

February 20, 2023

Dear Medicare Member,

Thank you for being a part of our Blue Cross & Blue Shield of Rhode Island (BCBSRI) family. We are reaching out with important information about changes to your Medicare Part B benefit through your BCBSRI Medicare Advantage plan. These changes may lower your Part B drug costs due to the Inflation Reduction Act.

Starting April 1, 2023, certain Part B drugs may be subject to a lower coinsurance. This means that the coinsurance you pay for some Part B drugs may be less than what is listed in your Evidence of Coverage (EOC). This amount may vary depending on the drug and when you fill the prescription, but will never exceed the coinsurance listed in your EOC.

Also, starting July 1, 2023, you will pay no more than \$35 for a one-month supply of Part B insulin, such as insulin administered via a pump. The \$35 limit applies to the insulin itself, not the pump or pump supplies. This change is in addition to the \$35 Part D insulin cap which was implemented in January 2023. If your plan includes the Insulin Savings Program, you may already have an insulin cost share less than \$35 per one-month supply.

You do not need to take any action. These benefits will automatically begin on the dates noted above.

If you have any questions, please call the Medicare Concierge team at (401) 277-2958 or 1-800-267-0439 (TTY:711). Hours are 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. The Medicare Concierge team also has free language interpreter services available for non-English speakers.

As always, thank you for putting your trust in us.

Sincerely,



Michael Menard
Vice President, Medicare

Blue Cross & Blue Shield of Rhode Island is an HMO & PPO 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

Y0146_PartBIRA_C

Summary of Benefits

January 1, 2023 - December 31, 2023

BlueRI for Duals (HMO D-SNP)

Summary of Benefits

This 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. To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, be eligible for Rhode Island Medicaid, live within our service area, and be a United States citizen or lawfully present in the United States. This plan is a Dual Eligible Special Needs Plan (D-SNP) for people who have both Medicare and Medicaid. How much Medicaid covers depends on your income, resources, and other factors, such as your medical needs. Some people get full Medicaid benefits. Your eligibility to enroll in this plan depends on your type of Medicaid.

Qualify for one of these Medicare Savings Programs? Then you qualify for **BlueRI for Duals (HMO D-SNP)**:

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

Enrollment in this plan depends on contract renewal.

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the “**Evidence of Coverage.**”

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.

BlueRI for Duals 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.

Our service area includes the following counties in Rhode Island: Providence, Kent, Washington, Bristol, and Newport.

This information is available for free in other languages and alternate formats including Spanish and large print.

For more information, interested prospects can contact the **BlueRI for Duals** Sales Support team at **(401) 459-5477** or **1-855-430-9293** (TTY: 711). Hours: Monday through Friday, 8:00 a.m. to 8:00 p.m. (Open seven days a week, 8:00 a.m. to 8:00 p.m., from October 1 – March 31.) You can use our automated answering system outside of these hours.

If you are a member of our plan and would like more information, please call the **BlueRI for Duals** Member Support team at **(401) 277-2958** or **1-800-267-0439** (TTY: 711). Hours: October 1 – March 31, you can call us seven days a week, 8:00 a.m. to 8:00 p.m. From April 1 – September 30, you can call us Monday through Friday, 8:00 a.m. to 8:00 p.m. Saturday, 8:00 a.m. to noon. You can use our automated answering system outside of these hours.

You can see our plan's provider and pharmacy directories at **bcbsri.com/medicare**.

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website at **bcbsri.com/medicare**.

For questions about your RI Medicaid eligibility or benefits, call the Department of Human Services (DHS) at **1-855-697-4347** (TTY 711).

| Premiums and Benefits | BlueRI for Duals HMO D-SNP |
|--|---|
| Monthly Plan Premium | \$0 You must continue to pay your Medicare Part B premium. |
| Annual Medical Deductible | \$0 This plan does not have a medical deductible. |
| Maximum Out-of-Pocket Amount (does not include prescription drugs) | \$8,300 annually for services you receive from in-network providers |
| Inpatient Hospital Coverage* | \$0 This plan covers an unlimited number of days for an in-network inpatient hospital stay. |
| Outpatient Hospital Coverage/Ambulatory Surgical Center (ASC)* | \$0 |
| Doctor's Office Visits: | |
| • Primary care | \$0 |
| • Specialist* | \$0 |
| Preventive Care | \$0 Any additional preventive services approved by Medicare during the contract year will be covered. |
| Emergency Care | \$0 If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Coverage" section of this booklet for other costs. |
| Urgently Needed Services | \$0 |
| Diagnostic Services/ Labs/Imaging* | |
| • High-tech diagnostic radiology services (such as MRIs, CT scans, etc.) | \$0 |
| • Lab services | \$0 |
| • Outpatient X-rays and diagnostic tests and procedures | \$0 |

