Office of Employee Benefits
www.employeebenefits.ri.gov

Rhode Island State Employee Health Plan (2018 Plan Year)

HEALTH SAVINGS ACCOUNT (HSA): *An HSA-qualified health plan allows you to contribute to a separate tax-exempt account which can be used to pay for health care expenses like deductibles and copayments.*

CO-SHARE: *A co-share is the amount you must pay each pay period for health insurance. Co-shares vary by individual vs. family coverage, as well as annual salary. Co-shares listed here are for full-time classified and unclassified State employees only. Part-time classified and unclassified State employees, non-classified employees, 20 pay period employees, and some union-affiliated college employees have different co-shares than those listed here and should consult with their HR office for more information.*

STATE HSA CONTRIBUTIONS: *In addition to any HSA contributions you make through payroll deduction, the State will contribute to your HSA according to your coverage level. Half is deposited into your HSA on January 1 and the other half is deposited on July 1. The State's HSA contributions are not pro-rated for employees that enroll after those dates.*

DEDUCTIBLE: *The deductible is the amount you must pay out-of-pocket for certain health care services before your insurance plan begins to pay. Services subject to the deductible vary by plan and may include doctor visits and hospital stays, as well as prescription medications. There are separate deductibles for network and non-network services and they do not cross-apply. Family coverage deductibles can be met by any combination of family member deductible expenses.*

OUT-OF-POCKET MAXIMUM: *The out-of-pocket maximum (OOPM) is the most you could have to pay in deductibles, copayments and coinsurance during the year. If you meet your OOPM, your plan will pay 100% of the costs for covered benefits. There are separate OOPMs for network and non-network services and they do not cross-apply. Under the Choice Plus Plan with HSA, drug expenses count towards the OOPM but under the 2014 Plan there is a separate drug OOPM. A family coverage OOPM can be met by any combination of family member OOPM expenses.*

	Choice Plus Plan with HSA				2014 Plan			
	Individual Coverage		*Family Coverage*		*Individual Coverage*		*Family Coverage*	
	If salary:	*Co-share:*	*If salary:*	*Co-share:*	*If salary:*	*Co-share:*	*If salary:*	*Co-share:*
Bi-weekly Co-share (w/ Annual Total) *(Medical & Rx Only)*	< $95,481	$57.57 $1,496.82	< $49,670	$121.05 $3,147.30	< $95,481	$64.86 $1,686.36	< $49,670	$136.37 $3,545.62
	≥ $95,481	$71.97 $1,871.22	$49,670 to < $95,481	$161.40 $4,196.40	≥ $95,481	$81.07 $2,107.82	$49,670 to < $95,481	$181.82 $4,727.32
			≥ $95,481	$201.76 $5,245.76			≥ $95,481	$227.28 $5,909.28
HSA Qualified?	Yes				No			
State HSA Contribution Amounts	$1,500		$3,000		N/A			
Deductible - Medical	Network: $1,500 Non-Network: $2,250		Network: $3,000 Non-Network: $4,500		Network: $250 Non-Network: $500		Network: $500 Non-Network: $500	
Deductible - Drug	Combined with medical deductible		Combined with medical deductible		$0		$0	
Out-of-Pocket Maximum - Medical	Network: $3,000 Non-Network: $4,500		Network: $6,000 Non-Network: $9,000		Network: $250 Non-Network: $3,250		Network: $500 Non-Network: $6,500	
Out-of-Pocket Maximum - Drug	Combined with medical out of pocket maximum		Combined with medical out of pocket maximum		$6,350		$12,700	

NETWORK COVERAGE DISPLAYED

NON-NETWORK COVERAGE: *Except for emergency services, all non-network coverage for the displayed services are covered at 30% coinsurance after deductible for the Choice Plus Plan with HSA and at 20% coinsurance after deductible for the 2014 Plan.*

COINSURANCE: *A percentage of the total cost of certain types of health care services that you must pay. Coinsurance generally aplies after you meet your deductible and before you meet your OOPM.*

COPAY: *A fixed dollar amount that you must pay for certain types of health care services each time you use them. Copays are not applied to your deductible but they are applied to your OOPM.*

WHITE *areas are not subject to the deductible and display the dollar amount you pay per visit or health care service, regardless of whether you have met your deductible.*

SHADED *areas are subject to the deductible. You pay the full cost of a visit or health care service until you reach your deductible amount. After that, you pay only the applicable coinsurance percentage of the cost of the visit or health care service.*

For further coverage details, including exclusions, please review each plan's Summary Plan Description (SPD) at www.employeebenefits.ri.gov .

