

## Neighborhood INTEGRITY for Duals (HMO D-SNP) offered by Neighborhood Health Plan of Rhode Island

# *Annual Notice of Change for 2026*

### Introduction

You're currently enrolled as a member of our plan. Next year, there will be some changes to our benefits, coverage, rules, and costs. This *Annual Notice of Change* tells you about the changes and where to find more information about them. To get more information about costs, benefits, or rules please review the *Member Handbook*, which is located on our website at [www.nhpri.org/INTEGRITYDuals](http://www.nhpri.org/INTEGRITYDuals). Call Member Services at the number at the bottom of the page to get a copy by mail. Key terms and their definitions appear in alphabetical order in the last chapter of your *Member Handbook*.

### Additional resources

- This document is available for free in Spanish and Portuguese.
- You can get this Annual Notice of Change for free in other formats, such as large print, braille, or audio. Call 1-844-812- 6896 (TTY users call 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.
- 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.

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OMB Approval 0938-1444 (Expires: June 30, 2026)



**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](http://www.nhpri.org/INTEGRITYDuals).

**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।

**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 សេវាជំនួយភាសាឥតគិតថ្លៃមានផ្តល់ជូនដល់អ្នក។ ក៏មានការផ្តល់ការគាំទ្រ



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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.

**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 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](http://www.nhpri.org/INTEGRITYDuals).

## Table of Contents

A. Disclaimers.....	5
B. Reviewing your Medicare and Rhode Island Medicaid (Medicaid) coverage for next year .....	5
B1. Information about Neighborhood INTEGRITY for Duals .....	5
B2. Important things to do .....	5
C. Changes to our plan name .....	7
D. Changes to our network providers and pharmacies.....	7
E. Changes to benefits and costs for next year .....	8
E1. Changes to benefits and costs for medical services .....	8
E2. Changes to drug coverage .....	10
E3. Stage 1: “Initial Coverage Stage” .....	11
E4. Stage 2: “Catastrophic Coverage Stage” .....	14
F. Administrative changes .....	16
G. Choosing a plan .....	16
G1. Staying in our plan .....	16
G2. Changing plans.....	17
H. Getting help.....	20
H1. Our plan .....	20
H2. State Health Insurance Assistance Program .....	21
H3. Medicare .....	21
H4. Getting help from Rhode Island’s Quality Improvement Organization (QIO).....	22
H5. Rhode Island Medicaid.....	22
H6. The Medicare Prescription Payment Plan .....	22
H7. Other Resources.....	22



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## A. Disclaimers

Neighborhood Health Plan of Rhode Island's 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.

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## B. Reviewing your Medicare and Rhode Island Medicaid (Medicaid) coverage for next year

It's important to review your coverage now to make sure it will still meet your needs next year. If it doesn't meet your needs, you may be able to leave our plan. Refer to **Section E** for more information on changes to your benefits for next year.

If you choose to leave our plan, your membership will end on the last day of the month in which your request was made. You'll still be in the Medicare and Rhode Island Medicaid programs as long as you're eligible.

If you leave our plan, you can get information about your:

- Medicare options in the table in **Section G2**.
- Rhode Island Medicaid options and services in **Section G2**.

### B1. Information about Neighborhood INTEGRITY for Duals

- Neighborhood INTEGRITY for Duals is a health plan that contracts with both Medicare and Medicaid to provide benefits of both programs to members.
- When this *Annual Notice of Change* says "we," "us," "our," or "our plan," it means Neighborhood INTEGRITY for Duals.

### B2. Important things to do

- **Check if there are any changes to our benefits and costs that may affect you.**
  - Are there any changes that affect the services you use?



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- Review benefit and cost changes to make sure they'll work for you next year.
- Refer to **Section E1** for information about benefit and cost changes for our plan.
- **Check if there are any changes to our drug coverage that may affect you.**
  - Will your drugs be covered? Are they in a different cost-sharing tier? Can you use the same pharmacies? Will there be any changes such as prior authorization, step therapy or quantity limits?
  - Review changes to make sure our drug coverage will work for you next year.
  - Refer to **Section E2** for information about changes to our drug coverage.
  - Your drug costs may have risen since last year.
    - Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year.
    - Keep in mind that your plan benefits determine exactly how much your own drug costs may change.
- **Check if your providers and pharmacies will be in our network next year.**
  - Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
  - Refer to **Section D** for information about our *Provider and Pharmacy Directory*.
- **Think about your overall costs in the plan.**
  - How much will you spend out-of-pocket for the services and drugs you use regularly?
  - How do the total costs compare to other coverage options?
- **Think about whether you're happy with our plan.**



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### **If you decide to stay with Neighborhood INTEGRITY for Duals:**

If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you automatically stay enrolled in Neighborhood INTEGRITY for Duals.

