

State of Rhode Island - Comparison of Pre-65 Retiree Health Plans

Retirees under the age of 65 and not eligible for Medicare may elect one of two plans: the Early Retiree Plan or the Value Plan. The differences for network coverage are described below. For details on the non-network benefit, please go to www.employeebenefits.ri.gov and select the "Retiree Health" button on the left.

Plan Options	Early Retiree Plan	Value Plan
Monthly Premium	\$944.27 individual, \$2,627.22 family	\$593.51 individual, \$1,663.89 family
Annual Deductible	None until 1/1/15	\$2,000 individual, \$4,000 family
Out-of-Pocket Maximum In-Network Per Plan Year	None until 1/1/15	\$4,000 individual, \$8,000 family (excluding deductible)
	Network copays/co-insurance	Network copays/co-insurance
Ambulance-Emergency Ground	0%	30%*
Air	0% up to \$3,000	30%*
Chiropractic Treatment	\$25, up to 12 visits/year	\$35, up to 24 visits/year
Dental Services - Accident only	0%	30%*
Durable Medical Equip. Inpatient	0%	30%*
Outpatient	10%	30%*
Benefit limit	None	\$2,500 per calendar year
Emergency Health Services	\$125	\$150
Home Health Care	0% for coordinated, 20% if not coordinated	30%* 6 Physician visits/month, 3 nursing visits/week and 20 hrs of home health aide visits per week
Hospice Care	0%	30%* 360 days lifetime maximum
Hospital Inpatient Stay	0%	30%*
Injections in Physician Office	0%	\$35
Maternity Services	\$15 Global Maternity co-pay	\$35 Physician co-pay first visit only
Outpatient Services Surgery, CT scans, PET scans, MRI and Nuclear Treatment	0%	30%*
Physician's Office Visits Preventive Care	\$15 Primary Care/\$25 Specialist \$0	\$35 \$0
Rehabilitation Services		
Physical Therapy	0% after surgery or 20% if no surgery - no visit limit	\$35 per visit, 20 visits per year
Occupational Therapy	20%; no limit	\$35 per visit, 20 visits per year
Speech Therapy	20%; no limit	\$35 per visit, 20 visits per year
Cardiac Rehabilitation	20%; 3 visits/week, up to 12 weeks	\$35 per visit, 36 visits per year
Skilled Nursing Facility	0%	30%* up to 60 days/calendar year
Transplant Services	0%	30%*
Urgent Care Center	\$50	\$50
Diabetes Education	\$25	\$35
Mental Health & Substance Abuse	Outpatient \$15 Inpatient 0%	\$35 30%*
Prescription Drug Benefit	\$7/25/45	\$10/30/50

*Subject to deductible and Out of Pocket Maximum