



Neighborhood **INTEGRITY** for Duals (HMO D-SNP)
2026 Summary of Benefits

Introduction

This document is a brief summary of the benefits and services covered by Neighborhood INTEGRITY for Duals. It includes answers to frequently asked questions, 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 *Member Handbook*.

Table of Contents

A. Disclaimers3

B. Frequently asked questions (FAQ).....4

C. List of covered services.....8

D. Benefits covered outside of Neighborhood INTEGRITY for Duals 19

E. Services that Neighborhood INTEGRITY for Duals, Medicare, and Rhode Island Medicaid don’t cover.....20

F. Your rights as a member of the plan20

G. How to file a complaint or appeal a denied service.....23

A. Disclaimers



This is a summary of health services covered by Neighborhood INTEGRITY for Duals for 2026. This is only a summary. Please read the *Member Handbook* for the full list of benefits. To request a Member Handbook call Member Services at 1-844- 812-6896, 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/INTEGRITYDuals.

- ❖ Neighborhood Health Plan of Rhode Island (Neighborhood) INTEGRITY for Duals (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 INTEGRITY for Duals plan depends on contract renewal. .
- ❖ Under Neighborhood INTEGRITY you can get your Medicare and Rhode Island Medicaid services in one health plan. A Neighborhood INTEGRITY care manager will help manage your health care needs.
- ❖ 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 Member Handbook.
- ❖ 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/INTEGRITYDuals.
- ❖ 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



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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. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
What's a FIDE SNP?	A FIDE SNP stands for Fully Integrated Dual Eligible Special Needs Plan. It is a specialized type of Medicare Advantage plan for individuals who qualify for both Medicare and Rhode Island Medicaid. To be eligible for Neighborhood INTEGRITY for Duals you must live in our service area, have both Medicare Part A and B, be a United States Citizen or lawfully present in the United States and currently be enrolled in Rhode Island Medicaid. With a FIDE SNP, Neighborhood will integrate and coordinate all covered Medicare and Rhode Island Medicaid benefits under one plan.
Will I get the same Medicare and Rhode Island Medicaid benefits in Neighborhood INTEGRITY for Duals that I get now? (continued on the next page)	<p>You'll get most of your covered Medicare and Rhode Island Medicaid benefits directly from Neighborhood INTEGRITY for Duals. You'll work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor and interdisciplinary care team's assessment. You may also get other benefits outside of your health plan the same way you do now, directly from Rhode Island Medicaid, specialty mental health and substance use disorder services, or regional center services.</p> <p>When you enroll in Neighborhood INTEGRITY for Duals, you and your interdisciplinary care team will work together to develop an Individualized Care Plan to address your health and support needs, reflecting your personal preferences and goals.</p>



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Frequently Asked Questions	Answers
<p>Will I get the same Medicare and Rhode Island Medicaid benefits in Neighborhood INTEGRITY for Duals that I get now? (continued from previous page)</p>	<p>If you're taking any Medicare Part D drugs that Neighborhood INTEGRITY for Duals doesn't normally cover, you can get a temporary supply and we'll help you to transition to another drug or get an exception for Neighborhood INTEGRITY for Duals to cover your drug if medically necessary. For more information, call Member Services at the numbers listed at the bottom of this page.</p>
<p>Can I use the same doctors I use now?</p>	<p>This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with Neighborhood INTEGRITY for Duals and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none"> • Providers with an agreement with us are "in-network." Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. You must use the providers in Neighborhood INTEGRITY for Duals' network. If you use providers or pharmacies that aren't in our network, the plan may not pay for these services or drugs. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Neighborhood INTEGRITY for Duals' plan. • If Neighborhood INTEGRITY for Duals is new for you, you can continue using the doctors you use now for up to 180 days after you first enroll or until your care plan is completed. This includes seeing providers out-of-network. <p>To find out if your providers are in the plan's network, call Member Services at the numbers listed at the bottom of this page or read Neighborhood INTEGRITY for Duals' <i>Provider and Pharmacy Directory</i> on the plan's website at www.nhpri.org/INTEGRITYDuals.</p> <p>If Neighborhood INTEGRITY for Duals is new for you, we'll work with you to develop an Individualized Care Plan to address your needs.</p>



