



Neighborhood Health Plan of Rhode Island



 **PLUS**

A plan for **Individuals & Families**

Thank You

for Choosing Neighborhood's PLUS plan!

Neighborhood is a local, not-for-profit organization that has 20 years of experience helping Rhode Island families get high-quality health care.

Neighborhood's **PLUS** plan offers high-quality coverage and exceptional service.

Benefits of being a Neighborhood member include:

- Primary and specialty care, full hospital services and behavioral health care
- Access to a doctor 24 hours a day, 7 days a week
- Choice of doctors including over 1,000 primary care providers (PCP), 2,700 specialists, 1,500 behavioral health providers and access to every hospital in the state
- Medicines from nearly every pharmacy in Rhode Island
- Medical equipment and supplies
- Special wellness programs to help you manage your health

Please call Neighborhood Member Services at 1-855-321-9244 for:

- Questions about your benefits and coverage
- Help in choosing a primary care provider (PCP)
- Concerns about billing and payments
- Anytime you need information about your **PLUS** plan

Hours of Operation: Monday through Friday 8:30AM–5:00PM

Neighborhood offers commercial and Medicaid plans through HealthSource RI. So, when you sign up with us, you get one company that can serve all your family's health insurance needs.

For additional details about your coverage, please refer to the Certificate of Coverage (COC) and the Summary of Benefits and Coverage (SBC).

Your COC has information on covered services, prescription drug coverage, emergency care, cost-sharing, our provider network, legal rights, language assistance, and other important information regarding your membership. The SBC summarizes important information about your plan in a standard format. Both of these documents are available on our website.

Go to www.nhpri.org and click on the Current Members tab. You may request a copy by calling Neighborhood Member Services at 1-855-321-9244.



Did You Know?

97% of Neighborhood members would recommend us to family or friends

2014 CAHPS® Survey



Your PLUS plan

Deductibles

You pay the following amounts each benefit year before your PLUS plan starts to pay toward the cost of services subject to the deductible:

\$800 Individual Plan

\$1,600 Family Plan

Out-of-Pocket Maximum

To protect you, your PLUS plan limits how much you pay out-of-pocket for health care services. The following is the most you would pay for co-payments, deductibles and co-insurance each benefit year:

\$4,000 Individual Plan

\$8,000 Family Plan

Medical and Pharmacy Benefits

What You Pay

PHYSICIAN SERVICES

Preventive Care	No Charge
Primary Care Visit to Treat an Injury or Illness	\$20
Specialist Visit (with PCP referral)	\$40

PRESCRIPTION DRUGS (30-DAY SUPPLY FROM A RETAIL PHARMACY)

Tier 1 (Generic Drugs)	\$10
Tier 2 (Preferred Brand-name Drugs)	\$35
Tier 3 (Non-preferred Brand-name Drugs)	\$60
Tier 4 (Specialty Drugs)	\$100

URGENT AND EMERGENCY CARE

Urgent Care Facilities	\$40
Hospital Emergency Room Services	\$200
Emergency Transportation/Ambulance	20% Co-insurance after deductible

HOSPITAL SERVICES

Inpatient Hospital Services	20% Co-insurance after deductible
Skilled Nursing Facility	

OUTPATIENT SERVICES

Outpatient Facility	
Home Health Care Service	
Advanced Imaging/X-ray and Diagnostic Imaging	20% Co-insurance after deductible
Laboratory Outpatient Services	

MENTAL HEALTH, SUBSTANCE ABUSE AND BEHAVIORAL HEALTH

Mental/Behavioral Health and Substance Abuse Outpatient Services	\$20
Mental/Behavioral Health and Substance Abuse Inpatient Services	20% Co-insurance after deductible

OUTPATIENT REHABILITATION SERVICES

Outpatient Rehabilitation Services (Physical Therapy, Occupational Therapy, and Speech Therapy)	
Chiropractic Care	\$40
Habilitation Services	

How your PLUS plan works

We know health insurance can be confusing. Neighborhood is here to help! This document explains the way you get health care services and how those services are paid for.

