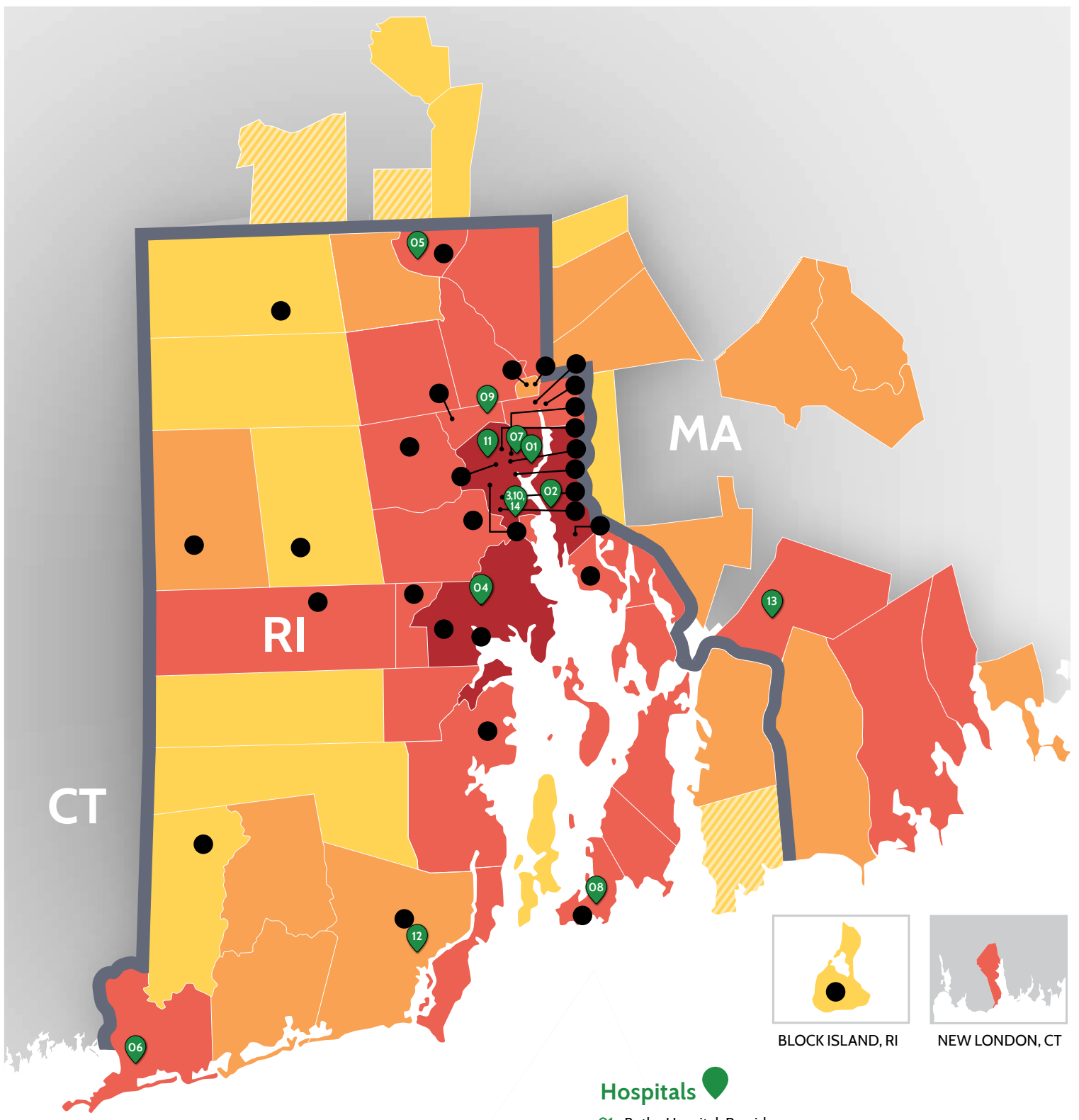


2019 SHOP Cost Comparison Chart



PLAN NAME	PRIME	PREMIER	CHOICE	PARTNER	STANDARD
Plan Type	Platinum	Gold	Silver	Silver	Bronze
HSA-Qualified*	No	No	No	Yes	Yes
DEDUCTIBLES, CO-INSURANCE AND OUT-OF-POCKET MAXIMUMS (PER BENEFIT YEAR)					
Individual Plan Deductible	\$500	\$2,050	\$3,250	\$3,000	\$5,600
Family Plan Deductible	\$1,000	\$4,100	\$6,500	\$6,000	\$11,200
Co-insurance	0% after deductible	0% after deductible	30% after deductible	15% after deductible	20% after deductible
Individual Out-of-Pocket Maximum	\$1,500	\$5,000	\$7,900	\$6,650	\$6,650
Family Out-of-Pocket Maximum	\$3,000	\$10,000	\$15,800	\$13,300	\$13,300
MEDICAL SERVICES COST-SHARING					
Preventive Care Visit	No Charge	No Charge	No Charge	No Charge	No Charge
Primary Care Visit	\$10 co-payment	\$25 co-payment	\$30 co-payment	15% co-insurance after deductible	20% co-insurance after deductible
Specialty Care Visit	\$30 co-payment	\$50 co-payment	\$60 co-payment	15% co-insurance after deductible	20% co-insurance after deductible
Urgent Care	\$30 co-payment	\$50 co-payment	\$60 co-payment	15% co-insurance after deductible	20% co-insurance after deductible
Emergency Room	\$100 co-payment	\$250 co-payment	30% co-insurance after deductible	15% co-insurance after deductible	20% co-insurance after deductible
Inpatient Hospital	Only deductible applies	Only deductible applies	30% co-insurance after deductible	15% co-insurance after deductible	20% co-insurance after deductible
Outpatient Hospital	Only deductible applies	Only deductible applies	30% co-insurance after deductible	15% co-insurance after deductible	20% co-insurance after deductible
Imaging Services	Only deductible applies	Only deductible applies	30% co-insurance after deductible	15% co-insurance after deductible	20% co-insurance after deductible
Laboratory Services	Only deductible applies	Only deductible applies	30% co-insurance after deductible	15% co-insurance after deductible	20% co-insurance after deductible
Behavioral Health Care - Outpatient	\$10 co-payment	\$25 co-payment	\$30 co-payment	15% co-insurance after deductible	20% co-insurance after deductible