### **If you decide to change plans:**

If you decide other coverage will better meet your needs, you may be able to switch plans (refer to **Section G2** for more information). If you enroll in a new plan, or change to Original Medicare, your new coverage will begin on the first day of the following month.

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## **C. Changes to our plan name**

On January 1, 2026, our plan name changes from Neighborhood INTEGRITY to Neighborhood INTEGRITY for Duals.

We'll send you a new member ID card with our new name. From here on, our new name, Neighborhood INTEGRITY for Duals, will be on all materials.

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## **D. Changes to our network providers and pharmacies**

Amounts you pay for your drugs depends on which pharmacy you use. Our plan has a network of pharmacies. In most cases, your prescriptions are covered *only* if they're filled at one of our network pharmacies.

Our provider and pharmacy network has changed for 2026.

**Please review the 2026 *Provider and Pharmacy Directory*** to find out if your providers (primary care provider, specialists, hospitals, etc.) or pharmacy are in our network. An updated *Provider and Pharmacy Directory* is located on our website at [www.nhpri.org/INTEGRITYDuals](http://www.nhpri.org/INTEGRITYDuals). You may also call Member Services at the numbers at the bottom of the page for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

It's important that you know that we may also make changes to our network during the year. If your provider leaves our plan, you have certain rights and protections. For more information, refer to **Chapter 3** of your *Member Handbook* or call Member Services at the number at the bottom of the page for help.



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## E. Changes to benefits and costs for next year

### E1. Changes to benefits and costs for medical services

We're changing our coverage for certain medical services and what you pay for these covered medical services next year. The table below describes these changes.

	2025 (this year)	2026 (next year)
<b>Cardiac and Pulmonary Rehabilitation Services</b>	You pay a <b>\$0 copay</b> for each non-Medicare covered cardiac and pulmonary rehabilitation service. This benefit is unlimited.	Non-Medicare covered cardiac and pulmonary rehabilitation services <b>isn't</b> covered.
<b>Dialysis Services</b>	There is <b>no</b> prior authorization required for dialysis services.	Prior authorization <b>is required</b> for dialysis services.
<b>Over-the-counter (OTC) Items</b>	Supplemental OTC drugs and health related items are <b>not</b> covered.	<b>\$28 per month allowance</b> for covered supplemental OTC drugs and health-related items.  See Over-the-Counter (OTC) Benefits in Chapter 4 of the Member Handbook for more information.
<b>Special Supplemental Benefits for the Chronically Ill (SSBCI):</b>	Special supplemental benefits for the chronically ill are <b>not</b> a covered benefit.	<b>\$125 per month allowance</b> and can be used towards:
<b>Healthy Food and Nutrition Benefit</b>	You have a <b>\$75 per month allowance</b> for healthy foods tailored to your specific dietary needs.	Healthy foods tailored to specific dietary needs. It can be used to buy approved products from participating retail locations like produce, fruit, bread, meat, dairy, etc.



**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](http://www.nhpri.org/INTEGRITYDuals).



	2025 (this year)	2026 (next year)
<b>In-Home Support Services</b>		<p>Up to <b>120 hours</b> of in-home and virtual visits per year for in-home support services.</p> <p>The 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.</p>
<b>Worldwide Emergency Services</b>	Worldwide emergency services are <b>not</b> a covered benefit.	You pay a <b>\$0 copay</b> for non-Medicare covered emergency services received outside of the United States.
<b>Worldwide Urgent Services</b>	Worldwide urgently needed services are <b>not</b> a covered benefit.	You pay a <b>\$0 copay</b> for non-Medicare covered urgently needed services received outside of the United States.



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## E2. Changes to drug coverage

### Changes to our *Drug List*

An updated *List of Covered Drugs* is located on our website at [www.nhpri.org/INTEGRITYDuals](http://www.nhpri.org/INTEGRITYDuals). You may also call Member Services at the numbers at the bottom of the page for updated drug information or to ask us to mail you a *List of Covered Drugs*.

The *List of Covered Drugs* is also called the *Drug List*.

We made changes to our *Drug List*, which could include removing or adding drugs, changing drugs we cover and changes to the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier.