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Frequently Asked Questions	Answers
What's a Neighborhood INTEGRITY for Duals care manager?	A Neighborhood INTEGRITY for Duals care manager is one main person for you to contact. This person helps to manage all your providers and services and make sure you get what you need.
What are Long-term Services and Supports (LTSS)?	Long-term Services and Supports (LTSS) are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital. Our plan covers LTSS for members who need them and qualify for LTSS through Rhode Island Medicaid. You need to pay for part of the cost of the LTSS. This is called “cost-share,” and the amount you pay is determined by Rhode Island Medicaid, not Neighborhood INTEGRITY for Duals.
What happens if I need a service but no one in Neighborhood INTEGRITY for Duals' network can provide it?	Most services will be provided by our network providers. If you need a service that can't be provided within our network, Neighborhood INTEGRITY for Duals will pay for the cost of an out-of-network provider.
Where's Neighborhood INTEGRITY for Duals available?	<p>The service area for this plan includes these counties in Rhode Island: Bristol, Kent, Newport, Providence, and Washington. You must live in one of these areas to join the plan.</p> <p>Call Member Services at the numbers at the bottom of this page for more information about whether the plan is available where you live.</p>



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Frequently Asked Questions	Answers
What is prior authorization?	<p>Prior authorization means an approval from Neighborhood INTEGRITY for Duals to seek services outside of our network or to get services not routinely covered by our network before you get the services. Neighborhood INTEGRITY for Duals may not cover the service, procedure, item, or drug if you don't get prior authorization.</p> <p>If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first. Neighborhood INTEGRITY for Duals can provide you or your provider with a list of services or procedures that require you to get prior authorization from Neighborhood INTEGRITY for Duals before the service is provided.</p> <p>Refer to Chapter 3, of the <i>Member Handbook</i> to learn more about prior authorization. Refer to the Benefits Chart in Chapter 4 of the Member Handbook to learn which services require a prior authorization.</p> <p>If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Services at the numbers listed at the bottom of the page for help.</p>
Do I pay a monthly amount (also called a premium) under Neighborhood INTEGRITY for Duals?	No. Because you have Rhode Island Medicaid you won't pay any monthly premiums, including your Medicare Part B premium, for your health coverage.
Do I pay a deductible as a member of Neighborhood INTEGRITY for Duals?	No. You don't pay deductibles in Neighborhood INTEGRITY for Duals.
What's the maximum out-of-pocket amount that I'll pay for medical services as a member of Neighborhood INTEGRITY for Duals?	There's no cost sharing for medical services in Neighborhood INTEGRITY for Duals, so your annual out-of-pocket costs will be \$0.



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C. List of covered services

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

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care	Inpatient hospital stay	\$0	Except in an emergency, your health care provider must tell the plan of your hospital admission. Prior authorization may be required.
	Outpatient hospital services, including observation	\$0	Prior authorization may be required.
	Ambulatory surgical center (ASC) services	\$0	Prior authorization may be required.
	Doctor or surgeon care	\$0	
You want a doctor	Visits to treat an injury or illness	\$0	
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	\$0	
	Wellness visits, such as a physical	\$0	
	“Welcome to Medicare” (preventive visit one time only)	\$0	
	Specialist care	\$0	



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need emergency care	Emergency room services	\$0	Emergency room services are covered in and out of network without prior authorization.
	Urgent care	\$0	Urgent care services are covered in and out of network without prior authorization.
You need medical tests	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	\$0	Prior authorization may be required.
	Lab tests and diagnostic procedures, such as blood work	\$0	Prior authorization may be required.
You need hearing/auditory services	Hearing screenings	\$0	




