



# 2021 Small Employer Plans

STANDARD (S) CHOICE (B) EDGE (B) PREMIER (D) PRIME (D) P

# Neighborhood **Health Plan of Rhode Island:** Health insurance that's right for you and your business

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 seven 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, 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 6 🔲 www.nhpri.org





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

# 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
- Specialist Visit
- Adult Vision Hardware
- 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 Dental
- 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



66

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.

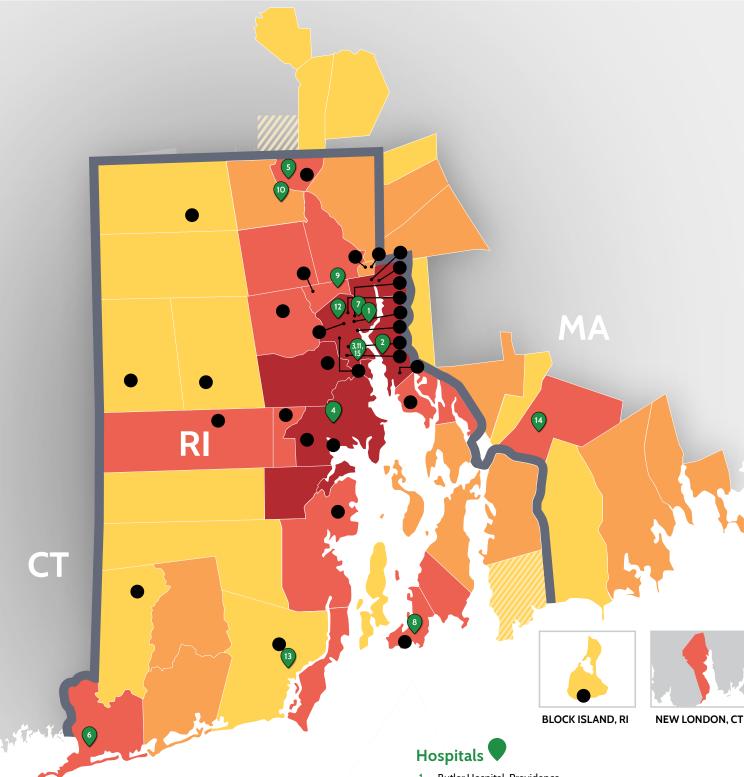
Joshua Greenberg Deputy Director, College Visions

# **Benefits and Cost-Sharing**

PLAN NAME							
Plan Type	Platinum - POS		Gold - POS				
HSA-Qualified*	Νο		Νο				
DEDUCTIBLES, CO-INSURANCE AND OUT-OF-POCKET MAXIMUMS (PER BENEFIT YEAR)							
Individual Plan Deductible	In-network	Out-of-network	In-network	Out-of-network			
Family Plan Deductible	\$500 \$1,000	\$5,000 \$10,000	\$2,300 \$4,600	\$6,900 \$13,800			
Co-insurance	0% after deductible	50% after deductible	0% after deductible	50% after deductible			
Individual Out-of-Pocket Maximum	\$1,500	\$10,000	\$5,500	\$16,500			
Family Out-of-Pocket Maximum	\$3,000	\$20,000	\$11,000	\$33,000			
MEDICAL SERVICES COST-SHARING							
Preventive Care Visit	In-network	Out-of-network	In-network	Out-of-network			
Fleventive Care visit	No Charge	50% co-insurance after deductible	No Charge	50% co-insurance after deductible			
Primary Care Visit	\$10 co-payment	50% co-insurance after deductible	\$20 co-payment	50% after deductible			
Specialty Care Visit	\$30 co-payment	50% co-insurance after deductible	\$55 co-payment	50% co-insurance after deductible			
Urgent Care	\$30 co-payment	50% co-insurance after deductible	\$55 co-payment	50% co-insurance after deductible			
Emergency Room	\$100 co-payment	\$100 co-payment	\$250 co-payment	\$250 co-payment			
Inpatient Hospital	Only deductible applies	50% co-insurance after deductible	Only deductible applies	50% co-insurance after deductible			
Outpatient Hospital	Only deductible applies	50% co-insurance after deductible	Only deductible applies	50% co-insurance after deductible			
Imaging Services	Only deductible applies	50% co-insurance after deductible	Only deductible applies	50% co-insurance after deductible			
Laboratory Services	Only deductible applies	50% co-insurance after deductible	Only deductible applies	50% co-insurance after deductible			
Behavioral Health Care - Outpatient	\$10 co-payment	Not Covered	\$20 co-payment	Not Covered			
Behavioral Health Care - Inpatient	Only deductible applies	Not Covered	Only deductible applies	Not Covered			
Rehabilitation Services	\$30 co-payment	50% co-insurance after deductible	\$55 co-payment	50% co-insurance after deductible			
PRESCRIPTION DRUG COVERAGE							
Tier 1	\$5 co-payment		\$5 co-payment				
Tier 2	\$10 co-payment		\$10 co-payment				
Tier 3	\$35 co-payment		\$35 co-payment				
Tier 4	\$50 co-payment		\$50 co-payment				
Tier 5	\$100 co-payment		\$200 co-payment				
Tier 6	\$100 co-payment		\$200 co-payment				