⁴ *Prior Authorization may be required

**You must continue to receive Low Income Subsidies (LIS) or "Extra Help" to receive \$0 Part D copays and OTC/Grocery food benefit

| Premiums and Benefits | BlueRI for Duals HMO D-SNP |
|--|---|
| • Therapeutic radiology | \$0 |
| Hearing Services: | |
| • Hearing exam - routine | \$0 Limit one visit per year. |
| • Hearing exam - diagnostic/non-routine | \$0 |
| • Hearing aid | \$0 for each hearing aid. Coverage is for 2 hearing aids (1 per ear) every 3 years. |
| Dental Services* | |
| • Medicare covered | \$0 Limited dental services (this does not include services in connection with care, treatment, filling, removal or replacement of teeth). |
| • Preventive | \$0 of the cost for covered services. |
| • Comprehensive | \$0 of the cost for covered services |
| • Annual benefit maximum | \$3,000 limit on all covered in-network Preventive and Comprehensive Dental Services. |
| Vision Services: | |
| • Vision exam - routine | \$0 Limit one visit per year. |
| • Vision exam - diagnostic/non-routine | \$0 |
| • Vision eyewear | This plan pays up to \$300 every year for eyewear. |
| Mental Health Services* | |
| • Inpatient visit | \$0 This plan covers an unlimited number of days for an in-network inpatient hospital stay. |
| • Outpatient group/ individual therapy visit | \$0 |
| Skilled Nursing Facility (SNF)* | |
| | \$0 This plan covers up to 100 days in a SNF per benefit period. |
| Physical therapy (PT), occupational therapy (OT), and speech and language therapy (ST) visit | \$0 |

| Premiums and Benefits | BlueRI for Duals HMO D-SNP |
|--|---|
| Ambulance | \$0 |
| Transportation | \$0 copay per trip. (some restrictions apply) |
| Medicare Part B Drugs* | \$0 |
| Prescription Drug Benefits** | |
| Stage 1: Annual Prescription Drug Deductible | No Prescription Drug Deductible |
| Stage 2: Initial Coverage (after you pay your deductible) | You will pay the following until your total yearly drug costs reach \$4,660. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You pay \$0 for select insulins through all part D coverage stages for a 30 day supply. You may get your drugs at network retail pharmacies and mail order pharmacies. |
| Pharmacy Network | Standard Retail 30-day supply |
| Tier 1: Preferred Generic | \$0 |
| Tier 2: Generic | \$0 |
| Tier 3: Preferred Brand | \$0 |
| Tier 4: Non-Preferred Drug | \$0 |
| Tier 5: Specialty | \$0 |
| | Mail Order 90-day supply |
| Tier 1: Preferred Generic | \$0 |
| Tier 2: Generic | \$0 |
| Tier 3: Preferred Brand | \$0 |
| Tier 4: Non-Preferred Drug | \$0 |

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| Premiums and Benefits | BlueRI for Duals HMO D-SNP |
|---|--|
| Tier 5: Specialty | \$0 Specialty Drugs are limited to a 30 day supply |
| Stage 3: Coverage Gap | <p>Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,660.</p> <p>After you enter the coverage gap, you pay \$0 of the plan’s cost for generic and brand name drugs until your costs total \$7,400, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p> |
| Stage 4: Catastrophic Coverage | <p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$7,400, you pay:</p> <p>\$0 of the cost for generic (including brand drugs treated as generic) and all other formulary drugs.</p> |
| Additional Benefits | |
| Acupuncture* | \$0 |
| Chiropractic Office Visits* | \$0 |
| Fitness Benefit - Silver & Fit | \$0 |
| Foot Care (podiatry services):* | \$0 |
| <ul style="list-style-type: none"> • Foot exams and treatment • Routine foot care for members with certain medical conditions | \$0 |
| Medical Equipment/ Supplies:* | \$0 |
| <ul style="list-style-type: none"> • Durable medical equipment and prosthetics • Diabetes monitoring supplies | \$0 You must use OneTouch plan designated monitors and test strips. |

| Premiums and Benefits | BlueRI for Duals HMO D-SNP |
|--|--|
| Virtual Doctors' Visits (Telemedicine) | \$0 Speak to a primary care provider using your computer or mobile device |
| Outpatient Surgery* | \$0 |
| Over-the-Counter (OTC) + Grocery Food Card** | \$150 per month allowance to use on approved health and food products |
| Wellness Reimbursement | \$200 per year to use on approved services |
| Caregiver Reimbursement | \$100 per year |
| Post Discharge Meal Benefit | \$0 Benefit is for 7 days (14 meals) per inpatient or SNF discharge |
| Personal Emergency Response System | \$0 |
| Flexible Benefit Card | \$1,500 to use on dental, vision and hearing services |
| In-home Support Services | 120 hours per year of in-home support services |