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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care (continued on the next page)	Dental check-ups and preventive care	\$0	<p>Dental check-ups and preventive care are covered with a maximum of \$1,250 per year.</p> <p>The plan will cover preventive services including: two (2) cleanings, one (1) routine oral exam, one (1) fluoride treatment, two (2) palliative pain treatments per year. Additional services include dental X-rays, fillings, denture repairs, and rebasing or relining as needed annually.</p> <p>Other limitations may apply.</p> <p>This supplemental benefit is in addition to your state Rhode Island Medicaid dental benefit. For more information about your Rhode Island Medicaid dental benefits, go to: eohhs.ri.gov/Consumer/DentalServices/Adults.aspx </p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care (continued)	Restorative and emergency dental care	\$0	<p>Some restorative and emergency dental services are covered with a maximum of \$1,250 per year.</p> <p>The plan will cover restorative dental services including: extractions, other routine oral surgery, root canal therapy on permanent teeth, and recementing crowns or bridges.</p> <p>Other limitations may apply.</p> <p>This supplemental benefit is in addition to your state Rhode Island Medicaid dental benefit. For more information about your Rhode Island Medicaid dental benefits, go to: eohhs.ri.gov/Consumer/DentalServices/Adults.aspx</p>
	Eye exams	\$0	Limited to one routine eye exam every two years and covered annually for members with diabetes.
	Glasses or contact lenses	\$0	<p>Limited to one pair of eyeglasses (frames and lenses) every two years.</p> <p>Eyeglass lenses are covered more frequently when medically necessary. Limited to one pair of contact lenses every two years when medically necessary.</p> <p>Prior authorization may be required.</p>
You need eye care	Other vision care	\$0	

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need behavioral health services	Behavioral health services	\$0	Includes specialty care for behavioral health services when deemed medically necessary upon referral by a health care professional.
	Inpatient and outpatient care and community-based services for people who need mental health services	\$0	
You need a substance use treatment services	Substance use treatment services	\$0	Neighborhood covers both inpatient and outpatient substance use treatment and recovery services. For more information, contact Member Services at 1-844-812-6896.
You need a place to live with people available to help you	Skilled nursing care	\$0	Inpatient hospital stay is not required prior to SNF admission. Covered up to 100 days per benefit period under Medicare. Rhode Island Medicaid eligibility requirements may apply. Prior authorization may be required.
	Nursing home care	\$0	Rhode Island Medicaid eligibility requirements may apply.
	Assisted living	\$0	Rhode Island Medicaid eligibility requirements may apply.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	Prior authorization may be required.
You need help getting to health services	Ambulance services	\$0	Prior authorization may be required.
	Emergency medical transportation	\$0	
You need drugs to treat your illness or condition	Medicare Part B drugs	\$0	Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the <i>Member Handbook</i> for more information on these drugs. Prior authorization may be required.
You need drugs to treat your illness or condition (continued on the next page)			There may be limitations on the types of drugs covered. Please refer to Neighborhood INTEGRITY for Duals' <i>List of Covered Drugs (Drug List)</i> for more information.
	Tier 1: Preferred Generic	\$0 copay for a 30-day supply	
	Tier 2: Generic	\$0 copay for a 30-day supply	



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)	Tier 3: Preferred Brand	\$0 or \$4.90 or \$12.65 copay for a 30-day supply Copays for drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.	Once you or others on your behalf pay \$2,100 you've reached the catastrophic coverage stage and you pay \$0 for all your Medicare drugs. Read the <i>Member Handbook</i> for more information on this stage. Extended-day supplies are available at retail pharmacies and through the mail order pharmacy with the same cost-share as a one-month supply. for Tiers 1, 2, 3 and 4. Tier 5 does not offer an extended day supply option.
You need drugs to treat your illness or condition (continued)	Tier 4: Non-Preferred	\$0 or \$1.60/\$5.10 or \$4.90/\$12.65 copay for a 30-day supply Copays for drugs may vary based on the level of Extra Help you get and whether the drug is generic or brand. Please contact the plan for more details.	



