

State of Rhode Island

— 2020 —

Benefits Guide



Department of Administration
Office of Employee Benefits



Welcome!

The State of Rhode Island is proud to offer State employees a comprehensive benefits package that provides flexibility and choice.

This Benefits Guide includes an overview of your benefits, with information on how to save—and even earn—extra dollars with some simple choices.

To help make this Guide easier to navigate, look for these icons:

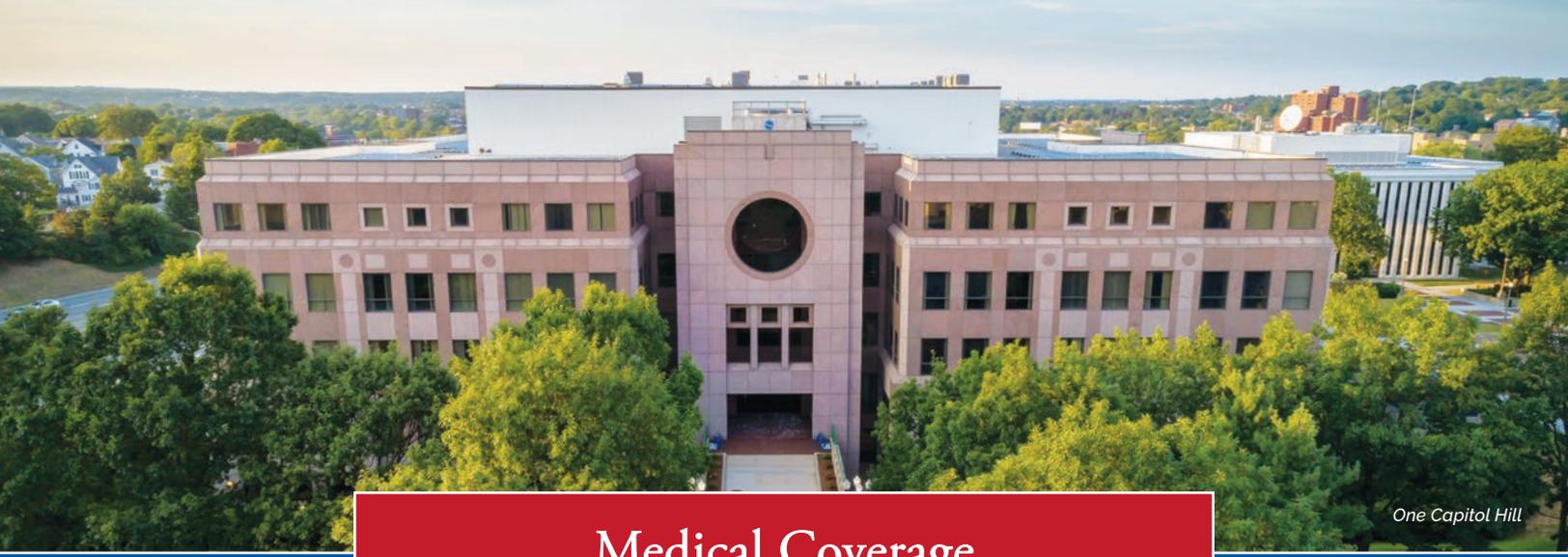
-  *Information about plan costs, ways to save, or ways to earn*
-  *Frequently asked questions or unfamiliar terms*
-  *Important reminders*
-  *Information about useful plan resources*
-  *Information about how to enroll*

The State has more information about your benefits package, as well as links to forms you may need, posted on the [Office of Employee Benefits website \(www.employeebenefits.ri.gov\)](http://www.employeebenefits.ri.gov). If you can't find what you're looking for, you can call the Office of Employee Benefits at 401-574-8530.



Your Benefits at-a-Glance

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One Capitol Hill

Medical Coverage

*Eligible State employees have three options for medical coverage: The **Anchor Plan**, the **Anchor Plus Plan** and the **Anchor Choice Plan**.*

Which Plan Is Right for You?

It may not be an obvious choice, but it's an important one. Here are some things to keep in mind as you're making your decision:

- 1. All three plans cover the same medical services. Remember, preventive care is covered at 100% without having to meet a deductible when you visit an in-network provider.
- 2. All three plans use the same Blue Cross & Blue Shield of Rhode Island (BCBSRI) network.
- 3. All three plans require you to pay 10% of the cost (your coinsurance) for covered medical expenses when you visit a network provider, after you've met your deductible.
- 4. All three plans require you to pick a Primary Care Provider (PCP) to coordinate your care.
- 5. All three plans will only cover services that are medically necessary.

Medical Plan Highlights

Here's a snapshot of what each of the different medical plan options pays for **in-network** medical services. To see how out-of-network services are covered, and to review more comprehensive plan details, review the comparison chart at the end of this Guide.



Looking for a Network Provider?

If you're looking for a Primary Care Provider (PCP), visit www.bcbsri.com/finddoctor to get started.

| | Anchor | Anchor Plus | Anchor Choice |
|---|---|--|--|
| Annual Deductible | \$1,000 Individual \$2,000 Family | \$500 Individual \$1,000 Family | \$1,500 Individual \$3,000 Family |
| Does the State Contribute to a Health Savings Account? | No. | No. | Yes! In 2020*: \$1,500 Individual \$3,000 Family |
| May I Contribute to a Health Savings Account? | No. | No. | Yes! In 2020 you may contribute up to \$2,050 for individual coverage and up to \$4,100 for family coverage. If you're over 55, you may contribute an additional \$1,000 as a "catch-up" contribution. |
| Do I Have to Meet the Deductible for Preventive Care Services? | No. Preventive care is covered at 100% in-network. | No. Preventive care is covered at 100% in-network. | No. Preventive care is covered at 100% in-network. |
| Coinsurance | You pay 10% Plan pays 90% | You pay 10% Plan pays 90% | You pay 10% Plan pays 90% |
| What's the Most I Can Pay in Medical/Rx Expenses Each Year? (Out-of-Pocket Maximums) | \$2,000 Individual \$4,000 Family | \$1,000 Individual \$2,000 Family | \$3,000 Individual \$6,000 Family |
| What Is My Annual Premium (Co-Share)? | See "Your 2020 Bi-Weekly Premium Rates" on page 10. | | |

* Contributions are made biannually with half deposited on January 1 and the other half deposited on July 1. The State's HSA contributions are not pro-rated for employees that enroll after those dates.

Like the Sound of the Health Savings Account but Still Haven't Made a Decision? Read on.

Although the Anchor Choice Plan may operate a little differently than the other plans, it has a number of advantages that may make it the best choice for you. Let's consider some of the more commonly heard reasons why employees are hesitant to elect the Anchor Choice Plan and address each one.

"Why would I choose a plan with the highest deductible?"

True, the Anchor Choice has a higher deductible than the other plans. HOWEVER, did you know that when you elect the Anchor Choice, the **State contributes an amount equal to your deductible** to a Health Savings Account (HSA) for you? If you want, you can use the State's contribution to cover your deductible. Plus, you can contribute too! You can choose to move some of your take-home pay to your HSA to reduce your taxable income. The other plans don't offer this option.

"What if I have a \$100,000 medical expense?"

Remember, all of our plans offer out-of-pocket expense protection. The maximum amount you are responsible for is \$3,000 for individual coverage or \$6,000 for family coverage in a plan year, regardless of how costly the expense. Plus, with the Anchor Choice Plan, the State's contribution can be used to cover up to half of your annual out-of-pocket maximum.

"Will I lose it if I don't use it?"

With the HSA, there is no use-it-or-lose-it. The money in your account will roll over from year to year and earn interest. It's yours to keep, even if you change medical plans or stop working for the State. You're not *required* to spend it on eligible medical expenses. If you don't need to use it, you can let your money grow year to year. Once you have a certain amount in your account, you can even begin investing it. And as long as you use it for eligible medical expenses (even in retirement!) you won't pay tax on any withdrawal.

"I hate submitting paperwork to get reimbursed."

Reimbursement is easy with the HSA. You'll be mailed a debit card that you can use at the time of service to have funds automatically deducted from your HSA account. If you prefer, you can pay your bills online, right through the HSA portal on bcbsri.com.