Medicaid Benefits

The benefits described below are covered by Medicaid. Many of the benefits are covered by Blue Cross & Blue Shield of Rhode Island and Medicaid. If a benefit is used up or not covered by Medicare, then Medicaid may provide coverage. This depends on your type and level of Medicaid eligibility. To learn about eligibility, you may call Blue Cross Blue Shield of Rhode Island Concierge team at **401-277-2958**, or the Department of Human Services at **401-415-8455**.

| Benefit Category | Rhode Island Medicaid |
|------------------------------|---|
| Inpatient Hospital Care | \$0 BCBSRI pays for inpatient hospital care, 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 | \$0 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. |

8 *Prior Authorization may be required
 **You must continue to receive Low Income Subsidies (LIS) or "Extra Help" to receive \$0 Part D copays and OTC/Grocery food benefit

| Premiums and Benefits | Rhode Island Medicaid |
|-----------------------------|---|
| Therapies | \$0 Covered as medically necessary, includes physical therapy, occupational therapy, speech therapy, hearing therapy, respiratory therapy, and other related therapies. |
| Physician/Provider Services | \$0 Covered as needed, based on medical necessity, including primary care, specialty care, obstetric and newborn 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. |
| Family Planning Services | \$0 Enrolled female members have freedom of choice of providers for family planning services. |
| Prescription Drugs | \$0 Covered when prescribed by a Health Care Professional. Limited to Non-Prescription Drugs. Includes nicotine cessation supplies and medically necessary nutritional supplements when ordered by a Health Plan physician. |
| Non-Prescription Drugs | \$0 Covered when prescribed by a Health Care Professional. Limited to Non-Prescription Drugs. Includes nicotine cessation supplies and medically necessary nutritional supplements when ordered by a Health Plan physician. |
| Laboratory Services | \$0 Covered when ordered by a Health Care Professional, including urine drug screens. |
| Radiology Services | \$0 Covered when ordered by a Health Care Professional. |

| Premiums and Benefits | Rhode Island Medicaid |
|---|--|
| Diagnostic Services | <p>\$0</p> <p>Covered when ordered by a Health Care Professional.</p> |
| Mental Health and Substance Use Disorder Treatment – Outpatient/Inpatient | <p>\$0</p> <p>Covered as needed for all members. Covered services include a full continuum of Mental Health and Substance Use Disorder (MH/SUD) treatment, including but not limited to: community-based narcotic treatment, methadone, and community- or hospital-based detox. Covered residential treatment includes therapeutic services but does not include room and board, except in a facility accredited by the Joint Commission on Accreditation of Healthcare Organizations ("JCAHO"). Also includes, MH/SUD residential treatment (including minimum 6-month SSTAR birth residential services), Mental Health Psychiatric Rehabilitative Residence (MHPRR), psychiatric rehabilitation day programs; Assertive Community Treatment (ACT).</p> |
| Home Health Services | <p>\$0</p> <p>Covered services include those services provided under a written plan of care authorized by a Health Care Professional; including full-time, part-time, or intermittent skilled nursing care and certified nursing assistant services as well as physical therapy, occupational therapy, respiratory therapy and speech language pathology, as ordered by a health plan physician. This service also includes medical social services, durable medical equipment, and medical supplies for use at home. Home Health Services do not include respite care, relief care or day care. Home Health services should not prohibit a beneficiary from receiving home health services in any setting in which normal life activities take place, other than a hospital; nursing facility; intermediate care facility for individuals with intellectual disabilities; or any setting in which payment is or could be made under Medicaid for inpatient services that include room and board. Home Health services cannot be limited to services furnished to beneficiaries who are homebound.</p> |

| Premiums and Benefits | Rhode Island Medicaid |
|--|---|
| Home Care Services | <p>\$0</p> <p>Covered services include those provided under a written plan of care authorized by a physician/provider including full-time, part-time or intermittent care by a licensed nurse or certified nursing assistant as well as; physical therapy, occupational therapy, respiratory therapy and speech therapy. Home Care services include laboratory services and private duty nursing for a patient whose medical condition requires more skilled nursing than intermittent visiting nursing care, Home Care services include personal care services, such as assisting the client with personal hygiene, dressing, feeding, transfer and ambulatory needs, Home Care services also include homemaking services that are incidental to the client's health needs such as making the client's bed, cleaning the client's living areas such as bedroom and bathroom, and doing the client's laundry and shopping. Home care services do not include respite care, relief care or day care.</p> |
| Preventive Services | <p>\$0</p> <p>Covered when ordered by a health plan physician/provider. Services include homemaker services, minor environmental modifications, physical therapy evaluation and services, personal care services, and Personal Emergency Response (PERS).</p> |
| Emergency Room Service and Emergency Transportation Services | <p>\$0</p> <p>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.</p> |

