

BlueCHIP Direct (CSR 73%)

Congratulations! HealthSource RI has told us that you have qualified for the **Cost-Sharing Reduction Program (CSR)**. This program will help you lower your out-of-pocket costs by reducing your deductible, out-of-pocket maximum, as well as some copayments for covered services.

Through this program, your health plan's in-network benefits have been reduced to the below amounts:

	When you see an in-network provider, you pay:
Deductible	\$2,350 Individual/\$4,700 Family
Out-of-Pocket Maximum	\$5,500 Individual/\$11,000 Family
Surgery in an office	\$20 copayment
Primary Care Office Visit	\$30 copayment – Patient-Centered Medical Home (PCMH) \$50 copayment – Non-PCMH
Specialist Office Visit	\$60 copayment
Routine Eye Exam	\$70 copayment
Non-Routine Eye Exam	\$60 copayment

For additional information about these benefits, including any limits and exclusions, please see your subscriber agreement or contact Customer Service at the number printed on the back of your member ID card.

Important reminder:

If your income changes, please inform HealthSource RI as your eligibility for this program may change. In this situation, you won't lose your health plan benefits, but the amounts you pay for covered services will change to the amounts outlined in your subscriber agreement.

DPAY-113106