Let's Compare the Other Medical Plans to the Anchor Choice Plan

| What's the SAME about the Anchor Choice Plan? | What's DIFFERENT about the Anchor Choice Plan? |
|--|--|
| <p>Doctors. You have the same network of providers as the other two plans.</p> | <p>Health Savings Account. You receive your own HSA when you elect the Anchor Choice Plan. The State contributes to your account every year! And the amount they contribute is equal to the deductible. You have the option to contribute, too, to increase your tax-free spending power. The other plans do not have this feature.</p> |
| | <p>Deductible. The deductible is higher than the other two plans, BUT as mentioned above, the State's contribution is equal to that amount.</p> |
| <p>Coinsurance. You pay the same coinsurance percentage as the other two plans.</p> | <p>Co-Share. The Anchor Choice Plan has the lowest co-share of all the Plans. You pay slightly less from your paycheck for medical insurance than you would with the other two plans. That's money you can save every pay period!</p> |
| | <p>Prescriptions. See page 8 for how paying for retail pharmacy prescriptions differs under the Anchor Choice Plan.</p> |

For more details on the Anchor Choice Plan and HSA eligibility, see page 16 of the Guide, review the fold-out comparison chart in the center of this Guide and visit www.employeebenefits.ri.gov/hsa to watch videos, read FAQs and get all of the information you need to understand how this valuable benefit works.



We've Got the Tools to Help!

alex® *Talk to ALEX®—an interactive online decision tool—to help you with your plan selection. You can find ALEX on the [Office of Employee Benefits website](#).*

Important Plan Features

1. If you don't already have one, you must designate a PCP when you enroll for coverage to coordinate your care. If you visit a specialist without receiving a referral from your PCP, your copay/coinsurance will be higher.
2. Certain covered services may require pre-authorization to determine whether the service is medically necessary. The Plan will only cover services that are medically necessary. Refer to the [Office of Employee Benefits website](#) for the list of services that need pre-authorization.
3. Your medical plan out-of-pocket maximum includes prescription drugs. That means, if your copays/coinsurance in medical claims and prescription drug claims combined hits the out-of-pocket maximum for the year, the Plan will pay 100% of your covered costs (including prescription drug copays) for the remainder of the year!

Terms to Know

Annual Deductible: The amount you pay before the Plan begins to pay its share for covered medical expenses. Some services (like preventive care and any copays for doctor visits or prescriptions) do not require you to meet a deductible. If you meet your deductible, you'll begin paying your share of coinsurance (10% in-network) for covered medical expenses until you reach the out-of-pocket maximum for the year. At that point, the Plan pays 100% of your covered medical expenses. The family annual deductible is "cumulative," meaning that any combination of claims—even if it's just from one individual—counts toward satisfying the family deductible.

Coinsurance: Once you meet your annual deductible, you and the Plan share in the cost of covered medical expenses. This is called "coinsurance." When you visit in-network providers, the Plan's share is 90% and your coinsurance is 10%. If you go to an out-of-network provider, the Plan's share is 70% and your coinsurance is 30%. Coinsurance is considered an "out-of-pocket" cost, just like copays.

Co-Share: A co-share refers to the premium rate you pay to have medical insurance. Your co-share is deducted from your pay on a bi-weekly basis. The amount of your co-share depends on the plan you elect, whether you choose individual or family coverage, your salary and whether you're a part-time or full-time employee. You pay your co-share regardless of how often you use the Plan.

Health Savings Account: If you elect the Anchor Choice Plan, you automatically receive a Health Savings Account (HSA). An HSA is a tax-advantaged account that allows you to save money for qualified medical expenses for this year and the future. The State contributes to your Health Savings Account, and you can too! See page 16 for details.

Medical Necessity: Certain covered services, tests or procedures such as durable medical equipment, home health care, and elbow/shoulder/hip/knee replacement surgery, require prior authorization to determine if they are medically necessary. If not, they will not be covered by the Plan and you will be responsible for the entire cost. Refer to the [Office of Employee Benefits website](#) for a list of covered services that must be pre-authorized.

Out-of-Pocket Maximum: The out-of-pocket maximum is your protection against high medical expenses. It's a cap or limit on what you can spend in deductible expenses, copays and coinsurance each year. If you hit your out-of-pocket maximum, the Plan will pay your remaining covered medical/prescription expenses at 100% for the rest of the year.

Primary Care Provider (PCP): A PCP is a provider you formally designate from the BCBSRI network to be your main doctor. Your PCP is responsible for coordinating your care and referring you to specialists, if needed.

Prescription Drugs

When you elect medical coverage, you automatically receive prescription drug coverage, administered by CVS Caremark. The amount you pay per prescription depends on the drug "tier." For a 30-day supply at a retail pharmacy, you pay:

- **Generic Drugs:** \$10 copay
- **Preferred Brand-Name Drugs:** \$35 copay
- **Non-Preferred Brand-Name Drugs:** \$60 copay
- **Specialty Drugs:** \$100 copay

IMPORTANT: If you enroll in the Anchor Choice Plan, you'll pay for your retail pharmacy prescriptions in full until you reach your annual deductible. After that, you're only responsible for your copay. However, if you take medication on the *preventive therapy drug list*, (see the [Office of Employee Benefits website](#) for the list) you only pay your copay, regardless of whether you've met your deductible. The other two medical plans (Anchor and Anchor Plus) do not require you to meet your deductible before you pay prescription drug copays.



Can I Find Out How Much My Prescription Drugs Will Cost?

Once you set up an account at www.caremark.com, you can find the covered drug list from your personal portal under the "Plan and Benefits" tab. From there you can also access the "Check Drug Cost" tool to determine if your prescription drug is covered and what it will cost under your medical plan. If you're not currently enrolled in State employee health coverage, you can access the "Check Drug Cost" tool for the plans on the [Office of Employee Benefits website](#).

Mail-Order Program (Maintenance Choice—CVS/Caremark)

The Plan offers a convenient and less expensive alternative to a retail pharmacy if you take medication on a regular basis to treat a chronic condition like asthma, diabetes or high blood pressure. For the same copay as two 30-day supplies from a retail pharmacy, you receive a 90-day prescription. Under Maintenance Choice, you can pick up your 90-day supply at a CVS pharmacy (including those located inside Target stores) or receive your order at home via CVS Caremark Mail Service Pharmacy.

Specialty drugs are not available under the Maintenance Choice Program; they are available by mail through the CVS Specialty Pharmacy.

Wellness Pays

The State takes a total-health approach to wellness, not just focusing on your physical health but also your mental health and work/life balance. There are many programs and resources to help you achieve your goals. Visit www.employeebenefits.ri.gov/wellness for a comprehensive overview of the State's programs.



Incentives to Help Make Healthy Behaviors Pay Off

The Rewards for Wellness program enters its 13th year in 2020. Once again, it offers up to \$500 per employee in credits that are automatically applied to your bi-weekly medical plan premium (co-share) for completing certain wellness activities.* Just like last year, all incentives will be delivered in ten consecutive pay days in the first half of 2021. Additionally, there will be health and financial wellness fairs during spring 2020 where you can get your biometric screenings done and discuss your retirement savings plan with financial advisors from the State's deferred compensation plan providers. Visit www.employeebenefits.ri.gov/wellness for more details on participation and eligibility for the Rewards for Wellness 2020–2021 program.



Receive Your Annual Preventive Care Exam and Earn \$250!

If you receive a preventive care exam in 2020, you will earn a \$250 credit toward your co-shares. If you're married and your spouse also receives a preventive care exam, you will earn an *additional* \$250 credit toward your co-share.** This is *in addition* to any wellness credits you may receive for completing wellness activities in the Rewards for Wellness program. Credits will be delivered in five consecutive pay days in the second half of 2021.

All told, employees can earn \$750 off their co-shares as an individual (or \$1,000 with spouse)!

* Only active State of Rhode Island employees who are paying State medical co-share premium payments **at the time of the incentive payout(s)** are eligible to receive co-share credit incentives.

** You and/or your spouse must obtain at least one of the following qualifying preventive exams to earn the \$250 credit(s): annual physical exam, annual gynecological exam, or prenatal obstetric exam. To receive \$250 in credits for a spouse's annual preventive exam, the spouse must have been covered as a dependent on the employee's family plan both when they received a qualifying annual preventive exam and when the incentives are paid out.

