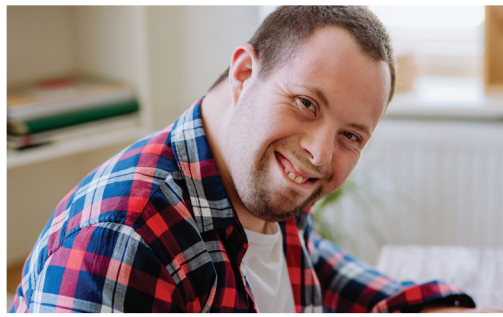
Neighborhood Health Plan OF RHODE ISLAND™



Neighborhood **Dual CONNECT** (HMO D-SNP)

2026 Summary of Benefits

H2126_0925DUALSB_M Approved 09/16/2025

Introduction

Neighborhood Health Plan of Rhode Island (Neighborhood) **Dual CONNECT (HMO D-SNP)** is a Medicare Advantage Dual Special Needs Plan with Part D Prescription Drug Coverage. Neighborhood Dual CONNECT members must be eligible for or enrolled in Medicare Part A and Part B and are eligible for partial Medicaid benefits under the Rhode Island State Medicaid Program.

This document is a brief summary of the benefits and services covered by Neighborhood Dual CONNECT. It includes important contact information, an overview of benefits and services offered, and information about your rights as a member of Neighborhood INTEGRITY for Duals. Key terms and their definitions appear in alphabetical order in the last chapter of the *Evidence of Coverage (EOC).*

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of the benefits and services we cover, please call 1-844-812-6896 (TTY 711) or read the Dual CONNECT *Evidence of Coverage* which can be found online at www.nhpri.org/DualCONNECT.

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A. Disclaimers

This is a summary of health services covered by Neighborhood Dual CONNECT for 2026. This is only a summary. Please read the *Evidence of Coverage* for the full list of benefits. To request an EOC call Member Services at 1-844- 812-6896 (TTY 711), 8 a.m. to 8 p.m., seven days a week from October 1 to March 31. From April 1 through September 30, 8 a.m. to 8 p.m. Monday through Friday (you may leave a voicemail on Saturdays, Sundays, and Federal holidays). The call is free. **For more information**, visit www.nhpri.org/DualCONNECT.

- Neighborhood Health Plan of Rhode Island's Dual CONNECT (HMO D-SNP) is a health plan that contracts with Medicare and the Rhode Island Medicaid Program. Enrollment in Neighborhood Health Plan of Rhode Island's Dual CONNECT plan depends on contract renewal.
- This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information contact the plan or read the *Evidence of Coverage*.
- For more information about Medicare, you can read the *Medicare & You* handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- You can get this for free in other formats, such as large print, braille, or audio. Call Member Services at 1-844-812-6896 (TTY 711), 8 a.m. to 8 p.m., seven days a week from October 1 to March 31. From April 1 through September 30, 8 a.m. to 8 p.m. Monday through Friday (you may leave a voicemail on Saturdays, Sundays, and Federal holidays). The call is free. **For more information**, visit www.nhpri.org/DualCONNECT.
- This document is available for free in Spanish and Portuguese.
- You can ask to get this document and future materials in your preferred language and/or alternate format by calling Member Services. This is called a “standing request”. Member Services will document your standing request in your member record so that you can receive materials now and in the future in your preferred language and/or format. You can change or delete your standing request at any time by calling Member Services.

B. List of covered services

The following table is a quick overview of what services you may need, your costs, and rules about the benefits.

Overview of Services	Your Cost for In-Network Providers	Limitations, exceptions, & benefit information (rules about benefits)
Monthly Plan Premium	You pay $0 per month	You must continue to pay your Medicare Part B premium unless your Part B premium is paid for by Medicaid or another third party.
Annual Medical Deductible	$0	
Maximum Out-of- Pocket Responsibility (MOOP)	$9,250 annually	
Inpatient Hospital Care *Includes medical, surgical, and rehabilitation services.*	$0	Except in an emergency, your health care provider must tell the plan of your hospital admission. Your provider may need to obtain prior authorization. Maximum 60 lifetime service days.
Outpatient Hospital Services	$0	Plan covers medically necessary services you get in the outpatient department of a hospital for diagnosis or treatment of an illness or injury. Your provider may need to obtain prior authorization.
Ambulatory Surgery Center	$0	Your provider may need to obtain prior authorization.
Doctor Visits *Primary Care Providers and Specialists*	$0	

