



HealthSourceRI  
WE WORK FOR YOU



## 2022 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):

CSR 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	\$25,760	\$32,200	\$19,320	\$25,760	\$12,880	\$19,320
2	\$34,840	\$43,550	\$26,130	\$34,840	\$17,420	\$26,130
3	\$43,920	\$54,900	\$32,940	\$43,920	\$21,960	\$32,940
4	\$53,000	\$66,250	\$39,750	\$53,000	\$26,500	\$39,750
5	\$62,080	\$77,600	\$46,560	\$62,080	\$31,040	\$46,560
6	\$71,160	\$88,950	\$53,370	\$71,160	\$35,580	\$53,370

## HealthSource RI 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, 2021 through January 31, 2022**

**Important dates for picking 2022 health coverage:**

November 1	Open Enrollment begins!
December 23	Pick a plan and pay to complete enrollment and make sure your ID cards arrive in time.
December 31	Very last day to pick and pay for coverage that begins January 2022. (ID cards will be delayed)
January 31	Open Enrollment ends — this is your last day to enroll for 2022 health coverage. Coverage purchased in January will be effective on February 1, 2022.

## 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**

**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.**

\*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, 2021. 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.

### **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.

## 2022 Cost Sharing Reduction Insurance Plans for Eligible Individuals and Families

6 out of 7 HealthSource RI customers receive financial help.

BCBSRI: Blue Cross & Blue Shield of Rhode Island

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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.</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>	<b>PLAN NAME</b>	VantageBlue Direct Plan (CSR73)	BasicBlue Direct (CSR73)	*Neighborhood VALUE (CSR73)	
	<b>METAL LEVEL</b>	SILVER 73	SILVER 73	SILVER 73	
	<b>PLAN INCOME RANGE</b> % OF FEDERAL POVERTY LEVEL (FPL)	200-250% FPL	200-250% FPL	200-250% FPL	
	<b>MONTHLY PREMIUM</b> (21-YEAR OLD, BEFORE TAX CREDIT)	\$374	\$360	\$282	
	<b>MONTHLY PREMIUM</b> (40-YEAR OLD, BEFORE TAX CREDIT)	\$478	\$459	\$361	
	<b>MONTHLY PREMIUM</b> (60-YEAR OLD, BEFORE TAX CREDIT)	\$1,014	\$976	\$766	
	<b>HSA QUALIFIED</b>	No	No	No	
	<b>HOW YOU GET YOUR CARE</b>	<b>PLAN TYPE</b> (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>	<b>REFERRAL REQUIRED</b>	No	No	No	
	<b>NETWORK COVERAGE AREA</b>	National	National	RI Only	
	<b>RI PROVIDER INFORMATION</b>	1,381 PCPs 3,558 Specialists 499 Dentists 14 of 14 Hospitals	1,381 PCPs 3,558 Specialists 499 Dentists 14 of 14 Hospitals	1,127 PCPs 5,500 Specialists 545 Dentists 14 out of 14 Hospitals	
	<b>OUT OF NETWORK COVERAGE, NON-EMERGENCY</b>	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>	<b>(MOOP)MEDICAL + DRUG</b>	\$6,500 Individual \$13,000 Family	\$6,500 Individual \$13,000 Family	\$6,525 Individual \$13,050 Family	
<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>	<b>DEDUCTIBLE - MEDICAL</b>	\$5,450 Individual \$10,900 Family	\$3,700 Individual \$7,400 Family	\$3,900 Individual \$7,800 Family	
	<b>DEDUCTIBLE - DRUG</b>	\$0	Only tiers 3, 4, and 5 apply to deductible	Tiers 5 & 6 Combined with Medical	
<b>DEDUCTIBLES</b>	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.	<b>PRIMARY CARE</b>	First sick visit free, all other visits: \$60 Non-PCMH \$40 PCMH	\$20 Non-PCMH \$10 PCMH	\$20
<b>COPAYMENTS &amp; COINSURANCE</b>	<b>Copayments</b> are fixed dollar amounts that you must pay for certain types of health care services each time you use them.	<b>SPECIALIST VISIT</b>	\$65	\$45	\$65
<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.	<b>PREVENTATIVE CARE</b>	\$0	\$0	\$0	
In <b>TIERED</b> plans, copayments or coinsurance for a particular service may vary depending on your choice of health provider.	<b>URGENT CARE</b>	\$75	\$75	\$65	
<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> <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>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>	<b>ER SERVICES</b>	\$375	10%	35%	
	<b>INPATIENT HOSPITAL</b>	30%	10%	35%	
	<b>X-RAYS &amp; OTHER DIAG. IMAGING</b>	30%	10%	35%	
	<b>HIGH END IMAGING: CT/PET/MRI</b>	30%	10%	35%	
	<b>MENTAL HEALTH/SUBSTANCE ABUSE - OFFICE VISITS</b>	\$60	\$20	\$20	
	<b>SPEECH/OCCUP/PHYS THERAPY, OUTPATIENT REHAB</b>	30%	10%	\$65	
	<b>LAB SERVICES, OUTPATIENT</b>	30%	10%	35%	
	<b>SKILLED NURSING FACILITY</b>	30%	10%	35%	
	<b>OUTPATIENT SURGERY/ SERVICES</b>	30%	10%	35%	
	<b>PEDIATRIC DENTAL COVERAGE**</b>	Yes	Yes	Yes	
<b>PRESCRIPTION DRUGS</b>	<b>TIER 1</b>	\$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>	<b>TIER 2</b>	\$35	\$30	\$15	
	<b>TIER 3</b>	\$60	\$50	\$40	
	<b>TIER 4</b>	\$80	\$75	\$55	
	<b>TIER 5</b>	\$250	\$100	Tier 5/Tier 6: 50%	