 **Your 2020 Bi-Weekly Premium Rates (Co-Shares*)**

| | Anchor | Anchor Plus | Anchor Choice |
|---|----------|-------------|---------------|
| Full-Time Employee (Individual Coverage) | | | |
| Less than \$102,840 | \$55.27 | \$59.14 | \$54.87 |
| \$102,840 and above | \$69.09 | \$73.92 | \$68.59 |
| Full-Time Employee (Family Coverage) | | | |
| Less than \$53,498 | \$116.21 | \$124.34 | \$115.37 |
| \$53,498 to less than \$102,840 | \$154.95 | \$165.78 | \$153.83 |
| \$102,840 and above | \$193.68 | \$207.23 | \$192.29 |
| Part-Time Employee (Individual Coverage) | | | |
| Less than \$96,937 | \$55.27 | \$59.14 | \$54.87 |
| \$96,937 and above | \$96.72 | \$103.49 | \$96.02 |
| Part-Time Employee (Family Coverage) | | | |
| Less than \$96,937 | \$154.95 | \$165.78 | \$153.83 |
| \$96,937 and above | \$271.16 | \$290.12 | \$269.20 |

* Co-shares and salary bands listed here are for 26 pay period classified and unclassified State employees only and are effective as of the pay period beginning December 22, 2019. Part-time co-shares are based on a job specification's full-time salary. College employees should refer to their college/university website (URI, RIC, CCRl) for their co-shares and salary bands. Members of the Rhode Island Troopers Association and State Police command staff should refer to the [Office of Employee Benefits website](#) for their co-shares and salary bands.

 **How Do I Enroll?**

Visit www.employeebenefits.ri.gov/enrollment for instructions on how to enroll.

 **What If I Want to Waive Coverage?**

If you waive medical/prescription drug coverage and show you're enrolled in other qualifying coverage, you are eligible to receive up to \$1,001.00 as an opt-out payment. However, not everyone is eligible to receive this opt-out payment—please review the eligibility provisions on the [Office of Employee Benefits website](#). To waive medical/prescription drug coverage and receive the opt-out payment, you will need to waive coverage through the online enrollment system.

Dental Coverage

*Eligible State employees have three options for dental coverage:
Anchor Dental, Anchor Dental Plus and Anchor Dental Platinum.*

Which Plan Is Right for You?

All three dental plans cover basic, restorative and major restorative services as well as orthodontia. All use the same Delta Dental network. Anchor Dental is a base plan, but Anchor Dental Plus and Anchor Dental Platinum are “buy-up” options that offer even greater coverage.

How Do the “Buy-Up” Options Work?

You can elect to pay a higher premium (co-share) to receive more dental coverage. Keep in mind, however, that the State’s contribution towards the cost of your coverage is the same regardless of whether you elect the base plan or either of the buy-up options.

Both buy-up options have more covered services and may be worth considering if you or your dependent(s) may need additional dental services in 2020. For example, the Anchor Dental Platinum Plan provides orthodontia coverage for children and adults, and it also has coverage for implants.

Dental Plan Highlights

The chart on the following page shows a snapshot of what each of the different dental plan options pays for **in-network** dental services, but there are several restrictions and limits in place. For more details, see the comparison chart at the end of this Guide.

| | Anchor Dental | Anchor Dental Plus | Anchor Dental Platinum |
|---|--|--|---|
| Annual Deductible Per Person | None | None | None |
| Annual Plan Maximum Per Person | \$1,500 | \$2,000 | \$2,500 |
| Lifetime Orthodontic Maximum Per Person | \$1,500 | \$2,000 | \$2,500 |
| Basic/Preventive Services (e.g., exams, cleanings, x-rays, sealants, fluoride treatments) | 100% (exams, fluoride treatments covered once per year; occlusal guards and specialty consultations not covered) | 100% (exams, fluoride treatments covered twice per year; occlusal guards covered; specialty consultations not covered) | 100% (exams, fluoride treatments covered twice per year; occlusal guards covered). Specialty consultations covered at 80% |
| Major Restorative (e.g., crowns) | 80% | 80% | 80% |
| Periodontics (e.g., scaling/planing) | 50% | 80% | 100% |
| Implants | Not covered | Not covered | 50% covered up to separate \$3,500 lifetime maximum |
| Orthodontia (elective braces) | 50% for children up to age 19 | 50% for children up to age 19 | 50% for children and adults; no age limit |

Dental Coverage Resources

Visit the *Office of Employee Benefits website* to review informative videos about the dental coverage options. Don't forget to talk to ALEX while you're there if you need help choosing a plan. Also be sure to visit www.deltadentalri.com to manage your dental benefits with ease, including checking your specific benefits and coverage dates, reviewing progress towards maximum amounts and confirming remaining balances, looking up the status of a specific claim or reviewing your recent claim history, and instantly printing a copy of your ID card.



Your 2020 Bi-Weekly Premium Rates (Co-Shares*)

| | Anchor Dental | Anchor Dental Plus | Anchor Dental Platinum |
|---|---------------|--------------------|------------------------|
| Full-Time Employee (Individual Coverage) | | | |
| Less than \$102,840 | \$3.15 | \$5.07 | \$7.78 |
| \$102,840 and above | \$3.94 | \$5.86 | \$8.57 |
| Full-Time Employee (Family Coverage) | | | |
| Less than \$53,498 | \$6.12 | \$11.09 | \$18.11 |
| \$53,498 to less than \$102,840 | \$8.16 | \$13.13 | \$20.15 |
| \$102,840 and above | \$10.20 | \$15.17 | \$22.19 |
| Part-Time Employee (Individual Coverage) | | | |
| Less than \$96,937 | \$3.15 | \$5.07 | \$7.78 |
| \$96,937 and above | \$5.51 | \$7.43 | \$10.14 |
| Part-Time Employee (Family Coverage) | | | |
| Less than \$96,937 | \$8.16 | \$13.13 | \$20.15 |
| \$96,937 and above | \$14.28 | \$19.25 | \$26.27 |

* Co-shares and salary bands listed here are for classified and unclassified State employees only and are effective as of the pay period beginning December 22, 2019. Part-time co-shares are based on a job specification's full-time salary. College employees should refer to their college/university website (URI, RIC, CCRl) for their co-shares and salary bands. Members of the RI Troopers Association and the State Police Command Staff should refer to the [Office of Employee Benefits website](#) for their co-shares and salary bands.



How Do I Enroll?

Visit www.employeebenefits.ri.gov/enrollment for instructions on how to enroll.



What If I Need More Coverage?

Download the Chewsⁱ™ dental app for greater savings on dental costs. If you or a family member need or want a dental service that isn't covered by the dental plan or you've exceeded the plan year maximum, you can use Chewsⁱ to help cover costs. Just find a Chewsⁱ participating dentist using the Chewsⁱ app, call for an appointment and bring your phone with you. You'll pay for your visit using the app. There are no limits, maximums, exclusions or claim forms to complete. Chewsⁱ is separate from your dental insurance.

Vision Coverage

*Eligible State employees have two options for vision coverage: **Anchor Vision** and **Anchor Vision Plus**.*

Which Plan Is Right for You?

Your vision care benefits are provided through VSP, a national vision care network. Both plan options offer preventive care coverage and an allowance for frames and contacts. Anchor Vision Plus has bigger allowances than Anchor Vision.

Both vision plan options offer benefits in- and out-of-network. However, the State encourages you to visit a VSP participating provider to receive the greatest coverage. To find a provider near you, visit www.vsp.com.

