

Our Offerings

As of January 1, 2025



Medicaid Plans

Plans for individuals and families who qualify for Medicaid.

Plan Name	Line of Business	Serves	Member Services
ACCESS	Rlte Care <ul style="list-style-type: none"> Medicaid (MED) Extended Family Planning (EFP) Substitute Care (SUB) Children with Special Health Care Needs (CSN) Katie Beckett Care Mgmt Only (KBW). 	Children and Families <ul style="list-style-type: none"> Children up to age 19, income up to 261% FPL (regardless of immigration status); Parents up to 141% FPL (lawfully present >= 5 yr); Postpartum and pregnant women receive 12 months coverage regardless of immigration status Postpartum women up to 253% FPL, 12 months post-delivery or 12 months post loss of pregnancy Youth in DCYF care up to age 26 who were enrolled in DCYF at age 18 Children with special health care needs (up to 21 yr) Children up to age 19 with special needs receiving services at home that are usually provided in a facility 	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 or are ICHRA* eligible.

Plan Name	Metal Tier	Deductible	Network	Member Services
ECONOMY	Bronze HSA	\$6,800	HMO-In Network	1-855-321-9244 (TTY 711)
INNOVATION	Bronze	\$7,050	HMO-In Network	
COMMUNITY	Silver HSA – Base only	\$3,600	HMO-In Network	
PLUS	Gold	\$1,375	HMO-In Network	
ESSENTIAL	Gold	\$2,650	HMO-In Network	
VALUE	Silver	\$4,750	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	Metal Tier	Deductible	Network	Member Services				
STANDARD	Bronze HSA	\$6,450	HMO-In Network	1-855-321-9244 (TTY 711)				
CHOICE	Silver	\$3,900	HMO-In Network					
EDGE	Gold	\$2,750	HMO-In Network					
PEAK	Gold	\$2,500	HMO-In Network					
PREMIER	Gold	\$2,525	HMO-In Network					
PRIME	Platinum	\$500	HMO-In Network					
PEAK ELITE	Gold	<table border="1"> <tr> <th>In-Network</th> <th>Out-of-Network</th> </tr> <tr> <td>\$2,500</td> <td>\$7,500</td> </tr> </table>	In-Network		Out-of-Network	\$2,500	\$7,500	POS- Out of Network Option
In-Network	Out-of-Network							
\$2,500	\$7,500							
PREMIER ELITE	Gold	\$2,525	\$7,575		POS- Out of Network Option			
PRIME ELITE	Platinum	\$500	\$5,000	POS- Out of Network Option				

*Individual Coverage Health Reimbursement Arrangements are a type of health reimbursement account for employers to provide tax-free funds to their employees to purchase individual insurance plans, Medicare or qualified medical expenses.