Overview of Services	Your Cost for In-Network Providers	Limitations, exceptions, & benefit information (rules about benefits)
Preventive Care	$0	Includes Welcome to Medicare preventive visit, certain screenings, immunizations, and other preventive care services.
Emergency Room Services	$0	Covered world-wide.
Urgently Needed Care	$0	Covered world-wide.
Diagnostic Tests and Procedures	$0	Your provider may need to obtain prior authorization.
Lab Tests, such as Blood Work	$0	Your provider may need to obtain prior authorization.
Diagnostic Services, Labs, and Imaging (including Diagnostic Radiology and X-rays)	$0	Your provider may need to obtain prior authorization.
Hearing Exam	$0	Medicare-covered hearing services.
Dental Services	$0	Medicare-covered dental services.
Vision Care	$0	Medicare-covered vision services.
Mental or Behavioral Health Services	$0	This benefit includes inpatient visits, outpatient group therapy or psychiatric visits and outpatient individual therapy or psychiatric visits.

Overview of Services	Your Cost for In-Network Providers	Limitations, exceptions, & benefit information (rules about benefits)
Skilled Nursing Facility	$0	Inpatient hospital stay is not required prior to SNF admission. Covered up to 100 days per benefit period. Your provider may need to obtain prior authorization.
Occupational, Physical, or Speech Therapy	$0	Your provider may need to obtain prior authorization.
Podiatry (Foot Care)	$0	
Ambulance Services	$0	Your provider may need to obtain prior authorization.
Medicare Part B Prescription Drugs	$0	Your provider may need to obtain prior authorization.
Chiropractic Care	$0	Manual manipulation of the spine to correct subluxation. Your provider may need to obtain prior authorization.
Diabetes Monitoring Supplies	$0	Your provider may need to obtain prior authorization.
Diabetes Self-Management Training	$0	
Medicare-Covered Therapeutic Shoes or Inserts	$0	Your provider may need to obtain prior authorization.

Overview of Services	Your Cost for In-Network Providers	Limitations, exceptions, & benefit information (rules about benefits)
Durable Medical Equipment (DME) or Supplies	$0	The plan covers wheelchairs, nebulizers, crutches, roll-a-bout knee walkers, walkers, and oxygen equipment and supplies, prosthetics, orthotics and orthopedic footwear, etc. Your provider may need to obtain prior authorization.
Home Health Services	$0	Your provider may need to obtain prior authorization.
Gym Membership	$0	Fitness benefits include a health club membership at eligible YMCA locations and an activity tracker.
Special Supplemental Benefits for the Chronically Ill	$0	$125 monthly allowance for healthy foods tailored to your specific dietary needs. Not all members qualify. To be eligible for this benefit you must be diagnosed with one of the chronic conditions listed in Chapter 4 of the Evidence of Coverage and meet certain criteria. Call Member Services for more information. Unused funds at the end of each month do not roll over.
Post Discharge Home Meal Delivery	$0	This benefit covers a maximum of up to two (2) meals per day for fourteen (14) days immediately following a Medicare-covered inpatient hospitalization or surgery. Limited to twice per calendar year.
Opioid Treatment Services	$0	

Overview of Services	Your Cost for In-Network Providers	Limitations, exceptions, & benefit information (rules about benefits)
Outpatient Substance Abuse Treatment – Group or Individual	$0	
Over-the-Counter (OTC)	$0	$25 monthly allowance towards OTC supplemental drugs and health-related items. There may be limitations on the types of drugs covered. Unused funds do not roll over at the end of each month.

Some benefits mentioned are part of a special supplemental program for the chronically ill. You may qualify for coverage if you have a chronic condition including but not limited to hypertension, diabetes, chronic pulmonary disease, severe hematologic-rare genetic disorders, and depression. Additional eligibility criteria apply. Please contact us for full details.

