Blue Cross Blue Shield of Rhode Island

BlueRI for Duals (HMO D-SNP) 2026 Enrollment Book

Health coverage designed for those who qualify for Medicare + Medicaid

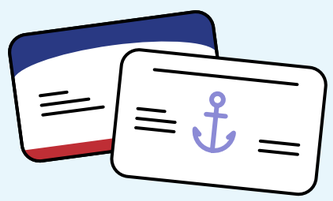
The help you need.

When and where you need it.

BlueRI for Duals is more than just a health plan. It's the peace of mind that comes with knowing we've got your back.

Whether it's making sure you have rides to appointments, helping you buy groceries[1] and everyday health items, or lending a helping hand with confusing paperwork and phone calls—we're here.

And we'll continue to be here, in your communities and in your neighborhoods, making sure you have the extra support you need to focus on the things that matter most.



We understand the challenges Rhode Islanders who qualify for Medicare + Medicaid face.

Read on to learn how our coverage and benefits[2] can help make life a little bit easier.

Table of Contents

With BlueRI for Duals, you're not alone.

You'll have your very own Health Navigator, right by your side.

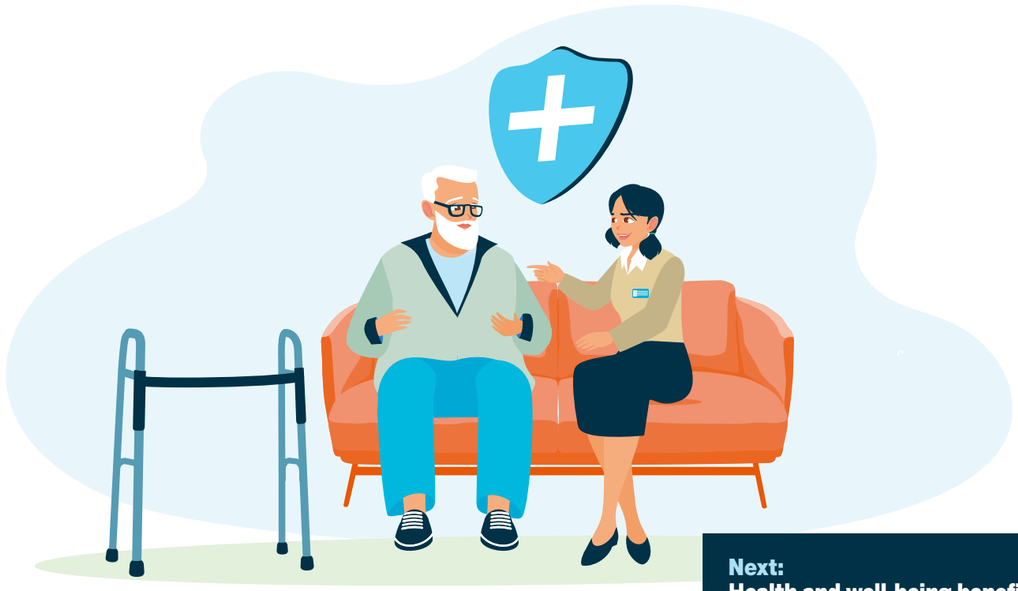
Think of your Health Navigator as someone who looks out for you, helps you focus on your health, and makes your life easier. They'll find answers to your questions and can speak up for you if you're feeling confused or overwhelmed.

Your Health Navigator can also help you:

- ✓ Make appointments
- ✓ Schedule rides
- ✓ Talk with doctors and pharmacists
- ✓ Fill out forms and applications
- ✓ Find helpful services
- ✓ Use your benefits

You'll also have the support of an entire Care Team, including your primary care provider, medical and behavioral specialists, pharmacist, Medicaid Specialist, social worker, and care manager.

Your **Health Navigator** works with your **Care Team** to make sure everyone is moving toward a common goal: **helping you live your best life**.



Next:
Health and well-being benefits

Focusing on your health

Primary Care & Specialists

Our network includes **12,000 providers and ALL Rhode Island hospitals**, making it easier for you to get the care you need without traveling far. And, as a BlueRI for Duals member, you'll **pay $0** when you visit your primary care provider (PCP) and specialists.

Dental

Get $2,500/year to spend on covered dental services. This includes cleanings, fillings, dentures, implants, crowns, and more. See page 11 for additional details.

Vision

Pay $0 for routine vision exams and services. Plus, **get $200/year** to buy glasses and contacts—and save even more when you buy from an EyeMed[3] provider.

Hearing

Pay $0 for routine hearing exams (online or in person) and get up to 2 hearing aids each year for **$0**.[4]

Prescription Drugs

If you qualify for a Low-Income Subsidy (Extra Help), you'll have a **$0 deductible** and **pay $0** for generic drugs in Tiers 1 and 2.*

*Cost shares for drugs in Tiers 3-5 are listed on page 10.

Tip:

Sign up for prescription delivery

Members who qualify for Extra Help can use our Preferred Mail Order Pharmacy to pay $0 for a 100-day supply of generic drugs in Tiers 1 and 2—and take advantage of no-cost delivery!

