



2022 Small Employer Plans

STANDARD S CHOICE C EDGE C PREMIER O PRIME C PRIME

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.*
- 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:



🔇 1-855-321-9244, option 6 🔲 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 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 Services
- Urgent Care Facilities





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	Platinur	Platinum - POS		Gold - POS				
HSA-Qualified*	N	No	No					
DEDUCTIBLES, CO-INSURANC	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-SH	MEDICAL SERVICES COST-SHARING							
Preventive Care Visit	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				
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	50% after deductible	\$20 co-payment	50% after deductible				
Behavioral Health Care - Inpatient	Only deductible applies	50% after deductible	Only deductible applies	50% after deductible				
Rehabilitation Services	\$30 co-payment	50% co-insurance after deductible	\$55 co-payment	50% co-insurance after deductible				
PRESCRIPTION DRUG COVERA	PRESCRIPTION DRUG COVERAGE							
Tier 1	\$5 co-payment	Not Covered	\$5 co-payment	Not Covered				
Tier 2	\$10 co-payment	Not Covered	\$10 co-payment	Not Covered				
Tier 3	\$35 co-payment	Not Covered	\$35 co-payment	Not Covered				
Tier 4	\$50 co-payment	Not Covered	\$50 co-payment	Not Covered				
Tier 5	\$100 co-payment	Not Covered	\$200 co-payment	Not Covered				
Tier 6	\$100 co-payment	Not Covered	\$200 co-payment	Not Covered				

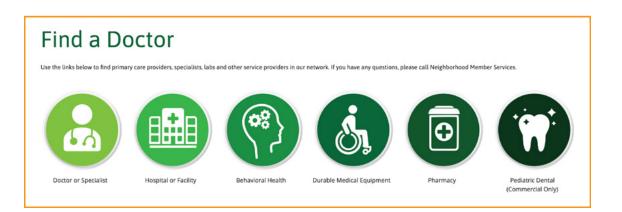
* Health Savings Account Qualified Plan: Pursuant to Internal Revenue Code § 223, this plan qualifies as a High Deductible Health Plan, which is suitable for use with a Health Savings Account (HSA). This plan may be used in conjunction with an HSA but it is not an HSA itself.

PRIME 🖗	PREMIER	EDGE 🔂		
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
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\$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 knows how important your doctor is to you!

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

- 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.
- Call our friendly and helpful Sales Team if you need help searching for a provider at 1-855-321-9244, option 6. We are here for you.

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.

Ready to enroll? We're here to help.



For a no-obligation quote:

🔇 1-855-321-9244, option 6

groupquotes@nhpri.org

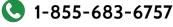


For questions about the enrollment process:

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



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



Healthsourceri.com/employers/employers

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

🔇 1-855-321-9244



www.nhpri.org/contact-us/



We Love Saving you Money!

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 has maintained a strong network of providers.

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

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



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

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