| Premiums and Benefits | Rhode Island Medicaid |
|--|---|
| Nursing Home Care and Skilled Nursing Facility Care | <p>\$0</p> <p>Covered when ordered by a Health Plan physician/provider. All skilled and custodial care covered.</p> |
| Services of Other Practitioners | <p>\$0</p> <p>Covered if referred by a Health Care Professional. Practitioners certified and licensed by the State of Rhode Island including nurse practitioners, physicians' assistants, social workers, licensed dietitians, psychologists, and licensed nurse midwives.</p> |
| Court-Ordered Mental Health and Substance Abuse Treatment – Criminal Court | <p>\$0</p> <p>Covered for all members. Treatment must be provided in totality, as directed by the Court or other State official or body (i.e., a Probation Officer, The Rhode Island State Parole Board). If the length of stay is not prescribed on the court order, the BCBSRI may conduct utilization review on the length of stay.</p> <p>The following are examples of Criminal Court-Ordered Benefits that must be provided in totality as an in-plan benefit:</p> <ul style="list-style-type: none"> • Bail ordered: Treatment is prescribed as a condition of bail/bond by the court. • Condition of Parole: Treatment is prescribed as a condition of parole by the Parole Board. • Condition of Probation: Treatment is prescribed as a condition of probation • Recommendation by a Probation State Official: Treatment is recommended by a State Official (Probation Officer, Clinical social worker, etc.). • Condition of Medical Parole: Person is released to treatment as a condition of their parole, by the Parole Board. |

| Premiums and Benefits | Rhode Island Medicaid |
|---|---|
| Court-Ordered Mental Health and Substance Abuse Treatment – Civil Court | <p>\$0</p> <p>All Civil Mental Health Court-Ordered Treatment is covered in totality</p> <p>Civil Court Ordered Treatment can be from the result of:</p> <ul style="list-style-type: none"> a) Voluntary Admission b) Emergency Certification c) Civil Court Certification |
| Podiatry Services | <p>\$0</p> <p>Covered as ordered by Health Care Professional.</p> |
| Optometry Services | <p>\$0</p> <p>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.</p> |
| Oral Health | <p>\$0</p> |
| Hospice Services | <p>\$0</p> <p>Covered as ordered by a Health Care Professional. Services limited to those covered by Medicare.</p> |
| Durable Medical Equipment (DME) | <p>\$0</p> <p>Covered as ordered by a Health Care Professional. Services limited to those covered by Medicare.</p> |

| Premiums and Benefits | Rhode Island Medicaid |
|--|--|
| Adult Day Health | <p>\$0</p> <p>Day programs for frail seniors and other adults who need supervision and health services during the daytime. Adult Day Health programs offer nursing care, therapies, personal care assistance, social and recreational activities, meals, and other services in a community group setting. Adult Day Health programs are for adults who return to their homes and caregivers at the end of the day.</p> |
| Nutrition Services | <p>\$0</p> <p>Covered as delivered by a registered or licensed dietitian for certain medical conditions and as referred by a Health Care Professional.</p> |
| Group/Individual Programs Education | <p>\$0</p> <p>Coverage includes healthy lifestyles/weight management, wellness/weight loss and tobacco cessation programs and services.</p> |
| Interpreter Services | <p>\$0</p> <p>Covered as needed.</p> |
| Transplant Services | <p>\$0</p> <p>Covered when ordered by a Health Care Professional.</p> |
| HIV/AIDS Non-Medical Targeted Case Management for People Living with HIV/AIDS (PLWH/As) and those at High Risk for Acquiring HIV | <p>\$0</p> <p>This program may be provided for people living with HIV/AIDS and for those at high risk for acquiring HIV (contact our member care team for distinct eligibility criteria for beneficiaries to qualify for this service). These services provide a series of consistent and required "steps" such that all clients are provided with and Intake, Assessment, Care Plan.</p> |

| Premiums and Benefits | Rhode Island Medicaid |
|--------------------------------|---|
| AIDS Medical Case Management | <p>\$0</p> <p>Medical Care Management services (including treatment adherence) are a range of client-centered services that link clients with health care, psychosocial, and other services.</p> |
| Treatment for Gender Dysphoria | <p>\$0</p> <p>Comprehensive benefit package.</p> |
| Rehabilitation Services | <p>\$0</p> <p>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.</p> |

Existing members can call the BlueRI for Duals Member Support team at (401) 277-2958 or 1-800-267-0439 (TTY:711) for more information. Non-members can call the BlueRI for Duals Sales Support team at (401) 459-5477 or 1-855-430-9293 (TTY:711).

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