$11,000 Family	\$4,800 Individual \$9,600 Family	\$4,100 Individual \$8,200 Family	\$4,650 Individual \$9,300 Family	\$3,900 Individual \$7,800 Family
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	Tiers 5 & 6 Combined with Medical
PRIMARY CARE	\$20 Non-PCMH \$10 PCMH	\$30 Non-PCMH \$20 PCMH	20%	\$45 Non-PCMH \$25 PCMH	\$30
SPECIALIST VISIT	\$45	\$60	20%	\$60	\$70
PREVENTATIVE CARE	\$0	\$0	\$0	\$0	\$0
URGENT CARE	\$75	\$75	20%	\$75	\$70
ER SERVICES	10%	10%	20%	10%	35%
INPATIENT HOSPITAL	10%	10%	20%	10%	35%
X-RAYS & OTHER DIAG. IMAGING	10%	10%	20%	10%	35%
HIGH END IMAGING: CT/PET/MRI	10%	10%	20%	10%	35%
MENTAL HEALTH/SUBSTANCE ABUSE-OFFICE VISITS	\$20	\$30	20%	\$45	\$30
SPEECH/OCCUP/PHYS THERAPY, OUTPATIENT REHAB	10%	10%	20%	10%	\$70
LAB SERVICES, OUTPATIENT	10%	10%	20%	10%	35%
SKILLED NURSING FACILITY	10%	10%	20%	10%	35%
OUTPATIENT SURGERY/SERVICES	10%	10%	20%	10%	35%
PEDIATRIC DENTAL COVERAGE***	Yes	Yes	Yes	Yes	Yes
TIER 1	\$10	\$7	\$10	\$7	\$10
TIER 2	\$30	\$35	\$30	\$35	\$15
TIER 3	\$50	\$50	\$50	\$50	\$40
TIER 4	\$75	\$75	\$75	\$75	\$55
TIER 5	\$100	\$100	\$100	\$100	Tier 5/Tier 6: 50%

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INSURANCE COMPANY	NHPRI	BCBSRI	NHPRI	NHPRI
PLAN NAME	Neighborhood COMMUNITY	*BlueSolutions for HSA <sup>1</sup> Direct 6300/12600	*Neighborhood ECONOMY	Neighborhood INNOVATION
METAL LEVEL	SILVER	BRONZE	BRONZE	BRONZE
MONTHLY PREMIUM (21-YEAR OLD, BEFORE TAX CREDIT)	\$256	\$238	\$184	\$181
MONTHLY PREMIUM (40-YEAR OLD, BEFORE TAX CREDIT)	\$328	\$304	\$236	\$231
MONTHLY PREMIUM (60-YEAR OLD, BEFORE TAX CREDIT)	\$696	\$646	\$501	\$491
HSA QUALIFIED	✓	✓	✓	No
PLAN TYPE (SEE DEFINITIONS ON PAGE 2)	HMO	PPO	HMO	HMO
REFERRAL REQUIRED	No	No	No	No
NETWORK COVERAGE AREA	RI Only	National	RI Only	RI Only
RI PROVIDER INFORMATION	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	1,067 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
MAXIMUM OUT-OF-POCKET MEDICAL + DRUG	\$6,750 Individual \$13,500 Family	\$7,000 Individual \$14,000 Family	\$6,900 Individual \$13,800 Family	\$8,550 Individual \$17,100 Family
DEDUCTIBLE - MEDICAL	\$2,950 Individual \$5,900 Family	\$6,300 Individual \$12,600 Family	\$6,675 Individual \$13,350 Family	\$6,825 Individual \$13,650 Family
DEDUCTIBLE - DRUG	Combined with Medical	Combined with Medical	Combined with Medical	Combined with Medical
PRIMARY CARE	15%	10%	0%	\$25
SPECIALIST VISIT	15%	10%	0%	30%
PREVENTATIVE CARE	\$0	\$0	\$0	\$0
URGENT CARE	15%	10%	0%	30%
ER SERVICES	15%	10%	0%	30%
INPATIENT HOSPITAL	15%	10%	0%	30%
X-RAYS & OTHER DIAG. IMAGING	15%	10%	0%	30%
HIGH END IMAGING: CT/PET/MRI	15%	10%	0%	30%
MENTALHEALTH/SUBSTANCEABUSE-OFFICEVISITS	15%	10%	0%	\$25
SPEECH/OCCUP/PHYSTHERAPY,OUTPATIENTREHAB	15%	10%	0%	30%
LAB SERVICES, OUTPATIENT	15%	10%	0%	30%
SKILLED NURSING FACILITY	15%	10%	0%	30%
OUTPATIENT SURGERY/SERVICES	15%	10%	0%	30%
PEDIATRIC DENTAL COVERAGE***	Yes	Yes	Yes	Yes
TIER 1	\$5	\$10	\$5	\$10
TIER 2	\$10	\$35	\$10	\$15
TIER 3	\$35	\$60	\$35	\$40
TIER 4	\$50	\$100	\$50	\$55
TIER 5	Tier 5/Tier 6: 50%	\$200	Tier 5/Tier 6: 30%	Tier 5/Tier 6: 30%

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