Supporting your well-being

Rides

Pay $0 for 60 one-way rides to and from places that help support your health—like doctor appointments, senior and community centers, Your Blue Store, and libraries.[5]

Fitness

Get $0 access to select fitness centers across the state. Prefer to exercise at home? No problem. You'll also get no-cost access to unlimited on-demand exercise videos.[6]

Blue365® Discounts

Get deals and discounts on personal care items, meal kits, footwear, apparel, and more.[7]

In-Home Support Services

Get help with things like laundry, light housekeeping and meal preparation, bathing, dressing, and more.[8]

Next: Groceries and everyday health items

Helping you buy groceries

Flexible Benefit Card

We'll load **$151/month** onto your card to help you buy a combination of groceries[1] and everyday health items. Use this monthly allowance to buy the items you need—what you choose is up to you![9]

Tip:
Use it like a credit card—no PIN required!

Getting groceries just got easier

With **NationsMarketplace**, eligible members can use their monthly Flexible Benefit Card allowance to purchase healthy food items—and have them **delivered for $0**.

Simple shopping

Log in to bcbsri.nationsbenefits.com or shop on the Benefits Pro app. Select products, add to basket, and check out. Or, call **1-866-304-2138** to place an order over the phone—it's that easy!

Healthy choices

Choose from a variety of nutritious food options—including fresh produce and shelf-stable items.

Flexible payment

If your order exceeds your benefit amount, you can pay the difference with a credit or debit card—and still take advantage of **$0 delivery**.

Convenient delivery

Your order will be shipped to you within 2-5 days at no additional cost. You can also manage and track your delivery online or with the app.

Helping you buy everyday health items, too!

Purchase over-the-counter (OTC) items from NationsBenefits
and choose from more than 700 products, including:

- Allergy tablets
- Antacids
- Bandages and first aid supplies
- Cold and flu meds
- Compression socks
- Disposable wipes
- Pain relievers
- Sunscreen and aloe vera cream
- Toothpaste, floss, and mouthwash
- Vitamins and supplements

Prefer to shop in person?

No problem—you can also use your Flexible Benefit Card in person at retail stores in our network!

Retailers current as of August 1, 2025.

CVS pharmacy
DOLLAR GENERAL
RITE AID
shaw's
Stop&Shop
Walgreens
Walmart

Next: Your Blue Store and Your Blue Bus

Your Blue Store and Your Blue Bus

Because sometimes you just need to talk with a real person, in person.

Get help understanding healthcare

We'll answer your questions and make sure you understand your coverage and benefits. We have team members who can speak to you in Spanish or Portuguese.

Attend free classes and workshops

Stop by a Your Blue Store for educational health and wellness workshops, fitness classes, and more. And look for Your Blue Bus at events in your community and around the state.

Visit Your Blue Store

in Cranston, East Providence, Lincoln, Narragansett, and Warwick—your ride benefit can get you there at no cost!

See page 13 for additional store information.

Look for Your Blue Bus

in a neighborhood near you.

Our team visits communities across the state, year-round, to offer a range of health and wellness services—with bilingual assistance.

2026 BlueRI for Duals Plan Details

Next: Review plan details

BlueRI for Duals (HMO D-SNP)
2026 Plan At-a-Glance

Benefit Features	You Pay
Monthly plan premium[10]	$0
Medical deductible	$0
Office Visits	
PCP office visits	$0
Routine vision & hearing	$0
Preventive services	$0
Specialist office visits	$0
Physical/speech/occupational therapy	$0
Chiropractic office visits	$0
Nutritional counseling	$0
Inpatient/Outpatient Services	
Inpatient medical hospitalization	$0 per stay
Skilled nursing facility	$0 per stay; days 1-100
Outpatient surgery (ASC)	$0
Outpatient surgery (hospital)	$0
Lab services	$0
Diagnostic tests & X-rays	$0
High-tech radiology services (like MRI & CAT scans)	$0
Emergency room	$0
Urgent care	$0
Ambulance	$0
Out-of-pocket maximum (In-Network)	$9,250
Out-of-pocket maximum (Out-of-Network)	Not covered
Part D Prescription Drugs[11]	
Pharmacy deductible	$0
Tier 1 (preferred generic)	$0
Tier 2 (generic)	$0
Tier 3 (preferred brand)	$0-$12.65
Tier 4 (non-preferred brand)	$0-$12.65
Tier 5 (specialty)	$0-$12.65

Additional Wellness Benefits

Flex card Groceries[1] & everyday health items	Get $151/month
Eyewear allowance	Get $200/year
Hearing aids	Costs $0
Rides	$0 (60 one-way rides)
Fitness benefit	Starting at $0

Dental Benefits

Premium	Built-In
Annual benefit maximum	$2,500
Preventive Services	
Annual exam	$0
Cleanings	$0
Fluoride treatment	$0
X-Rays	
Bitewing & individual X-rays	$0
Full mouth set	$0
Comprehensive Services	
• Fillings • Palliative treatment • Simple extractions • Denture repairs	$0
Root canals & periodontal services	$0
Major Restorative Services	
• Crowns & onlays	$0
• Dentures & implants	$0

Next:
We're here to help

We're here to help

Call

New to BCBSRI?
Call **(401) 459-5477** or **1-855-430-9293**
(TTY: 711).