If you're within our plan's 1-month period of deemed continued eligibility, Neighborhood will continue to provide all Medicare Advantage plan-covered Medicare benefits. However, during this period, Neighborhood **will not** cover Medicaid benefits that are included under the applicable Medicaid State Plan, nor will we pay the Medicare premiums or cost sharing for which the state would otherwise be liable had you not lost your Medicaid eligibility. The amount you pay for Medicare-covered services may increase during this period.

C. Medicare Part D Prescription Drug Coverage

The following table is a summary of your Part D Prescription Drug Coverage.

Deductible Stage	**$0**	
Initial Coverage Stage	**Retail and Mail-Order** 30-day supply	**Retail and Mail-Order** 90-day supply
Tier 1: All drugs	$0 copay or $5.10 copay (Generic) or $12.65 copay (Brand)	$0 copay or $5.10 copay (Generic) or $12.65 copay (Brand)
Catastrophic Coverage Stage[1]	**$0**	

[1] You enter this stage when your out-of-pocket costs have reached the $2,100 limit for the calendar year. Your out-of-pocket costs may be lower because you're eligible for Medicaid, and you qualify for and are getting Extra Help from Medicare to pay for your prescription drug plan costs.

The above summary of benefits is provided for informational purposes only and isn't a complete list of benefits. For a complete list and more information about your benefits, you can read the Neighborhood Dual CONNECT *Evidence of Coverage*. If you don't have an *Evidence of Coverage*, call Neighborhood Member Services at the numbers listed at the bottom of this page to get one. If you have questions, you can also call Member Services or visit www.nhpri.org/DualCONNECT.

D. Your rights as a member of the plan

As a member of Neighborhood Dual CONNECT, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We'll tell you about your rights at least once a year. For more information on your rights, please read the *Evidence of Coverage*. Your rights include, but aren't limited to, the following:

- **You have a right to respect, fairness, and dignity.** This includes the right to:
  - Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex (including sex stereotypes and gender identity) sexual orientation, national origin, race, color, religion, creed, or public assistance
  - Get information in other languages and formats (for example, large print, braille, or audio) free of charge
  - Be free from any form of physical restraint or seclusion
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:
  - Description of the services we cover
  - How to get services
  - How much services will cost you
  - Names of health care providers and care manager
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
  - Choose a primary care provider (PCP) and change your PCP at any time during the year
  - Use a women's health care provider without a referral
  - Get your covered services and drugs quickly
  - Know about all treatment options, no matter what they cost or whether they're covered
  - Refuse treatment, even if your health care provider advises against it

- Stop taking medicine, even if your health care provider advises against it
- Ask for a second opinion. Neighborhood Dual CONNECT will pay for the cost of your second opinion visit
- Make your health care wishes known in an advance directive

- **You have the right to timely access to care that doesn't have any communication or physical access barriers.** This includes the right to:
  - Get timely medical care
  - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
  - Have interpreters to help with communication with your health care providers and your health plan
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
  - Get emergency services without prior authorization in an emergency
  - Use an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
  - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
  - Have your personal health information kept private
  - Have privacy during treatment
- **You have the right to make complaints about your covered services or care.** This includes the right to:
  - File a complaint or grievance against us or our providers
  - File a complaint with Neighborhood Dual CONNECT at 1-844-812-6896 and 711 for TTY users.
  - Appeal certain decisions made by Dual CONNECT or our providers
  - Ask for a State Hearing
  - Get a detailed reason for why services were denied

For more information about your rights, you can read the Dual CONNECT *Evidence of Coverage*. If you have questions, you can call Neighborhood Dual CONNECT Member Services at the numbers listed at the bottom of this page.

You can also call the Rhode Island Medicaid Office of the Ombudsperson (RIPIN Healthcare Advocate) at 1-855-747-3224 (TTY 711), Monday through Friday 8 a.m. to 5 p.m.

E. How to file a complaint or appeal a denied service

- If you have a complaint or think Neighborhood Dual CONNECT should cover something we denied, call Member Services at the numbers listed at the bottom of this page. You may be able to appeal our decision.

