

## 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](http://www.employeebenefits.ri.gov) and select the "Retiree Health" button on the left.

Plan Options	Early Retiree Plan	Value Plan
<b>Monthly Premium</b>	\$944.27 individual, \$2,627.22 family	\$593.51 individual, \$1,663.89 family
<b>Annual Deductible</b>	None until 1/1/15	\$2,000 individual, \$4,000 family
<b>Out-of-Pocket Maximum In-Network Per Plan Year</b>	None until 1/1/15	\$4,000 individual, \$8,000 family (excluding deductible)
	<b>Network copays/co-insurance</b>	<b>Network copays/co-insurance</b>
<b>Ambulance-Emergency Ground</b>	0%	30%*
<b>Air</b>	0% up to \$3,000	30%*
<b>Chiropractic Treatment</b>	\$25, up to 12 visits/year	\$35, up to 24 visits/year
<b>Dental Services - Accident only</b>	0%	30%*
<b>Durable Medical Equip. Inpatient</b>	0%	30%*
<b>Outpatient</b>	10%	30%*
<b>Benefit limit</b>	None	\$2,500 per calendar year
<b>Emergency Health Services</b>	\$125	\$150
<b>Home Health Care</b>	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
<b>Hospice Care</b>	0%	30%* 360 days lifetime maximum
<b>Hospital Inpatient Stay</b>	0%	30%*
<b>Injections in Physician Office</b>	0%	\$35
<b>Maternity Services</b>	\$25 co-pay first visit only	\$35 Physician co-pay first visit only
<b>Outpatient Services</b> Surgery, CT scans, PET scans, MRI and Nuclear Treatment	0%	30%*
<b>Physician's Office Visits</b> Preventive Care	\$15 Primary Care/\$20 Specialist \$0	\$35 \$0
<b>Rehabilitation Services</b>		
<b>Physical Therapy</b>	0% after surgery or 20% if no surgery - no visit limit	\$35 per visit, 20 visits per year
<b>Occupational Therapy</b>	20%; no limit	\$35 per visit, 20 visits per year
<b>Speech Therapy</b>	20%; no limit	\$35 per visit, 20 visits per year
<b>Cardiac Rehabilitation</b>	20%; 3 visits/week, up to 12 weeks	\$35 per visit, 36 visits per year
<b>Skilled Nursing Facility</b>	0%	30%* up to 60 days/calendar year
<b>Transplant Services</b>	0%	30%*
<b>Urgent Care Center</b>	\$50	\$50
<b>Diabetes Education</b>	\$25	\$35
<b>Mental Health &amp; Substance Abuse</b>	Outpatient \$15 Inpatient 0%	\$35 30%*
<b>Prescription Drug Benefit</b>	\$7/25/45	\$10/30/50

\*Subject to deductible and Out of Pocket Maximum