Already a BCBSRI Medicare member?
Call **(401) 277-2958** or **1-800-267-0439**
(TTY: 711).

Hours: Monday through Friday, 8:00 a.m. to 8:00 p.m.; Saturday, 8:00 a.m. to noon.
(Open seven days a week, 8:00 a.m. to 8:00 p.m., October 1 - March 31.)
You can use our automated answering system outside of these hours.

Click

Visit **bcbsri.com/medicare** to compare plans and learn about our benefits.

Come by Your Blue Store

CRANSTON
Marshalls Plaza
1400 Oaklawn Ave.

EAST PROVIDENCE
Highland Commons
71 Highland Ave.

LINCOLN
Lincoln Commons
622 George Washington Hwy.

NARRAGANSETT
Salt Pond Shopping Center
91 Point Judith Rd.

WARWICK
Cowesett Corners
300 Quaker Ln.

Store hours:
Monday through Friday, 8:00 a.m. to 5:00 p.m.

¡Nuestros consultantes de Medicare están **preparados para ayudarlo!**
Os nossos consultantes de Medicare estão **preparados para ajudar-te!**

Next:
Help using your benefits

Need help using your benefits?

Contact your **Health Navigator** directly, or call **BCBSRI Member Support** at **(401) 277-2958** or **1-800-267-0439** (TTY: 711).

Hours: Monday through Friday, 8:00 a.m. to 8:00 p.m.; Saturday, 8:00 a.m. to noon. (Open seven days a week, 8:00 a.m. to 8:00 p.m., October 1 - March 31.) You can use our automated answering system outside of these hours.

You can also reach out to our benefit service providers directly.

Eyewear

Savings on glasses and contacts when you shop at certain locations

EyeMed
Phone: **1-844-844-0894**
Web: Access at **myBCBSRI.com**

Fitness

Fitness center membership, on-demand exercise videos, and more

The Silver&Fit® Program
Phone: **1-888-797-8059**
Web: **silverandfit.com**

Flexible Benefit Card

Money to spend on groceries[1] and everyday health items

NationsBenefits
Phone: **1-866-304-2138** (TTY: 711)
Web: **bcbsri.nationsbenefits.com**

Hearing

Hearing exams (online or in person), hearing aids, and more

NationsBenefits
Phone: **1-866-304-2138** (TTY: 711)
Web: **bcbsri.nationsbenefits.com**

Rides

Transportation to doctor appointments, senior and community centers, Your Blue Store, and libraries

NationsBenefits
Phone: **1-866-304-2138** (TTY: 711)
Web: **bcbsri.nationsbenefits.com**

Footnotes

[1] You may be eligible for the monthly grocery benefit, which is part of Special Supplemental Benefits (SSBCI) if you are living with one or more qualifying chronic condition(s), as defined by CMS, including but not limited to chronic heart failure, chronic lung diseases, dementia, diabetes mellitus, and frailty & fall risk. Please see your Evidence of Coverage for full details.

[2] Check your Evidence of Coverage (EOC) for details and specific eligibility requirements about each of the benefits listed in this brochure.

[3] EyeMed Vision Care is an independent company, contracted by Blue Cross & Blue Shield of Rhode Island to provide vision hardware benefit management services.

[4] Hearing benefit is administered through NationsBenefits. To get started, call 1-866-304-2138 (TTY:711) or visit bcbsri.nationsbenefits.com.

[5] Available within our service area. Any trip over 20 miles will count as additional trips and will be subtracted from your 60-trip total.

[6] The Silver&Fit program is provided by ASH Fitness, a subsidiary of American Specialty Health Incorporated (ASH). All programs and services are not available in all areas. Silver&Fit and the Silver&Fit logo are trademarks of ASH and used with permission herein. Other names and logos may be trademarks of their respective owners. Limitations and restrictions may apply. Fitness center participation may vary by location and is subject to change.

[7] © 2000-2025 Blue Cross and Blue Shield Association - All Rights Reserved. The Blue365 program is made available by BCBSRI in conjunction with the Blue Cross and Blue Shield Association. The Blue Cross and Blue Shield Association is an association of independent, locally operated Blue Cross and Blue Shield plans.

[8] BlueRI for Duals (HMO D-SNP) has a limited network of non-skilled home health agency providers. Non-skilled home health agency services provided by a non-network provider are not covered.

[9] Unused benefits do not roll over to the next benefit period. You cannot exceed your benefit amount. Prices, brands, and items vary from store to store. Purchases made online or by phone using the catalog may also be different than what you find in stores.

[10] You must qualify for Extra Help.

[11] You must qualify for Extra Help to receive assistance with prescription drug costs. Your cost share depends on your Extra Help level: Level 2 - $0 for all prescriptions; Level 3 - $1.60 for generics, $4.90 for brand-name drugs; Level 4 - $5.10 for generics, $12.65 for brand-name drugs. All Extra Help members pay no pharmacy deductibles.