- For questions about complaints and appeals, you can read the Dual CONNECT *Evidence of Coverage*. You can also call Neighborhood Dual CONNECT Member Services at the number listed at the bottom of this page.

- You can mail your written grievances to:

  Neighborhood Health Plan of Rhode Island
  Attn: Grievance & Appeals
  910 Douglas Pike
  Smithfield, RI 02917

- You can fax your written grievances to: 1-401-709-7005

- You can mail your written Medical and Behavioral Health appeals to:

  Neighborhood Health Plan of Rhode Island
  Attn: Grievance & Appeals
  910 Douglas Pike
  Smithfield, RI 02917

- You can fax your written Medical and Behavioral Health appeals to: 1-401-709-7005

- You can mail your written Part D (prescription drug) appeals to:

  CVS Caremark Part D Appeals and Exceptions
  PO BOX 52000 MC109
  Phoenix, AZ 85072-2000

- You can fax your written Part D (prescription drug) appeals to: 1-855-633-7673

- To request reimbursement for a Part D prescription drug that you paid out of pocket for, please mail or fax a copy of your receipt and related prescription documentation to:

  CVS Caremark Part D Appeals and Exceptions
  PO BOX 52066
  Phoenix, AZ 85072-2066

- You can fax your request reimbursement for part D prescription drug to: 1-855-230-5549

F. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

- Call us at Neighborhood Dual CONNECT Member Services at the number listed at the bottom of this page.
- Or, call the Rhode Island Medicaid Customer Service Center at 401-784-8100. TTY users may call 711.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free.

- Or, call Department of Rhode Island Attorney General for reports on Rhode Island Medicaid fraud, patient abuse or neglect, or drug diversion at 1-401-274-4400 extension 2269.
- Or, call Rhode Island Department of Human Services (DHS) Fraud hotline for reports on CCAP, SNAP, RI Works and GPA at 1-401-574-8175.
- Or, call Neighborhood's Compliance Hotline at 1-888-579-1551

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

ATTENTION: If you speak English, 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 1-800-963-1001 (TTY 711) or speak to your provider.

تنبيه: إذا كنت تتحدث اللغة العربية، فستكون خدمات المساعدة اللغوية متاحة لك مجانًا. تتوفر أيضًا المساعدات والخدمات المساعدة المناسبة لتوفير المعلومات بتنسيقات بديلة لأصحاب الإعاقات مجانًا. أتصل على 1-800-963-1001 (هاتف الصم وضعاف السمع 711) أو تحدث إلى مقدم الخدمة الخاص بك.

注意：若您使用粵語，我們將為您提供免費的語言協助服務。此外，我們也提供適當的輔助設備與服務，為您提供免費且易於閱讀的資訊。致電 1-800-963-1001 (TTY 711) 或與您的供應商商討。

请注意：如果您说普通话，我们可以为您提供免费的语言援助服务。还会以通俗易懂的形式，免费提供相应的辅助性帮助和服务。请致电 1-800-963-1001 (TTY 711) 或直接联系您的供应商。

À NOTER : Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et des services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-963-1001 (ATS 711) ou parlez à votre fournisseur.

ATANSYON: Si ou pale Kreyòl Ayisyen, sèvis asistans lang gratis disponib pou ou. Èd ak sèvis oksilyè apwopriye pou bay enfòmasyon nan fòma aksesib yo disponib tou gratis. Rele
1-800-963-1001 (TTY 711) oswa pale ak founisè w la.

ACHTUNG: Wenn Sie Deutsch sprechen, können Sie kostenlose Sprachassistenzdienste nutzen. Geeignete unterstützende Hilfen und Services, die Informationen in barrierefreien Formaten bereitstellen, sind ebenfalls kostenfrei. Rufen Sie 1-800-963-1001 (TTY 711) an oder kontaktieren Sie Ihren Anbieter.

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक सहायता और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-800-963-1001 (TTY 711) पर कॉल करें या अपने प्रदाता से बात करें।

ATTENZIONE: Se parlate italiano, avete a disposizione dei servizi di assistenza linguistica gratuiti. Sempre gratuitamente, sono disponibili anche supporti e servizi ausiliari appropriati per fornivi informazioni in formati accessibili. Potete chiamare il numero 1-800-963-1001 (TTY 711) o parlare con il vostro fornitore.

