



2025 Small Employer Plans



STANDARD 

PREMIER 

PREMIER ELITE 

CHOICE 

PRIME 

PRIME ELITE 

EDGE 

PEAK 

PEAK ELITE 

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

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 nine 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 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:

📞 1-855-321-9244, option 6 (TTY 711) 🌐 www.nhpri.org

*Restrictions Apply

Neighborhood provides high-quality, affordable coverage through HealthSource RI

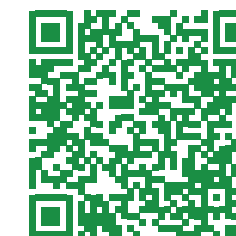
All Neighborhood plans offer comprehensive benefits and services, including:

- 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







Extra benefits at no cost to you

- » \$0 copay for hypertension medications in tiers 1-4
- » No cost for in-office interpreter services
- » Pyx Health mental well-being app that connects you to care, support, and resources for a healthier and happier life
- » 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

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 <https://www.nhpri.org/members/commercial-members-small-business-plans/> and select your plan.



Benefits and Cost-Sharing

PLAN NAME	PEAK ELITE 		PRIME ELITE 		PREMIER ELITE 		PEAK 	PRIME 	PREMIER 	EDGE 	CHOICE 	STANDARD 
Plan Type	Gold - POS		Platinum - POS		Gold - POS		Gold - HMO	Platinum - HMO	Gold - HMO	Gold - HMO	Silver - HMO	Bronze - HMO
HSA-Qualified*	Yes		No		No		Yes	No	No	No	No	Yes
DEDUCTIBLES, CO-INSURANCE, AND OUT-OF-POCKET MAXIMUMS (PER BENEFIT YEAR)												
Individual Plan Deductible	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	\$2,500	\$500	\$2,525	\$2,750	\$3,900	\$6,450
	\$2,500	\$7,500	\$500	\$5,000	\$2,525	\$7,575						
Family Plan Deductible	\$5,000	\$15,000	\$1,000	\$10,000	\$5,050	\$15,150	\$5,000	\$1,000	\$5,050	\$5,500	\$7,800	\$12,900
Co-insurance	0% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	0% after deductible	0% after deductible	15% after deductible	40% after deductible	20% after deductible
Individual Out-of-Pocket Maximum	\$3,000	\$9,000	\$1,500	\$10,000	\$5,700	\$17,100	\$3,000	\$1,500	\$5,700	\$6,850	\$9,100	\$7,150
Family Out-of-Pocket Maximum	\$6,000	\$18,000	\$3,000	\$20,000	\$11,400	\$34,200	\$6,000	\$3,000	\$11,400	\$13,700	\$18,200	\$14,300
MEDICAL SERVICES COST-SHARING												
Preventive Care Visit	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
	No Charge	50% after deductible	No Charge	50% after deductible	No Charge	50% co-insurance after deductible						
Primary Care Visit	\$25 after deductible	50% after deductible	\$10 co-payment	50% after deductible	\$20 co-payment	50% after deductible	\$25 after deductible	\$10 co-payment	\$20 co-payment	\$25 co-payment	\$35 co-payment	20% after deductible
Specialty Care Visit	\$55 after deductible	50% after deductible	\$30 co-payment	50% after deductible	\$55 co-payment	50% co-insurance after deductible	\$55 after deductible	\$30 co-payment	\$55 co-payment	\$55 co-payment	\$75 co-payment	20% after deductible
Urgent Care	\$55 after deductible	\$55 after deductible	\$30 co-payment	50% after deductible	\$55 co-payment	\$55 co-payment	\$55 after deductible	\$30 co-payment	\$55 co-payment	\$55 co-payment	\$75 co-payment	20% after deductible
Emergency Room	Only deductible applies	Only deductible applies	\$100 co-payment	\$100 co-payment	\$250 co-payment	\$250 co-payment	Only deductible applies	\$100 co-payment	\$250 co-payment	15% after deductible	40% after deductible	20% after deductible
Inpatient Hospital	Only deductible applies	50% after deductible	Only deductible applies	50% after deductible	Only deductible applies	50% after deductible	Only deductible applies	Only deductible applies	Only deductible applies	15% after deductible	40% after deductible	20% after deductible