Scope of Sales Appointment Confirmation Form

To be completed by Medicare beneficiary (or authorized representative).
Please initial below in the box beside the plan type you want the agent to discuss with you (refer to the back of this page for product type descriptions). If you do not want the agent to discuss a plan type with you, please leave the box empty. (Please note that an agent may also discuss a Medicare Supplement policy with you.)

☐ **Stand-alone Medicare Prescription Drug Plans (Part D) Medicare Prescription Drug Plan (PDP)**

☐ **Medicare Advantage Plans (Part C), Medicare Advantage Prescription Drug Plans, and other Medicare Plans**

By signing this you are agreeing to a sales meeting with a sales agent to discuss the specific types of products you checked above. The person who will be discussing plan options with you is either employed or contracted by a Medicare health plan or prescription drug plan that is not the Federal government, and they may be compensated based on your enrollment in a plan.

Signing this does NOT affect your current enrollment, nor will it enroll you in a Medicare Advantage Plan, Prescription Drug Plan, or other Medicare plan. Beneficiaries are not obligated to enroll in a plan.

Beneficiary Signature: _____ Date: _____

If you are the authorized representative, you must sign above and provide the following information:

Name: _____

Relationship to Beneficiary: _____

To be completed by Agent **(all fields below are required)**:

Agent Name:	Agent Phone Number: ( )
Beneficiary Name:	Beneficiary Phone Number: ( )
Beneficiary Address:	
Initial Method of Contact: *(Indicate here if beneficiary was a walk-in.)*	
Agent's Signature:	
Date Appointment Completed:	

Brokers, please fax to (401) 459-5025 or email to MedicareEnrollmentIntake@bcbsri.org.

Stand-alone Medicare Prescription Drug Plans (Part D) Medicare Prescription Drug Plan (PDP)

Medicare Prescription Drug Plan (PDP) – A stand-alone drug plan that adds prescription drug coverage to the Original Medicare Plan, some Medicare Cost Plans, some Medicare Private-Fee-For-Service Plans, and Medicare Medical Savings Account Plans.

Medicare Advantage (Part C), Medicare Advantage Prescription Drug Plans, and other Medicare Plans

Medicare Health Maintenance Organization (HMO) – A Medicare Advantage Plan that must cover all Part A and Part B healthcare. In most HMOs, you can only go to doctors, specialists, or hospitals in the plan's network except in an emergency.

Medicare Private Fee-For-Service (PFFS) Plan – A type of Medicare Advantage Plan in which you may go to any Medicare-approved doctor or hospital that accepts the plan's payment terms and conditions.

Medicare Special Needs Plan (SNP) – A special type of Medicare Advantage Plan that provides more focused and specialized healthcare for specific groups of people, such as those who have both Medicare and Medicaid (D-SNP), who reside in a nursing home (I-SNP), or have certain chronic medical conditions (C-SNP).

Medicare Medical Savings Account (MSA) Plan – MSA Plans combine a high-deductible Medicare Advantage Plan and a bank account. The plan deposits money from Medicare in the account. You can use it to pay your medical expenses until your deductible is met.

Medicare Cost Plan – In a Medicare Cost Plan, if you get services outside of the plan's network without a referral, your Medicare-covered services will be paid for under the Original Medicare Plan (your Cost Plan pays for emergency services or urgently needed services).

Y0146_2025scopeofapptform_C
S2893_2436_C

08/24 BMED-1133989

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a sales representative at **1-800-505-BLUE (2583)** (TTY: 711)

Understanding the Benefits

☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review coverage, costs, and benefits before you enroll. Visit bcbsri.com or call the Medicare Concierge Team at **401-277-2958** or **1-800-267-0439** (TTY 711) to request a copy of the EOC.

☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. they are not listed, it means you will likely have to select a new doctor.

☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

☐ Review the formulary to make sure your drugs are covered.

Understanding Important Rules

☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.

☐ Benefits, premiums, and/or copays/coinsurance may change on January 1, 2027.

☐ If you're enrolling in an HMO-POS plan: Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in emergency or urgent situations, non-contracted providers may deny care.

☐ If you're enrolling in an HMO plan: Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).

☐ **Effect on Current Coverage:** If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.

For BlueRI for Duals (HMO D-SNP):
This plan is a Dual Eligible Special Needs Plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

Y0146_2026prechecklis

Summary of Benefits

January 1, 2026 - December 31, 2026

BlueRI for Duals (HMO D-SNP)

Blue Cross Blue Shield of Rhode Island

Summary of Benefits

This Summary of Benefits booklet is a summary of drug and health services covered by BlueRI for Duals (HMO D-SNP).

BlueRI for Duals (HMO D-SNP) is a Medicare Advantage HMO Plan with a Medicare contract. The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, you can call us and ask for the "Evidence of Coverage." You can also view the Evidence of Coverage on our website **www.bcbsri.com/medicare**.

If you want to know more about the coverage and costs of Original Medicare, look in your current **"Medicare & You"** handbook. View it online at http://www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

To join BlueRI for Duals (HMO D-SNP), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, be eligible for one of the accepted dual eligible categories (see below) and you must live in our service area. Our service area includes these counties in Rhode Island: Bristol, Kent, Newport, Providence, and Washington.

