



2025 Individual & Family Plans





INNOVATION 🕧



ECONOMY (2)











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 Neighborhood's new member portal to request a new ID card, change your mailing address, 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 (TTY 711) 📵 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/commercialmembers-individual-family-plans/ and select your plan.



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Extra Benefits 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



MEAL DELIVERIES FOR NEW MOMS:

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





MEMBER REWARDS

A program for members to receive special perks, discounts, and REWARDS for healthy living

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

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Benefits and Cost-Sharing

| PLAN NAME | INNOVATION 🕡 | ECONOMY Ø | COMMUNITY ③ | | | | |
|---|--------------------------------------|--------------------------------------|-----------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--|
| 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 | E, AND OUT-OF-POCKET M | AXIMUMS (PER BENEFIT Y | EAR) | | | | |
| Individual Plan Deductible | \$7,050 | \$6,800 | \$3,600 | \$3,175 | \$875 | \$0 | |
| Family Plan Deductible | \$14,100 | \$13,600 | \$7,200 | \$6,350 | \$1,750 | \$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 | \$7,350 | \$3,050 | \$2,250 | |
| Family Out-of-Pocket Maximum | \$17,950 | \$14,450 | \$15,000 | \$14,700 | \$6,100 | \$4,500 | |
| MEDICAL SERVICES COST-SHA | RING | | | | | | |
| 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 - Office | \$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 - Inpatient and Outpatient | 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 COVERA | GE | | | | | | |
| 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 | | VALU | PLUS 🖰 | ESSENTIAL (1) | | | |
|---|-----------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|-----------------------------------|-----------------------------------|--|
| 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 | \$4,150 | \$1,200 | \$0 | \$1,375 | \$2,650 | |
| Family Plan Deductible | \$9,500 | \$8,300 | \$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 | \$8,700 | \$7,000 | \$3,000 | \$2,150 | \$7,550 | \$5,650 | |
| Family Out-of-Pocket Maximum | \$17,400 | \$14,000 | \$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 - Office | \$35 co-payment | \$25 co-payment | \$10 co-payment | \$5 co-payment | \$25 co-payment | \$30 co-payment | |
| Behavioral Health - Inpatient and Outpatient | 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 COVERAG | iE . | | | | | | |
| 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.



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 an in-network specialist.

Emergency Care

Neighborhood covers all emergency care such as heart attacks, strokes, and major injuries. If you have an emergency, 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.

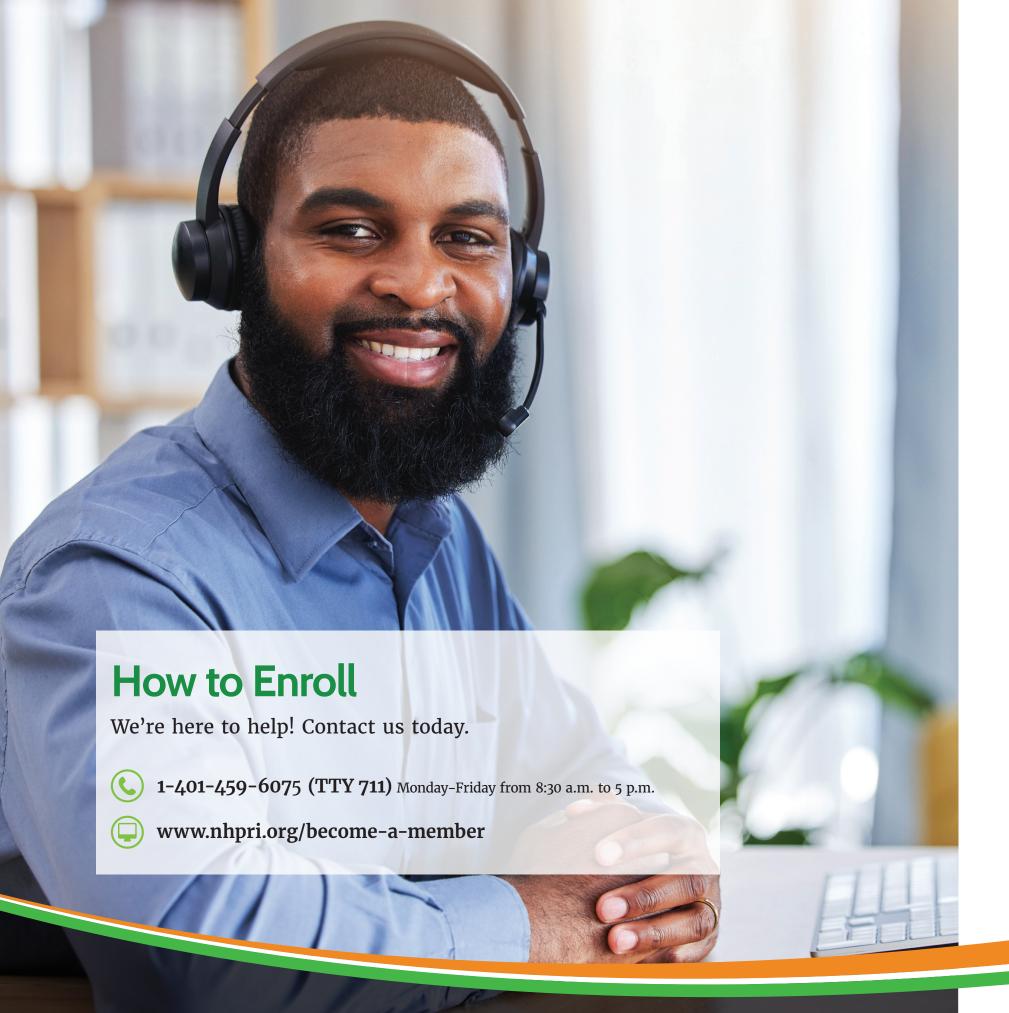
Utilization Management

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

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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

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