

Our Offerings

As of January 1, 2021



Medicaid Plans

Plans for individuals and families who qualify for Medicaid.

| Plan Name | Line of Business | Serves | Member Services |
|-----------------|---|--|--------------------------|
| ACCESS ⓘ | Rite Care <ul style="list-style-type: none"> Medicaid (MED) Extended Family Planning (EFP) Children with Special Health Care Needs (CSN) Substitute Care (SUB) | Children and Families <ul style="list-style-type: none"> Children up to age 19, income up to 261% FPL (including lawfully present immigrants here <5 yr); Parents up to 141% FPL (lawfully present >= 5 yr) Pregnant women up to 253% FPL, 60 days postpartum or 60 days post loss of pregnancy Children with special health care needs (up to 21 yr) Youth in DCYF care up to age 26 who were enrolled in DCYF at age 18 | 1-800-459-6019 (TTY 711) |
| TRUST ⓘ | Rhody Health Partners (RHP) Rhody Health Partners Expansion (RHE) | Adults <ul style="list-style-type: none"> 21 yr or older, receive SSI or income up to 100% FPL, not enrolled in Medicare, no long-term services and supports (LTSS) 19-64 yrs, no dependents, not pregnant at time of enrollment, income up to 133% FPL, not eligible for Medicaid or Medicare Part A and Part B (RI resident, lawfully present >5 yr) | |

Medicare-Medicaid Plan

A plan for individuals who are eligible for full benefit Medicare and Medicaid (dual eligibles).

| Plan Name | Line of Business | Serves | Member Services |
|--|------------------------------|--|--------------------------|
| INTEGRITY ⓘ Medicare-Medicaid Plan (MMP) | Medicare-Medicaid Plan (MMP) | Adults <ul style="list-style-type: none"> 21 yr or older, permanent Rhode Island resident; entitled to Medicare Part A, enrolled in Medicare Part B, and eligible to enroll in Medicare Part D; and are receiving full Medicaid benefits | 1-844-812-6896 (TTY 711) |

Commercial Plans: Individual Market

Plans with comprehensive coverage for individuals without access to employer-sponsored insurance.

| Plan Name | Line of Business | Premium Cost | Cost Sharing | Network | Member Services |
|---------------------|------------------------|--------------|--------------|----------------|--------------------------|
| ECONOMY ⓘ | Bronze HSA | \$ | \$\$\$\$ | HMO-In Network | 1-855-321-9244 (TTY 711) |
| INNOVATION ⓘ | Bronze | \$ | \$\$\$\$ | HMO-In Network | |
| COMMUNITY ⓘ | Silver HSA – Base only | \$\$ | \$\$\$ | HMO-In Network | |
| PLUS ⓘ | Gold | \$\$\$ | \$ | HMO-In Network | |
| ESSENTIAL ⓘ | Gold | \$\$\$ | \$ | HMO-In Network | |
| VALUE ⓘ | Silver | \$\$ | \$\$ | HMO-In Network | |

Commercial Plans: Small Business Health Options Program (SHOP)

Plans with comprehensive coverage for small businesses with up to 50 employees.

| Plan Name | Line of Business | Premium Cost | Cost Sharing | Network | Member Services |
|-------------------|------------------|--------------|--------------|----------------------------|--------------------------|
| STANDARD ⓘ | Bronze HSA | \$ | \$\$\$\$ | HMO-In Network | 1-855-321-9244 (TTY 711) |
| CHOICE ⓘ | Silver | \$\$ | \$\$\$ | HMO-In Network | |
| EDGE ⓘ | Gold | \$\$ | \$\$ | HMO-In Network | |
| PREMIER ⓘ | Gold | \$ | \$ | HMO-In Network | |
| PRIME ⓘ | Platinum | \$\$ | \$ | HMO-In Network | |
| PREMIER ⓘ | Gold | \$\$\$ | \$ | POS- Out of Network Option | |
| PRIME ⓘ | Platinum | \$\$\$ | \$ | POS- Out of Network Option | |