
 The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, please visit www.nhpri.org or by calling 1-855-321-9244. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary> or call 1-855-321-9244 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible ?	\$2,625 Individual/ \$5,250 Family	If you have other family members on the plan , each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible .
Are there services covered before you meet your deductible ?	Yes. Doesn't apply to medical and behavioral health services with a fixed copayment, preventative services and prescription drugs in tier 1, 2, 3, 4.	For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/
Are there other deductibles for specific services?	No	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan ?	\$6,300 Individual/ \$12,600 Family	If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit ?	Premiums, balance-billing charges, and health care this plan doesn't cover	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider ?	Yes. See https://www.nhpri.org/find-a-doctor/ or call 1-855-321-9244 for a list of network providers.	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist ?	No	You can see the specialist you choose without a referral .

 All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$20 copay/office visit	Not Covered	\$0 copay for the first two non-preventative visits per plan year.
	Specialist visit	\$55 copay/visit	Not Covered	Preauthorization may be required. Acupuncture and chiropractic care is limited to 12 visits a year.
	Preventive care/screening/Immunization	No Charge	Not Covered	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	0% coinsurance	Not Covered	No charge for preventive laboratory tests associated with preventive visit
	Imaging (CT/PET scans, MRIs)	0% coinsurance	Not Covered	Preauthorization may be required
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.nhpri.org	Affordable Care Act Preventative Drugs	\$0 copay/prescription	Not Covered	For up to a 30-day supply
	Adherence Generic Drugs	\$5 copay/prescription	Not Covered	For up to a 30-day supply
	Other Generic Drugs	\$10 copay/prescription	Not Covered	For up to a 30-day supply
	Preferred Brands	\$45 copay/prescription	Not Covered	For up to a 30-day supply
	Non-Preferred Brands	\$60 copay/prescription	Not Covered	For up to a 30-day supply
	Preferred Specialty Drugs	50% coinsurance, up to \$150 copay/prescription	Not Covered	For up to a 30-day supply
	Non-Preferred Specialty Drugs	50% coinsurance, up to \$150 copay/prescription	Not Covered	For up to a 30-day supply
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	0% coinsurance	Not Covered	Preauthorization may be required
	Physician/surgeon fees	0% coinsurance	Not Covered	Preauthorization may be required
If you need immediate	Emergency room care	\$350 copay/visit	\$350 copay/visit	None

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
medical attention	Emergency medical transportation	0% coinsurance; \$50 max per trip	0% coinsurance \$50 max per trip	None
	Urgent care	\$55 copay/visit	\$55 copay/visit	None
If you have a hospital stay	Facility fee (e.g., hospital room)	0% coinsurance	Not Covered	Preauthorization may be required
	Physician/surgeon fees	0% coinsurance	Not Covered	Preauthorization may be required
If you need mental health, behavioral health, or substance abuse services	Outpatient services (Office)	\$20 copay/office visit	Not Covered	\$0 copay for the first two visits per plan year.
	Outpatient services (Other)	0% coinsurance	Not Covered	None
	Inpatient services	0% coinsurance	Not Covered	None
If you are pregnant	Office visits	\$55 copay/visit	Not Covered	Cost sharing does not apply for preventative services
	Childbirth/delivery professional services	0% coinsurance	Not Covered	None
	Childbirth/delivery facility services	0% coinsurance	Not Covered	None
If you need help recovering or have other special health needs	Home health care	0% coinsurance	Not Covered	Preauthorization may be required
	Rehabilitation services	\$55 copay/visit	Not Covered	Preauthorization may be required
	Habilitation services	\$55 copay/visit	Not Covered	Preauthorization may be required
	Skilled nursing care	0% coinsurance	Not Covered	Preauthorization may be required
	Durable medical equipment	0% coinsurance	Not Covered	Preauthorization may be required
	Hospice services	0% coinsurance	Not Covered	Preauthorization may be required
If your child needs dental or eye care	Children's eye exam	\$55 copay/visit	Not Covered	Limit of once per year
	Children's glasses	No Charge	Not Covered	Limit of one pair of frames and lenses, or one pair of contact lenses, per year

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Children's dental check-up	Not Covered	Not Covered	None