Vision Plan Highlights

Here's a snapshot of your vision plan options when you visit an **in-network** provider. Vision services shown are available every calendar year. For more details, see the comparison chart at the end of this Guide.

| | Anchor Vision | Anchor Vision Plus |
|------------------------------------|---|---|
| Vision Exam | 100% | 100% |
| Prescription Glasses | You pay a \$30 copay; for frames, you have a \$100 allowance and a 20% discount on any amount above the allowance | You pay a \$30 copay; for frames, you have a \$200 allowance and a 20% discount on any amount above the allowance |
| Contacts instead of Glasses | \$30 cap on exam fees \$30 allowance for materials | \$30 cap on exam fees \$200 allowance for materials |



Your 2020 Bi-Weekly Premium Rates (Co-Shares*)

| | Anchor Vision | Anchor Vision Plus |
|---|---------------|--------------------|
| Full-Time Employee (Individual Coverage) | | |
| Less than \$102,840 | \$0.46 | \$1.47 |
| \$102,840 and above | \$0.58 | \$1.58 |
| Full-Time Employee (Family Coverage) | | |
| Less than \$53,498 | \$0.96 | \$3.72 |
| \$53,498 to less than \$102,840 | \$1.28 | \$4.04 |
| \$102,840 and above | \$1.60 | \$4.36 |
| Part-Time Employee (Individual Coverage) | | |
| Less than \$96,937 | \$0.46 | \$1.47 |
| \$96,937 and above | \$0.81 | \$1.81 |
| Part-Time Employee (Family Coverage) | | |
| Less than \$96,937 | \$1.28 | \$4.04 |
| \$96,937 and above | \$2.24 | \$5.00 |

* Co-shares and salary bands listed here are for classified and unclassified State employees only and are effective as of the pay period beginning December 22, 2019. Part-time co-shares are based on a job specification's full-time salary. College employees should refer to their college/university website (URI, RIC, CCRI) for their co-shares and salary bands. Members of the RI Troopers Association and the State Police Command Staff should refer to the [Office of Employee Benefits website](#) for their co-shares and salary bands.



How Do I Enroll?

Visit www.employeebenefits.ri.gov/enrollment for instructions on how to enroll.

Health Savings Account (HSA)

An HSA is a tax-advantaged savings account that's available to you if you enroll in the Anchor Choice Plan. With the HSA, you get:

- An annual contribution to your account every year from the State. For 2020, they'll contribute \$1,500 for individual enrollment or \$3,000 for family enrollment.
- The opportunity to contribute, too, on a PRE-TAX basis! Build on your savings—your account can earn interest and grow! When you reach a certain balance, you can even start investing it for greater earning potential.
- A portable account. Your account is yours. The balance rolls over from year to year if you don't use it, and it's yours to keep even if you stop working for the State.
- A tax-free way to pay for eligible medical expenses now, or for healthcare during your retirement. You're not REQUIRED to use your account for health care expenses, but if you do, you don't pay taxes on your withdrawals.
- Easy reimbursement. You'll get a debit card to make paying with your HSA funds a breeze.

Eligibility

To be eligible to contribute to an HSA, you:

- must enroll in the Anchor Choice Plan.
- must not be enrolled in Medicare, Medicaid or TRICARE.
- cannot be claimed as a dependent on another person's tax return.
- cannot be enrolled in other health care coverage, unless it's another High Deductible Health Plan.
- cannot have a traditional General Purpose Health Care FSA. But, you may elect a Limited Purpose Health Care FSA to help offset dental and vision expenses.

Triple-Tax Advantage!

With an HSA, you get a triple-tax advantage! You don't pay taxes on what you contribute, you don't pay taxes on the interest you earn, and you don't pay taxes when you use your funds for qualified medical expenses!



How Does the HSA Work?

If you enroll in the Anchor Choice Plan, we'll open an HSA account for you with UMB Bank. The State's annual contribution to your account will total \$1,500 for individual coverage or \$3,000 for family coverage. While you're not required to, you may also contribute to your HSA through pre-tax payroll deductions.

You can choose to use your HSA funds for eligible out-of-pocket expenses—even your deductible—or you can choose to keep the money in your account and let it roll over from year to year. You'll even be provided with a debit card, to make paying for eligible expenses with your HSA dollars easy and convenient.

Maximum Contributions for 2020

You can contribute to your account (up to IRS limits each year) to help grow your tax-free account. If you're over age 55, you can even make additional "catch-up" contributions of up to an additional \$1,000.

| | Individual | Family |
|------------------------------------|----------------|----------------|
| State of Rhode Island Contributes* | \$1,500 | \$3,000 |
| You May Contribute Up To | \$2,050 | \$4,100 |
| Total Limit in 2020 | \$3,550 | \$7,100 |

* Contributions are made biannually with half deposited on January 1 and the other half deposited on July 1. The State's HSA contributions are not pro-rated for employees that enroll after those dates.

You can use the money in your HSA to pay for qualified medical, dental and vision expenses at any time without federal tax liability or penalty. Any HSA funds used to pay for goods or services that are not qualified medical expenses are taxable income. And, if you are under age 65, they can be subject to an additional 20 percent tax penalty. If you're over 65, there's no tax penalty for a withdrawal for any reason.

Whatever you don't spend stays in your account where it can grow over time. Funds are kept in a cash account, and you're able to invest your HSA balance once it reaches \$1,000. Plus, you pay no taxes on the interest you earn.



How Do I Enroll?

If you enroll in the Anchor Choice Plan, an HSA will be opened for you. If you would like to make contributions to your HSA, visit www.employeebenefits.ri.gov/enrollment for instructions.



Eleanor Slater Hospital -
Zambarano Campus

Flexible Spending Accounts

The State offers three Flexible Spending Accounts (FSAs) for employees:

- **General Purpose Health Care FSA**, for employees who are not enrolled in the Anchor Choice medical plan;
- **Limited Purpose Health Care FSA**, for employees enrolled in the Anchor Choice medical plan; and
- **Dependent Day Care FSA**.

These plans are governed by the IRS and allow you to put aside money on a pre-tax basis to receive reimbursement for eligible expenses.

How FSAs Work

FSAs can help you save money on health care and dependent care expenses, because you can elect to contribute a certain amount of your taxable pay each year for these expenses before the taxes are taken out. Those allocated dollars can be used for eligible (as defined by the IRS) out-of-pocket medical, dental, vision and/or dependent care expenses. Your FSAs are administered by Navia Benefit Solutions.



IRS Limits Are Subject to Change

The maximums shown in this guide are set by the IRS and may change. Verify current maximums by visiting the [Office of Employee Benefits website](#).

General Purpose Health Care FSA

The General Purpose Health Care FSA allows you to stretch the dollars you use to pay for medical care, dental care and vision care expenses that are not paid or reimbursed by your health care plans (like deductibles, copays and coinsurance). When you enroll, you choose the annual amount(s) that will be deducted from your paycheck in equal installments each pay period and deposited into your FSA(s).

You may elect to contribute a maximum of \$2,750 (projected limit for 2020) to the General Purpose Health Care FSA. Don't worry if you overestimate a little—you may roll over up to \$500 of unspent Health Care FSA dollars to the following calendar year.



General Health Care FSA Eligible Expenses *

- Copays, deductibles and coinsurance
- Certain over-the-counter items like sunscreen, first aid supplies, blood pressure monitors, etc., with a prescription
- Breast pumps and accessories, child birth classes, birthing coach and diaper services
- Vision exams, eyeglasses, prescription sunglasses, contact lenses/solution
- Dental exams, x-rays, fillings, orthodontia, crowns, bridges, implants, dentures
- Hearing exams, hearing aids and batteries

* For a comprehensive list of eligible expenses, visit www.irs.gov/publications/p502.

Limited Purpose Health Care FSA

The Limited Purpose Health Care FSA is available to employees who have elected the Anchor Choice Plan. Because the Anchor Choice Plan has a Health Savings Account component attached to it, the IRS prohibits an additional tax-advantaged medical savings account. A Limited Purpose FSA is allowed, because it is limited to eligible dental and vision expenses. Like the General Purpose Health Care FSA, you may contribute up to \$2,750 (projected limit for 2020) to a Limited Purpose FSA and you can roll over up to \$500 of unspent contributions from year to year.



Limited Purpose Health Care FSA Eligible Expenses *

- Copays, deductibles and coinsurance for dental or vision expenses
- Dental exams, x-rays, fillings, orthodontia, crowns, bridges, implants, dentures
- Vision exams, eyeglasses, prescriptions sunglasses, contact lenses/solution

* For a comprehensive list of eligible expenses, visit www.irs.gov/publications/p502.

Dependent Day Care FSA

The Dependent Day Care FSA can be used to reimburse yourself for dependent day care expenses for your child(ren) or parent(s). You may elect to contribute a maximum of \$5,000 per calendar year (or \$2,500 if married and filing separately).