Primary Care Provider and Network

Neighborhood's PLUS plan is a **Health Maintenance Organization (HMO)**. This means you receive care from your **primary care provider (PCP)** and a network of specialists, hospitals and pharmacies.

- You and each member of your family will choose a PCP to oversee your care.
- Your PCP will help refer you to other doctors and medical providers.
- Neighborhood will work with your PCP to ensure you receive the best and most appropriate care.
- You will receive care from doctors and other providers who are in our network.

You can find a list of primary care and other network providers online at www.nhpri.org or by calling Neighborhood Member Services at 1-855-321-9244.

Cost-sharing

When you see a doctor or other health care provider, your PLUS plan will pay part of the cost and you pay a portion. Some services are covered with no **out-of-pocket** charge to you. Other services may require a **co-payment**, meeting a **deductible** or paying **co-insurance**. Each benefit year, there is a limit on how much you pay for services out-of-pocket.

For some **preventive services and screenings** there are no out-of-pocket charges at the time of service.

Example: You will not have to pay anything when you see your PCP for your annual check-up or to receive a flu shot.

For some services, you will pay a **co-payment**.

- A **co-payment** is a fixed amount you and members of your family pay for a specific service. The co-payment is due at the time of service or your provider may send you a bill.
- The co-payment amount is the same every time you visit that provider. Services that have a co-payment are not subject to meeting the deductible.

Example: When you see a certain type of specialist doctor, you may be asked to pay \$40; Neighborhood will pay the rest of the bill directly to the doctor.



How your PLUS plan works (cont'd)

For other services, you will have to meet your **deductible** and then pay **co-insurance**.

- A **deductible** is the amount you are required to pay in a benefit year for certain services before your PLUS plan starts paying for them.
- **Co-insurance** is a percentage of the amount charged by the medical provider.
- Once an individual meets their deductible, they will only be responsible for co-insurance for these services for the remainder of the benefit year.
- Once the members of your family have reached the family deductible, all members will only be responsible for co-insurance for these services for the remainder of the benefit year (even if a member has not met their individual deductible).

Example: You may be required to meet a \$800 deductible for certain services in a benefit year. Once you meet your deductible, you may be charged 20% of the amount charged by the medical provider, and Neighborhood will pay the rest of the bill directly to the health care provider.

You also have individual and family **out-of-pocket (OOP) maximums**.

- An **out-of-pocket (OOP) maximum** is the most you or another member of your family can be charged for deductibles, co-payments and co-insurance in a benefit year.
- Once an individual meets their individual OOP maximum, they will not have to pay anything more for covered services for the remainder of the benefit year.
- Once the members of your family have reached the family OOP maximum, all members will no longer be responsible for deductibles, co-payments or co-insurance for covered services for the remainder of the benefit year (even if a member has not met their individual OOP maximum).

Example: You may have a \$4,000 out-of-pocket maximum. Once you reach your OOP maximum, you will not be charged a deductible, co-payment or co-insurance for covered services for the remainder of the benefit year.



How your PLUS plan works (cont'd)

Referrals and Out-of-Network Coverage

Please ask your PCP about the referral process whenever you need **specialty care**. If the specialist is in our network, then the specialist's services will be covered and you will pay a co-payment (unless you've reached your OOP maximum, in which case you'll pay nothing). If your PCP decides you need to see a doctor who is outside our network, he or she must obtain **preauthorization** from Neighborhood in order for the visit to be covered by us.*

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.

**Neighborhood does not reward anyone who makes utilization management decisions with money or other incentives for denying or limiting services to members. Neighborhood does not give financial rewards for utilization management decisions that result in fewer services or less care.*

Your Member Rights and Responsibilities

Neighborhood supports your rights as a member. We want you to receive high-quality care and services. This includes your rights to make inquiries, file complaints, and use the internal and external written appeals process. Your rights include rules on how Neighborhood uses your Personal Health Information.

