



Neighborhood
Health Plan
OF RHODE ISLAND™



2021 Individual & Family Plans

INNOVATION	Bronze
ECONOMY	Bronze HSA
COMMUNITY	Silver HSA
VALUE	Silver
PLUS	Gold
ESSENTIAL	Gold

Neighborhood

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

Neighborhood offers the lowest-priced health plan options that meet the needs of Rhode Island's individuals and families.

With Neighborhood you:

- May qualify for tax credits to help pay for insurance and additional help to lower costs when you go to your doctor.
- May be eligible for special perks and rewards for healthy living such as gift cards, fitness center discounts and more.*
- Get a discount on CVS Health brand health-related products. Save 20% with special member access to the CVS Extra Care Health Card**
- Can access a member portal to view and print temporary ID cards, view claims with authorizations, and more

To learn more contact us:

 1-855-321-9244, option 5  www.nhpri.org



*Restrictions apply

**The 20 percent discount is restricted to items purchased for the health care of the cardholder only, and applies to regularly priced CVS Health Brand health-related items valued at \$1 or more. Your ExtraCare Health Benefit may not be used in Target stores, including those with a CVS Pharmacy in them. Excludes alcohol, lottery, money orders, prescriptions and copays, pseudoephedrine/ephedrine products, postage stamps, pre-paid cards, gift cards, newspapers and magazines, milk (where required by law or regulation), bottle deposits, bus passes, hunting and fishing licenses, any imposed governmental fees, or items reimbursed by a government health plan.

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



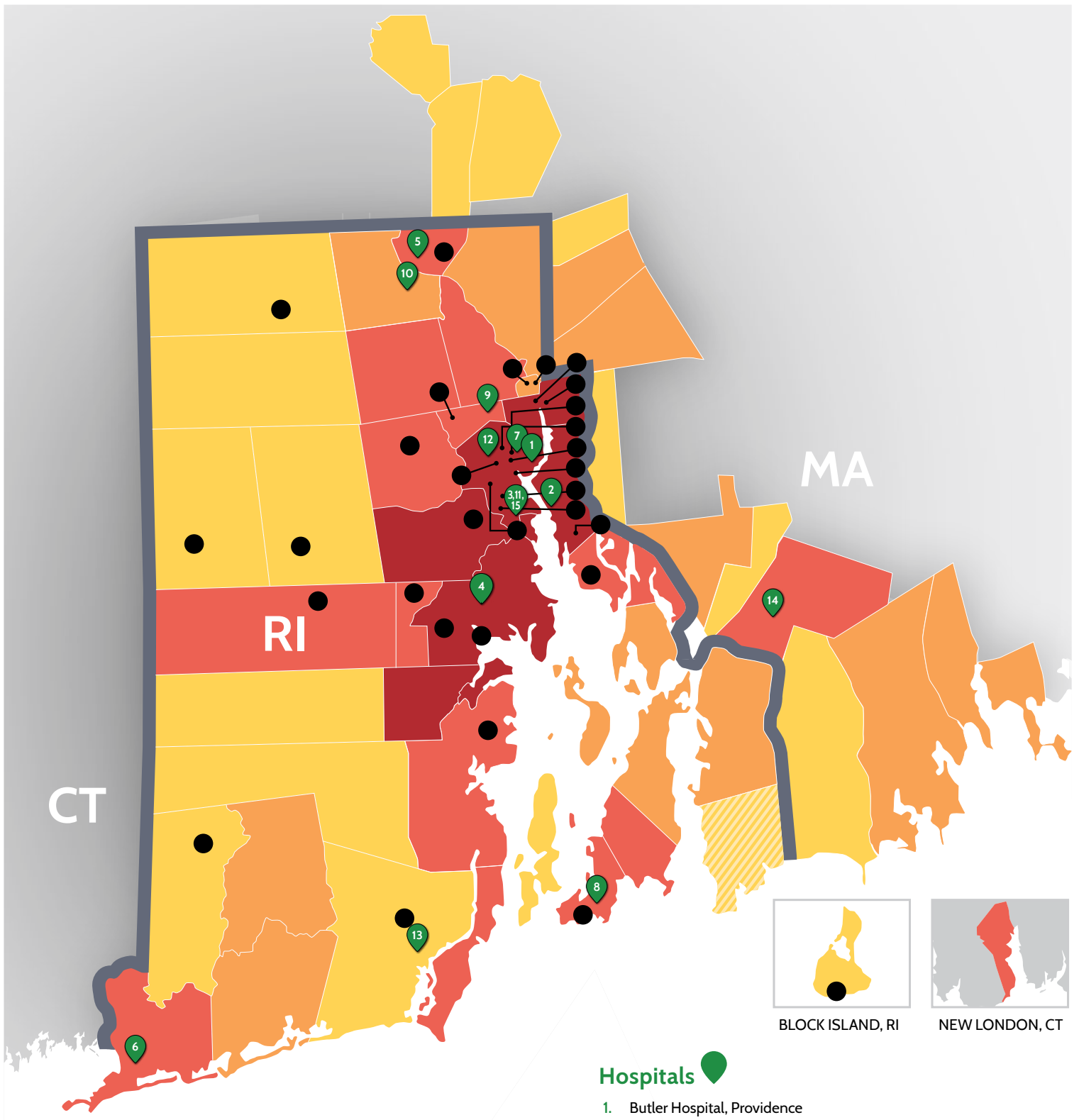
Neighborhood understands how important it is to have access to affordable health insurance. That's why we make it our goal to keep your premiums as low as possible. For seven consecutive years, Neighborhood has offered the lowest-priced plans in the market and maintained a strong network of providers.

