



Neighborhood
Health Plan
OF RHODE ISLAND™



- INNOVATION
- ECONOMY
- COMMUNITY
- VALUE
- PLUS
- PRINCIPAL

2018-2019 Plan Comparison

2018-2019 Cost Sharing Changes

Neighborhood INNOVATION Bronze Plan

Cost sharing changes are displayed in **green text**

2018

- Individual/Family Deductible: \$6,550/\$13,100
- Individual/Family OOP Max: \$7,350/\$14,700
- Coinsurance: 30% after deductible
- Primary Care Visit: \$20 copay
- Specialist Visit: 30% after deductible
- ER Visit: 30% after deductible
- Prescription Drug Cost:
 - » Tier 1: \$15 after deductible
 - » Tier 2: \$40 after deductible
 - » Tier 3: \$75 after deductible
 - » Tier 4: 30% after deductible

2019

- Individual/Family Deductible: \$6,550/\$13,100
- Individual/Family OOP Max: \$7,350/\$14,700
- Coinsurance: 30% after deductible
- Primary Care Visit: \$20 copay
- Specialist Visit: 30% after deductible
- ER Visit: 30% after deductible
- Prescription Drug Cost:
 - » Tier 1: **\$10 after deductible**
 - » Tier 2: **\$15 after deductible**
 - » Tier 3: **\$40 after deductible**
 - » Tier 4: **\$55 after deductible**
 - » **Tier 5: 30% after deductible**
 - » **Tier 6: 30% after deductible**

Neighborhood ECONOMY Bronze Plan

Cost sharing changes are displayed in **green text**

2018 HSA Qualified

- Individual/Family Deductible: \$6,000/\$12,000
- Individual/Family OOP Max: \$6,550/\$13,100
- Coinsurance: 0% after deductible
- Primary Care Visit: 0% after deductible
- Specialist Visit: 0% after deductible
- ER Visit: 0% after deductible
- Prescription Drug Cost:
 - » Tier 1: \$10 after deductible
 - » Tier 2: \$35 after deductible
 - » Tier 3: \$60 after deductible
 - » Tier 4: 30% after deductible

2019 HSA Qualified

- Individual/Family Deductible: \$6,000/\$12,000
- Individual/Family OOP Max: \$6,550/\$13,100
- Coinsurance: 0% after deductible
- Primary Care Visit: 0% after deductible
- Specialist Visit: 0% after deductible
- ER Visit: 0% after deductible
- Prescription Drug Cost:
 - » Tier 1: **\$5 after deductible**
 - » Tier 2: **\$10 after deductible**
 - » Tier 3: **\$35 after deductible**
 - » Tier 4: **\$50 after deductible**
 - » **Tier 5: 30% after deductible**
 - » **Tier 6: 30% after deductible**

Neighborhood **COMMUNITY** Silver Plan

Cost sharing changes are displayed in **green text**

2018 HSA Qualified

- Individual/Family Deductible: \$2,850/\$5,700
- Individual/Family OOP Max: \$6,550/\$13,100
- Coinsurance: 10% after deductible
- Primary Care Visit: 10% after deductible
- Specialist Visit: 10% after deductible
- ER Visit: 10% after deductible
- Prescription Drug Cost:
 - » Tier 1: \$10 after deductible
 - » Tier 2: \$35 after deductible
 - » Tier 3: \$60 after deductible
 - » Tier 4: 30% after deductible

2019 HSA Qualified

- Individual/Family Deductible: \$2,850/\$5,700
- Individual/Family OOP Max: \$6,550/\$13,100
- Coinsurance: 10% after deductible
- Primary Care Visit: 10% after deductible
- Specialist Visit: 10% after deductible
- ER Visit: 10% after deductible
- Prescription Drug Cost:
 - » Tier 1: **\$5 after deductible**
 - » Tier 2: **\$10 after deductible**
 - » Tier 3: **\$35 after deductible**
 - » Tier 4: **\$50 after deductible**
 - » **Tier 5: 30% after deductible**
 - » **Tier 6: 30% after deductible**

Neighborhood **VALUE** Silver Plan

Cost sharing changes are displayed in **green text**

2018

- Individual/Family Deductible: \$3,500/\$7,000
- Individual/Family OOP Max: \$7,350/\$14,700
- Coinsurance: 25% after deductible
- Primary Care Visit: \$25 copay
- Specialist Visit: \$60 copay
- ER Visit: 25% after deductible
- Prescription Drug Cost:
 - » Tier 1: \$15
 - » Tier 2: \$40
 - » Tier 3: \$75
 - » Tier 4: 30% after deductible