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**BCBSRI:** Blue Cross & Blue Shield of Rhode Island

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

INSURANCE COMPANY	BCBSRI	BCBSRI	BCBSRI	NHPRI	BCBSRI	BCBSRI
<b>PLAN NAME</b>	BlueChiP Direct (CSR73)	*BlueSolutions for HSA Direct (CSR73)	BlueChiP Direct Advance (CSR73)	Neighborhood COMMUNITY (CSR73)	VantageBlue Direct Plan (CSR87)	BasicBlue Direct (CSR87)
<b>METAL LEVEL</b>	SILVER 73	SILVER 73	SILVER 73	SILVER 73	SILVER 87	SILVER 87
<b>PLAN INCOME RANGE</b> % OF FEDERAL POVERTY LEVEL (FPL)	200-250% FPL	200-250% FPL	200-250% FPL	200-250% FPL	150-200% FPL	150-200% FPL
<b>MONTHLY PREMIUM</b> (21-YEAR OLD, BEFORE TAX CREDIT)	\$342	\$338	\$298	\$297	\$374	\$360
<b>MONTHLY PREMIUM</b> (40-YEAR OLD, BEFORE TAX CREDIT)	\$437	\$432	\$381	\$341	\$478	\$459
<b>MONTHLY PREMIUM</b> (60-YEAR OLD, BEFORE TAX CREDIT)	\$929	\$918	\$808	\$725	\$1,014	\$976
<b>HSA QUALIFIED</b>	No	Yes	No	No	No	No
<b>PLAN TYPE</b> (SEE DEFINITIONS ON PAGE 2)	POS	PPO	POS	HMO	PPO	PPO
<b>REFERRAL REQUIRED</b>	Yes	No	Yes	No	No	No
<b>NETWORK COVERAGE AREA</b>	RI Only	National	RI Narrow	RI Only	National	National
<b>RI PROVIDER INFORMATION</b>	1,381 PCPs 3,558 Specialists 499 Dentists 14 of 14 Hospitals	1,381 PCPs 3,558 Specialists 499 Dentists 14 of 14 Hospitals	365 PCPs 1,329 Specialists 416 Dentists Lifespan Hospital Network: RI; Hasbro; Miriam; Newport; Bradley	1,127 PCPs 5,500 Specialists 545 Dentists 14 out of 14 Hospitals	1,381 PCPs 3,558 Specialists 499 Dentists 14 of 14 Hospitals	1,381 PCPs 3,558 Specialists 499 Dentists 14 of 14 Hospitals
<b>OUT OF NETWORK COVERAGE, NON-EMERGENCY</b>	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
<b>MAXIMUM OUT-OF-POCKET (MOOP)MEDICAL + DRUG</b>	\$5,850 Individual \$11,700 Family	\$4,900 Individual \$9,800 Family	\$5,800 Individual \$11,600 Family	\$6,250 Individual \$12,500 Family	\$2,700 Individual \$5,400 Family	\$2,700 Individual \$5,400 Family
<b>DEDUCTIBLE - MEDICAL</b>	\$3,500 Individual \$7,000 Family	\$2,500 Individual \$5,000 Family	\$3,500 Individual \$7,000 Family	\$2,650 Individual \$5,300 Family	\$150 Individual \$300 Family	\$550 Individual \$1,100 Family
<b>DEDUCTIBLE - DRUG</b>	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	Only tiers 3, 4, and 5 apply to deductible
<b>PRIMARY CARE</b>	\$30 Non-PCMH \$20 PCMH	20%	\$40 Non-PCMH \$20 PCMH	10%	First sick visit free, all others: \$25 Non-PCMH \$15 PCMH	\$20 Non-PCMH \$10 PCMH
<b>SPECIALIST VISIT</b>	\$60	20%	\$60	10%	\$40	\$40
<b>PREVENTATIVE CARE</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>URGENT CARE</b>	\$75	20%	\$75	10%	\$75	\$75
<b>ER SERVICES</b>	10%	20%	10%	10%	\$300	10%
<b>INPATIENT HOSPITAL</b>	10%	20%	10%	10%	20%	10%
<b>X-RAYS &amp; OTHER DIAG. IMAGING</b>	10%	20%	10%	10%	20%	10%
<b>HIGH END IMAGING: CT/PET/MRI</b>	10%	20%	10%	10%	20%	10%
<b>MENTAL HEALTH/SUBSTANCE ABUSE - OFFICE VISITS</b>	\$30	20%	\$40	10%	\$25	\$20
<b>SPEECH/OCCUP/PHYS THERAPY, OUTPATIENT REHAB</b>	10%	20%	10%	10%	20%	10%
<b>LAB SERVICES, OUTPATIENT</b>	10%	20%	10%	10%	20%	10%
<b>SKILLED NURSING FACILITY</b>	10%	20%	10%	10%	20%	10%
<b>OUTPATIENT SURGERY/SERVICES</b>	10%	20%	10%	10%	20%	10%
<b>PEDIATRIC DENTAL COVERAGE**</b>	Yes	Yes	Yes	Yes	Yes	Yes
<b>TIER 1</b>	\$7	\$0	\$7	\$5	\$10	\$10
<b>TIER 2</b>	\$35	\$15	\$35	\$10	\$35	\$30
<b>TIER 3</b>	\$50	\$50	\$50	\$35	\$60	\$50
<b>TIER 4</b>	\$75	\$75	\$75	\$50	\$80	\$75
<b>TIER 5</b>	\$100	\$100	\$100	Tier 5/ Tier 6: 10%	\$125	\$100