Review the *Drug List* to **make sure your drugs will be covered next year** and to find out if there are any restrictions or if your drug has been moved to a different cost-sharing tier.

Most of the changes in the *Drug List* are new for the beginning of each year. However, we might make other changes are allowed by Medicare and/or the state that will affect you during the calendar year. We update our online *Drug List* at least monthly to provide the most up to date list of drugs. If we make a change that will affect a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
  - You can call Member Services at the numbers at the bottom of the page to ask for a *List of Covered Drugs* that treat the same condition.
  - This list can help your provider find a covered drug that might work for you.
- Ask us to cover a temporary supply of the drug.
  - In some situations, we cover a **temporary** supply of the drug during the first 90 days of the calendar year.
  - This temporary supply is for up to 30 days. (To learn more about when you can get a temporary supply and how to ask for one, refer to **Chapter 5** of your *Member Handbook*.)
  - When you get a temporary supply of a drug, talk with your doctor about what to do when your temporary supply runs out. You can either switch to a



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different drug our plan covers or ask us to make an exception for you and cover your current drug.

Unless we inform you otherwise, any formulary exception granted in 2025 will remain in effect through 2026.

### Changes to drug costs

There are two payment stages for your Medicare Part D drug coverage under our plan. How much you pay depends on which stage you're in when you get a prescription filled or refilled. These are the two stages:

Stage 1 Initial Coverage Stage	Stage 2 Catastrophic Coverage Stage
<p>During this stage, our plan pays part of the costs of your drugs, and you pay your share. Your share is called the copay (or coinsurance).</p> <p>You begin this stage when you fill your first prescription of the year.</p>	<p>During this stage, the plan pays all of the costs of your drugs through December 31, 2026.</p> <p>You begin this stage after you pay a certain amount of out-of-pocket costs.</p>

The Initial Coverage Stage ends when your total out-of-pocket costs for drugs reaches \$2,100. At that point, the Catastrophic Coverage Stage begins. Our plan covers all of your drug costs from then until the end of the year. Refer to **Chapter 6** of your *Member Handbook* for more information on how much you'll pay for drugs.

Under the Manufacturer Discount Program, drug manufacturers pay a portion of our plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount program don't count toward out-of-pocket costs.

### E3. Stage 1: "Initial Coverage Stage"

During the Initial Coverage Stage, our plan pays a share of the cost of your covered drugs, and you pay your share. Your share is called the copay. The copay depends on what cost-sharing tier the drug is in and where you get it. You pay a copay each time you fill a prescription. If your covered drug costs less than the copay, you pay the lower price.

**We moved some of the drugs on our *Drug List* to a lower or higher drug tier.** If your drugs move from tier to tier, this could affect your copay. To find out if your drugs are in a different tier, look them up in our *Drug List*.



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The following table shows your costs for a one-month supply filled at a network pharmacy with standard copays in each of our five (5) drug tiers. These amounts apply **only** during the time when you're in the Initial Coverage Stage.

Most adult Part D vaccines are covered at no cost to you.

For information about the costs of vaccines, or information about the costs for a long-term supply or for mail-order prescriptions go to **Chapter 6, Section D** of your *Member Handbook*.

	2025 (this year)	2026 (next year)
<b>Drugs in Tier 1: Preferred Generic</b>  Cost for a one-month supply of a drug in Tier 1 that's filled at a network pharmacy	Your copay for a one-month (30-day) supply is <b>\$0</b> .	Your copay for a one-month (30-day) supply is <b>\$0</b> .
<b>Drugs in Tier 2: Generic Drugs</b>  Cost for a one-month supply of a drug in Tier 2 that's filled at a network pharmacy	Your copay for a one-month (30-day) supply is <b>\$0</b> .	Your copay for a one-month (30-day) supply is <b>\$0</b> .