Dependent Day Care FSA Eligible Expenses*

- Before school/after school care for children under age 13
- Child care while you and your spouse work or while your spouse attends school full-time or looks for work
- Adult day care, age 13 and older (not medical-care related)
- Preschool
- Day camps (even if a camp specializes in a particular activity, such as computers or soccer)
- Housekeeper whose services include the care of a qualifying person

* For a comprehensive list of eligible expenses, visit www.irs.gov/publications/p502.

Receiving Reimbursement for Your Eligible Expenses

DEBIT CARD

To make it easy to substantiate your eligible health care expenses, you'll receive a debit card through Navia when you enroll in an FSA. Your Health Care FSA debit cards will be loaded with your full annual election amount on the first day of the plan year.

MANUAL REIMBURSEMENT CLAIMS

You may also submit manual reimbursement claims:

- online at www.naviabenefits.com;
- using the MyNavia mobile app; or
- via paper claim form to mail or fax to Navia, available at www.employeebenefits.ri.gov/resources/forms.



How Do I Enroll?

The process for enrolling in an FSA is changing for Open Enrollment 2020!

Visit www.employeebenefits.ri.gov/enrollment for complete information.



Roll Over Up To \$500!

The IRS allows you to roll over up to \$500 unspent General Purpose Health Care or Limited Health Care FSA dollars from the current calendar year to the next calendar year.

There is no rollover provision for the Dependent Day Care FSA; your unspent dollars will be forfeited at the end of the calendar year.



Rhode Island Veterans Home

Deferred Compensation Plan

The State offers a Deferred Compensation Plan (457(b) Plan) to allow you to save for retirement using pre-tax dollars. You decide how much to contribute from your pay each year, and that deferral is deducted in equal installments every pay period before taxes are taken out—reducing your taxable income while allowing you to invest for your future.

You can enroll or make changes to how much you contribute at *any time* during the year. You also choose how you would like your contributions to be invested among the funds available through TIAA, Fidelity and/or Voya.

Employees' Retirement System of Rhode Island (ERSRI)

As part of their employment, most State employees receive a retirement plan with a defined benefit portion administered by ERSRI and a defined contribution portion administered by TIAA.

However, the Deferred Compensation Plan is a voluntary benefit. It gives you an additional way to save even more for retirement. For more information about ERSRI, visit www.ersri.org.



You're Vested!

You're always 100% vested in your deferred compensation plan account.

IRS Limits are Subject to Change

The maximums shown in this guide are set by the IRS and may change. Verify current maximums by visiting the [Office of Employee Benefits website](#).

Catch-Up Contributions

If you are at least age 50 by the end of the calendar year and you contribute the maximum amount to your Deferred Compensation Plan account, you may make catch-up contributions. Catch-up contributions allow you to save above the normal IRS annual limit on a pre-tax basis.

Special Three-Year Catch-Up

If you are within three years of your retirement age, you have another opportunity to add to your Deferred Compensation Plan account. This special three-year catch-up provision cannot be combined with the over age 50 catch-up provision.

For more information, visit the [Office of Employee Benefits website](#).



How Do I Manage My 457(b) Plan Account?

To manage fund allocations and update beneficiaries, visit the [TIAA](#), [Fidelity](#) and [Voya](#) websites.

Contributions

| | IRS 2020 Contribution Limit* |
|-------------------------------|--|
| Salary Deferral Contributions | \$19,500 |
| Catch-Up Contributions | \$6,500 |
| Special Three-Year Catch-Up | The lesser of \$39,000 or \$19,500 plus any underutilized contribution limits from prior years during which you were eligible to participate but did not make the maximum annual contribution for those years. |

* IRS 2020 contribution limits shown are projected at the time of printing this Guide. The official 2020 limits will be posted on the [Office of Employee Benefits website](#) when they become available.



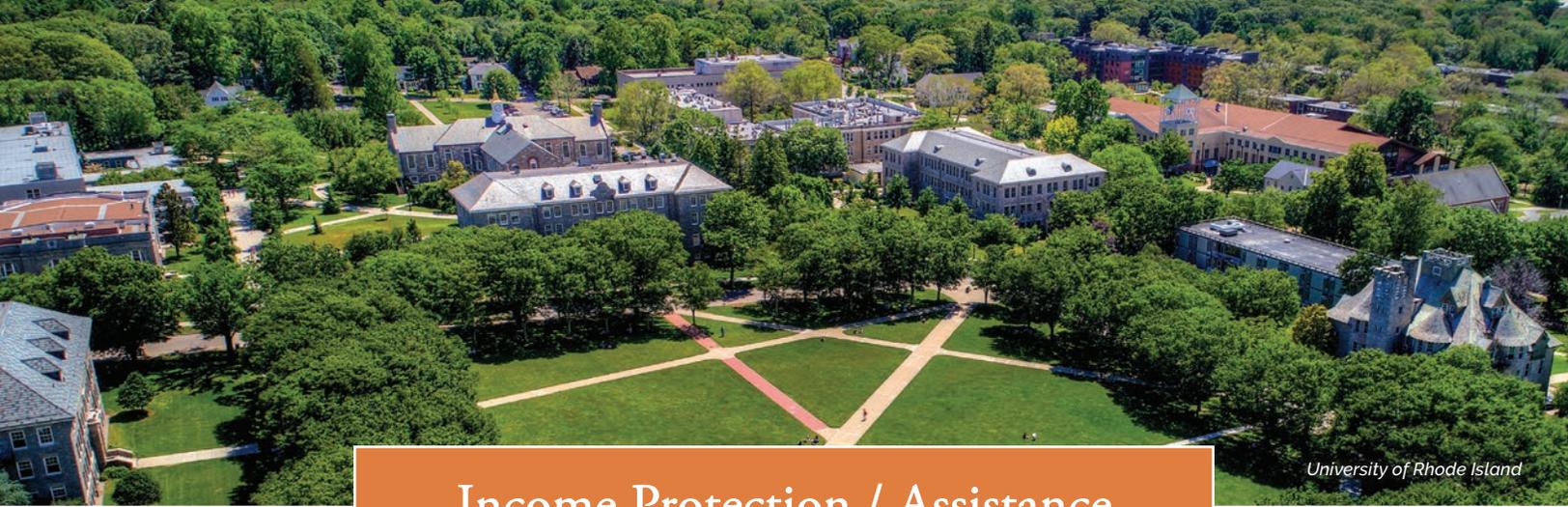
How Do I Enroll?

To enroll or manage your account, visit Rhode Island's Retirement@Work website, www.retirementatwork.org/ri.

Log in to your Retirement@Work account to choose your investment provider(s) and salary deferral amount(s).

Follow the on-screen prompts and visit the website(s) of the investment provider(s) you choose to complete your account set-up, including fund selections and assigning your beneficiaries. If you don't complete your account set-up with each investment provider you selected, your contributions will either be rejected or be directed to an age-appropriate target date fund.

If you have any enrollment-related questions, please call Retirement@Work at 855-200-0135.



University of Rhode Island

Income Protection / Assistance

Life Insurance

The State of Rhode Island provides group term life insurance coverage through The Hartford so that you can protect your family while you're a State employee. Basic Life insurance includes Accidental Death and Personal Loss coverage. If you enroll in Basic coverage, you may also enroll for additional protection with Supplemental Life insurance. For more information, review the plan summary materials posted on the [Office of Employee Benefits website](#).

| | Your Coverage |
|--|--|
| Basic Life | 100% of your base annual salary (excluding overtime), rounded to the next highest \$1,000, up to \$150,000 |
| Supplemental Life | 100% of your base annual salary (excluding overtime), rounded to the next highest \$1,000, up to \$150,000 |
| Accidental Death and Personal Loss* | 100% of your base annual salary (excluding overtime), rounded to the next highest \$1,000, up to \$150,000 |

* Coverage is included in Basic Life insurance and does not require an additional premium.

Wasn't Aetna our Life Insurance Carrier?



Yes, but The Hartford purchased Aetna's group life business in 2018. We will begin transitioning to The Hartford at the end of 2019.

Your 2020 Premium Rates

Rates for life insurance coverage vary by age. Visit the [Office of Employee Benefits website](#) to see your 2020 premiums.



How Do I Enroll?

Visit www.employeebenefits.ri.gov/enrollment for instructions on how to enroll.