Blue Cross & Blue Shield of Rhode Island may enroll dual-eligibles in BlueRI for Duals (HMO D-SNP) who are a:

- Specified Low-Income Medicare Beneficiary Plus (SLMB Plus)
- Qualified Medicare Beneficiary Only (QMB Only)
- Qualified Medicare Beneficiary Plus (QMB Plus)
- Full Benefit Dual Eligible (FBDE)

BlueRI for Duals (HMO D-SNP) has a network of doctors, hospitals, pharmacies and other providers. If you use providers that are not in our network, the plan may not pay for these services.

You must generally use network pharmacies to fill your prescriptions. You can view our plan's provider and pharmacy directory on our website **www.bcbsri.com/medicare**.

Our plan groups each medication into one of five "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on whether you are enrolled in Medicare's Low-Income Subsidy (LIS) program (or "Extra Help"), the drug's tier, and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Deductible Stage, Initial Coverage, and Catastrophic Coverage. You can view the plan formulary on our website or call us and we will send you a copy.

For BlueRI for Duals (HMO D-SNP), Blue Cross & Blue Shield of Rhode Island offers Special Supplemental Benefits for the Chronically Ill (SSBCI). Members who have one or more chronic conditions may be eligible for SSBCI benefits. Refer to your Evidence of Coverage (EOC) for details.

This document is available in other formats such as Spanish and large print. This document may be available in a non-English language. For more information if you are not a member of this plan, call us at 1-855-430-9293 (TTY: 711). If you are a member of this plan, call us at 1-800-267-0439 or 401-459-5477 (TTY: 711). Hours of operation are October 1 to March 31, 8 a.m. – 8 p.m. Eastern Time, 7 days a week. From April 1 to September 30, 8 a.m. – 8 p.m. Eastern Time, Monday through Friday. Saturday, 8:00 a.m. to noon. You may also visit our website **www.bcbsri.com/medicare**.

Benefits and Services	BlueRI for Duals HMO D-SNP
Monthly Plan Premium	$0 You must continue to pay your Medicare Part B premium.
Deductible	$0 This plan does not have a medical deductible.
Maximum Out-of-Pocket Responsibility *(does not include Part D prescription drugs)*	$9,250 annually for services you receive from in-network providers
Inpatient Hospital Care*	In-network: $0 copay This plan covers an unlimited number of days for an in-network inpatient hospital stay. Medicaid: $0 copay. Inpatient hospital care is covered by the plan, even after member disenrollment, until the member's Care Management has been formally transferred to another plan or FFS Medicaid as medically necessary.
Outpatient Hospital Services*	In-network: $0 copay Observation: $0 copay Medicaid: $0 copay. Covered as needed based on medical necessity. Includes physical therapy, occupational therapy, speech therapy, language therapy, hearing therapy, respiratory therapy, and other Medicaid covered services delivered in an outpatient hospital setting.
Ambulatory Surgical Center (ASC)	In-network: $0 copay Medicaid: $0 copay for Medicaid-covered services.
Doctor's Office Visits: • Primary care • Specialist	 In-network: $0 copay In-network: $0 copay Medicaid: $0 copay. Covered as needed based on medical necessity. Includes primary care, specialty care, and obstetric care. Up to one (1) annual and five (5) gynecology visits annually to a network Health Care Professional for Family planning is covered without a PCP referral.
Preventive Care (e.g., flu vaccine, diabetic screenings)	In network: $0 copay Any additional preventive services approved by Medicare during the contract year will be covered. Medicaid: $0 copay. Covered when ordered by a health plan physician/provider.

 *Prior authorization may be required

Benefits and Services	BlueRI for Duals HMO D-SNP
Emergency Care	In-network: $0 copay Medicaid: $0 copay. Covered both in- and out-of-State, for Emergency Services, or when authorized by a Health Care Professional, or in order to assess whether a condition warrants treatment as an Emergency Service.
Urgently Needed Services	In-network: $0 copay Medicaid: $0 copay. Covered both in- and out-of-State, for Emergency Services, or when authorized by a Health Care Professional, or in order to assess whether a condition warrants treatment as an Urgently needed Service.
Diagnostic Services/ Labs & Imaging* • High-tech diagnostic radiology services (such as MRIs, CT scans, etc.) • Lab services • Diagnostic tests and procedures (such as X-Rays) • Therapeutic radiology	 In-network: $0 copay In-network: $0 copay In-network: $0 copay In-network: $0 copay Medicaid: $0 copay. Covered when ordered by a Health Care Professional, including urine drug screens.
Hearing Services: • Hearing exam - routine • Hearing exam - diagnostic/non-routine • Hearing aid	 In-network: $0 copay Limit one visit per year. In-network: $0 copay $0 for each hearing aid. Coverage is for 2 hearing aids (1 per ear) every year. Medicaid: $0 copay for Medicaid-covered services.
Dental Services • Medicare covered • Preventive (exam, cleanings, X-rays and fluoride treatment) • Comprehensive Care (fillings, palliative treatment, simple extractions, dentures, denture repairs, root canals, crowns, and oral surgery) • Annual benefit maximum	 In-network: $0 copay Limited dental services (this does not include services in connection with care, treatment, filling, removal or replacement of teeth). In-network: $0 copay for covered services In-network: $0 copay for covered services $2,500 limit on all covered in-network Preventive and Comprehensive Dental Services.

