



# 2024 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, get cost estimates, and more
- » Can access a medication price checker and behavioral health portal – helpful tools to make your health care easy

### Contact us to learn more:



1-401-459-6075



[www.nhpri.org](http://www.nhpri.org)

*\*Restrictions Apply*

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

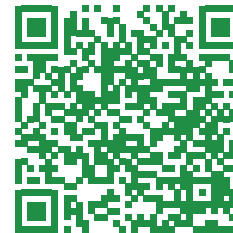
All Neighborhood plans offer comprehensive benefits and services, including:

- 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 services
- 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

## Non-Covered Services

- Cosmetic services
- Dental care (adult)
- Long-term care
- Routine foot care
- Weight loss programs
- Non-emergency care when traveling outside of the U.S.
- Homemaker services
- Transportation
- Relaxation and massage therapies
- Home births
- Custodial care

A full list of covered and non-covered benefits and services can be found in the plan-specific Certificate of Coverage (COC). To find the COC for your plan, scan the QR code or visit [www.nhpri.org/members/commercial-members-individual-family-plans/](http://www.nhpri.org/members/commercial-members-individual-family-plans/) and select your plan.







## Prescription Drugs

Neighborhood's drug list, also known as a formulary, lists all of the drugs covered by your plan.

This list tells you what medications we will pay for when ordered by your provider. To see if your medications are covered, visit your plan page and click on List of Covered Drugs (Formulary).

**Neighborhood also has a pharmacy portal where members can:**

- » View claims information based on your pharmacy benefit
- » View common drug information such as pharmacy benefit interactions, side effects, and substitutes
- » Find the location of an in-network pharmacy

## Value Added Services at No Cost to You



### HYPERTENSION MEDICATIONS:

\$0 copay for hypertension medications in tiers 1-4



### INTERPRETER SERVICES:

No cost for in-office interpreter services



### MOM'S MEALS:

A no-cost meal delivery service for new moms when you return home from the hospital after your baby is born



### PYX HEALTH:

A mental well-being app that connects you to care, support, and resources for a healthier and happier life



## 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.

# 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	\$7,050	\$6,800	\$3,600	\$3,175	\$825	\$0
Family Plan Deductible	\$14,100	\$13,600	\$7,200	\$6,350	\$1,650	\$0
Co-insurance	30% after deductible	0% after deductible	15% after deductible	10% after deductible	10% after deductible	10%
Individual Out-of-Pocket Maximum	\$8,975	\$7,225	\$7,500	\$7,425	\$3,150	\$2,250
Family Out-of-Pocket Maximum	\$17,950	\$14,450	\$15,000	\$14,850	\$6,300	\$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	\$4,750	\$4,225	\$1,200	\$0	\$1,375	\$2,650
Family Plan Deductible	\$9,500	\$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	\$9,000	\$7,300	\$3,000	\$2,150	\$7,550	\$5,650
Family Out-of-Pocket Maximum	\$18,000	\$14,600	\$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](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](tel:1-401-459-6075). We are here for you.





## Primary Care

When you become a Neighborhood member, you will choose a primary care provider – or PCP – from Neighborhood’s large provider network. A PCP is available to you 24 hours a day for such things as appointments, vaccines, urgent care, check-ups, and other health problems.

## Referrals and Specialists


You can also get care from specialists. A specialist is a provider that takes care of certain parts of the body such as your heart, lungs, bones, or your mental health. Neighborhood does not require you to get a referral from your PCP to see a specialist.

## Emergency Care

Neighborhood covers all emergency care such as heart attacks, strokes, and major injuries. If you have an emergency, always call 911 and ask for help or go directly to the nearest hospital emergency room right away. No matter where you are, emergency services are covered. You do not need approval first.

## Utilization Management

Neighborhood has a special team of nurses and clinical staff. This team reviews requests for hospital admissions and other treatments. The process is called utilization management. Neighborhood’s utilization management decisions are based on what is right for our members and what is covered. We want to make sure you receive the best health care possible.



“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



## How to Enroll

We're here to help! Contact us today.



**1-401-459-6075** Monday-Friday from 8:30 a.m. to 5 p.m.



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



## Have Questions?

### Contact the Sales Team

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 cost of your prescription drugs

### Contact Member Services

Once you become a member, Neighborhood's friendly and helpful Member Services team can answer your questions. We speak your language and many of our team members live in the towns you live in! Our representatives are available at **1-855-321-9244 (TTY 711)** Monday-Friday from 8 a.m. to 6 p.m.

## Contact 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



**1-855-840-4774**



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



1-401-459-6075 (TTY 711) | [www.nhpri.org](http://www.nhpri.org)