Short-Term Disability Insurance

If you become sick or injured and cannot work, Short-Term Disability insurance can replace a portion of your pay during your absence. Although you pay for this coverage via payroll deduction, you enroll directly through Aflac or Colonial Life*.

The amount you pay for Short-Term Disability insurance depends on the amount of benefit you choose to receive and the coverage period you elect. Visit the [Office of Employee Benefits website](#) or directly contact Aflac or Colonial Life for coverage details.

* Colonial Life is available only if you're represented by NEA-RI, AFSCME-Council 94, AFT, SEIU, IFPTE, LIUNA-Local 808, RIBCO or URI/AAUP.



Plan Features:

- Short-Term Disability insurance covers a non-work-related injury or illness.
- Benefits are paid directly to you, regardless of any other disability insurance you may have.
- Your coverage is fully portable (e.g., you can keep the same plan even if you switch jobs or leave State employment).
- Your premium rates stay the same unless you make changes to your plan.



How Do I Enroll?

You do not need to re-enroll in Short-Term Disability insurance if you already have coverage and would like to keep it. If you don't have coverage now but would like to enroll, you can do so at any time during the year. For Aflac, call the local office (401-475-9936, ext. 130), State of RI Hotline (833-218-5376), or visit www.aflac.com/StateofRhodeIsland. For Colonial Life, call 866-349-8011. Make sure you identify yourself as a State of Rhode Island employee.

Legal Services

For a low premium rate, you can have pre-paid legal assistance through MetLaw/Hyatt Legal when you need it for you and your eligible family members.

You'll be able to access a network attorney of your choice to help with the following services:

- Estate planning documents
- Juvenile matters
- Civil lawsuits defense
- Criminal matters
- Real estate matters
- Legal document review
- Family law
- Immigration assistance
- Elder law
- Financial matters
- Document preparation
- Traffic offenses

Your 2020 Premium Rates

| | Bi-Weekly Costs |
|---|-----------------|
| Individual (Single Plan) | \$3.11 |
| Family Plan (Covers Employee, Spouse and Dependents) | \$4.78 |

How Do I Enroll?

Visit www.employeebenefits.ri.gov/enrollment for instructions on how to enroll.

For more information

Visit www.info.legalplans.com and enter access code 7580001 for the Single Plan and 7590001 for the Family Plan or call 800-821-6400, Monday-Friday, 8am-9pm EST.



State House/
Capitol Hill

Welcome to Open Enrollment 2020!

Open Enrollment for the 2020 plan year begins October 28 and runs until November 22, 2019.

Take action now—this is your once-a-year opportunity to enroll or change your benefits coverage. If you miss it, you'll have to wait until next year's Open Enrollment unless you experience a qualifying status change.

The decisions you make during Open Enrollment will remain in effect for all of 2020, so read this section carefully to make sure you have everything in order before you enroll.



**Questions?
We're here to help!**

Visit the *Office of Employee Benefits website* or call *401-574-8530* for more information about enrolling for your 2020 benefits.

Important Reminders About Open Enrollment

1. This year, Open Enrollment runs from **October 28–November 22, 2019**.
2. If you take no action during Open Enrollment, your medical, dental, vision, life and legal coverage will remain the same in 2020.
3. If you waived any benefits in 2019, and you take no action during Open Enrollment, those benefits will remain waived for 2020.
4. If you want to have a Flexible Spending Account in 2020, you must enroll during the enrollment period. **This year, you will enroll in an FSA through our online enrollment system**, just like medical, dental and vision enrollment.
5. If you're unsure about which plan to choose, be sure to talk to ALEX®, our online decision tool. Answer a few quick questions, and ALEX will give you guidance on which plan makes the most financial sense for you.
6. Your benefit elections will go into effect on January 1, 2020.

How to Enroll for 2020 Coverage

➤ Visit www.employeebenefits.ri.gov/enrollment to enroll in the following benefits:

MEDICAL & PHARMACY



Blue Cross & Blue Shield of Rhode Island



CVS/Caremark

- Anchor
- Anchor Plus
- Anchor Choice with HSA

DENTAL



Delta Dental

- Anchor Dental
- Anchor Dental Plus
- Anchor Dental Platinum

VISION



VSP

- Anchor Vision
- Anchor Vision Plus

FLEXIBLE SPENDING ACCOUNTS (FSA)



Navia Benefits

- General Purpose Health Care FSA
- Limited Purpose Health Care FSA
- Dependent Day Care FSA

LIFE INSURANCE



The Hartford

- Basic Life
- Supplemental Life

LEGAL SERVICES



Hyatt Legal Plans

To enroll or change your contributions to your Deferred Compensation 457(b) Plan:

➤ Visit www.retirementatwork.org/ri



Unsure about which plan to choose or just want more information?

- Go to the *Office of Employee Benefits website*:
 - Talk to ALEX for guidance on which plan makes the most financial sense for you
 - Review plan details
 - Watch informative videos
- Visit an *Open Enrollment Fair* to speak to benefit vendors, and attend a benefits presentation while you're there
- Review your coverage and expenses from 2019



What Happens If I Do NOT Take Action During the Open Enrollment Period?

If you take no action, here's what will happen:

1. You (and any currently enrolled dependents) will be enrolled in the same medical, dental and vision plans you have in 2019.
2. Your 2019 life insurance and legal coverage elections will carry over to 2020.
3. Your current Primary Care Provider (PCP), assuming he or she participates in the BCBSRI network, will remain your PCP unless you make an active change. After the plan year starts, you can change your PCP by calling BCBSRI.
4. Unless you have \$500 or less rolling over into a General or Limited Purpose Health Care FSA after April 1, 2020, you will not have a Flexible Spending Account in 2020.

Year-Round Benefits Enrollment

Keep in mind, there are several benefits available to State employees that you can enroll in— or make changes to—at *any time* during the year:

- Make changes to your HSA contributions if you enroll in the Anchor Choice Plan with HSA for your medical and prescription drug coverage.
- Enroll in or update your contribution amount to your Deferred Compensation Plan by visiting www.retirementatwork.org/ri.
- Purchase or make changes to your Short-Term Disability insurance coverage by contacting Aflac or Colonial Life.

Open Enrollment Fairs and Presentations

Mark your calendar and be sure to stop by an Open Enrollment Fair, and attend a benefits presentation while you're there. These fairs give you a unique opportunity to meet plan vendors, ask questions and have one-on-one interactions to help you with your benefit selections.

Also, free flu shots will be available at every fair!

Limited fairs (health benefits vendors only)

Full fairs (health and financial benefits vendors)