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INSURANCE COMPANY	BCBSRI	BCBSRI	BCBSRI	NHPRI	NHPRI	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)
METAL LEVEL	SILVER 87	SILVER 87	SILVER 87	SILVER 87	SILVER 87	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
MONTHLY PREMIUM (21-YEAR OLD, BEFORE TAX CREDIT)	\$342	\$338	\$298	\$282	\$297	\$374
MONTHLY PREMIUM (40-YEAR OLD, BEFORE TAX CREDIT)	\$437	\$432	\$381	\$361	\$341	\$478
MONTHLY PREMIUM (60-YEAR OLD, BEFORE TAX CREDIT)	\$929	\$918	\$808	\$766	\$725	\$1,014
HSA QUALIFIED	No	No	No	No	No	No
PLAN TYPE (SEE DEFINITIONS ON PAGE 2)	POS	PPO	POS	HMO	HMO	PPO
REFERRAL REQUIRED	Yes	No	Yes	No	No	No
NETWORK COVERAGE AREA	RI Only	National	RI Narrow	RI Only	RI Only	National
RI PROVIDER INFORMATION	1,381 PCPs 3,558 Specialists 499 Dentists 14 of 14 Hospitals	1,381 PCPs 3,558 Specialists 499 Dentists 14 of 14 Hospitals	365 PCPs 1,329 Specialists 416 Dentists Lifespan Hospital Network: Rhode Island; Hasbro; Miriam; Newport; Bradley	1,127 PCPs 5,500 Specialists 545 Dentists 14 out of 14 Hospitals	1,127 PCPs 5,500 Specialists 545 Dentists 14 out of 14 Hospitals	1,381 PCPs 3,558 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	\$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
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
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
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
SPECIALIST VISIT	\$25	20%	\$25	\$20	10%	\$35
PREVENTATIVE CARE	\$0	\$0	\$0	\$0	0%	\$0
URGENT CARE	\$75	20%	\$75	\$20	10%	\$75
ER SERVICES	10%	20%	10%	10%	10%	\$300
INPATIENT HOSPITAL	10%	20%	10%	10%	10%	20%
X-RAYS & OTHER DIAG. IMAGING	10%	20%	10%	10%	10%	20%
HIGH END IMAGING: CT/PET/MRI	10%	20%	10%	10%	10%	20%
MENTAL HEALTH/SUBSTANCE ABUSE - OFFICE VISITS	\$20	20%	\$20	\$10	10%	\$20
SPEECH/OCCUP/PHYS THERAPY, OUTPATIENT REHAB	10%	20%	10%	\$20	10%	20%
LAB SERVICES, OUTPATIENT	10%	20%	10%	10%	10%	20%
SKILLED NURSING FACILITY	10%	20%	10%	10%	10%	20%
OUTPATIENT SURGERY/SERVICES	10%	20%	10%	10%	10%	20%
PEDIATRIC DENTAL COVERAGE**	Yes	Yes	Yes	Yes	Yes	Yes
TIER 1	\$7	\$0	\$7	\$5	\$5	\$10
TIER 2	\$20	\$15	\$20	\$10	\$7	\$35
TIER 3	\$50	\$50	\$50	\$35	\$30	\$60
TIER 4	\$75	\$75	\$75	\$50	\$45	\$80
TIER 5	\$100	\$100	\$100	Tier 5/ Tier 6: 10%	Tier 5/ Tier 6: 10%	\$125

