Neighborhood Health Plan OF RHODE ISLAND™



2027 Small Employer Plans







Neighborhood Health Plan of Rhode Island:
Health insurance that's right for you

Small employers (2-50 employees) are the backbone of Rhode Island, anchoring our communities and economy. We understand you want to offer high-quality health insurance at the best value for your employees. Every business is unique and deserves the personal attention we provide.



Neighborhood has nine small business plans for you to choose from. With Neighborhood you:

- May be eligible for special perks and rewards for healthy living such as gift cards, up to $50 annually for a fitness center membership, and more*
- Can access Neighborhood's member portal to request a new ID card, change your mailing address, and more

Contact us to learn more!

1-855-321-9244, option 6 (TTY 711) **www.nhpri.org**

**Restrictions Apply*

Neighborhood provides high-quality, affordable coverage through HealthSource RI for Employers

All Neighborhood plans offer comprehensive benefits and services, including:

- Advanced imaging/ x-ray and diagnostic imaging
- Asthma education
- Childbirth education
- Chiropractic care
- Colonoscopy screening
- Contraceptives
- Doula services
- Emergency transportation/ ambulance
- Gynecological annual exams
- Habilitation services
- Home health care services
- Hospital emergency room services
- Immunizations and vaccines
- Inpatient hospital services
- Laboratory outpatient services
- Laboratory tests
- Lactation consultant counseling
- Lead screening
- Mammogram screening
- Mental/behavioral health and substance use inpatient services
- Mental/behavioral health and substance use outpatient services
- Newborn services
- Nutritional counseling and classes
- Outpatient facility
- Outpatient rehabilitation services
- Parenting classes
- PCP annual exam
- Pediatric development and autism screening
- Pediatric preventive care
- Primary care visit to treat an injury or illness
- Prostate cancer screening
- Skilled nursing facility
- Smoking cessation services
- Telemedicine
- Urgent care facilities

Extra benefits at no cost to you

- $0 copay for hypertension medications in tiers 1-4
- $0 copay for your first two primary care and behavioral health visits*
- No cost for in-office interpreter services
- A no-cost meal delivery service for new moms when you return home from the hospital after your baby is born



A full list of covered and non-covered benefits and services can be found in the plan-specific Certificate of Coverage (COC). To find the COC for your plan, scan the QR code or visit https://www.nhpri.org/members/commercial-members-small-business-plans/ and select your plan.

Available with select plans. Please refer to your plan materials for complete details and eligibility information.