Blue text = Benefits Presentations

| Location | Address | Date | Time |
|--|--|----------|---|
| Licht Judicial Complex | 250 Benefit Street, Providence Fair: Bourcier Conference Room, 7th Floor <i>Presentation: Courtroom 12 on the 5th Floor</i> | 10/28/19 | 10:00am – 2:00pm <i>12:00pm – 1:00pm</i> |
| Department of Administration | One Capitol Hill, Providence Fair: Atrium <i>Presentation: Room 2B</i> | 10/29/19 | 10:00am – 2:00pm <i>12:00pm – 1:00pm</i> |
| Noel Judicial Complex | 222 Quaker Lane, Warwick Fair: Jury Room, 1st Floor <i>Presentation: Training Room, 3rd Floor</i> | 10/30/19 | 10:00am – 2:00pm <i>12:00pm – 1:00pm</i> |
| Warwick State Offices | 50 Service Avenue, Warwick Fair: Cafeteria <i>Presentation: Large Conference Room, 2nd Floor</i> | 11/1/19 | 10:00am – 2:00pm <i>12:00pm – 1:00pm</i> |
| Department of Corrections | 18 Wilma Schesler Lane (Dix Building), Cranston Fair: Conference Room, 2nd Floor <i>Presentation: Dix Conference Room, 1st Floor</i> | 11/4/19 | 1:00pm – 5:00pm <i>12:00pm – 1:00pm</i> |
| Department of Education URI Providence | 255 Westminster Street (Shepard Building), Providence Fair: Paff Auditorium <i>Presentation: Classroom 243</i> | 11/5/19 | 10:00am – 2:00pm <i>12:00pm – 1:00pm</i> |
| Pastore Complex <i>Executive Office of Health & Human Services</i> | 111 Howard Avenue, Cranston Fair: Arnold Conference Center <i>Presentation: Virks Bldg. Training Room, 1st Floor</i> | 11/6/19 | 11:00am – 5:00pm <i>12:00pm – 1:00pm</i> |
| Veteran's Home | 480 Metacom Avenue, Bristol Fair: Galley <i>Presentation: Galley</i> | 11/7/19 | 1:00pm – 5:00pm <i>3:30pm – 4:30pm</i> |
| CCRI Knight Campus – Warwick | 400 East Avenue, Warwick Fair: Lower Commons <i>Presentation: Rooms 1128 & 1130 (open wall)</i> | 11/8/19 | 10:00am – 2:00pm <i>12:00pm – 1:00pm</i> |
| Eleanor Slater Hospital – Zambarano | 2090 Wallum Lake Road, Pascoag Fair: Auditorium <i>Presentation: Lincoln Almond Library</i> | 11/12/19 | 10:00am – 2:00pm <i>12:30pm – 1:30pm</i> |
| University of Rhode Island | 80 Lower College Road, Kingston Fair: Memorial Union Ballroom <i>Presentation: Atrium I</i> | 11/13/19 | 10:00am – 2:00pm <i>12:00pm – 1:00pm</i> |
| Rhode Island College | 600 Mount Pleasant Avenue, Providence Fair: Student Union Ball Room <i>Presentation: Classroom 307</i> | 11/14/19 | 10:00am – 2:00pm <i>12:00pm – 1:00pm</i> |
| Department of Labor and Training <i>Executive Office of Health & Human Services</i> | 1511 Pontiac Avenue, Cranston Fair: Room 73-1 <i>Presentation: Virks Bldg. Training Room, 1st Floor</i> | 11/15/19 | 10:00am – 2:00pm <i>2:30pm – 3:30pm</i> |

Contact Information

You can find much more information about your benefits plans and programs on the Office of Employee Benefits website at www.employeebenefits.ri.gov. Here's a handy list of contact phone numbers and websites for your program vendors if you need additional information.

| If You Need More Information About | Contact | |
|---|--|---|
| General questions about your benefits, eligibility, dependents, life events and enrollment | Office of Employee Benefits (OEB) | 401-574-8530 www.employeebenefits.ri.gov DOA.OEB@doa.ri.gov |
| Medical Coverage | Blue Cross & Blue Shield of Rhode Island | 401-429-2104 or 866-987-3705 www.bcbsri.com |
| Prescription Drugs | CVS Caremark | 800-307-5432 www.caremark.com |
| Health Savings Account | Blue Cross & Blue Shield of Rhode Island | 401-429-2104 or 866-987-3705 www.bcbsri.com |
| Dental Coverage | Delta | 800-843-3582 www.deltadentalri.com |
| Vision Coverage | VSP | 800-877-7195 www.vsp.com |
| Flexible Spending Accounts | Navia | 800-669-3539 www.naviabenefits.com |
| Life Insurance | The Hartford | www.thehartford.com |
| Short-Term Disability Insurance | Aflac (all employees) | 401-475-9936, ext. 130 (local office) 833-218-5376 (hotline) www.aflac.com/stateofrhodeisland |
| | Colonial Life (select union employees*) | 866-349-8011 www.visityouville.com/stateofri |
| Deferred Compensation Plan | Retirement@Work | 855-200-0135 www.retirementatwork.org/ri |
| Legal Services | Hyatt Legal Plans | 800-821-6400 www.info.legalplans.com |
| Employee Assistance Program | Optum | 866-248-4094 www.liveandworkwell.com |

* Represented by NEA-RI, AFSCME-Council 94, AFT, SEIU, IFPTE, LIUNA-Local 808, RIBCO or URI/AAUP.

Please note: This Guide provides a broad, general overview of your benefit programs. If there is any discrepancy between the information contained in this Guide and the actual plan documents, the official documents will govern in all cases.



Medical & Prescription Plans

| | Anchor Plan | | Anchor Plus Plan | | Anchor Choice Plan with HSA (HSA Qualified Plan) | |
|--|-------------|----------------|------------------|----------------|---|----------------|
| State HSA Contribution – Single / Family | N/A | | N/A | | \$1,500 / \$3,000 | |
| | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network |



| | | | | | | |
|---|--------------------------------|------------------------------|--------------------------------|------------------------------|---|------------------------------|
| Medical Deductible – Single / Family | \$1,000 / \$2,000 | \$2,000 / \$4,000 | \$500 / \$1,000 | \$1,000 / \$2,000 | \$1,500 / \$3,000 | \$2,250 / \$4,500 |
| Coinsurance | 10% | 30% | 10% | 30% | 10% | 30% |
| Out-of-Pocket Maximum – Single / Family | \$2,000 / \$4,000 | \$6,000 / \$12,000 | \$1,000 / \$2,000 | \$5,000 / \$10,000 | \$3,000 / \$6,000 | \$4,500 / \$9,000 |
| Preventive Care | Covered in full | Coinsurance after deductible | Covered in full | Coinsurance after deductible | Covered in full | Coinsurance after deductible |
| Office Visit (non-preventive) | | | | | | |
| PCP | \$15 Copay | Coinsurance after deductible | \$15 Copay | Coinsurance after deductible | Coinsurance after deductible | Coinsurance after deductible |
| Specialist | \$25 / \$50 Copay* | Coinsurance after deductible | \$25 / \$50 Copay* | Coinsurance after deductible | 10% / 30% after deductible* | Coinsurance after deductible |
| Chiropractic Care | \$15 Copay | Coinsurance after deductible | \$15 Copay | Coinsurance after deductible | Coinsurance after deductible | Coinsurance after deductible |
| Diagnostic Test (X-ray, blood work) | No charge | Coinsurance after deductible | No charge | Coinsurance after deductible | Coinsurance after deductible, no charge if preventive | Coinsurance after deductible |
| Imaging (CT/PET scans, MRIs) | Coinsurance after deductible** | Coinsurance after deductible | Coinsurance after deductible** | Coinsurance after deductible | Coinsurance after deductible** | Coinsurance after deductible |
| Inpatient Hospital | Coinsurance after deductible | Coinsurance after deductible | Coinsurance after deductible | Coinsurance after deductible | Coinsurance after deductible | Coinsurance after deductible |
| Outpatient Surgery | Coinsurance after deductible | Coinsurance after deductible | Coinsurance after deductible | Coinsurance after deductible | Coinsurance after deductible | Coinsurance after deductible |
| Mental Health / Substance Use Disorder | | | | | | |
| Inpatient | Coinsurance after deductible | Coinsurance after deductible | Coinsurance after deductible | Coinsurance after deductible | Coinsurance after deductible | Coinsurance after deductible |
| Outpatient | \$15 Copay | Coinsurance after deductible | \$15 Copay | Coinsurance after deductible | Coinsurance after deductible | Coinsurance after deductible |

(Continued on next page)



Medical & Prescription Plans

| | Anchor Plan | | Anchor Plus Plan | | Anchor Choice Plan with HSA (HSA Qualified Plan) | |
|--|-------------|----------------|------------------|----------------|---|----------------|
| State HSA Contribution – Single / Family | N/A | | N/A | | \$1,500 / \$3,000 | |
| | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network |



| | | | | | | |
|--|-----------------|------------------------------|-----------------|------------------------------|------------------------------|----------------------------------|
| Emergency Room | \$150 Copay | \$150 Copay | \$125 Copay | \$125 Copay | Coinsurance after deductible | 10% Coinsurance after deductible |
| Ambulance | Covered in full | Covered in full | Covered in full | Covered in full | Coinsurance after deductible | 10% Coinsurance after deductible |
| Urgent Care | \$50 Copay | Coinsurance after deductible | \$50 Copay | Coinsurance after deductible | Coinsurance after deductible | Coinsurance after deductible |
| Physical Therapy, Occupational Therapy, Speech Therapy | \$15 Copay | Coinsurance after deductible | \$15 Copay | Coinsurance after deductible | Coinsurance after deductible | Coinsurance after deductible |



| | | | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|--|------------------------------|
| Prescription Deductible – Single / Family | None | None | None | None | Combined | Combined |
| Out-of-Pocket Maximum – Single / Family | Combined | None | Combined | None | Combined | Combined |
| Retail (30-day supply) 4-Tier: generic / preferred brand / non-preferred brand / specialty | \$10/\$35/\$60/\$100 Copay after deductible*** | Coinsurance after deductible |
| Mail Order (90-day supply)**** 3-Tier: generic / preferred brand / non-preferred brand | \$20/\$70/\$120 Copay | Not covered | \$20/\$70/\$120 Copay | Not covered | \$20/\$70/\$120 Copay after deductible | Not covered |

* Amount shown reflects your costs with a referral/without a referral.
 ** Covered in full after deductible if a freestanding imaging center not affiliated with a hospital group is used.
 *** You pay the full cost prior to meeting your deductible unless the drug is on the preventive therapy list.
 **** Specialty drugs are limited to a 30-day supply.

