





What's Next for Rite Care?

	RIte Care	RIte Care			
	October 1, 2013 – December 31, 2013	After January 1, 2014			
Eligibility	Children <250% FPL	Children <250% FPL			
(See reverse for FPL chart)	Pregnant Women <250% FPL Parents <175% FPL	Pregnant Women <250% FPL Parents <138% FPL			
,	<u>Children:</u> All lawfully present. No five year waiting period.	Talono (1997) TE			
	Pregnant women: All (including undocumented)				
Immigrants		Same			
	Parents: Certain lawfully present including refugees, granted asylum, legal permanent residents (LPR). Five year waiting period for LPR (not for refugee/asylee).				
		\$0 for children with RIte Care or RIte Share coverage			
Premiums	\$61 / \$77 / \$92 for families between 150-250% FPL, depending on income	\$61 / \$77 / \$92 for parents with RIte Share coverage (150-250% FPL)			
	Previously: 2 consecutive months of nonpayment resulted in mandatory loss of	\$017\$777\$92 for parents with Kite Share coverage (150-250% FPL)			
Sanctions	coverage for entire family for 4 months	No sanctions.			
Sanctions					
	No sanctions starting November (if system can be programmed in time).	MAGI			
Income	Gross earnings minus \$90, plus unearned income	(Modified Adjusted Gross Income – Adjusted gross income from			
Determination	Cross carmings minus 400, prus arroamou moonito	income tax return with a few modifications)			
Household	Children, parents, spouses, step-parents	Tax filer and persons claimed as dependents			
Definition	ormaren, parente, epodece, etep parente				
	Paper application (MARC-1) filed with DHS via field office or FRC,	Online application Available at HealthSource RI,(HealthSourceRI.com),			
Application	with supporting documentation.	DHS (dhs.ri.gov), and EOHHS (eohhs.ri.gov) websites			
Process					
		Paper application still available for those who want it Automatic online data matches			
Documentation /		Self attestation of pregnancy			
Backup	Proof of income (pay stubs, benefit award letters); proof of pregnancy.	deli altestation of pregnancy			
		(Paper only needed in exceptional circumstances)			
Descriffication	Annually was a	Annually, Recertification will be on-line, MAGI income rules will apply.			
Recertification	Annually - paper	Note: All recertifications due in calendar year 2014 will be pushed back until the corresponding month in 2015.			
	Information	Information			
	RIte Care/DHS Info Line (401-462-5300)	 RIte Care/DHS Info Line (401-462-5300) 			
0	DHS website (www.dhs.ri.gov)	DHS website (www.dhs.ri.gov)			
Sources of Information and	EOHHS website (www.eohhs.ri.gov) Health Source PL Contact Contact (955, 940, 4774)	EOHHS website (www.eohhs.ri.gov) Lighth Source PI Contact Contact (055, 040, 4774)			
Application	HealthSource RI Contact Center (855-840-4774)	HealthSource RI Contact Center (855-840-4774)			
Assistance	Application Assistance	Application Assistance			
	Family Resource Counselors at health centers and hospitals	Navigators at community sites and health centers			
	DHS Field Offices	HealthSource RI Contact Center			
	Navigators (at some sites)	DHS Field Offices			

Estimate Your Income Range* 2013 Federal Poverty Level (FPL) Guidelines Chart

Monthly Income										
Family Size**	100%	138%	150%	175%	180%	185%	225%	250%	350%	400%
1	\$ 957.50	\$ 1,321.35	\$ 1,436.25	\$ 1,675.63	\$1,723.50	\$ 1,771.38	\$ 2,154.38	\$ 2,393.75	\$ 3,351.25	\$ 3,830.00
2	\$ 1,292.50	\$ 1,783.65	\$ 1,938.75	\$ 2,261.88	\$2,326.50	\$ 2,391.13	\$ 2,908.13	\$ 3,231.25	\$ 4,523.75	\$ 5,170.00
3	\$ 1,627.50	\$ 2,245.95	\$ 2,441.25	\$ 2,848.13	\$2,929.50	\$ 3,010.88	\$ 3,661.88	\$ 4,068.75	\$ 5,696.25	\$ 6,510.00
4	\$ 1,962.50	\$ 2,708.25	\$ 2,943.75	\$ 3,434.38	\$3,532.50	\$ 3,630.63	\$ 4,415.63	\$ 4,906.25	\$ 6,868.75	\$ 7,850.00
5	\$ 2,297.50	\$ 3,170.55	\$ 3,446.25	\$ 4,020.63	\$4,135.50	\$ 4,250.38	\$ 5,169.38	\$ 5,743.75	\$ 8,041.25	\$ 9,190.00
6	\$ 2,632.50	\$ 3,632.85	\$ 3,948.75	\$ 4,606.88	\$4,738.50	\$ 4,870.13	\$ 5,923.13	\$ 6,581.25	\$ 9,213.75	\$ 10,530.00

Annual Income										
Family Size**	100%	138%	150%	175%	180%	185%	225%	250%	350%	400%
1	\$ 11,490	\$ 15,856	\$ 17,235	\$ 20,108	\$ 20,682	\$ 21,257	\$ 25,853	\$ 28,725	\$ 40,215	\$ 45,960
2	\$ 15,510	\$ 21,404	\$ 23,265	\$ 27,143	\$ 27,918	\$ 28,694	\$ 34,898	\$ 38,775	\$ 54,285	\$ 62,040
3	\$ 19,530	\$ 26,951	\$ 29,295	\$ 34,178	\$ 35,154	\$ 36,131	\$ 43,943	\$ 48,825	\$ 68,355	\$ 78,120
4	\$ 23,550	\$ 32,499	\$ 35,325	\$ 41,213	\$ 42,390	\$ 43,568	\$ 52,988	\$ 58,875	\$ 82,425	\$ 94,200
5	\$ 27,570	\$ 38,047	\$ 41,355	\$ 48,248	\$ 49,626	\$ 51,005	\$ 62,033	\$ 68,925	\$ 96,495	\$ 110,280
6	\$ 31,590	\$ 43,594	\$ 47,385	\$ 55,283	\$ 56,862	\$ 58,442	\$ 71,078	\$ 78,975	\$ 110,565	\$ 126,360

^{*}These figures are provided for informational purposes. Your income and coverage eligibility will be determined at time of application for coverage.

NOTE: FPL Guidelines are issued annually in the Federal Register by the U.S. Department of Health and Human Services. Figures shown are effective 1/24/2013 and are adjusted for family size.

^{**}For families with more than 6 persons, add \$4,020 for each additional person and then adjust to desired FPL.