2020 Individual & Family Plans
Neighborhood
Health Plan of Rhode Island
Health insurance that’s right for you

Choose from Neighborhood’s plans
Neighborhood offers the lowest-priced health plan options that meet the needs of Rhode Island’s individuals and families.
Plus, you may qualify for a tax credit to help pay for insurance and additional help to lower costs when you go to your doctor.
To learn more, call us today at 1-855-321-9244.

Neighborhood REWARDS
You may be eligible for special perks and rewards* for healthy living such as gift cards, fitness center discounts and more.
Visit www.nhpri.org/rewards for more information.

*Restrictions apply
Neighborhood provides high-quality, affordable coverage through HealthSource RI

All Neighborhood plans offer comprehensive benefits and services, including:

- Primary Care Visit to Treat an Injury or Illness
- Asthma Education
- Childbirth Education
- Colonoscopy Screening
- Contraceptives
- Gynecological Annual Exams
- Immunizations and Vaccines
- Laboratory Tests
- Lactation Consultant Counseling
- Lead Screening
- Mammogram Screening
- Newborn Services
- Nutritional Counseling and Classes
- Parenting Classes
- Pediatric Development and Autism Screening
- Pediatric Preventive Care
- PCP Annual Exam
- Prostate Cancer Screening
- Smoking Cessation Services
- Emergency Transportation/Ambulance
- Hospital Emergency Room Services
- Urgent Care Facilities
- Inpatient Hospital Services
- Skilled Nursing Facility
- Advanced Imaging/X-ray and Diagnostic Imaging
- Home Health Care Service
- Laboratory Outpatient Services
- Outpatient Facility
- Mental/Behavioral Health and Substance Use Inpatient Services
- Mental/Behavioral Health and Substance Use Outpatient Services
- Chiropractic Care
- Habilitation Services
- Outpatient Rehabilitation Services

Neighborhood understands how important it is to have access to affordable health insurance. That’s why we make it our goal to keep your premiums as low as possible. For six consecutive years, Neighborhood has offered the lowest-priced plans in the market and maintained a strong network of providers.
## Benefits and Cost-Sharing

<table>
<thead>
<tr>
<th>PLAN NAME</th>
<th>INNOVATION</th>
<th>ECONOMY</th>
<th>COMMUNITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSA-Qualified*</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Plan Variation</td>
<td>Base</td>
<td>Base</td>
<td>Base</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>73% Actuarial Value</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>87% Actuarial Value</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>94% Actuarial Value</td>
</tr>
<tr>
<td>DEDUCTIBLES, CO-INSURANCE AND OUT-OF-POCKET MAXIMUMS (PER BENEFIT YEAR)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual Plan Deductible</td>
<td>$6,550</td>
<td>$6,000</td>
<td>$2,950</td>
</tr>
<tr>
<td>Family Plan Deductible</td>
<td>$13,100</td>
<td>$12,000</td>
<td>$5,900</td>
</tr>
<tr>
<td>Co-insurance</td>
<td>30% after deductible</td>
<td>0% after deductible</td>
<td>15% after deductible</td>
</tr>
<tr>
<td>Individual Out-of-Pocket Maximum</td>
<td>$7,350</td>
<td>$6,550</td>
<td>$6,750</td>
</tr>
<tr>
<td>Family Out-of-Pocket Maximum</td>
<td>$14,700</td>
<td>$13,100</td>
<td>$13,500</td>
</tr>
<tr>
<td>MEDICAL SERVICES COST-SHARING</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive Care Visit</td>
<td>No Charge</td>
<td>No Charge</td>
<td>No Charge</td>
</tr>
<tr>
<td>Primary Care Visit</td>
<td>$20 co-payment</td>
<td>Only deductible applies</td>
<td>15% co-insurance after deductible</td>
</tr>
<tr>
<td>Specialty Care Visit</td>
<td>30% co-insurance after deductible</td>
<td>Only deductible applies</td>
<td>15% co-insurance after deductible</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>30% co-insurance after deductible</td>
<td>Only deductible applies</td>
<td>15% co-insurance after deductible</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>30% co-insurance after deductible</td>
<td>Only deductible applies</td>
<td>15% co-insurance after deductible</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>30% co-insurance after deductible</td>
<td>Only deductible applies</td>
<td>15% co-insurance after deductible</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>30% co-insurance after deductible</td>
<td>Only deductible applies</td>
<td>15% co-insurance after deductible</td>
</tr>
<tr>
<td>Imaging Services</td>
<td>30% co-insurance after deductible</td>
<td>Only deductible applies</td>
<td>15% co-insurance after deductible</td>
</tr>
<tr>
<td>Laboratory Services</td>
<td>30% co-insurance after deductible</td>
<td>Only deductible applies</td>
<td>15% co-insurance after deductible</td>
</tr>
<tr>
<td>Behavioral Health Care - Outpatient</td>
<td>$20 co-payment</td>
<td>Only deductible applies</td>
<td>15% co-insurance after deductible</td>
</tr>
<tr>
<td>Behavioral Health Care - Inpatient</td>
<td>30% co-insurance after deductible</td>
<td>Only deductible applies</td>
<td>15% co-insurance after deductible</td>
</tr>
<tr>
<td>Rehabilitation Services</td>
<td>30% co-insurance after deductible</td>
<td>Only deductible applies</td>
<td>15% co-insurance after deductible</td>
</tr>
<tr>
<td>PRESCRIPTION DRUG COVERAGE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 1</td>
<td>$10 after deductible</td>
<td>$5 after deductible</td>
<td>$5 after deductible</td>
</tr>
<tr>
<td>Tier 2</td>
<td>$15 after deductible</td>
<td>$10 after deductible</td>
<td>$10 after deductible</td>
</tr>
<tr>
<td>Tier 3</td>
<td>$40 after deductible</td>
<td>$35 after deductible</td>
<td>$35 after deductible</td>
</tr>
<tr>
<td>Tier 4</td>
<td>$55 after deductible</td>
<td>$50 after deductible</td>
<td>$50 after deductible</td>
</tr>
<tr>
<td>Tier 5</td>
<td>30% co-insurance after deductible</td>
<td>30% co-insurance after deductible</td>
<td>50% co-insurance after deductible</td>
</tr>
<tr>
<td>Tier 6</td>
<td>30% co-insurance after deductible</td>
<td>30% co-insurance after deductible</td>
<td>50% co-insurance after deductible</td>
</tr>
</tbody>
</table>