Benefits and Cost-Sharing

PLAN NAME	PRIME ELITE		PREMIER ELITE		PEAK ELITE	
Plan Type	Platinum - POS		Gold - POS		Gold - POS	
HSA-Qualified*	No		No		Yes	
DEDUCTIBLES, CO-INSURANCE, AND OUT-OF-POCKET MAXIMUMS (PER BENEFIT YEAR)						
	In-network	**Out-of-network**	**In-network**	**Out-of-network**	**In-network**	**Out-of-network**
Individual Plan Deductible	$850	$5,000	$3,025	$7,875	$2,800	$7,650
Family Plan Deductible	$1,700	$10,000	$6,050	$15,750	$5,600	$15,300
Co-insurance	0% after deductible	50% after deductible	10% after deductible	50% after deductible	0% after deductible	50% after deductible
Individual Out-of-Pocket Maximum	$2,950	$12,250	$6,700	$18,900	$3,400	$9,750
Family Out-of-Pocket Maximum	$5,900	$24,500	$13,400	$37,800	$6,800	$19,500
MEDICAL SERVICES COST-SHARING						
	In-network	**Out-of-network**	**In-network**	**Out-of-network**	**In-network**	**Out-of-network**
Preventive Care Visit	No Charge	50% co-insurance after deductible	No Charge	50% co-insurance after deductible	No Charge	50% co-insurance after deductible
Primary Care and Behavioral Health Visit	First two visits $0; $20 co-payment	First two visits $0; 50% co-insurance after deductible	First two visits $0; $20 co-payment	First two visits $0; 50% co-insurance after deductible	$25 co-payment after deductible	50% co-insurance after deductible
Specialty Care Visit	$40 co-payment	50% co-insurance after deductible	$55 co-payment	50% co-insurance after deductible	$55 co-payment after deductible	50% co-insurance after deductible
Chiropractic and Acupuncture Treatments	$40 co-payment	50% co-insurance after deductible	$55 co-payment	50% co-insurance after deductible	$55 co-payment after deductible	50% co-insurance after deductible
Urgent Care	$40 co-payment	$40 co-payment	$55 co-payment	$55 co-payment	$55 co-payment after deductible	$55 co-payment after deductible
Emergency Room	$250 co-payment after deductible	$250 co-payment after deductible	$350 co-payment	$350 co-payment	0% co-insurance after deductible	0% co-insurance after deductible
Inpatient Hospital	0% co-insurance after deductible	50% co-insurance after deductible	10% co-insurance after deductible	50% co-insurance after deductible	0% co-insurance after deductible	50% co-insurance after deductible
Outpatient Surgery	0% co-insurance after deductible	50% co-insurance after deductible	10% co-insurance after deductible	50% co-insurance after deductible	0% co-insurance after deductible	50% co-insurance after deductible
CT/MRI/Ultrasound Scans	0% co-insurance after deductible	50% co-insurance after deductible	10% co-insurance after deductible	50% co-insurance after deductible	0% co-insurance after deductible	50% co-insurance after deductible
Non-Preventive Laboratory Services	0% co-insurance after deductible	50% co-insurance after deductible	10% co-insurance after deductible	50% co-insurance after deductible	0% co-insurance after deductible	50% co-insurance after deductible
PT/OT/ST	$40 co-payment	50% co-insurance after deductible	$55 co-payment	50% co-insurance after deductible	$55 co-payment after deductible	50% co-insurance after deductible
PRESCRIPTION DRUG COVERAGE						
ACA Preventive Drugs	$0 co-payment		$0 co-payment		$0 co-payment	
Adherence Generic Drugs	$5 co-payment		$5 co-payment		$5 co-payment after deductible	
Other Generic Drugs	$10 co-payment		$10 co-payment		$10 co-payment after deductible	
Preferred Brands	$35 co-payment		$45 co-payment		$45 co-payment after deductible	
Non-Preferred Brands	$55 co-payment		$60 co-payment		$60 co-payment after deductible	
Preferred and Non-Preferred Specialty Drugs	50% co-insurance; up to $150		50% co-insurance; up to $150		50% co-insurance after deductible; up to $150	