注意：日本語を話せる場合には、無料の言語サービスをご利用いただけます。利用できる形式で情報を提供するための適切な補助器具・サービスも無料でご利用いただけます。1-800-963-1001（テキスト電話（TTY）711）にお電話でお問い合わせになるか、提供者にご相談ください。

ការយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយភាសាឥតគិតថ្លៃមានផ្តល់ជូនដល់អ្នក។ ក៏មានការផ្តល់ការគាំទ្រ និងសេវាកម្មជំនួយសមស្របដោយឥតគិតថ្លៃក្នុងការផ្តល់ព័ត៌មានជាទម្រង់ដែលអាចចូលប្រើបានផងដែរ។ សូមហៅទូរសព្ទទៅលេខ 1-800-963-1001 (TTY 711) ឬពិគ្រោះយោបល់ជាមួយអ្នកផ្តល់សេវារបស់អ្នក។

참조: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이해 가능한 형식으로 정보를 제공하기 위한 적절한 보조 도구 및 서비스도 무료 이용하실 수 있습니다. 1-800-963-1001(TTY 711)로 전화하시거나 서비스 제공업체에 문의하세요.

UWAGA: Jeśli mówisz po polsku, możesz skorzystać z bezpłatnych usług językowych. Dostępne są również bezpłatne pomoce i usługi, które zapewniają informacje w zrozumiałym formacie. Zadzwoń pod numer 1-800-963-1001 (TTY 711) lub skonsultuj się ze swoim świadczeniodawcą.

ATENÇÃO: Se fala português, tem à sua disposição serviços de assistência linguística gratuitos. Estão também disponíveis, a título gratuito, ajudas e serviços auxiliares adequados para fornecer informações em formatos acessíveis. Ligue para 1-800-963-1001 (TDD 711) ou fale com o seu prestador

ВНИМАНИЕ! Если вы говорите по-русски, то вам доступны бесплатные услуги языковой поддержки. Также бесплатно предоставляются соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах. Позвоните по телефону 1-800-963-1001 (телетайп 711) или обратитесь к своему поставщику услуг.

If you have questions, please call Neighborhood Dual CONNECT at 1-844-812- 6896 (TTY 711), 8 a.m. to 8 p.m., seven days a week from October 1 to March 31. From April 1 through September 30, 8 a.m. to 8 p.m. Monday through Friday (you may leave a voicemail on Saturdays, Sundays, and Federal holidays). The call is free. **For more information**, visit www.nhpri.org/DualCONNECT..

ATENCIÓN: Si habla español, se ofrecen servicios gratuitos de asistencia con el idioma. También se ofrecen ayudas y servicios auxiliares apropiados para brindar información en formatos accesibles sin cargo alguno. Llame al 1-800-963-1001 (TTY 711) o consulte con su proveedor.

PANSININ: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng tulong serbisyo sa lengguwahe. Ang mga naaangkop na dagdag na mga pantulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na porma ay magagamit din nang walang bayad. Tumawag sa 1-800-963-1001 (TTY 711) o makipag-usap sa iyong tagapagbigay.

CHÚ Ý: Nếu quý vị nói Tiếng Việt, có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Các biện pháp hỗ trợ và dịch vụ phụ trợ phù hợp để cung cấp thông tin ở định dạng dễ tiếp cận cũng được cung cấp miễn phí. Hãy gọi số 1-800-963-1001 (TTY 711) hoặc nói chuyện với nhà cung cấp dịch vụ của quý vị.

If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call Neighborhood Dual CONNECT Member Services: 1-844-812-6896 (TTY 711)

Calls to this number are free. Hours are 8 a.m. to 8 p.m., seven days a week from October 1 to March 31. From April 1 through September 30, 8 a.m. to 8 p.m. Monday through Friday (you may leave a voicemail on Saturdays, Sundays, and Federal holidays). Member Services also has free language interpreter services available for non-English speakers.