



### Amendment to Your Plan Benefits

Neighborhood Health Plan of Rhode Island strives to ensure members have updated information on their benefits and coverage in order to access the care they need when they need it.

**Effective January 1, 2025**

#### Tier 5 and Tier 6 Specialty Medications

Per Rhode Island General Law, cost-share for all specialty medications will not exceed \$150 per 30 day supply after the plan deductible has been met.

##### 2025 Individual Plans

Plan Name	Tier 5	Tier 6
INNOVATION	30% after the deductible; up to \$150	30% after the deductible; up to \$150
ECONOMY	30% after the deductible; up to \$150	30% after the deductible; up to \$150
COMMUNITY	50% after the deductible; up to \$150	50% after the deductible; up to \$150
COMMUNITY 73	10% after the deductible; up to \$150	10% after the deductible; up to \$150
COMMUNITY 87	10% after the deductible; up to \$150	10% after the deductible; up to \$150
COMMUNITY 94	10%; up to \$150	10%; up to \$150
VALUE	50% after the deductible; up to \$150	50% after the deductible; up to \$150
VALUE 73	50% after the deductible; up to \$150	50% after the deductible; up to \$150
VALUE 87	10% after the deductible; up to \$150	10% after the deductible; up to \$150
VALUE 94	10%; up to \$150	10%; up to \$150
PLUS	30% after the deductible; up to \$150	30% after the deductible; up to \$150
ESSENTIAL	30% after the deductible; up to \$150	30% after the deductible; up to \$150

##### 2025 Small Group Plans

Plan Name	Tier 5	Tier 6
STANDARD	20% after the deductible; up to \$150	20% after the deductible; up to \$150
EDGE	30% after the deductible; up to \$150	30% after the deductible; up to \$150
CHOICE	40% after the deductible; up to \$150	40% after the deductible; up to \$150
PREMIER	\$200 copay; \$150 copay after deductible	\$200 copay; \$150 copay after deductible
PRIME	\$100 copay	\$100 copay
PEAK	30% after the deductible; up to \$150	30% after the deductible; up to \$150
PREMIER ELITE	\$200 copay; \$150 copay after deductible	\$200 copay; \$150 copay after deductible
PRIME ELITE	\$100 copay	\$100 copay
PEAK ELITE	30% after the deductible; up to \$150	30% after the deductible; up to \$150



**Effective November 1, 2024**

<b>Benefit</b>	<b>Benefit Change</b>
Acupuncture	Prior Authorization no longer required for covered diagnosis. Limit of 12 visits per plan year.
Mastectomy Reconstructive Surgery, and Procedures	Prior Authorization may be required.

**Effective October 1, 2024**

<b>Benefit</b>	<b>Benefit Change</b>
Chiropractic	Prior Authorization no longer required. Limit of 12 visits per plan year.

Please visit refer to your plan Certificate of Coverage for the full summary of your benefits and coverage.