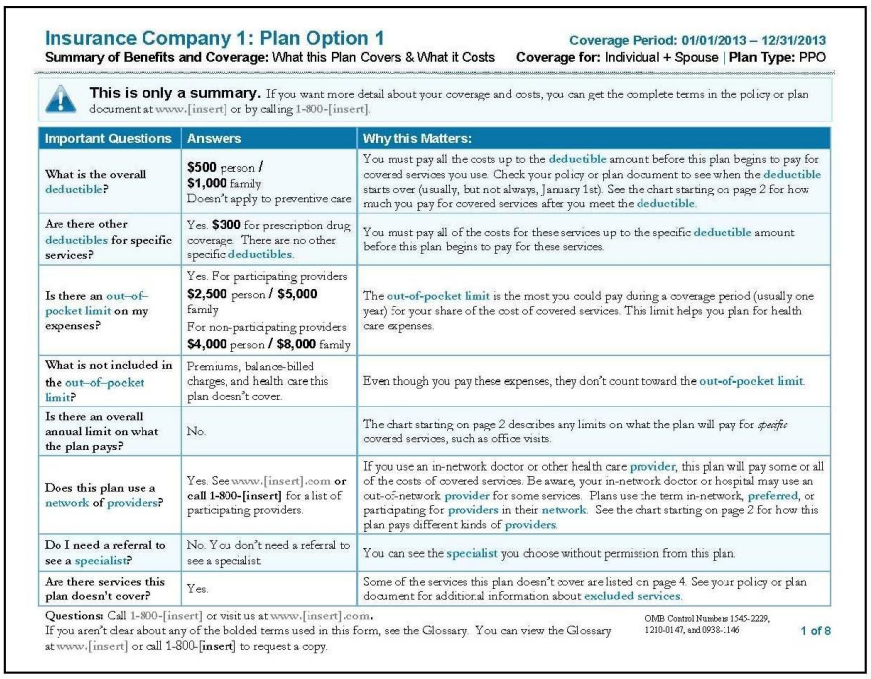
Choosing a Health Insurance Plan?

You should take advantage of a new consumer benefit to help you compare health insurance plans. Beginning September 23, 2012, all private insurers must describe their health policies in a same way. Here's an example of the first page of this description, so you know what to look for.



Insurance Company 1: Plan Option 1
Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage Period: 01/01/2013 – 12/31/2013
Coverage for: Individual + Spouse | **Plan Type:** PPO

This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.[insert] or by calling 1-800-[insert].

Important Questions	Answers	Why this Matters:
What is the overall deductible?	**$500** person / **$1,000** family Doesn't apply to preventive care	You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the deductible starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the deductible.
Are there other deductibles for specific services?	Yes. **$300** for prescription drug coverage. There are no other specific deductibles.	You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services.
Is there an out-of-pocket limit on my expenses?	Yes. For participating providers **$2,500** person / **$5,000** family For non-participating providers **$4,000** person / **$8,000** family	The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the out-of-pocket limit?	Premiums, balance-billed charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for *specific* covered services, such as office visits.
Does this plan use a network of providers?	Yes. See www.[insert].com or call 1-800-[insert] for a list of participating providers.	If you use an in-network doctor or other health care provider, this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred, or participating for providers in their network. See the chart starting on page 2 for how this plan pays different kinds of providers.
Do I need a referral to see a specialist?	No. You don't need a referral to see a specialist.	You can see the specialist you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 4. See your policy or plan document for additional information about excluded services.

Questions: Call 1-800-[insert] or visit us at www.[insert].com.
If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at www.[insert] or call 1-800-[insert] to request a copy.

OMB Control Numbers 1545-2229, 1210-0147, and 0938-1146

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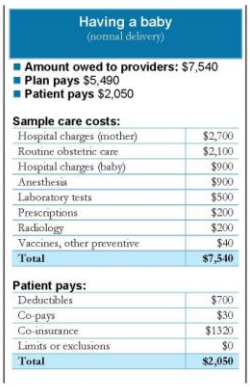
You have a right to this information which will help you as you shop for health insurance. Be sure to ask your insurer or employer for it. On the form you'll find:

- Definitions of key insurance terms such as deductible and out-of-pocket limit.
- Plan details in the same place on every form, so you can line up forms and compare plans.
- A list of the services the health insurance plan doesn't cover.
- A new way to explain how the plan covers certain medical situations; look for *Coverage Examples* ➔



Having a baby
(normal delivery)

- **Amount owed to providers:** $7,540
- **Plan pays** $5,490
- **Patient pays** $2,050

Sample care costs:

Hospital charges (mother)	$2,700
Routine obstetric care	$2,100
Hospital charges (baby)	$900
Anesthesia	$900
Laboratory tests	$500
Prescriptions	$200
Radiology	$200
Vaccines, other preventive	$40
Total	**$7,540**

Patient pays:

Deductibles	$700
Co-pays	$30
Co-insurance	$1320
Limits or exclusions	$0
Total	**$2,050**

You won't see this form if you shop for Medicare (coverage for seniors and people with disabilities), military coverage (like TRICARE or Veterans) or state Medicaid and CHIP programs. These insurers don't have to provide it.

Questions? Contact the Office of the Health Insurance Commissioner at:

Office of the Health Insurance Commissioner
1511 Pontiac Ave, Building #69 first floor, Cranston, RI 02920
(401) 462-9517
(401) 462-9645 (fax)
HealthInsInquiry@ohic.ri.gov

You can also see a handy guide to the form at www.consumerreports.org/SBCinfo.