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. <u>Medicaid:</u> $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 <u>Medicaid:</u> $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 <u>Medicaid:</u> $0 copay for Medicaid-covered services.
Doctor's Office Visits: • Primary care • Specialist	In-network: $0 copay In-network: $0 copay <u>Medicaid:</u> $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. <u>Medicaid:</u> $0 copay. Covered when ordered by a health plan physician/provider.

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 <u>Medicaid:</u> 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. <u>Medicaid:</u> $0 copay for Medicaid-covered services.
Physical Therapy*	In-network: $0 copay <u>Medicaid:</u> $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 <u>Medicaid:</u> $0 copay for Medicaid-covered services.
Transportation	60 one-way trips every year to Plan-approved locations. <u>Medicaid:</u> $0 copay for Medicaid-covered non-emergency medical transportation, administered through MTM.
Medicare Part B Drugs	In network: $0 copay <u>Medicaid:</u> $0 copay

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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.

Blue Cross & Blue Shield of Rhode Island is an HMO plan with a Medicare contract. Enrollment in Blue Cross & Blue Shield of Rhode Island depends on contract renewal. An independent licensee of the Blue Cross and Blue Shield Association.