* 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.
# Benefits and Cost-Sharing

## PLAN NAME
- **HSA-Qualified***: No
- **Plan Variation**: Base

<table>
<thead>
<tr>
<th>DEDUCTIBLES, CO-INSURANCE AND OUT-OF-POCKET MAXIMUMS (PER BENEFIT YEAR)</th>
<th><strong>Individual Plan</strong></th>
<th><strong>Family Plan</strong></th>
<th><strong>Individual Out-of-Pocket Maximum</strong></th>
<th><strong>Family Out-of-Pocket Maximum</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>$3,700</td>
<td>$7,400</td>
<td>$7,950</td>
<td>$15,900</td>
</tr>
<tr>
<td>Co-insurance</td>
<td>35% after deductible</td>
<td>35% after deductible</td>
<td>10% after deductible</td>
<td>10%</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum</td>
<td>$7,950</td>
<td>$13,000</td>
<td>$6,250</td>
<td>$12,500</td>
</tr>
</tbody>
</table>

## MEDICAL SERVICES COST-SHARING

### Preventive Care Visit
- No Charge

### Primary Care Visit
- $30 co-payment

### Specialty Care Visit
- $65 co-payment

### Urgent Care
- $65 co-payment

### Emergency Room
- 35% co-insurance after deductible

### Inpatient Hospital
- 35% co-insurance after deductible

### Outpatient Hospital
- 35% co-insurance after deductible

### Imaging Services
- 35% co-insurance after deductible

### Laboratory Services
- 35% co-insurance after deductible

### Behavioral Health Care - Outpatient
- $30 co-payment

### Behavioral Health Care - Inpatient
- 35% co-insurance after deductible

### Rehabilitation Services
- $65 co-payment

## PRESCRIPTION DRUG COVERAGE

### Tier 1
- $10 co-payment

### Tier 2
- $15 co-payment

### Tier 3
- $40 co-payment

### Tier 4
- $55 co-payment

### Tier 5
- 50% co-insurance after deductible

### Tier 6
- 50% co-insurance after deductible
PROVIDER DATA AS OF 09/2019

Behavioral Health

Number of Providers in Our Network*
* THIS INCLUDES PRIMARY CARE, SPECIALTY CARE, AND BEHAVIORAL HEALTH PROVIDERS.

Hospitals
01. Butler Hospital, Providence
02. Bradley Hospital, East Providence
03. Hasbro Children's Hospital, Providence
04. Kent County Memorial Hospital, Warwick
05. Landmark Medical Center, Woonsocket
06. Westerly Hospital, Westerly
07. Miriam Hospital, Providence
08. Newport Hospital, Newport
09. Our Lady of Fatima, North Providence
10. Rhode Island Hospital, Providence
11. Roger Williams Hospital, Providence
12. South County Hospital, Wakefield
13. Steward St. Anne's Hospital, Fall River
14. Women & Infants Hospital, Providence

Community Health Centers
When to Call Neighborhood

Neighborhood Member Services can assist you with:

- Explaining Neighborhood’s Individual and Family plans and providing a quote
- Reviewing our provider network and checking to see if your doctor or specialist is participating with Neighborhood
- Checking the tier level of your prescription drugs

Contact us today!

1-855-321-9244

www.nhpri.org

When to Call HealthSource RI

The HealthSource RI Contact Center can assist you with:

- Enrolling into a plan and answering questions related to enrollment status
- Learning more about federal financial assistance
- Questions about premium billing and payments

Contact HealthSource RI

1-855-840-4774

www.healthsourceri.com