*Prior authorization may be required

Benefits and Services	BlueRI for Duals HMO D-SNP
	Medicaid: Adults aged 21 and over: Preventive Services: Two (2) cleanings per calendar year. Fluoride varnish allowed for adults if high caries risk per caries risk assessment. Diagnostic & Radiology Services: Two (2) oral exams per calendar year. Bitewing and full series X-rays, biopsies of oral tissue, all medically necessary diagnostic evaluations and radiographic/diagnostic images. Endodontic Services: Complete root canal therapy for anterior teeth, intraoperative radiographs, , and limited other medically necessary endodontic services. Restorative Services: Limited restorative services, including amalgams, resins, and other medically necessary restorative services. Periodontal Services: Gingival curettage, gingivectomy, when medically necessary, scaling and root planning with prior authorizations, and limited other periodontal procedures. Prosthodontic Services: Partial or full dentures, relines and adjustments, partial or full dentures, and limited other medically necessary prosthodontic procedures. Emergency and Palliative Services: Medically necessary emergency dental services, all palliative services, including routine and surgical extractions, incisions, and drainage of abscesses. Oral Surgery: Covered when medically necessary.
Vision Services: • Vision exam - routine • Vision Exam - Non routine/ Diagnostic • Vision hardware	In-network: $0 copay Limit one visit per year. In-network: $0 copay This plan pays up to $200 every year for eyewear. Medicaid: Benefit is limited to examinations that include refractions and provision of eyeglasses if needed once every two (2) years. Eyeglass lenses are covered more than once in two (2) years only if medically necessary. Eyeglass frames are covered only every two (2) years. Annual eye exams are covered for members who have diabetes. Other medically necessary treatment visits for illness or injury to the eye are covered.

Benefits and Services	BlueRI for Duals HMO D-SNP
Mental Health Services • Inpatient visit • Outpatient group/ individual therapy visit	In-network: $0 copay This plan covers an unlimited number of days for an in-network inpatient hospital stay. In-network: $0 copay per visit Medicaid: Covered as needed for all Members. Include a full continuum of Mental Health and Substance Use Disorder treatment, including but not limited to: •Community- based narcotic treatment, •Methadone, community- or hospital-based detox, •Substance use residential, •Mental health psychiatric rehabilitative residence (MHPRR), •Psychiatric rehabilitation day programs, •Assertive Community Treatment (ACT) and Integrated Health Home (IHH) as described the Integrated Health Homes Rhode Island SMI Program Description and Integrated Health Home (IHH) and Assertive Community Treatment (ACT) Program Provider Billing Manual, •Services for individuals at CMHCs, •Intensive outpatient services; and •Crisis intervention services. This also includes Psychiatric Residential Treatment Facilities and Acute Residential Treatment Services.
Skilled Nursing Facility (SNF)*	In-network: $0 copay This plan covers up to 100 days in a SNF per benefit period. Medicaid: $0 copay for Medicaid-covered services.
Physical Therapy*	In-network: $0 copay Medicaid: $0 copay. Physical, Occupational and Speech therapy services may be provided with Health Care Professional orders by RI DOH licensed outpatient Rehabilitation Centers. These services supplement home health and outpatient hospital clinical rehabilitation services when the individual requires specialized rehabilitation services not available from a home health or outpatient hospital provider.
Ambulance*	In-network: $0 copay per trip Medicaid: $0 copay for Medicaid-covered services.
Transportation	60 one-way trips every year to Plan-approved locations. Medicaid: $0 copay for Medicaid-covered non-emergency medical transportation, administered through MTM.
Medicare Part B Drugs	In network: $0 copay Medicaid: $0 copay

*Prior authorization may be required

Benefits and Services	BlueRI for Duals HMO D-SNP
Prescription Drug Benefits	
Deductible	No Prescription Drug Deductible
Initial Coverage Stage	During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost until your total yearly drug costs reach $2,100. You may get your drugs at network retail pharmacies and mail order pharmacies. You won't pay more than $35 or 25% whichever is lesser, for a one-month supply of each covered insulin.
Pharmacy Network	**Standard Retail 30-day supply**
Tier 1: Preferred Generic	$0
Tier 2: Generic	$0
Tier 3: Preferred Brand	Generics: $0 / $1.60 / $4.90 Brands: $0 / $5.10 / $12.65
Tier 4: Non-Preferred Drug	Generics: $0 / $1.60 / $4.90 Brands: $0 / $5.10 / $12.65
Tier 5: Specialty	Generics: $0 / $1.60 / $4.90 Brands: $0 / $5.10 / $12.65
Pharmacy Network	**Mail Order 100-day supply**
	Preferred / **Standard**
Tier 1: Preferred Generic	Same cost sharing as retail
Tier 2: Generic	Same cost sharing as retail
Tier 3: Preferred Brand	Same cost sharing as retail
Tier 4: Non-Preferred Drug	Same cost sharing as retail
Tier 5: Specialty	Same cost sharing as retail Specialty Drugs are limited to a 30 day supply
Catastrophic Coverage	You pay nothing for your Part D drugs in this stage.
Additional Benefits	
Chiropractic Office Visits	In network: $0 copay
Fitness Benefit	Starting at $0 (See Evidence of Coverage for details)
Foot Care (podiatry services) • Foot exams and treatment • Routine footcare for members with certain chronic conditions	In-network: $0 copay In-network: $0 copay
Durable Medical Equipment (DME) and Prosthetics*	In-network: $0 copay
Diabetes monitoring supplies	In-network: $0 copay You must use Abbott branded products (Freestyle) monitors and test strips.
Over-the-Counter (OTC) + Grocery Benefit ^	$151 per month allowance to use on approved health and food products.