Neighborhood Health Plan of Rhode Island ©2020

PRIME 🖗		EDGE 🔂		STANDARD 🚱
Platinum - HMO	Gold - HMO	Gold - HMO	Silver - HMO	Bronze - HMO
No	No	No	No	Yes
\$500	\$2,300	\$3,200	\$3,875	\$6,350
\$1,000	\$4,600	\$6,400	\$7,750	\$12,700
0% after deductible	0% after deductible	15% after deductible	30% after deductible	20% after deductible
\$1,500	\$5,500	\$6,950	\$8,550	\$6,900
\$3,000	\$11,000	\$13,900	\$17,100	\$13,800
No Charge	No Charge	No Charge	No Charge	No Charge
\$10 co-payment	\$20 co-payment	\$25 co-payment	\$30 co-payment	20% co-insurance after deductible
\$30 co-payment	\$55 co-payment	\$55 co-payment	\$60 co-payment	20% co-insurance after deductible
\$30 co-payment	\$55 co-payment	\$55 co-payment	\$60 co-payment	20% co-insurance after deductible
\$100 co-payment	\$250 co-payment	15% co-insurance after deductible	30% co-insurance after deductible	20% co-insurance after deductible
Only deductible applies	Only deductible applies	15% co-insurance after deductible	30% co-insurance after deductible	20% co-insurance after deductible
Only deductible applies	Only deductible applies	15% co-insurance after deductible	30% co-insurance after deductible	20% co-insurance after deductible
Only deductible applies	Only deductible applies	15% co-insurance after deductible	30% co-insurance after deductible	20% co-insurance after deductible
Only deductible applies	Only deductible applies	15% co-insurance after deductible	30% co-insurance after deductible	20% co-insurance after deductible
\$10 co-payment	\$20 co-payment	\$25 co-payment	\$30 co-payment	20% co-insurance after deductible
Only deductible applies	Only deductible applies	15% co-insurance after deductible	30% co-insurance after deductible	20% co-insurance after deductible
\$30 co-payment	\$55 co-payment	15% co-insurance after deductible	\$60 co-payment	20% co-insurance after deductible
\$5 co-payment	\$5 co-payment	\$5 co-payment	\$10 co-payment	\$10 co-payment after deductible
\$10 co-payment	\$10 co-payment	\$10 co-payment	\$15 co-payment	\$15 co-payment after deductible
\$35 co-payment	\$35 co-payment	\$40 co-payment	\$40 co-payment	\$40 co-payment after deductible
\$50 co-payment	\$50 co-payment	\$55 co-payment	\$55 co-payment	\$55 co-payment after deductible
\$100 co-payment	\$200 co-payment	30% co-insurance after deductible	30% co-insurance after deductible	20% co-insurance after deductible
\$100 co-payment	\$200 co-payment	30% co-insurance after deductible	30% co-insurance after deductible	20% co-insurance after deductible



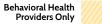
# **Neighborhood Providers**

### Number of Providers in Our Network\*

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

#### <20

+6,000



PROVIDER DATA AS OF 09/2020

- Butler Hospital, Providence 1.
- 2. Bradley Hospital, East Providence
- 3. Hasbro Children's Hospital, Providence
- Kent County Memorial Hospital, Warwick 4.
- Landmark Medical Center, Woonsocket 5.
- 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

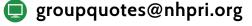
**Community Health Centers** 

## Ready to enroll? We're here to help.



For a no-obligation quote:

1-855-321-9244, option 6



For questions about the enrollment process:

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

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



1-855-683-6757



For questions about your plan benefits after you enroll, contact Member Services:

Healthsourceri.com/employers/employers



1-855-321-9244





# We Love Saving you Money!

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 has maintained a strong network of providers.



### About Neighborhood

Neighborhood Health Plan of Rhode Island offers high-quality, affordable health insurance through HealthSource RI to the employees of small businesses (2-50 employees). Our plans offer comprehensive benefits and services and top-notch customer service. All of our plans have the same network of providers.





1-855-321-9244 | www.nhpri.org

20-NHPRI-0240 REV. Sept. 2020

