









# 2022 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 for individuals and families in Rhode Island. Our plans have comprehensive benefits at the right price for your budget.

#### 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.\*
- Can access a member portal to view and print temporary ID cards, view claims with authorizations, and more.
- Can access a medication price checker and behavioral health portal – helpful tools to make your health care easy!

#### To learn more contact us:

 1-401-459-6075  [www.nhpri.org](http://www.nhpri.org)

\*Restrictions Apply

#### NEW for 2022!

- \$0 copay for hypertension medications in tiers 1-4
- \$40 cap for 30-day supply of insulin

#### Support for a Healthy Pregnancy

- New covered benefit: Doula Services
- New pregnancy wellbeing program: LunaYou  
*LunaYou is a personalized program to help you stay healthy during your pregnancy. With LunaYou, you get personalized coaching, access to a health app, a community of support and more.*
- Bright Start Program rewards for prenatal and postpartum provider visits
- Educational resources and more!





# Neighborhood provides high-quality, affordable coverage through HealthSource RI

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
- Emergency Transportation/Ambulance
- Gynecological Annual Exams
- Habilitation Services
- Home Health Care Service
- 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



“Neighborhood is perfect for me and the services available are amazing. The Customer Service is wonderful and everyone always goes above and beyond to help!”

— Neighborhood Member

*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 eight 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

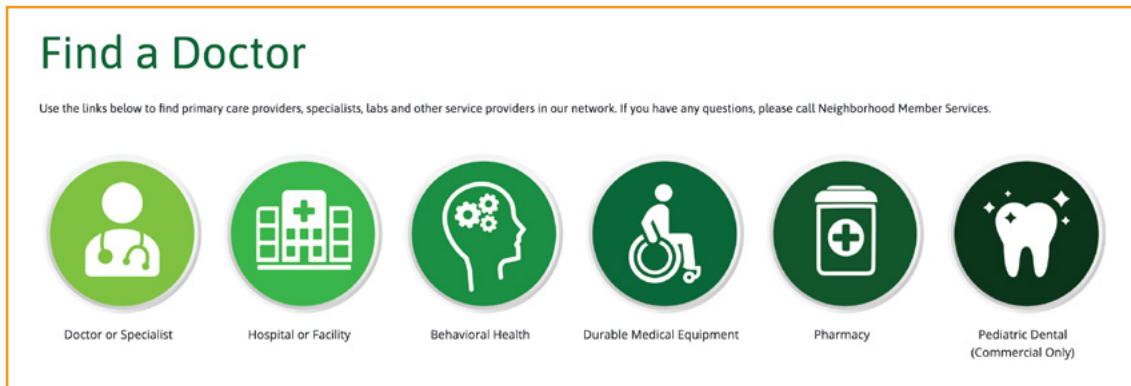
\* Health Savings Account Qualified Plan: Pursuant to Internal Revenue Code § 223, this plan qualifies as a High Deductible Health Plan, which is suitable for use with a Health Savings Account (HSA). This plan may be used in conjunction with an HSA but it is not an HSA itself.

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 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](http://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**. We are here for you.

## When to Call Neighborhood

We know that health insurance can be confusing.  
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!

 **1-401-459-6075**


 **[www.nhpri.org/become-a-member](http://www.nhpri.org/become-a-member)**

## 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](http://www.healthsourceri.com)**







1-401-459-6075 | [www.nhpri.org](http://www.nhpri.org)

NHP-0006 REV. AUG 2021