Dental Plans

| | Anchor Dental | | Anchor Dental Plus | | Anchor Dental Platinum | |
|---|-------------------|---|--------------------|---|------------------------|--|
| Annual Deductible (per person) | None | | None | | None | |
| Annual Plan Maximum (per person)* | \$1,500 | | \$2,000 | | \$2,500 | |
| Annual Periodontal Maximum (per person)** | None | | None | | None | |
| Lifetime Orthodontic Services Maximum (per person) | \$1,500 | | \$2,000 | | \$2,500 | |
| Dependent Coverage | Covered to age 26 | | Covered to age 26 | | Covered to age 26 | |
| Diagnostic / Preventive / Minor Restorative Services | | | | | | |
| Oral Exams – Performed By a General Dentist | 100% | Once per calendar year | 100% | Twice per calendar year | 100% | Twice per calendar year |
| Cleanings | 100% | Twice per calendar year | 100% | Twice per calendar year | 100% | Twice per calendar year |
| Fluoride Treatments – For Children Under Age 19 | 100% | Once per calendar year | 100% | Twice per calendar year | 100% | Twice per calendar year |
| Bitewing X-Rays | 100% | One set per calendar year | 100% | One set per calendar year | 100% | One set per calendar year |
| Complete X-Ray Series or Panoramic Film | 100% | Once every 36 months | 100% | Once every 36 months | 100% | Once every 36 months |
| Single X-Rays | 100% | As required | 100% | As required | 100% | As required |
| Sealants For Children Under Age 14 | 100% | Covered | 100% | Covered | 100% | Covered |
| Amalgam (silver) and Composite (white) Fillings | 100% | | 100% | | 100% | |
| Extractions and Other Routine Oral Surgery (when not covered by a patient's medical plan) | 100% | | 100% | | 100% | |
| Root Canal Therapy on Permanent Teeth & Vital Pulpotomy and Apicoectomies | 100% | One procedure per tooth per lifetime | 100% | One procedure per tooth per lifetime | 100% | One procedure per tooth per lifetime |
| Repairs to Existing Partial or Complete Dentures | 100% | Once per calendar year | 100% | Once per calendar year | 100% | Once per calendar year |
| Recementing Crowns or Bridges | 100% | Once every 60 months | 100% | Once every 60 months | 100% | Once every 60 months |
| Rebasing or Relining of Partial or Complete Dentures | 100% | Once every 60 months | 100% | Once every 60 months | 100% | Once every 60 months |
| Occlusal Guards for Grinding and Adjustments | 0% | Not Covered | 100% | Covered | 100% | Covered |
| Specialty Consultations | 0% | Not covered | 0% | Not covered | 80% | Covered twice per year |
| Major Restorative Services | | | | | | |
| Crowns Over Natural Teeth (that are not part of a bridge), Build Ups, Posts and Cores | 80% | Replacement limited to once every 60 months | 80% | Replacement limited to once every 60 months | 80% | Replacement limited to once every 60 months |
| Periodontics | | | | | | |
| Periodontal Maintenance Following Active Therapy | 50% | Twice per calendar year | 80% | Twice per calendar year | 100% | Twice per calendar year |
| Root Planing and Scaling | 50% | Once per quadrant every 24 months | 80% | Once per quadrant every 24 months | 100% | Once per quadrant every 24 months |
| Osseous (Bone) Surgery | 50% | Once per quadrant every 36 months | 80% | Once per quadrant every 36 months | 100% | Once per quadrant every 36 months |
| Gingivectomies | 50% | Once per quadrant every 36 months | 80% | Once per quadrant every 36 months | 100% | Once per quadrant every 36 months |
| Soft Tissue Grafts and Crown Lengthening | 50% | | 80% | | 100% | |
| Guided Tissue Regeneration and Bone Replacement Graft | 50% | Once per site every 24 months | 80% | Once per site every 24 months | 100% | Once per site every 24 months |
| Prosthetics | | | | | | |
| Implants | 0% | Not covered | 0% | Not covered | 50% | Covered with a separate \$3,500 lifetime maximum |
| Orthodontics | | | | | | |
| Elective Braces and Related Services | 50% | No pre-approval required | 50% | No pre-approval required | 50% | No pre-approval required |

In-network coverage shown. Out-of-network services are reimbursed, up to the plan reimbursement allowance, less any applicable coinsurance.

** Certain oral surgery procedures do not count towards the annual plan maximum.*

*** Annual periodontal maximum is included in the annual plan maximum.*

Vision Plans

| | Anchor Vision | | Anchor Vision Plus | |
|--------------------------------------|--|--|--|--|
| | Copay | | Copay | |
| Dependent Coverage | Covered to age 26 | | Covered to age 26 | |
| WellVision Exam | \$0 | Every calendar year | \$0 | Every calendar year |
| Prescription Glasses | \$30 | Every calendar year | \$30 | Every calendar year |
| Frame | Included in prescription glasses | \$100 allowance for frames 20% savings on the amount over the allowance | Included in prescription glasses | \$200 allowance for frames 20% savings on the amount over the allowance |
| Lenses | Included in prescription glasses | Single vision, lined bifocal and lined trifocal lenses | Included in prescription glasses | Single vision, lined bifocal and lined trifocal lenses |
| Lens Enhancements | \$0 | Polycarbonate lenses for children | \$0 | Polycarbonate lenses for children |
| | \$0 | Tints | \$0 | Tints |
| | \$0 | Photochromic lenses | \$0 | Photochromic lenses |
| | \$0 | Scratch coating | \$0 | Scratch coating |
| | \$55 | Standard progressive lenses | \$55 | Standard progressive lenses |
| | \$95-\$105 | Premium progressive lenses | \$95-\$105 | Premium progressive lenses |
| | \$150-\$175 | Custom progressive lenses | \$150-\$175 | Custom progressive lenses |
| | Average savings of 20–25% on other lens enhancements | | Average savings of 20–25% on other lens enhancements | |
| Contacts (instead of glasses) | Every calendar year \$30 cap on exam fees (fitting and evaluation) \$30 allowance for materials | | Every calendar year \$30 cap on exam fees (fitting and evaluation) \$200 allowance for materials | |
| Extra Savings | | | | |
| Glasses and Sunglasses | Extra \$20 to spend on featured frame brands; 20% savings on additional glasses and sunglasses, including lens enhancements within 12 months of the last WellVision Exam | | Extra \$20 to spend on featured frame brands; 20% savings on additional glasses and sunglasses, including lens enhancements within 12 months of the last WellVision Exam | |
| Retinal Screening | No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam | | No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam | |
| Laser Vision Correction | Average 15% off the regular price or 5% off the promotional price | | Average 15% off the regular price or 5% off the promotional price | |
| Coverage Out-of-Network | Exam – up to \$20 | | Exam – up to \$20 | |
| | Frame – up to \$12 | | Frame – up to \$12 | |
| | Single vision lenses – up to \$18 | | Single vision lenses – up to \$18 | |
| | Lined bifocal lenses – up to \$18 | | Lined bifocal lenses – up to \$18 | |
| | Lined trifocal lenses – up to \$18 | | Lined trifocal lenses – up to \$18 | |
| | Progressive lenses – up to \$18 | | Progressive lenses – up to \$18 | |
| | Tints – up to \$5 | | Tints – up to \$5 | |
| Contacts – up to \$18 | | Contacts – up to \$18 | | |

State of Rhode Island
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Department of Administration
Office of Employee Benefits