*Prior authorization may be required

^ You may be eligible for the monthly grocery benefit, which is part of Special Supplemental Benefits (SSBCI) if you are living with one or more qualifying chronic condition(s), as defined by CMS including but not limited to chronic heart failure, chronic lung diseases, dementia, diabetes mellitus, and frailty & fall risk. Refer to your Evidence of Coverage (EOC) for details. Benefit amount is not in addition to the Over-the-Counter benefit.

Benefits and Services	BlueRI for Duals HMO D-SNP
Additional Medicaid Benefits/Services	**Rhode Island Medicaid**
Non-Prescription Drugs	$0 copay Limited to non-prescription drugs such as medically necessary nutritional supplements and nicotine cessation supplies ordered by a Health Plan physician.
Court-Ordered Mental Health and Substance Abuse Treatment – Criminal Court	$0 copay Treatments are considered Criminal Court Ordered Benefits that must be provided in totality as an in-plan benefit as directed by the Court, other State Official or body.
Court-Ordered Mental Health and Substance Abuse Treatment – Civil Court	$0 copay All Civil Mental Health Court Ordered Treatment must be provided in totality and is excempt from the 14-day prior authorization requirement for residential treatment.
Treatment for Gender Dysphoria	$0 copay Comprehensive benefit package
Adult Day	$0 copay Medicaid-covered day programs for frail seniors and other adults who need supervision and health services during the daytime, and who return to their homes and caregivers at the end of the day.
Preventive Services	$0 copay Medicaid-covered preventive services including homemaker/ personal care attendant for up to 6 hours per week for an individual and up to 10 hours per week for an individual and up to 10 hours per week for a couple. Services are provided to individuals who require minimal assistance with activities of daily living and instrumental activities of daily living, and meet the preventive level of care but do not meet LTSS eligibility criteria.
Community Healthcare Worker Services	Available to dual eligible members who have one or more chronic health (including behavioral health) conditions, who are at a risk for chronic health condition, and who face barriers meeting their health or health-related social needs.
BH Link	$0 copay
Chiropractic Office Visits	The service is limited to twelve (12) visits that include treatment, annually. Medically necessary chiropractic services beyond the annual limit of twelve (12) visits, are subject to prior authorization requirements. X-Ray services are not reimbursable under this benefit for fee-for-service.
Long Term Care Services and Supports ("LTSS")	**Rhode Island Medicaid**
Homemaker	$0 copay Services that consist of the performance of general household tasks.
Home Delivered Meals	$0 copay Delivery of hot meals and shelf staples to individuals who are unable to care for their nutritional needs due to functional dependency/disability.
Skilled Nursing Services (LPN Services)	$0 copay Licensed Practical Nurse services provided under the supervision of a Registered Nurse (RN) to Enrollees who require interventions beyond the scope of Certified Nursing Assistant (CNA) duties.

Benefits and Services	BlueRI for Duals HMO D-SNP
Community Transition Services	$0 copay Non-recurring set up expenses for individuals transitioning from an institutional or other provider-operated living arrangement to a private residence where the individual will be directly responsible for their own living expenses.
Residential Supports	$0 copay Assistance with acquisition, retention, or improvement in skills related to activities of daily living (ADL).
Day Supports	$0 copay Assistance with acquisition, retention, or improvement in self-help, socialization, and adaptive skills. This service focuses on enabling the individual to attain or maintain maximum functional level.
Supported Employment	$0 copay Includes activities needed to sustain paid wok by individuals receiving waiver services, including transportation, supervision, and training.
Shared Living	$0 copay Personal care and services, homemaker, chores, attendant care companion services, and medication oversight provided in a private home by a principal core provider who lives in the home.
Private Duty Nursing	$0 copay Individual and continuous care provided by licensed nurses.
Supports for Consumer Directions	$0 copay Focuses on empowering individuals to define and direct their own personal assistance needs and services.
Self-Directed Goods and Services	$0 copay Services, equipment, or other supplies not otherwise provided through LTSS or through Medicaid State Plan that address an identifies need and are in the approved self-directed care plan.
Financial Management Services (Fiscal Intermediary)	$0 copay Payroll services for self-directed care program individuals.
Senior Companion (Adult Companion Services)	$0 copay Non-medical care, supervision, and socialization, provided to a functionally impaired adult individual.
Assisted Living	$0 copay Personal care and services, homemaker, chore, attendant care, companion services, medication oversight, therapeutic social and recreational programming, provided in a home-like environment in a licensed community care facility in conjunction with residing in the facility.
Personal Care Assistance Services	$0 copay Provide direct support in the home or community to Enrollees in performing tasks they are functionally unable to complete individually due to disability, based on LTSS Care Plan.
Personal Emergency System Response (PERS)	$0 copay This service includes coverage for installation and a monthly service fee. Health Care Professionals are responsible to ensure the upkeep and maintenance of the devices/systems.
Respite	$0 copay Service provided to individuals unable to care for themselves that is furnished on a short-term basis because of absence of relief of those persons who normally provide care for the individual.