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)	Tier 5: Specialty	\$0 or \$1.60/\$5.10 or \$4.90/\$12.65 copay for a 30-day supply Copays for drugs may vary based on the level of Extra Help you get and whether the drug is generic or brand. Please contact the plan for more details.	
You need over-the-counter (OTC) drugs and other wellness products	Over-the-counter (OTC) drugs	\$0	\$28 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. This benefit is in addition to your Rhode Island Medicaid OTC coverage and does not require a prescription.
You need help getting better or have special health needs	Rehabilitation services	\$0	Prior authorization may be required.
	Medical equipment for home care	\$0	Prior authorization may be required.
	Dialysis services	\$0	Prior authorization may be required.
You need foot care	Podiatry services	\$0	



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need foot care (continued from previous page)	Orthotic services	\$0	Prior authorization may be required.
You need durable medical equipment (DME) Note: This isn't a complete list of covered DME. For a complete list, contact Member Services or refer to Chapter 4 of the <i>Member Handbook</i> .	Wheelchairs, crutches, and walkers	\$0	Prior authorization may be required.
	Incontinence Supplies	\$0	Limited to 192 per month (diapers, liners, pull-ups or combination) and 150 per month (disposable underpads). Prior authorization required for additional quantities with justification of medical necessity.
	Nebulizers	\$0	Prior authorization may be required.
	Oxygen equipment and supplies	\$0	
You need help living at home (continued on the next page)	Home health services	\$0	Prior authorization may be required. Rhode Island Medicaid eligibility requirements apply.
	Home services, such as cleaning or housekeeping, or home modifications such as grab bars	\$0	Prior authorization may be required. Rhode Island Medicaid eligibility requirements may apply.
	Adult day health	\$0	Prior authorization may be required.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued)	Day habilitation services	\$0	Prior authorization may be required. Rhode Island Medicaid eligibility requirements may apply.
You need help living at home (continued)	Services to help you live on your own (home health care services or personal care attendant services)	\$0	Rhode Island Medicaid eligibility requirements may apply. Prior authorization may be required.
	Meals brought to your home	\$0	Coverage includes one (1) meal available per day, up to five (5) days per week. Rhode Island Medicaid eligibility requirements apply.
	Home delivered meals after inpatient hospitalization or surgery	\$0	Coverage includes home-delivered meals after discharge from an inpatient hospitalization or surgery. This benefit covers a maximum of twenty-eight (28) meals up to two (2) times per year.
	Changes to your home, such as ramps and wheelchair access	\$0	Rhode Island Medicaid eligibility requirements may apply. Prior authorization may be required.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You qualify for special supplemental benefits for the chronically ill (SSBCI)	Monthly allowance for food and produce	\$0	\$125 monthly allowance for healthy foods tailored to your specific dietary needs.
	In-home support services	\$0	Up to 120 hours annually for assistance with Instrumental Activities of Daily Living. 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 Member Handbook and meet certain criteria. Call Member Services for more information.
Additional services	Chiropractic services	\$0	Manual manipulation of the spine to correct subluxation. Prior authorization may be required.
	Diabetes supplies and services	\$0	Prior authorization may be required.
	Gym membership	\$0	Fitness benefits include a health club membership at eligible YMCA locations and an activity tracker.
	Prosthetic services	\$0	Prior authorization may be required.
	Radiation therapy	\$0	Prior authorization may be required.
	Services to help manage your disease	\$0	

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 INTEGRITY for Duals *Member Handbook*. If you don't have a *Member Handbook*, call Neighborhood INTEGRITY for Duals 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/INTEGRITYDuals.



