



2023 Individual & Family Plans



INNOVATION 

ECONOMY 

COMMUNITY 

VALUE 

PLUS 

ESSENTIAL 

Neighborhood

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

Neighborhood offers the most affordable, high-quality 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

**Restrictions Apply*

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
- Doula Services
- 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

Value Added Services at No Cost to You

- » \$0 copay for hypertension medications in tiers 1-4
- » No cost in-office interpreter services
- » Pyx Health mental wellbeing app that connects you to care, support, and resources for a healthier and happier life
- » LunaYou: A personalized pregnancy wellbeing program to help you stay healthy during your pregnancy, including personalized coaching, access to a health app, a community of support and more.

Download the
Pyx Health App today!



Benefits and Cost-Sharing

| PLAN NAME | INNOVATION ⓘ | ECONOMY ⓘ | COMMUNITY ⓘ | | | |
|--|-----------------------------------|-----------------------------------|-----------------------------------|------------------------------------|------------------------------------|------------------------------------|
| HSA-Qualified* | No | Yes | No | 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 | \$2,975 | \$775 | \$0 |
| Family Plan Deductible | \$13,650 | \$13,350 | \$5,900 | \$5,950 | \$1,550 | \$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 | \$8,500 | \$7,100 | \$3,000 | \$2,250 |
| Family Out-of-Pocket Maximum | \$17,100 | \$13,800 | \$17,000 | \$14,200 | \$6,000 | \$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 |

| 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 | \$4,225 | \$4,225 | \$1,200 | \$0 | \$1,375 | \$2,650 |
| Family Plan Deductible | \$8,450 | \$8,450 | \$2,400 | \$0 | \$2,750 | \$5,300 |
| Co-insurance | 40% after deductible | 40% after deductible | 10% after deductible | 10% | 20% after deductible | 0% after deductible |
| Individual Out-of-Pocket Maximum | \$8,800 | \$7,250 | \$3,000 | \$2,150 | \$7,550 | \$5,650 |
| Family Out-of-Pocket Maximum | \$17,600 | \$14,500 | \$6,000 | \$4,300 | \$15,100 | \$11,300 |
| MEDICAL SERVICES COST-SHARING | | | | | | |
| Preventive Care Visit | No Charge | No Charge | No Charge | No Charge | No Charge | No Charge |
| Primary Care Visit | \$35 co-payment | \$25 co-payment | \$10 co-payment | \$5 co-payment | \$25 co-payment | \$30 co-payment |
| Specialty Care Visit | \$75 co-payment | \$75 co-payment | \$20 co-payment | \$15 co-payment | \$50 co-payment | \$65 co-payment |
| Urgent Care | \$75 co-payment | \$75 co-payment | \$20 co-payment | \$15 co-payment | \$50 co-payment | \$65 co-payment |
| Emergency Room | 40% co-insurance after deductible | 40% co-insurance after deductible | 10% co-insurance after deductible | 10% co-insurance | \$300 co-payment | \$350 co-payment |
| Inpatient Hospital | 40% co-insurance after deductible | 40% co-insurance after deductible | 10% co-insurance after deductible | 10% co-insurance | 20% co-insurance after deductible | Only deductible applies |
| Outpatient Hospital | 40% co-insurance after deductible | 40% co-insurance after deductible | 10% co-insurance after deductible | 10% co-insurance | 20% co-insurance after deductible | Only deductible applies |
| Imaging Services | 40% co-insurance after deductible | 40% co-insurance after deductible | 10% co-insurance after deductible | 10% co-insurance | 20% co-insurance after deductible | Only deductible applies |
| Laboratory Services | 40% co-insurance after deductible | 40% co-insurance after deductible | 10% co-insurance after deductible | 10% co-insurance | 20% co-insurance after deductible | Only deductible applies |
| Behavioral Health Care - Outpatient | \$35 co-payment | \$25 co-payment | \$10 co-payment | \$5 co-payment | \$25 co-payment | \$30 co-payment |
| Behavioral Health Care - Inpatient | 40% co-insurance after deductible | 40% co-insurance after deductible | 10% co-insurance after deductible | 10% co-insurance | 20% co-insurance after deductible | Only deductible applies |
| Rehabilitation Services | \$75 co-payment | \$75 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 |

*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.



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
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](tel: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

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

"With Neighborhood, I have been able to keep all of the same doctors that I had before. My payments are easy and affordable – and renewing my coverage each year is so easy!"

— Neighborhood Member



1-401-459-6075 | www.nhpri.org

We're Here for You!

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. Neighborhood consistently offers the most affordable, high-quality plans through HealthSourceRI and maintains a strong network of providers.