2019

- Individual/Family Deductible: **\$3,600/\$7,200**
- Individual/Family OOP Max: **\$7,900/15,800**
- Coinsurance: 25% after deductible
- Primary Care Visit: \$25 copay
- Specialist Visit: \$60 copay
- ER Visit: 25% after deductible
- Prescription Drug Cost:
 - » Tier 1: **\$10**
 - » Tier 2: **\$15**
 - » Tier 3: **\$40**
 - » Tier 4: **\$55**
 - » **Tier 5: 30% after deductible**
 - » **Tier 6: 30% after deductible**

Neighborhood **COMMUNITY** CSR 73 Silver Plan

Cost sharing changes are displayed in **green text**

2018

- Individual/Family Deductible: \$2,500/\$5,000
- Individual/Family OOP Max: \$4,500/\$9,000
- Coinsurance: 10% after deductible
- Primary Care Visit: 10% after deductible
- Specialist Visit: 10% after deductible
- ER Visit: 10% after deductible
- Prescription Drug Cost:
 - » Tier 1: \$10 after deductible
 - » Tier 2: \$35 after deductible
 - » Tier 3: \$60 after deductible
 - » Tier 4: 10% after deductible

2019

- Individual/Family Deductible: \$2,500/\$5,000
- Individual/Family OOP Max: **\$6,000/\$12,000**
- Coinsurance: 10% after deductible
- Primary Care Visit: 10% after deductible
- Specialist Visit: 10% after deductible
- ER Visit: 10% after deductible
- Prescription Drug Cost:
 - » Tier 1: **\$5 after deductible**
 - » Tier 2: **\$10 after deductible**
 - » Tier 3: **\$35 after deductible**
 - » Tier 4: **\$50 after deductible**
 - » **Tier 5: 10% after deductible**
 - » **Tier 6: 10% after deductible**

Neighborhood **VALUE** CSR 73 Silver Plan

Cost sharing changes are displayed in **green text**

2018

- Individual/Family Deductible: \$3,425/\$6,850
- Individual/Family OOP Max: \$5,850/\$11,700
- Coinsurance: 20% after deductible
- Primary Care Visit: \$20 copay
- Specialist Visit: \$60 copay
- ER Visit: 20% after deductible
- Prescription Drug Cost:
 - » Tier 1: \$15
 - » Tier 2: \$40
 - » Tier 3: \$75
 - » Tier 4: 20% after deductible

2019

- Individual/Family Deductible: **\$3,550/\$7,100**
- Individual/Family OOP Max: **\$6,300/\$12,600**
- Coinsurance: 20% after deductible
- Primary Care Visit: \$20 copay
- Specialist Visit: \$60 copay
- ER Visit: 20% after deductible
- Prescription Drug Cost:
 - » Tier 1: **\$10**
 - » Tier 2: **\$15**
 - » Tier 3: **\$40**
 - » Tier 4: **\$55**
 - » **Tier 5: 20% after deductible**
 - » **Tier 6: 20% after deductible**

Neighborhood **COMMUNITY** CSR 87 Silver Plan

Cost sharing changes are displayed in **green text**

2018

- Individual/Family Deductible: \$550/\$1,100
- Individual/Family OOP Max: \$2,450/\$4,900
- Coinsurance: 10% after deductible
- Primary Care Visit: 10% after deductible
- Specialist Visit: 10% after deductible
- ER Visit: 10% after deductible
- Prescription Drug Cost:
 - » Tier 1: \$7 after deductible
 - » Tier 2: \$30 after deductible
 - » Tier 3: \$50 after deductible
 - » Tier 4: 10% after deductible

2019

- Individual/Family Deductible: **\$600/\$1,200**
- Individual/Family OOP Max: **\$2,600/\$5,200**
- Coinsurance: 10% after deductible
- Primary Care Visit: 10% after deductible
- Specialist Visit: 10% after deductible
- ER Visit: 10% after deductible
- Prescription Drug Cost:
 - » Tier 1: **\$5 after deductible**
 - » Tier 2: **\$7 after deductible**
 - » Tier 3: **\$30 after deductible**
 - » Tier 4: **\$45 after deductible**
 - » **Tier 5: 10% after deductible**
 - » **Tier 6: 10% after deductible**

Neighborhood **VALUE** CSR 87 Silver Plan

Cost sharing changes are displayed in **green text**

2018

- Individual/Family Deductible: \$800/\$1,600
- Individual/Family OOP Max: \$2,450/\$4,900
- Coinsurance: 10% after deductible
- Primary Care Visit: \$10 copay
- Specialist Visit: \$20 copay
- ER Visit: 10% after deductible
- Prescription Drug Cost:
 - » Tier 1: \$10
 - » Tier 2: \$35
 - » Tier 3: \$60
 - » Tier 4: 10% after deductible

