

How to pick a plan

Do you have a preferred doctor?

Use our provider directories to see if your doctors are included in your plan's network.

Do you have a chronic condition, or have a surgery planned?

Check to see if you have a co-pay or need to meet your deductible first. Check the amount of co-insurance you need to pay.

Do you regularly take medications?

Check the plans you are considering to see how much your prescriptions will cost.

Do you need to see a specialist?






Check each plan to see if you need a referral to see another doctor. See if the plan will pay for specialists that are "out-of-network" or in another state.

Visit HealthSourceRI.com/calculator to compare plans and get a quick quote.



Preventative services are covered at 100%

These include:

-  Annual physical with your Primary Care Physician (PCP)
-  Some lab tests
-  Immunizations
-  Certain medical testing, ex: colonoscopy, mammogram, etc.
-  And more...

Financial help

Based on your age and income, there may be financial help available to lower the cost of your monthly premium and your medical care

Common Terms

Plan: The health insurance coverage you buy, often referred to as a policy or product

Premium: Your monthly payment for your plan

Co-pay and Co-insurance: Your share of \$ and/or % for covered healthcare services

Deductible: The amount you pay for covered healthcare services before your plan starts to pay

Maximum out-of-pocket: The limit on the amount of money you have to pay for covered medical services (including deductibles, co-pays and co-insurance)

Network: The providers and facilities (hospitals, urgent care centers, labs, etc.) your health insurer has contracted with to provide healthcare services

What's the real cost of your healthcare?

When you're picking a health insurance plan, your monthly premium is only one thing to consider. Be sure to look at the cost of actually getting medical care. Check out these examples:

PLAN A

Has a lower monthly bill, but you have to pay for most your health services (doctor visits, mental healthcare etc.) until you've reached the deductible.

Monthly/Annual Premium: \$200/ \$2,400*
Annual Deductible: \$6,500

PLAN B

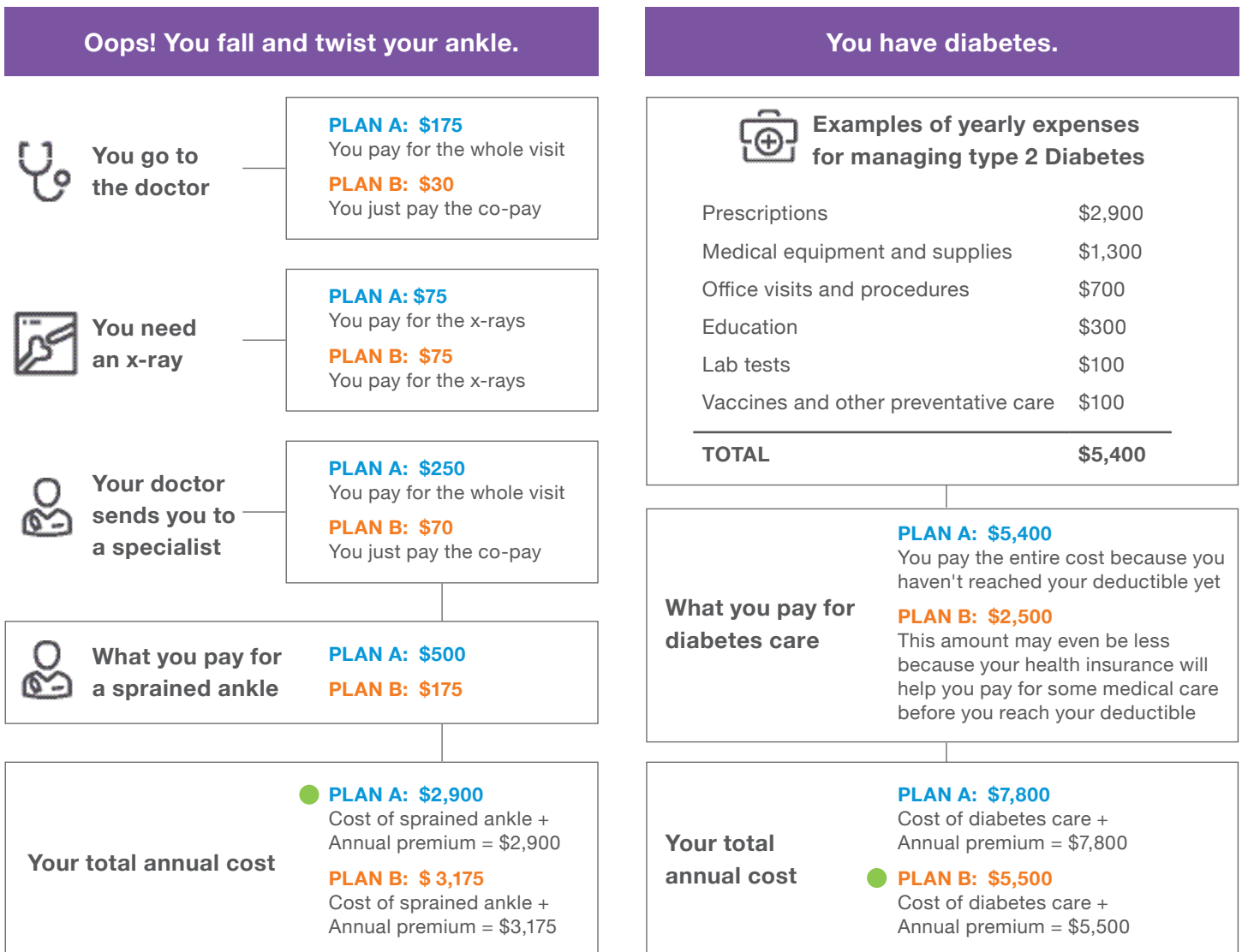
Has a higher monthly bill, but pays for most of your health services (doctor visits, mental healthcare etc.) even before you've reached your deductible.

Monthly/Annual Premium: \$250/ \$3,000
Annual Deductible: \$2,500

*Plan A is \$600/yr less than Plan B

So, what happens if you need medical care?

Here are two examples:



● — Best Value

As you can see, if you have no medical costs or only minor expenses, a plan with lower premiums like Plan A may be right for you, but if something more serious goes wrong, or you have a chronic condition, a plan with lower out-of-pocket costs like Plan B will save you more \$\$\$ in the end. These are all things to consider when you pick your plan.

