

RHODE ISLAND HMO PLAN DESIGN COMPARISON – JANUARY 1, 2010

Plan	PCP Copay	Specialist Copay	Urgent Care Copay (PCP/Specialist)	ER Copay	Inpatient Hospital Copay	Day Surgery Copay	Annual Deductible Individual/Family	Annual Out-of-Pocket Maximum Individual/Family	RX Copay
HMO Premium 10	\$10	\$10	\$10	\$50	Covered in full	Covered in full	N/A	N/A	\$10/\$25/\$45
HMO Value 15	\$15	\$15	\$15	\$50	\$250	\$250	N/A	N/A	\$10/\$25/\$45
HMO Choice Copay	\$15	\$25	\$15/\$25	\$100	Covered in full	Covered in full	N/A	N/A	\$10/\$25/\$45
HMO Basic 20/500	\$20	\$20	\$20/\$20	\$75	\$500	\$250	N/A	N/A	\$10/\$30/\$45
HMO Basic 20/750	\$20	\$20	\$20/\$20	\$100	\$750	\$300	N/A	N/A	\$10/\$30/\$45
HMO Basic 35	\$35	\$35	\$35/\$35	\$100	\$1,000	\$750	N/A	N/A	\$10/\$30/\$45 after \$100 ind./\$200 fam. deductible is met
HMO Basic 50	\$50	\$50	\$50/\$50	\$200	\$1,000	\$1,000	N/A	N/A	\$10/\$30/\$45 after \$250 ind./\$500 fam. deductible is met
Advantage HMO 250	\$15	\$25	\$15/\$25	\$100	Covered in full after deductible is met	Covered in full after deductible is met	\$250/\$500	N/A	\$10/\$30/\$45
Advantage HMO 500	\$20	\$30	\$20/\$30	\$100	Covered in full after deductible is met	Covered in full after deductible is met	\$500/\$1,000	N/A	\$10/\$30/\$45
Advantage HMO 1000	\$20	\$30	\$20/\$30	\$100	Covered in full after deductible is met	Covered in full after deductible is met	\$1,000/\$2,000	N/A	\$10/\$30/\$45
Advantage HMO 1500	\$20	\$30	\$20/\$30	\$100	Covered in full after deductible is met	Covered in full after deductible is met	\$1,500/\$3,000	N/A	\$10/\$30/\$45
Advantage HMO 2000	\$20	\$30	\$20/\$30	\$100	Covered in full after deductible is met	Covered in full after deductible is met	\$2,000/\$4,000	N/A	\$10/\$30/\$45
Advantage HMO 2500	\$25	\$50	\$25/\$50	\$200	Covered in full after deductible is met	Covered in full after deductible is met	\$2,500/\$5,000	N/A	\$10/\$30/\$45
Advantage HMO Saver 1500*	\$20	Covered in full after deductible is met	\$20/Covered in full after deductible is met	Covered in full after deductible is met	Covered in full after deductible is met	Covered in full after deductible is met	\$1,500/\$3,000	\$2,625/\$5,250	\$10/\$30/\$45
Advantage HMO Saver 2000*	\$25	Covered in full after deductible is met	\$25/Covered in full after deductible is met	Covered in full after deductible is met	Covered in full after deductible is met	Covered in full after deductible is met	\$2,000/\$4,000	\$3,500/\$7,000	\$10/\$30/\$45
Advantage HMO Saver 2500*	\$25	Covered in full after deductible is met	\$25/Covered in full after deductible is met	Covered in full after deductible is met	Covered in full after deductible is met	Covered in full after deductible is met	\$2,500/\$5,000	\$4,375/\$8,750	\$10/\$30/\$45
Advantage HMO Saver 3000*	\$25	Covered in full after deductible is met	\$25/Covered in full after deductible is met	Covered in full after deductible is met	Covered in full after deductible is met	Covered in full after deductible is met	\$3,000/\$6,000	\$5,250/\$10,500	\$10/\$30/\$45
HealthPact Advantage	\$10	\$50	\$10/\$50	\$200	Covered in full after deductible is met	Covered in full after deductible is met	\$750/\$1,500	N/A	\$10/\$40/\$75
HealthPact Basic	\$30	\$60	\$30/\$60	\$200	\$750; remainder subject to deductible	\$500; remainder subject to deductible	\$5,000/\$10,000	N/A	\$10/\$40/\$75 after \$250 ind./\$500 fam. deductible is met

This chart provides benefit highlights for general comparison purposes only. Please see a summary of benefits for more information.

* Please note that non-preventive care rendered by a primary care provider (PCP), emergency services, and pharmacy services are subject to the deductible on these plans.