

State of Rhode Island – Comparison of Pre-65 Retiree Health Plans (1/1/17 – 12/31/17)

<u>State-Sponsored Plans</u>			<u>HealthSource RI Plans</u>
<p>State 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.</p> <p>Subsidies are granted to state-sponsored plans only, and they are based on date of retirement, age and years of service in accordance with RIGL §36-12-4.</p>			<p>HealthSource RI also provides plan options for pre-65 retirees and their dependents. For details on the many different plans available through HealthSource RI, please visit www.healthsourceri.com.</p>
Plan Options	Early Retiree Plan	Value Plan	HealthSource RI*
Monthly Premium	\$1,081.72 individual \$3,009.70 family	\$679.91 individual \$1,906.10 family	\$592 (60-year-old) \$218 (21-year-old)
Annual Deductible	\$250 individual, \$500 family (\$500 deductible is cumulative, any family members combined can satisfy the \$500)	\$2,000 individual, \$4,000 family	\$4900 individual, family \$9,800
Out-of-Pocket Maximum In-Network Per Plan Year	\$250 individual, \$500 family (deductible and medical copays count toward this annual maximum)	\$4,000 individual, \$8,000 family (excluding deductible)	\$5,500 individual, \$11,000 family (Including deductible)
	Network copays/co-insurance	Network copays/co-insurance	Network copays/co-insurance
Ambulance-Emergency Ground	\$0	30% after deductible is met	\$50
Air	\$0 up to \$3,000	30% after deductible is met	10% after deductible is met
Chiropractic Treatment	\$25, up to 12 visits/year	\$35, up to 24 visits/year	\$45, up to 12 visits per year
Dental Services - Accident only	\$0 after deductible is met	30% after deductible is met	10% after deductible is met
Durable Medical Equip. Inpatient	\$0 after deductible is met	30% after deductible is met	10% after deductible is met
Outpatient	\$0 after deductible is met	30% after deductible is met	10% after deductible is met
Benefit limit	None	\$2,500 per calendar year	
Emergency Health Services	\$125	\$150	10% after deductible is met
Home Health Care	\$0 after deductible is met	30% after deductible is met 6 Physician visits/month, 3 nursing visits/week and 20 hrs of home health aide visits per week	10% after deductible is met

Hospice Care	\$0 after deductible is met	30% after deductible is met 360 days lifetime maximum	10% after deductible is met
Hospital Inpatient Stay	\$0 after deductible is met	30% after deductible is met	10% after deductible is met
Injections in Physician Office	\$0 after deductible is met	\$35	
Maternity Services	\$15 Global Maternity co-pay	\$35 Physician co-pay first visit only	10% after deductible is met
Outpatient Services Surgery, CT scans, PET scans,	\$0 after deductible is met	30% after deductible is met	10% after deductible is met
Physician's Office Visits	\$15 Primary Care/\$25 Specialist	\$35	\$10 PCMH \$20 nonPCMH
Preventive Care	\$0	\$0	\$0
Rehabilitation Services			
Physical Therapy	0% after deductible is met	\$35 per visit, 20 visits per year	10% after deductible is met
Occupational Therapy	\$0 after deductible is met	\$35 per visit, 20 visits per year	10% after deductible is met
Speech Therapy	\$0 after deductible is met	\$35 per visit, 20 visits per year	10% after deductible is met
Cardiac Rehabilitation	\$0 after deductible is met; 3 visits/week, up to 12 weeks	\$35 per visit, 36 visits per year	10% after deductible is met
Skilled Nursing Facility	\$0 after deductible is met	30% after deductible is met up to 60 days/calendar year	10% after deductible is met
Transplant Services	\$0 after deductible is met	30% after deductible is met	10% after deductible is met
Urgent Care Center	\$50	\$50	\$75 after deductible is met
Diabetes Education	\$25	\$35	
Mental Health & Substance Abuse	Outpatient \$15 Inpatient \$0 after deductible	\$35 30% after deductible is met	\$45
Prescription Drug Benefit	\$7/25/45	\$10/30/50	\$10/\$30/\$50

* The illustrated plan was selected purely because it offers a comparable premium to the state's Value Plan, but there are many other options available through HealthSource RI. For a 60-year-old individual, monthly premiums range from \$430 to \$852. For a 21-year-old individual, monthly premiums range from \$158 to \$314. These costs are for a 2016 plan, rates for 2017 will change. HealthSource RI does not offer a family plan premium as a fixed cost, and each family is a total of the individual's costs based on age of each member. Income-based federal tax credits may be available if you purchase a plan through HealthSource RI.