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D. Benefits covered outside of Neighborhood INTEGRITY for Duals

There are some services that you can get that aren't covered by Neighborhood INTEGRITY for Duals but are covered by Medicare, Rhode Island Medicaid, or a State or county agency. This isn't a complete list. Call Member Services at the number listed at the bottom of this page to find out about these services.

Other services covered by Medicare, Rhode Island Medicaid, or a State Agency	Your costs
Routine dental care such as cleanings and fillings Call Member Services if you are unsure whether the dental services you need are covered.	\$0
Residential services for members with intellectual and developmental disabilities.	\$0
Non-emergent medical transportation.	\$0
Certain hospice care services covered outside of Neighborhood INTEGRITY for Duals	\$0
Psychosocial rehabilitation	\$0
Targeted case management	\$0



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E. Services that Neighborhood INTEGRITY for Duals, Medicare, and Rhode Island Medicaid don't cover

This isn't a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about other excluded services.

Services Neighborhood INTEGRITY for Duals, Medicare, and Rhode Island Medicaid don't cover

Cosmetic surgery or other cosmetic work isn't covered unless the service involves gender-affirming care, breast reconstruction after a mastectomy, and situations where a cosmetic issue affects normal function or emotional well-being.

Experimental procedures, items, and drugs aren't covered unless the procedure, item, or drug is covered by Rhode Island Medicaid or under a Medicare-approved clinical research study, or by the plan.

Personal items in your room at a facility aren't covered including items such as a telephone or television.

F. Your rights as a member of the plan

As a member of Neighborhood INTEGRITY for Duals, 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 *Member Handbook*. 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



If you have questions, please call Neighborhood INTEGRITY for Duals 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/INTEGRITYDuals.

- **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 INTEGRITY for Duals 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:



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- 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 INTEGRITY for Duals at 1-844-812-6896 and 711 for TTY users.
 - Appeal certain decisions made by Neighborhood INTEGRITY for Duals 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 *Member Handbook*. If you have questions, you can call Neighborhood INTEGRITY for Duals 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.



If you have questions, please call Neighborhood INTEGRITY for Duals 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/INTEGRITYDuals.

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

- If you have a complaint or think Neighborhood INTEGRITY for Duals should cover something we denied, call Member Services at the numbers listed at the bottom of this page. You can be able to appeal our decision.
- For questions about complaints and appeals, you can read **Chapter 9** of the Member Handbook. You can also call Neighborhood INTEGRITY for Duals 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



If you have questions, please call Neighborhood INTEGRITY for Duals 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/INTEGRITYDuals.

- 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

H. 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 INTEGRITY for Duals 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



If you have questions, please call Neighborhood INTEGRITY for Duals 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/INTEGRITYDuals.

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. اتصل 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 fòm 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 Sprachassistentendienste 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।



If you have questions, please call Neighborhood INTEGRITY for Duals 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/INTEGRITYDuals.

ATTENZIONE: Se parlate italiano, avete a disposizione dei servizi di assistenza linguistica gratuiti. Sempre gratuitamente, sono disponibili anche supporti e servizi ausiliari appropriati per fornirvi 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 សេវាជំនួយភាសាភាគតិចត្រូវបានផ្តល់ជូនដល់អ្នក។ ក៏មានការផ្តល់ការគាំទ្រ និងសេវាកម្មជំនួយសមស្របដោយភាគតិចត្រូវបានផ្តល់ព័ត៌មានជាទម្រង់ដែលអាចចូលប្រើបានផងដែរ។ សូមហៅទូរសព្ទទៅលេខ 1-800-963-1001 (TTY 711) ឬព្រិះគ្រោះយោបល់ជាមួយអ្នកផ្តល់សេវារបស់អ្នក។

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 INTEGRITY for Duals 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/INTEGRITYDuals.

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 INTEGRITY for Duals 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.



If you have questions, please call Neighborhood INTEGRITY for Duals 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/INTEGRITYDuals.