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services .)			
<ul style="list-style-type: none"> • Cosmetic surgery • Dental care (adult and pediatric) 	<ul style="list-style-type: none"> • Long-term care • Non-emergency care when traveling outside of the U.S. 	<ul style="list-style-type: none"> • Routine foot care • Weight loss programs 	
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)			
<ul style="list-style-type: none"> • Abortion • Acupuncture • Bariatric surgery • Chiropractic care 	<ul style="list-style-type: none"> • Doula Services • Hearing aids • Infertility treatment • Private-duty nursing • Routine eye care (Adult) 	<ul style="list-style-type: none"> • Coverage provided outside the United States. See www.nhpri.org 	

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Healthsource RI www.healthsourceri.com or you can call 1-855-840-4774.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact your state insurance department at 1-855-747-3224 or by email at HealthInquiry@ohic.ri.gov, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov.

Does this plan provide Minimum Essential Coverage? Yes

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

Does this plan meet the Minimum Value Standards? Yes

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al **1-855-321-9244**.

Portuguese: ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-855-321-9244**.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa **1-855-321-9244**.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 **1-855-321-9244**.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' **1-855-321-9244**.

————— *To see examples of how this plan might cover costs for a sample medical situation, see the next section.* —————

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The plan's overall deductible	\$2525
■ Specialist copayment	\$55
■ Hospital (facility) coinsurance	0%
■ Other coinsurance	0%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
 Diagnostic tests (*ultrasounds and blood work*)
 Specialist visit (*anesthesia*)

Total Example Cost	\$12,700
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In this example, Peg would pay:

Cost Sharing	
Deductibles	\$2,600
Copayments	\$10
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$2,670

Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The plan's overall deductible	\$2525
■ Specialist copayment	\$55
■ Hospital (facility) coinsurance	0%
■ Other coinsurance	0%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
 Diagnostic tests (*blood work*)
 Prescription drugs
 Durable medical equipment (*glucose meter*)

Total Example Cost	\$5,600
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In this example, Joe would pay:

Cost Sharing	
Deductibles	\$900
Copayments	\$900
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$20
The total Joe would pay is	\$1,820

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The plan's overall deductible	\$2525
■ Specialist copayment	\$55
■ Hospital (facility) coinsurance	0%
■ Other coinsurance	0%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
 Diagnostic test (*x-ray*)
 Durable medical equipment (*crutches*)
 Rehabilitation services (*physical therapy*)

Total Example Cost	\$2,800
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In this example, Mia would pay:

Cost Sharing	
Deductibles	\$800
Copayments	\$800
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$1,600

Important Notice from Neighborhood Health Plan of Rhode Island About Your Prescription Drug Coverage and Medicare

What Information Does this Notice Contain?

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Neighborhood Health Plan of Rhode Island (Neighborhood) and about your options under Medicare's prescription drug coverage, if you are eligible for Medicare. This information can help you decide whether or not you want to join a Medicare drug plan, if you are eligible for Medicare. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage, if you are eligible for Medicare. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Neighborhood has determined that the prescription drug coverage offered by the Neighborhood PLUS 2625/5250 plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan, if you are eligible for Medicare.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7, if you are eligible for Medicare. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two month Special Enrollment Period to join a Medicare drug plan, if you are eligible for Medicare.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, if you are eligible for Medicare, your current Neighborhood coverage will be affected. You can keep this coverage if you elect Part D. Your current coverage pays for other health expenses in addition to prescription drugs. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all of your current health and prescription drug benefits. If you drop your current prescription drug coverage, you may enroll back into the Neighborhood benefit plan during an open enrollment period under the Neighborhood benefit plan.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Neighborhood and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

Where Can You Get More Information About This Notice Or Your Current Prescription Drug Coverage?

Contact Neighborhood Member Services using the contact information listed below for further information. **Note:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, if you are eligible for Medicare, and if this coverage through Neighborhood changes. You also may request a copy of this notice at any time.

Where Can You Get More Information About Your Options Under Medicare Prescription Drug Coverage?

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare, if you are eligible for Medicare. You may also be contacted directly by Medicare drug plans, if you are eligible for Medicare.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TDD/TTY users should call 1-877-486-2048

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TDD/TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, if you are eligible for Medicare, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

- **Date:** August 31, 2025
- **Name of Entity/Sender:** Neighborhood Health Plan of Rhode Island
- **Contact—Position/Office:** Neighborhood Member Services
- **Address:** Neighborhood Health Plan of Rhode Island, 910 Douglas Pike, Smithfield RI 02917
- **Phone Number:** 1-855-321-9244