**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](http://www.nhpri.org/INTEGRITYDuals).

	2025 (this year)	2026 (next year)
<p><b>Drugs in Tier 3: Preferred Brand Drugs</b></p> <p>Cost for a one-month supply of a drug in Tier 3 that's filled at a network pharmacy</p>	<p>Your copay for a one-month (30-day) supply is <b>\$0</b>.</p> <p>Your copay for a one-month (30-day) supply of each covered insulin product is <b>\$0</b>.</p> <p>Your copay for a one-month (30-day) mail-order prescription is <b>\$0</b>.</p>	<p>Your copay for a one-month (30-day) supply is <b>\$0 or \$4.90 or \$12.65</b>. Copays for drugs vary based on the level of <b>Extra Help</b> you get.*</p> <p>Your copay for a one-month (30-day) supply of each covered insulin product is <b>\$0 or \$4.90 or \$12.65</b>.</p> <p>Your copay for a one-month (30-day) mail-order prescription is <b>\$0 or \$4.90 or \$12.65</b>.</p>
<p><b>Drugs in Tier 4: Non-Preferred Drugs</b></p> <p>Cost for a one-month supply of a drug in Tier 4 that's filled at a network pharmacy</p>	<p>Your copay for a one-month (30-day) supply is <b>\$0</b>.</p> <p>Your copay for a one-month (30-day) supply of each covered insulin product is <b>\$0</b>.</p> <p>Your copay for a one-month (30-day) mail-order prescription is <b>\$0</b>.</p>	<p>Your copay for a one-month (30-day) supply is <b>\$0 or \$1.60/\$5.10 or \$4.90/\$12.65</b>. Copays for drugs vary based on the level of <b>Extra Help</b> you get and whether the drug is generic or brand.*</p> <p>Your copay for a one-month (30-day) supply of each covered insulin product is <b>\$0 or \$1.60/\$5.10 or \$4.90/\$12.65</b>.</p> <p>Your copay for a one-month (30-day) mail-order prescription is <b>\$0 or \$1.60/\$5.10 or \$4.90/\$12.65</b>.</p>



**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](http://www.nhpri.org/INTEGRITYDuals).

	2025 (this year)	2026 (next year)
<b>Drugs in Tier 5: Specialty Drugs</b>  Cost for a one-month supply of a drug in Tier 5 that's filled at a network pharmacy	Your copay for a one-month (30-day) supply is <b>\$0</b> .  Your copay for a one-month (30-day) supply of each covered insulin product is <b>\$0</b> .  Your copay for a one-month (30-day) mail-order prescription is <b>\$0</b> .	Your copay for a one-month (30-day) supply is <b>\$0 or \$1.60/\$5.10 or \$4.90/\$12.65</b> . Copays for drugs vary based on the level of <b>Extra Help</b> you get and whether the drug is generic or brand.*  Your copay for a one-month (30-day) supply of each covered insulin product is <b>\$0 or \$1.60/\$5.10 or \$4.90/\$12.65</b> .  Your copay for a one-month (30-day) mail-order prescription is <b>\$0 or \$1.60/\$5.10 or \$4.90/\$12.65</b> .

\*Refer to Chapter 6 of your *Member Handbook* for information about “**Extra Help**”.

The Initial Coverage Stage ends when your total out-of-pocket costs reach **\$2,100**. At that point the Catastrophic Coverage Stage begins. The plan covers all of your drug costs from then until the end of the year. Refer to **Chapter 6** of your *Member Handbook* for more information about how much you pay for drugs.

#### **E4. Stage 2: “Catastrophic Coverage Stage”**

When you reach the out-of-pocket limit **\$2,100** for your drugs, the Catastrophic Coverage Stage begins and you pay nothing for your covered drugs. You stay in the Catastrophic Coverage Stage until the end of the calendar year.

For more information about your costs in the Catastrophic Coverage stage, refer to **Chapter 6**.

#### **Changes to drug costs**

**We moved some of the drugs on the *Drug List* to a lower or higher drug tier.** If your drugs move from tier to tier, this could affect your copay. To find out if your drugs are in a different tier, look them up in the *Drug List*.

The following table shows your costs for drugs in each of our five (5) drug tiers.



**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](http://www.nhpri.org/INTEGRITYDuals).

	2025 (this year)	2026 (next year)
<b>Drugs in Tier 1: Preferred Generic</b> Cost for a one-month supply of a drug in Tier 1 that's filled at a network pharmacy	Your copay for a one-month (30-day) supply is <b>\$0</b> .	Your copay for a one-month (30-day) supply is <b>\$0</b> .
<b>Drugs in Tier 2: Generic Drugs</b> Cost for a one-month supply of a drug in Tier 2 that's filled at a network pharmacy	Your copay for a one-month (30-day) supply is <b>\$0</b> .	Your copay for a one-month (30-day) supply is <b>\$0</b> .
<b>Drugs in Tier 3: Preferred Brand Drugs</b> Cost for a one-month supply of a drug in Tier 3 that's filled at a network pharmacy	Your copay for a one-month (30-day) supply is <b>\$0</b> .	Your copay for a one-month (30-day) supply is <b>\$0</b> .
<b>Drugs in Tier 4: Non-Preferred Drugs</b> Cost for a one-month supply of a drug in Tier 4 that's filled at a network pharmacy	Your copay for a one-month (30-day) supply is <b>\$0</b> .	Your copay for a one-month (30-day) supply is <b>\$0</b> .
<b>Drugs in Tier 5: Specialty Drugs</b> Cost for a one-month supply of a drug in Tier 5 that's filled at a network pharmacy	Your copay for a one-month (30-day) supply is <b>\$0</b> .	Your copay for a one-month (30-day) supply is <b>\$0</b> .