Benefits and Cost-Sharing

PLAN NAME	INNOVATION ⓘ	ECONOMY ⓘ	COMMUNITY ⓘ			
HSA-Qualified*	No	Yes	Yes	No	No	No
Plan Variation	Base	Base	Base	73% Actuarial Value Plan Variation	87% Actuarial Value Plan Variation	94% Actuarial Value Plan Variation
DEDUCTIBLES, CO-INSURANCE AND OUT-OF-POCKET MAXIMUMS (PER BENEFIT YEAR)						
Individual Plan Deductible	\$6,825	\$6,675	\$2,950	\$2,650	\$750	\$0
Family Plan Deductible	\$13,650	\$13,350	\$5,900	\$5,300	\$1,500	\$0
Co-insurance	30% after deductible	0% after deductible	15% after deductible	10% after deductible	10% after deductible	10%
Individual Out-of-Pocket Maximum	\$8,550	\$6,900	\$6,750	\$6,250	\$2,750	\$2,250
Family Out-of-Pocket Maximum	\$17,100	\$13,800	\$13,500	\$12,500	\$5,500	\$4,500
MEDICAL SERVICES COST-SHARING						
Preventive Care Visit	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Primary Care Visit	\$25 co-payment	Only deductible applies	15% co-insurance after deductible	10% co-insurance after deductible	10% co-insurance after deductible	10% co-insurance
Specialty Care Visit	30% co-insurance after deductible	Only deductible applies	15% co-insurance after deductible	10% co-insurance after deductible	10% co-insurance after deductible	10% co-insurance
Urgent Care	30% co-insurance after deductible	Only deductible applies	15% co-insurance after deductible	10% co-insurance after deductible	10% co-insurance after deductible	10% co-insurance
Emergency Room	30% co-insurance after deductible	Only deductible applies	15% co-insurance after deductible	10% co-insurance after deductible	10% co-insurance after deductible	10% co-insurance
Inpatient Hospital	30% co-insurance after deductible	Only deductible applies	15% co-insurance after deductible	10% co-insurance after deductible	10% co-insurance after deductible	10% co-insurance
Outpatient Hospital	30% co-insurance after deductible	Only deductible applies	15% co-insurance after deductible	10% co-insurance after deductible	10% co-insurance after deductible	10% co-insurance
Imaging Services	30% co-insurance after deductible	Only deductible applies	15% co-insurance after deductible	10% co-insurance after deductible	10% co-insurance after deductible	10% co-insurance
Laboratory Services	30% co-insurance after deductible	Only deductible applies	15% co-insurance after deductible	10% co-insurance after deductible	10% co-insurance after deductible	10% co-insurance
Behavioral Health Care - Outpatient	\$25 co-payment	Only deductible applies	15% co-insurance after deductible	10% co-insurance after deductible	10% co-insurance after deductible	10% co-insurance
Behavioral Health Care - Inpatient	30% co-insurance after deductible	Only deductible applies	15% co-insurance after deductible	10% co-insurance after deductible	10% co-insurance after deductible	10% co-insurance
Rehabilitation Services	30% co-insurance after deductible	Only deductible applies	15% co-insurance after deductible	10% co-insurance after deductible	10% co-insurance after deductible	10% co-insurance
PRESCRIPTION DRUG COVERAGE						
Tier 1	\$10 after deductible	\$5 after deductible	\$5 after deductible	\$5 after deductible	\$5 after deductible	\$2 co-payment
Tier 2	\$15 after deductible	\$10 after deductible	\$10 after deductible	\$10 after deductible	\$7 after deductible	\$5 co-payment
Tier 3	\$40 after deductible	\$35 after deductible	\$35 after deductible	\$35 after deductible	\$30 after deductible	\$15 co-payment
Tier 4	\$55 after deductible	\$50 after deductible	\$50 after deductible	\$50 after deductible	\$45 after deductible	\$30 co-payment
Tier 5	30% co-insurance after deductible	30% co-insurance after deductible	50% co-insurance after deductible	10% co-insurance after deductible	10% co-insurance after deductible	10% co-insurance
Tier 6	30% co-insurance after deductible	30% co-insurance after deductible	50% co-insurance deductible	10% co-insurance after deductible	10% co-insurance after deductible	10% co-insurance

* 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.