You can read about your rights and responsibilities on our website. Go to www.nhpri.org and click on Your Rights and Privacy under the Current Members tab. You can read about your rights and responsibilities in your Certificate of Coverage. You can ask for a printed copy by calling Neighborhood Member Services at 1-855-321-9244.

Emergency Care

What if You Have a Medical Emergency?

- Get help as quickly as possible
- **Call 911** for help or go to the nearest **emergency room** or hospital. Call for an ambulance if you need it
- You do not need to get approval or a referral first from your PCP
- The hospital does not need to be part of Neighborhood's network

Neighborhood covers all medical emergencies. An emergency is a situation that is life threatening, involves severe pain, or can cause serious harm to your body or health if you do not receive treatment right away. Emergencies include heart attacks, strokes and major injuries.

Rhode Island All-Payer Claims Database

There is a new law that requires Neighborhood Health Plan of Rhode Island to share data about health care use and costs. The data will be put in the Rhode Island All-Payer Claims Database. Policy makers will use it to make better health care decisions.

You have the choice:

- If you want your family's data in the records, you do not have to do anything.
- If you want to have your data left out, you may opt out at any time.

If you want to learn more or wish to opt out:

- Visit the state Department of Health website www.health.ri.gov; or
- Call 1-401-462-9517.

Neighborhood Member Services

Neighborhood has a friendly and helpful Member Services team ready to help you.

CALL	1-855-321-9244 <ul style="list-style-type: none">• Member Service Specialists are available Monday through Friday 8:30AM–5:00PM• Free language interpreter services available for non-English speakers• Calls to this number are free
TTY	Dial 711 <ul style="list-style-type: none">• Member Service Specialists are available Monday through Friday 8:30AM–5:00PM• This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking• Calls to this number are free
FAX	1-401-459-6021
WRITE	Neighborhood Health Plan of Rhode Island 299 Promenade Street Providence, Rhode Island 02908
WEBSITE	www.nhpri.org

If you need help understanding this information in your language, please call us at **1-401-459-6009** and ask for Member Services.

Si necesita ayuda para comprender esta información en su idioma, llámenos al **1-401-459-6009** y solicite contactar con el servicio de atención al cliente.

Si vous avez besoin d'aide pour comprendre ces informations dans votre langue, appelez-nous au **1-401-459-6009** et demandez le Service aux membres.

Se necessita de ajuda para compreender esta informações no seu idioma, por favor telefone para **1-401-459-6009** e solicite o Serviço de Apoio ao Cliente.

Чтобы получить информацию на родном языке, обратитесь в отдел по работе с клиентами (Member Services) по телефону **1-401-459-6009**.

បើលោកអ្នកត្រូវការជំនួយយល់ដឹងអំពីព័ត៌មាននេះ ជាភាសាបស់លោកអ្នកសូមទូរស័ព្ទមកយើងខ្ញុំតាមលេខ **1-401-459-6009** ហើយសាកសួររដ្ឋសេវាកម្មមេម្ចាស់ (Member Services)។

ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອເພື່ອໃຫ້ເຂົ້າໃຈຂໍ້ມູນນີ້ ເປັນພາສາຂອງທ່ານ, ກະລຸນາໃຫ້ຫາພວກເຮົາທີ່ໝາຍເລກ **1-401-459-6009** ແລະໃຫ້ຖາມຫາໜ່ວຍບໍລິການສະມາຊິກ.

Nếu cần được giúp đỡ để hiểu thông tin này bằng ngôn ngữ của quý vị, xin gọi cho chúng tôi theo số **1-401-459-6009** và yêu cầu được nói chuyện với Dịch Vụ Hội Viên.



299 Promenade Street : Providence, RI 02908

www.nhpri.org