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INSURANCE COMPANY	BCBSRI	BCBSRI	BCBSRI	BCBSRI	NHPRI	NHPRI
PLAN NAME	BasicBlue Direct (CSR94)	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	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	100-150% FPL
MONTHLY PREMIUM (21-YEAR OLD, BEFORE TAX CREDIT)	\$360	\$342	\$338	\$298	\$282	\$297
MONTHLY PREMIUM (40-YEAR OLD, BEFORE TAX CREDIT)	\$459	\$437	\$432	\$381	\$361	\$341
MONTHLY PREMIUM (60-YEAR OLD, BEFORE TAX CREDIT)	\$976	\$929	\$918	\$808	\$766	\$725
HSA QUALIFIED	No	No	No	No	No	No
PLAN TYPE (SEE DEFINITIONS ON PAGE 2)	PPO	POS	PPO	POS	HMO	HMO
REFERRAL REQUIRED	No	Yes	No	Yes	No	No
NETWORK COVERAGE AREA	National	RI Only	National	RI Narrow	RI Only	RI Only
RI PROVIDER INFORMATION	1,381 PCPs 3,558 Specialists 499 Dentists 14 of 14 Hospitals	1,381 PCPs 3,558 Specialists 499 Dentists 14 of 14 Hospitals	1,381 PCPs 3,558 Specialists 499 Dentists 14 of 14 Hospitals	365 PCPs 1,329 Specialists 416 Dentists Lifespan Hospital Network: RI; Hasbro; Miriam; Newport; Bradley	1,127 PCPs 5,500 Specialists 545 Dentists 14 out of 14 Hospitals	1,127 PCPs 5,500 Specialists 545 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	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	\$2,150 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	\$0 Individual \$0 Family
DEDUCTIBLE - DRUG	\$0	\$0	Combined with Medical	\$0	\$0	\$0
PRIMARY CARE	\$15 Non-PCMH \$5 PCMH	\$15 Non-PCMH \$5 PCMH	20%	\$15 Non-PCMH \$5 PCMH	\$5	10%
SPECIALIST VISIT	\$20	\$20	20%	\$20	\$15	10%
PREVENTATIVE CARE	\$0	\$0	\$0	\$0	\$0	\$0
URGENT CARE	\$75	\$75	20%	\$75	\$15	10%
ER SERVICES	10%	10%	20%	10%	10%	10%
INPATIENT HOSPITAL	10%	10%	20%	10%	10%	10%
X-RAYS & OTHER DIAG. IMAGING	10%	10%	20%	10%	10%	10%
HIGH END IMAGING: CT/PET/MRI	10%	10%	20%	10%	10%	10%
MENTAL HEALTH/SUBSTANCE ABUSE - OFFICE VISITS	\$15	\$15	20%	\$15	\$5	10%
SPEECH/OCCUP/PHYS THERAPY, OUTPATIENT REHAB	10%	10%	20%	10%	\$15	10%
LAB SERVICES, OUTPATIENT	10%	10%	20%	10%	10%	10%
SKILLED NURSING FACILITY	10%	10%	20%	10%	10%	10%
OUTPATIENT SURGERY/SERVICES	10%	10%	20%	10%	10%	10%
PEDIATRIC DENTAL COVERAGE**	Yes	Yes	Yes	Yes	Yes	Yes
TIER 1	\$0	\$5	\$0	\$5	\$2	\$2
TIER 2	\$15	\$15	\$15	\$15	\$5	\$5
TIER 3	\$50	\$30	\$50	\$30	\$15	\$15
TIER 4	\$75	\$50	\$75	\$50	\$30	\$30
TIER 5	\$100	\$100	\$100	\$100	Tier 5/Tier 6:10%	Tier 5/Tier 6: 10%