PLAN NAME	VALUE 				PLUS 	ESSENTIAL 
HSA-Qualified*	No	No	No	No	No	No
Plan Variation	Base	73% Actuarial Value Plan Variation	87% Actuarial Value Plan Variation	94% Actuarial Value Plan Variation	Base	Base
DEDUCTIBLES, CO-INSURANCE AND OUT-OF-POCKET MAXIMUMS (PER BENEFIT YEAR)						
Individual Plan Deductible	\$3,900	\$3,900	\$1,100	\$0	\$1,250	\$2,500
Family Plan Deductible	\$7,800	\$7,800	\$2,200	\$0	\$2,500	\$5,000
Co-insurance	35% after deductible	35% after deductible	10% after deductible	10%	20% after deductible	0% after deductible
Individual Out-of-Pocket Maximum	\$7,850	\$6,525	\$2,800	\$2,150	\$6,750	\$5,000
Family Out-of-Pocket Maximum	\$15,700	\$13,050	\$5,600	\$4,300	\$13,500	\$10,000
MEDICAL SERVICES COST-SHARING						
Preventive Care Visit	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Primary Care Visit	\$30 co-payment	\$20 co-payment	\$10 co-payment	\$5 co-payment	\$25 co-payment	\$30 co-payment
Specialty Care Visit	\$70 co-payment	\$65 co-payment	\$20 co-payment	\$15 co-payment	\$50 co-payment	\$65 co-payment
Urgent Care	\$70 co-payment	\$65 co-payment	\$20 co-payment	\$15 co-payment	\$50 co-payment	\$65 co-payment
Emergency Room	35% co-insurance after deductible	35% co-insurance after deductible	10% co-insurance after deductible	10% co-insurance	\$300 co-payment	\$350 co-payment
Inpatient Hospital	35% co-insurance after deductible	35% co-insurance after deductible	10% co-insurance after deductible	10% co-insurance	20% co-insurance after deductible	Only deductible applies
Outpatient Hospital	35% co-insurance after deductible	35% co-insurance after deductible	10% co-insurance after deductible	10% co-insurance	20% co-insurance after deductible	Only deductible applies
Imaging Services	35% co-insurance after deductible	35% co-insurance after deductible	10% co-insurance after deductible	10% co-insurance	20% co-insurance after deductible	Only deductible applies
Laboratory Services	35% co-insurance after deductible	35% co-insurance after deductible	10% co-insurance after deductible	10% co-insurance	20% co-insurance after deductible	Only deductible applies
Behavioral Health Care - Outpatient	\$30 co-payment	\$20 co-payment	\$10 co-payment	\$5 co-payment	\$25 co-payment	\$30 co-payment
Behavioral Health Care - Inpatient	35% co-insurance after deductible	35% co-insurance after deductible	10% co-insurance after deductible	10% co-insurance	20% co-insurance after deductible	Only deductible applies
Rehabilitation Services	\$70 co-payment	\$65 co-payment	\$20 co-payment	\$15 co-payment	\$50 co-payment	\$65 co-payment
PRESCRIPTION DRUG COVERAGE						
Tier 1	\$10 co-payment	\$10 co-payment	\$5 co-payment	\$2 co-payment	\$5 co-payment	\$5 co-payment
Tier 2	\$15 co-payment	\$15 co-payment	\$10 co-payment	\$5 co-payment	\$10 co-payment	\$10 co-payment
Tier 3	\$40 co-payment	\$40 co-payment	\$35 co-payment	\$15 co-payment	\$35 co-payment	\$35 co-payment
Tier 4	\$55 co-payment	\$55 co-payment	\$50 co-payment	\$30 co-payment	\$50 co-payment	\$50 co-payment
Tier 5	50% co-insurance after deductible	50% co-insurance after deductible	10% co-insurance after deductible	10% co-insurance	30% co-insurance after deductible	30% co-insurance after deductible
Tier 6	50% co-insurance after deductible	50% co-insurance after deductible	10% co-insurance after deductible	10% co-insurance	30% co-insurance after deductible	30% co-insurance after deductible



Neighborhood Providers

Number of Providers in Our Network*

* THIS INCLUDES PRIMARY CARE, SPECIALTY CARE, AND BEHAVIORAL HEALTH PROVIDERS.



Behavioral Health Providers Only 

PROVIDER DATA AS OF 09/2020

Hospitals

1. Butler Hospital, Providence
2. Bradley Hospital, East Providence
3. Hasbro Children's Hospital, Providence
4. Kent County Memorial Hospital, Warwick
5. Landmark Medical Center, Woonsocket
6. LMW Healthcare, Westerly
7. Miriam Hospital, Providence
8. Newport Hospital, Newport
9. Our Lady of Fatima, North Providence
10. Rehabilitation Hospital of RI, North Smithfield
11. Rhode Island Hospital, Providence
12. Roger Williams Hospital, Providence
13. South County Hospital, Wakefield
14. Steward St. Anne's Hospital, Fall River
15. Women & Infants Hospital, Providence


Community Health Centers

When to Call Neighborhood

Neighborhood's Sales Team 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, option 5


 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



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