Outpatient Hospital	Only deductible applies	50% after deductible	Only deductible applies	50% after deductible	Only deductible applies	50% after deductible	Only deductible applies	Only deductible applies	Only deductible applies	15% after deductible	40% after deductible	20% after deductible
Imaging Services	Only deductible applies	50% after deductible	Only deductible applies	50% after deductible	Only deductible applies	50% after deductible	Only deductible applies	Only deductible applies	Only deductible applies	15% after deductible	40% after deductible	20% after deductible
Laboratory Services	Only deductible applies	50% after deductible	Only deductible applies	50% after deductible	Only deductible applies	50% after deductible	Only deductible applies	Only deductible applies	Only deductible applies	15% after deductible	40% after deductible	20% after deductible
Behavioral Health - Office	\$25 after deductible	50% after deductible	\$10 co-payment	50% after deductible	\$20 co-payment	50% after deductible	\$25 after deductible	\$10 co-payment	\$20 co-payment	\$25 co-payment	\$35 co-payment	20% after deductible
Behavioral Health - Inpatient and Outpatient	Only deductible applies	50% after deductible	Only deductible applies	50% after deductible	Only deductible applies	50% after deductible	Only deductible applies	Only deductible applies	Only deductible applies	15% after deductible	40% after deductible	20% after deductible
Rehabilitation Services	\$55 after deductible	50% after deductible	\$30 co-payment	50% after deductible	\$55 co-payment	50% after deductible	\$55 after deductible	\$30 co-payment	\$55 co-payment	15% after deductible	\$75 co-payment	20% after deductible
PRESCRIPTION DRUG COVERAGE												
Tier 1	\$5 after deductible	Not Covered	\$5 co-payment	Not Covered	\$5 co-payment	Not Covered	\$5 after deductible	\$5 co-payment	\$5 co-payment	\$5 co-payment	\$10 co-payment	\$10 after deductible
Tier 2	\$10 after deductible	Not Covered	\$10 co-payment	Not Covered	\$10 co-payment	Not Covered	\$10 after deductible	\$10 co-payment	\$10 co-payment	\$10 co-payment	\$15 co-payment	\$15 after deductible
Tier 3	\$40 after deductible	Not Covered	\$35 co-payment	Not Covered	\$35 co-payment	Not Covered	\$40 after deductible	\$35 co-payment	\$35 co-payment	\$40 co-payment	\$40 co-payment	\$40 after deductible
Tier 4	\$55 after deductible	Not Covered	\$50 co-payment	Not Covered	\$50 co-payment	Not Covered	\$55 after deductible	\$50 co-payment	\$50 co-payment	\$55 co-payment	\$55 co-payment	\$55 after deductible
Tier 5	30% after deductible	Not Covered	\$100 co-payment	Not Covered	\$200 co-payment	Not Covered	30% after deductible	\$100 co-payment	\$200 co-payment	30% after deductible	40% after deductible	20% after deductible
Tier 6	30% after deductible	Not Covered	\$100 co-payment	Not Covered	\$200 co-payment	Not Covered	30% after deductible	\$100 co-payment	\$200 co-payment	30% after deductible	40% after deductible	20% 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 **1-855-321-9244, option 6 (TTY 711)**. We are here for you.

"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

Ready to enroll? We're here to help.

For a no-obligation quote:


 1-855-321-9244, option 6 (TTY 711)

 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:

 1-855-683-6757

 www.Healthsourceri.com/employers/employers

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

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



1-855-321-9244, option 6 (TTY 711) | www.nhpri.org

We love saving you money!

That's why we make it our goal to keep your premiums as low as possible. For eleven consecutive years, Neighborhood has offered the lowest-priced plans in the market and has maintained a strong network of providers.