**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](http://www.nhpri.org/INTEGRITYDuals).

## F. Administrative changes

	2025 (this year)	2026 (next year)
Contract Number	H9576-001	H7635-001
Plan Type	Medicare-Medicaid Plan (MMP)	Health Maintenance Organization Dual - Special Needs Plan (HMO D-SNP)
Participating Pharmacy Website	<a href="https://www.nhpri.org/medicare-medicare/medicaid/find-a-provider-or-pharmacy/">https://www.nhpri.org/medicare-medicare/medicaid/find-a-provider-or-pharmacy/</a>	<a href="http://www.nhpri.org/INTEGRITYDuals/find-a-provider-or-pharmacy/">www.nhpri.org/INTEGRITYDuals/find-a-provider-or-pharmacy/</a>
Formulary Website	<a href="https://www.nhpri.org/medicare-medicare/medicaid/member-materials/">https://www.nhpri.org/medicare-medicare/medicaid/member-materials/</a>	<a href="http://www.nhpri.org/INTEGRITYDuals/member-materials/">www.nhpri.org/INTEGRITYDuals/member-materials/</a>
Plan Website	<a href="http://www.nhpri.org/INTEGRITY">www.nhpri.org/INTEGRITY</a>	<a href="http://www.nhpri.org/INTEGRITYDuals">www.nhpri.org/INTEGRITYDuals</a>
Medicare Prescription Payment Plan	The Medicare Prescription Payment Plan as a payment option was not available.	The Medicare Prescription Payment Plan may help you manage your drug costs by spreading them out during the year as monthly payments. To learn more about this program, please contact us at the number at the bottom of the page or visit <a href="http://Medicare.gov">Medicare.gov</a> .

## G. Choosing a plan

### G1. Staying in our plan

We hope to keep you as a plan member. You don't have to do anything to stay in our plan. Unless you sign up for a different Medicare plan or change to Original Medicare, you'll automatically stay enrolled as a member of our plan for 2026.



**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](http://www.nhpri.org/INTEGRITYDuals).



## G2. Changing plans

Most people with Medicare can end their membership during certain times of the year. Because you have Rhode Island Medicaid, you can end your membership in our plan any month of the year.

In addition, you may end your membership in our plan during the following periods:

- The **Open Enrollment Period**, which lasts from October 15 to December 7. If you choose a new plan during this period, your membership in our plan ends on December 31 and your membership in the new plan starts on January 1.
- The **Medicare Advantage (MA) Open Enrollment Period**, which lasts from January 1 to March 31. If you choose a new plan during this period, your membership in the new plan starts the first day of the next month.

There may be other situations when you're eligible to make a change to your enrollment. For example, when:

- you moved out of our service area,
- your eligibility for Rhode Island Medicaid or Extra Help changed, **or**
- you recently moved into or are currently getting care in an institution (like a skilled nursing facility or a long-term care hospital). If you recently moved out of an institution, you can change plans or change to Original Medicare for two full months after the month you move out.

## Your Medicare services

You have three options for getting your Medicare services listed below any month of the year. You have an additional option listed below during certain times of the year including the **Open Enrollment Period** and the **Medicare Advantage Open Enrollment Period** or other situations described in **Section G2**. By choosing one of these options, you automatically end your membership in our plan.