2019

- Individual/Family Deductible: **\$950/\$1,900**
- Individual/Family OOP Max: **\$2,600/\$5,200**
- Coinsurance: 10% after deductible
- Primary Care Visit: \$10 copay
- Specialist Visit: \$20 copay
- ER Visit: 10% after deductible
- Prescription Drug Cost:
 - » Tier 1: **\$5**
 - » Tier 2: **\$10**
 - » Tier 3: **\$35**
 - » Tier 4: **\$50**
 - » **Tier 5: 10% after deductible**
 - » **Tier 6: 10% after deductible**

Neighborhood **COMMUNITY** CSR 94 Silver Plan

Cost sharing changes are displayed in **green text**

2018

- Individual/Family Deductible: \$0/\$0
- Individual/Family OOP Max: \$2,250/\$4,500
- Coinsurance: 10%
- Primary Care Visit: 10%
- Specialist Visit: 10%
- ER Visit: 10%
- Prescription Drug Cost:
 - » Tier 1: \$5
 - » Tier 2: \$15
 - » Tier 3: \$30
 - » Tier 4: 10%

2019

- Individual/Family Deductible: \$0/\$0
- Individual/Family OOP Max: \$2,250/\$4,500
- Coinsurance: 10%
- Primary Care Visit: 10%
- Specialist Visit: 10%
- ER Visit: 10%
- Prescription Drug Cost:
 - » Tier 1: **\$2**
 - » Tier 2: **\$5**
 - » Tier 3: **\$15**
 - » Tier 4: **\$30**
 - » **Tier 5: 10%**
 - » **Tier 6: 10%**

Neighborhood **VALUE** CSR 94 Silver Plan

Cost sharing changes are displayed in **green text**

2018

- Individual/Family Deductible: \$0/\$0
- Individual/Family OOP Max: \$2,000/\$4,000
- Coinsurance: 10%
- Primary Care Visit: \$5 copay
- Specialist Visit: \$15 copay
- ER Visit: 10%
- Prescription Drug Cost:
 - » Tier 1: \$5
 - » Tier 2: \$15
 - » Tier 3: \$30
 - » Tier 4: 10%

2019

- Individual/Family Deductible: \$0/\$0
- Individual/Family OOP Max: **\$2,150/\$4,300**
- Coinsurance: 10%
- Primary Care Visit: \$5 copay
- Specialist Visit: \$15 copay
- ER Visit: 10%
- Prescription Drug Cost:
 - » Tier 1: **\$2**
 - » Tier 2: **\$5**
 - » Tier 3: **\$15**
 - » Tier 4: **\$30**
 - » **Tier 5: 10%**
 - » **Tier 6: 10%**

Neighborhood **PLUS** Gold Plan

Cost sharing changes are displayed in **green text**

2018

- Individual/Family Deductible: \$1,000/\$2,000
- Individual/Family OOP Max: \$5,150/\$10,300
- Coinsurance: 20% after deductible
- Primary Care Visit: \$20 copay
- Specialist Visit: \$40 copay
- ER Visit: \$200 copay
- Prescription Drug Cost:
 - » Tier 1: \$10
 - » Tier 2: \$35
 - » Tier 3: \$60
 - » Tier 4: 30% after deductible

2019

- Individual/Family Deductible: \$1,000/\$2,000
- Individual/Family OOP Max: **\$5,900/\$11,800**
- Coinsurance: 20% after deductible
- Primary Care Visit: \$20 copay
- Specialist Visit: \$40 copay
- ER Visit: \$200 copay
- Prescription Drug Cost:
 - » Tier 1: **\$5**
 - » Tier 2: **\$10**
 - » Tier 3: **\$35**
 - » Tier 4: **\$50**
 - » **Tier 5: 30% after deductible**
 - » **Tier 6: 30% after deductible**

Neighborhood **PRINCIPAL** Gold Plan

Cost sharing changes are displayed in **green text**

2018

- Individual/Family Deductible: \$2,100/\$4,200
- Individual/Family OOP Max: \$3,500/\$7,000
- Coinsurance: 0% after deductible
- Primary Care Visit: \$25 copay
- Specialist Visit: \$40 copay
- ER Visit: \$350 copay
- Prescription Drug Cost:
 - » Tier 1: \$10
 - » Tier 2: \$35
 - » Tier 3: \$60
 - » Tier 4: 30% after deductible

2019

- Individual/Family Deductible: \$2,100/\$4,200
- Individual/Family OOP Max: **\$4,000/\$8,000**
- Coinsurance: 0% after deductible
- Primary Care Visit: \$25 copay
- Specialist Visit: \$40 copay
- ER Visit: \$350 copay
- Prescription Drug Cost:
 - » Tier 1: **\$5**
 - » Tier 2: **\$10**
 - » Tier 3: **\$35**
 - » Tier 4: **\$50**
 - » **Tier 5: 30% after deductible**
 - » **Tier 6: 30% after deductible**



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