PLAN NAME	PRIME	PREMIER	PEAK	EDGE	CHOICE	STANDARD
Plan Type	Platinum - HMO	Gold - HMO	Gold - HMO	Gold - HMO	Silver - HMO	Bronze - HMO
HSA-Qualified*	No	No	Yes	No	No	Yes
DEDUCTIBLES, CO-INSURANCE, AND OUT-OF-POCKET MAXIMUMS (PER BENEFIT YEAR)						
Individual Plan Deductible	$850	$3,025	$2,800	$2,750	$5,000	$7,000
Family Plan Deductible	$1,700	$6,050	$5,600	$5,500	$10,000	$14,000
Co-insurance	0% after deductible	10% after deductible	0% after deductible	15% after deductible	50% after deductible	20% after deductible
Individual Out-of-Pocket Maximum	$2,950	$6,700	$3,400	$6,850	$10,000	$8,000
Family Out-of-Pocket Maximum	$5,900	$13,400	$6,800	$13,700	$20,000	$16,000
MEDICAL SERVICES COST-SHARING						
Preventive Care Visit	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Primary Care and Behavioral Health Visit	First two visits $0; $20 co-payment	First two visits $0; $20 co-payment	$25 co-payment after deductible	First two visits $0; $25 co-payment	First two visits $0; $35 co-payment	20% co-insurance after deductible
Specialty Care Visit	$40 co-payment	$55 co-payment	$55 co-payment after deductible	$55 co-payment	$75 co-payment	20% co-insurance after deductible
Chiropractic and Acupuncture Treatments	$40 co-payment	$55 co-payment	$55 co-payment after deductible	$55 co-payment	$75 co-payment	20% co-insurance after deductible
Urgent Care	$40 co-payment	$55 co-payment	$55 co-payment after deductible	$55 co-payment	$75 co-payment	20% co-insurance after deductible
Emergency Room	$250 co-payment after deductible	$350 co-payment	0% co-insurance after deductible	15% co-insurance after deductible	50% co-insurance after deductible	20% co-insurance after deductible
Inpatient Hospital	0% co-insurance after deductible	10% co-insurance after deductible	0% co-insurance after deductible	15% co-insurance after deductible	50% co-insurance after deductible	20% co-insurance after deductible
Outpatient Surgery	0% co-insurance after deductible	10% co-insurance after deductible	0% co-insurance after deductible	15% co-insurance after deductible	50% co-insurance after deductible	20% co-insurance after deductible
CT/MRI/Ultrasound Scans	0% co-insurance after deductible	10% co-insurance after deductible	0% co-insurance after deductible	15% co-insurance after deductible	50% co-insurance after deductible	20% co-insurance after deductible
Non-Preventive Laboratory Services	0% co-insurance after deductible	10% co-insurance after deductible	0% co-insurance after deductible	15% co-insurance after deductible	50% co-insurance after deductible	20% co-insurance after deductible
PT/OT/ST	$40 co-payment	$55 co-payment	$55 co-payment after deductible	15% co-insurance after deductible	$75 co-payment	20% co-insurance after deductible
PRESCRIPTION DRUG COVERAGE						
ACA Preventive Drugs	$0 co-payment	$0 co-payment	$0 co-payment	$0 co-payment	$0 co-payment	$0 co-payment
Adherence Generic Drugs	$5 co-payment	$5 co-payment	$5 co-payment after deductible	$5 co-payment	$5 co-payment	$5 co-payment after deductible
Other Generic Drugs	$10 co-payment	$10 co-payment	$10 co-payment after deductible	$10 co-payment	$15 co-payment	$15 co-payment after deductible
Preferred Brands	$35 co-payment	$45 co-payment	$45 co-payment after deductible	$40 co-payment	$50 co-payment	$45 co-payment after deductible
Non-Preferred Brands	$55 co-payment	$60 co-payment	$60 co-payment after deductible	$55 co-payment after deductible	$70 co-payment after deductible	$60 co-payment after deductible
Preferred and Non-Preferred Specialty Drugs	50% co-insurance; up to $150	50% co-insurance; up to $150	50% co-insurance after deductible; up to $150	50% co-insurance after deductible; up to $150	50% co-insurance after deductible; up to $150	50% after deductible; up to $150

**Health Savings Account Qualified Plan: Pursuant to Internal Revenue Code § 223, this plan qualifies as a High Deductible Health Plan, which is suitable for use with a Health Savings Account (HSA). This plan may be used in conjunction with an HSA but it is not an HSA itself.*



Neighborhood knows how important your doctor is to you!

Checking to see if your provider is in our network is easy. Follow these steps:

1. Visit www.nhpri.org/find-a-doctor
2. Choose "Doctor or Specialist"
3. Use the search form to find your provider or look for a new provider. You can search in many ways: by Provider's Name, Location, and Specialty. *Remember: if you are looking for your Primary Care Provider, select that filter. If you are looking for a new doctor who is accepting new patients, select that filter.*
4. Call our friendly and helpful Sales Team if you need help searching for a provider at 1-401-459-6075 (TTY 711). We are here for you.

Ready to enroll? We're here to help.

For a no-obligation quote:

1-855-321-9244, option 6 (TTY 711)

groupquotes@nhpri.org

For questions about the enrollment process:

- Contact your broker.
- Don't have a broker? We can connect you with one. Call us at **1-855-321-9244, option 6**.

We offer two types of small business plans to meet the needs of you and your employees:

- **Health Maintenance Organization (HMO) Plan** – Rhode Island only provider network. We offer six HMO plans.
- **Point of Service (POS) Plan** – Provides out of network coverage, covered with separate cost sharing. We offer three POS plans. With a POS plan, members will be required to have an in-network Primary Care Provider.

CONTACT US!

To enroll today, or for questions about your employer account, premium payment, or adding/dropping an employee, contact HealthSource RI for Employers:

1-855-683-6757

www.healthsourceri.com/employers/employers



"Having Neighborhood PRIME enables a small organization like College Visions to offer a platinum rated plan to our staff members at a considerable savings for our organization."

— SMALL BUSINESS OWNER

Neighborhood Health Plan OF RHODE ISLAND™

1-855-321-9244, option 6 (TTY 711) // www.nhpri.org

We love saving you money!

Neighborhood offers the lowest-priced plans in the market and maintains a strong network of providers to keep you and your family healthy.

