

# Rhode Island HMO Plan Design Comparison January 1, 2011

Plan Year or Calendar Year Available For All Plans

Plan	PCP Copay		Specialist Copay	Urgent Care Copay (PCP/Specialist)	ER Copay	Inpatient Hospital Copay	Day Surgery Copay	Annual Deductible Individual/Family	Member Coinsurance	Annual Out-of-Pocket Maximum Individual/Family	Rx Copay
	Routine Physical Exam	Non-Routine Office Visit									
HMO Premium 10	\$0	\$10	\$10	\$10	\$50	Covered in full	Covered in full	N/A	N/A	N/A	\$10/\$25/\$45
HMO Value 15	\$0	\$15	\$15	\$15	\$50	\$250	\$250	N/A	N/A	N/A	\$10/\$25/\$45
HMO Choice Copay	\$0	\$15	\$25	\$15/\$25	\$100	Covered in full	Covered in full	N/A	N/A	N/A	\$10/\$25/\$45
HMO Basic 20/500	\$0	\$20	\$20	\$20/\$20	\$75	\$500	\$250	N/A	N/A	N/A	\$10/\$30/\$45
HMO Basic 20/750	\$0	\$20	\$20	\$20/\$20	\$100	\$750	\$300	N/A	N/A	N/A	\$10/\$30/\$45
HMO Basic 35	\$0	\$35	\$35	\$35/\$35	\$100	\$1,000	\$750	N/A	N/A	N/A	\$10/\$30/\$45 after \$100 individual/\$200 family deductible is met
HMO Basic 50	\$0	\$50	\$50	\$50/\$50	\$200	\$1,000	\$1,000	N/A	N/A	N/A	\$10/\$30/\$45 after \$250 individual/\$500 family deductible is met
Advantage HMO 250	\$0	\$15	\$25	\$15/\$25	\$100	Covered in full after deductible is met	Covered in full after deductible is met	\$250/\$500	N/A	\$1,250/\$2,500	\$10/\$30/\$45
Advantage HMO 500	\$0	\$20	\$30	\$20/\$30	\$100	Covered in full after deductible is met	Covered in full after deductible is met	\$500/\$1,000	N/A	\$1,500/\$3,000	\$10/\$30/\$45
Advantage HMO 1000	\$0	\$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	\$2,000/\$4,000	\$10/\$30/\$45
Advantage HMO 1500	\$0	\$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	\$2,500/\$5,000	\$10/\$30/\$45
Advantage HMO 2000	\$0	\$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	\$3,000/\$6,000	\$10/\$30/\$45
Advantage HMO 2500	\$0	\$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	\$3,500/\$7,000	\$10/\$30/\$45
Advantage HMO 500 (90%)	\$0	\$20	\$30	\$20/\$30	\$100	Deductible then 10% coinsurance	Deductible then 10% coinsurance	\$500/\$1,000	10%	\$1,500/\$3,000	\$10/\$30/\$45
Advantage HMO 1000 (80%)	\$0	\$20	\$30	\$20/\$30	\$100	Deductible then 20% coinsurance	Deductible then 20% coinsurance	\$1,000/\$2,000	20%	\$2,000/\$4,000	\$10/\$30/\$45
Advantage HMO 2000 (80%)	\$0	\$20	\$30	\$20/\$30	\$100	Deductible then 20% coinsurance	Deductible then 20% coinsurance	\$2,000/\$4,000	20%	\$3,000/\$6,000	\$10/\$30/\$45
Advantage HMO Saver 1500*	\$0	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	Covered in full after deductible is met	Covered in full after deductible is met	\$1,500/\$3,000	N/A	\$2,625/\$5,250	\$10/\$30/\$45
Advantage HMO Saver 2000*	\$0	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	Covered in full after deductible is met	Covered in full after deductible is met	\$2,000/\$4,000	N/A	\$3,500/\$7,000	\$10/\$30/\$45
Advantage HMO Saver 2500*	\$0	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	Covered in full after deductible is met	Covered in full after deductible is met	\$2,500/\$5,000	N/A	\$4,375/\$8,750	\$10/\$30/\$45
Advantage HMO Saver 3000*	\$0	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	Covered in full after deductible is met	Covered in full after deductible is met	\$3,000/\$6,000	N/A	\$5,250/\$10,500	\$10/\$30/\$45
HealthPact Advantage	\$0	\$10	\$50	\$10/\$50	\$200	Covered in full after deductible is met	Covered in full after deductible is met	\$750/\$1,500	N/A	N/A	\$10/\$45/\$85**
HealthPact Basic	\$0	\$30	\$60	\$30/\$60	\$200	\$750; remainder subject to deductible	\$500; remainder subject to deductible	\$5,000/\$10,000	N/A	N/A	\$10/\$45/\$85** after \$250 individual/\$500 family 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.

\*\*Copayment values effective February 1, 2011. Copayments for January 2011 are \$10/\$40/\$75.