LTSS is available to members determined eligible for LTSS by Rhode Island Medicaid.

Asistencia Lingüística

English ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-639-2227 (TTY/TDD: 711).

Spanish ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-800-639-2227 (TTY/TDD: 711).

Portuguese ATENÇÃO: Se você fala português, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-800-639-2227 (TTY/TDD: 711).

Chinese 注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-800-639-2227（文本电话：TTY/TDD: 711）。

Haitian Creole ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòma aksesib yo disponib gratis tou. Rele nan 1-800-639-2227 (TTY/TDD: 711).

Hmong LUS CEEV TSHWJ XEEB: Yog hais tias koj hais Lus Hmoob muaj cov kev pab cuam txhais lus pub dawb rau koj. Cov kev pab thiab cov kev pab cuam ntxiv uas tsim nyog txhawm rau muab lus qhia paub ua cov hom ntaub ntawv uas tuaj yeem nkag cuag tau rau los kuj yeej tseem muaj pab dawb tsis xam tus nqi dab tsi ib yam nkaus. Hu rau 1-800-639-2227 (TTY/TDD: 711).

Khmer សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយ *ភាសាខ្មែរ*សេវាកម្មជំនួយភាសាឥតគិតថ្លៃគឺមានសម្រាប់អ្នក។ ជំនួយ និងសេវាកម្មដែលជាការជួយដ៏សមរម្យក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បាន ក៏អាចរកបានដោយឥតគិតថ្លៃដងដែរ។ ហៅទូរសព្ទទៅ 1-800-639-2227 (TTY/TDD: 711).

French ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-639-2227 (TTY/TDD: 711).

Italian ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama 1-800-639-2227 (TTY/TDD: 711) .

Laos ຊົນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 1-800-639-2227 (TTY/TDD: 711).

Arabic

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-800-639-2227 (TTY/TDD: 711).

Russian ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-800-639-2227 (TTY/TDD: 711).

Vietnamese LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-800-639-2227 (Người khuyết tật: TTY/TDD: 711).

Liberian Bassa DYÉ-GBO-DÈ-ĐÈ: Ɔ jù ké m̀ dyi Ɓăsɔ́ɔ̀-wùɖù Bassa po-nyɔ̀ jùìn, wuɖu-xwíníín-mú-zà-zà ɓě nì ɓó m̀ bìì. Gbo-kpá-sɔ̃ tɔ̀ɔ ɓě ɓó bɔ̃ ɓě tò jè ɖé céè-dyèɖè kò-kò ɓě múɛɛ nì ɓó ɖekè, ké ɔ se wíɖí-péè-péè ɖò kɔ̃. Đá 1-800-639-2227 (TTY/TDD: 711).

Ibo IHE ỊLEBA-ANYA: Ọ bụrụ na ị na-asụ igbo, ị ga-enweta enyemaka asụsụ n'efu. A ga-enyekwa gi enyemaka na ọrụ ndị ọzọ kwesịrị ekwesị iji nye gi ihe ọmụma n'ụdị ndị dị mfe ma nweta ya n'efu. Kpọọ 1-800-639-2227 (TTY/TDD: 711).

Yoruba KÉRE O: Bí o bá sọ Yorùbá, àwọn iṣẹ́ èdè ọlọ́fẹ́ wà fún ẹ. Àwọn amúgbálẹ́gbẹ̀ẹ́ ìrànlọ́wọ́ àti iṣẹ́ láti pèsè àlàyé ní ọ̀nà alárọ̀wọ́tó wà lọ́fẹ́-lófo. Pe 1-800-639-2227 (TTY/TDD: 711).

Polish UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-800-639-2227 (TTY/TDD: 711).

Korean 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-800-639-2227 (TTY/TDD: 711).

Tagalog PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-800-639-2227 (TTY/TDD: 711).

Blue Cross Blue Shield of Rhode Island

500 Exchange Street, Providence, RI 02903-2699
Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.
06/25 BMED-1205154 Y0146_2024NDLAlangtags_C

Thank you!

Blue Cross Blue Shield of Rhode Island

Connect with BCBSRI on your favorite apps

For healthy tips, fun opportunities to engage with fellow BCBSRI members, and more!