	Choice Plus Plan with HSA		2014 Plan	
PCP Visit	10% coinsurance after deductible		$15 copay	
Specialist Visit	10% coinsurance after deductible		$25 copay	
Virtual Visit *(online)*	10% coinsurance after deductible		$15 copay	
Preventive Care	covered at 100%		covered at 100%	
Urgent Care	10% coinsurance after deductible		$50 copay	
Emergency Room	Network & Non-Network: 10% coinsurance after ded.		Network & Non-Network: $125 copay	
Ambulance	Network & Non-Network: 10% coinsurance after ded.		Network & Non-Network: covered at 100%	
Inpatient & Outpatient	10% coinsurance after deductible		100% covered after deductible	
Labs & X-Ray and Major Imaging *(CT, PET, MRI)*	covered at 100% *(Preventive)*	10% coinsurance after deductible *(Diagnostic)*	covered at 100% *(All Preventive & Diagnostic Labs/X-Rays)*	100% covered after deductible *(Diagnostic Major Imaging)*
Pregnancy Office Visit	10% coinsurance after deductible *(first visit only)*		$15 copay *(first visit only)*	
Childbirth Services	10% coinsurance after deductible		100% covered after deductible	
Mental Health & Substance Use Visit	10% coinsurance after deductible		$15 copay	
Outpatient Rehab Therapy *(Physical, Speech, Occupational)*	10% coinsurance after deductible		100% covered after deductible	
Chiropractic & Manipulative Treatment *(Limit: 12 visits per calendar year)*	10% coinsurance after deductible		$25 copay	

DRUG TIERS: *Prescription drugs are categorized in tiers, and the tier of the drug identifies how much you pay for your prescription. A drug's tier is determined by the State's prescription benefits manager and is based on factors such as effectiveness, cost and availability of alternatives.*

PREVENTIVE THERAPY LIST: *Under the Choice Plus Plan with HSA, certain drugs are identified as preventive therapies and are excluded from the deductible. For these drugs, you only pay the copay regardless of whether you have met your deductible. The Preventive Therapy List is available on www.employeebenefits.ri.gov .*

MAIL ORDER 90-DAY SUPPLY: *For maintenance drugs, you must use the State's mail order program to receive 90-day supplies at the same cost as a 60-day supply. If you elect to opt out of the program, you will only be able to fill 30-day supplies and you will pay more for your maintenance drugs.*

	Choice Plus Plan with HSA	2014 Plan
Tier 1 *(Generic Drugs)*	**Drugs on Preventive Therapy List:** $7 copay *(retail 30-day supply)* $14 copay *(mail order 90-day supply)* **Drugs not on Preventive Therapy List:** Above copays apply after deductible	$7 copay *(retail 30-day supply)* $14 copay *(mail order 90-day supply)*
Tier 2 *(Preferred Brand Drugs)*	**Drugs on Preventive Therapy List:** $25 copay *(retail 30-day supply)* $50 copay *(mail order 90-day supply)* **Drugs not on Preventive Therapy List:** Above copays apply after deductible	$25 copay *(retail 30-day supply)* $50 copay *(mail order 90-day supply)*
Tier 3 *(Non-Preferred Brand Drugs)*	**Drugs on Preventive Therapy List:** $45 copay *(retail 30-day supply)* $90 copay *(mail order 90-day supply)* **Drugs not on Preventive Therapy List:** Above copays apply after deductible	$45 copay *(retail 30-day supply)* $90 copay *(mail order 90-day supply)*