Behavioral Health Care - Inpatient	Only deductible applies	Only deductible applies	30% co-insurance after deductible	15% co-insurance after deductible	20% co-insurance after deductible
Rehabilitation Services	\$30 co-payment	\$50 co-payment	\$60 co-payment	15% co-insurance after deductible	20% co-insurance after deductible
PRESCRIPTION DRUG COVERAGE					
Tier 1	\$5 co-payment	\$5 co-payment	\$10 co-payment	\$10 after deductible	\$10 co-payment after deductible
Tier 2	\$10 co-payment	\$10 co-payment	\$15 co-payment	\$15 after deductible	\$15 co-payment after deductible
Tier 3	\$35 co-payment	\$35 co-payment	\$40 co-payment	\$40 after deductible	\$40 co-payment after deductible
Tier 4	\$50 co-payment	\$50 co-payment	\$55 co-payment	\$55 after deductible	\$55 co-payment after deductible
Tier 5	\$100 co-payment	\$100 co-payment	30% co-insurance after deductible	15% co-insurance after deductible	20% co-insurance after deductible
Tier 6	\$100 co-payment	\$100 co-payment	30% co-insurance after deductible	15% co-insurance after deductible	20% co-insurance after deductible

* Health Savings Account Qualified Plan: Pursuant to Internal Revenue Code § 223, this plan qualifies as a High Deductible Health Plan, which is suitable for use with a Health Savings Account (HSA). This plan may be used in conjunction with an HSA but it is not an HSA itself.



Neighborhood Providers

Number of Providers in Our Network*

* THIS INCLUDES PRIMARY CARE, SPECIALTY CARE, AND BEHAVIORAL HEALTH PROVIDERS.



Behavioral Health Providers Only 

PROVIDER DATA AS OF 08/2018

Hospitals

- 01. Butler Hospital, Providence
- 02. Bradley Hospital, East Providence
- 03. Hasbro Children's Hospital, Providence
- 04. Kent County Memorial Hospital, Warwick
- 05. Landmark Medical Center, Woonsocket
- 06. Westerly Hospital, Westerly
- 07. Miriam Hospital, Providence
- 08. Newport Hospital, Newport
- 09. Our Lady of Fatima, North Providence
- 10. Rhode Island Hospital, Providence
- 11. Roger Williams Hospital, Providence
- 12. South County Hospital, Wakefield
- 13. Steward St. Anne's Hospital, Fall River
- 14. Women & Infants Hospital, Providence

Community Health Centers



BLOCK ISLAND, RI



NEW LONDON, CT