**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](http://www.nhpri.org/INTEGRITYDuals).

<p><b>1. You can change to:</b></p> <p><b>A Program of All-inclusive Care for the Elderly (PACE) plan, if you qualify.</b></p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.</p> <p>For Program of All-inclusive Care for the Elderly (PACE) inquiries, call 1-877-781-7223 (TTY users call 1-800-745-5555).</p> <p>If you need help or more information:</p> <p>Call the State Health Insurance Assistance Program (SHIP) at 1-888-884-8721 (TTY 711), 8:30 a.m. to 4:00 p.m., Monday – Friday. For more information or to find a local SHIP office in your area, please visit <a href="http://www.oha.ri.gov">www.oha.ri.gov</a>.</p>
<p><b>2. You can change to:</b></p> <p><b>Original Medicare with a separate Medicare drug plan</b></p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> <li>• Call the State Health Insurance Assistance Program (SHIP) at 1-888-884-8721 (TTY 711), 8:30 a.m. to 4:00 p.m., Monday – Friday. For more information or to find a local SHIP office in your area, please visit <a href="http://www.oha.ri.gov">www.oha.ri.gov</a>.</li> </ul> <p><b>OR</b></p> <p>Enroll in a new Medicare drug plan.</p> <p>You'll automatically be disenrolled from our plan when your Original Medicare coverage begins.</p> <p>You'll be enrolled in Rhode Island Medicaid Fee for Service (FFS) for your Medicaid services.</p>



**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](http://www.nhpri.org/INTEGRITYDuals).

<p><b>3. You can change to:</b></p> <p><b>Original Medicare without a separate Medicare drug plan</b></p> <p><b>NOTE:</b> If you switch to Original Medicare and don't enroll in a separate Medicare drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.</p> <p>You should only drop drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call the State Health Insurance Assistance Program (SHIP) at 1-888-884-8721 (TTY 711), 8:30 a.m. to 4:00 p.m., Monday – Friday.</p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> <li>• Call the State Health Insurance Assistance Program (SHIP) at 1-888-884-8721 (TTY 711), 8:30 a.m. to 4:00 p.m., Monday – Friday. For more information or to find a local SHIP office in your area, please visit <a href="http://www.oha.ri.gov">www.oha.ri.gov</a>.</li> </ul> <p>You'll automatically be disenrolled from our plan when your Original Medicare coverage begins.</p> <p>You'll be enrolled in Rhode Island Medicaid Fee for Service (FFS) for your Medicaid services.</p>
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**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](http://www.nhpri.org/INTEGRITYDuals).

<p><b>4. You can change to:</b></p> <p><b>Any Medicare health plan</b> during certain times of the year including the <b>Open Enrollment Period</b> and the <b>Medicare Advantage Open Enrollment Period</b> or other situations described in <b>Section A</b>.</p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.</p> <p>For Program of All-Inclusive Care for the Elderly (PACE) inquiries, call 1-877-781-7223 (TTY users call 1-800-745-5555).</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> <li>• Call the State Health Insurance Assistance Program (SHIP) at 1-888-884-8721 (TTY 711), 8:30 a.m. to 4:00 p.m., Monday – Friday. For more information or to find a local SHIP office in your area, please visit <a href="http://www.oha.ri.gov">www.oha.ri.gov</a>.</li> </ul> <p><b>OR</b></p> <p>Enroll in a new Medicare plan.</p> <p>You're automatically disenrolled from our Medicare plan when your new plan's coverage begins.</p> <p>You'll be enrolled in Rhode Island Medicaid Fee for Service (FFS) for your Medicaid services.</p>
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## Your Rhode Island Medicaid services

For questions about how to get your Rhode Island Medicaid services, including long-term services and supports (LTSS) after you leave our plan, contact 1-855-697-4347 (TTY users call 1-800-745-5555). Their hours of operation are 8:30 a.m. to 3:00 p.m. on Monday, Tuesday, Thursday and Friday. Ask how joining another plan or returning to Original Medicare affects how you get your Rhode Island Medicaid coverage.

## H. Getting help

### H1. Our plan

We're here to help if you have any questions. Call Member Services at the numbers at the bottom of the page during the days and hours of operation listed. These calls are toll-free.



**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](http://www.nhpri.org/INTEGRITYDuals).

## **Read your *Member Handbook***

Your *Member Handbook* is a legal, detailed description of our plan's benefits. It has details about benefits and costs for 2026. It explains your rights and the rules to follow to get services and drugs we cover.

An up-to-date copy of the *Member Handbook* is available on our website at [www.nhpri.org/INTEGRITYDuals](http://www.nhpri.org/INTEGRITYDuals). You may also call Member Services at the numbers at the bottom of the page to ask us to mail you a *Member Handbook* for 2026.

## **Our website**

You can visit our website at [www.nhpri.org/INTEGRITYDuals](http://www.nhpri.org/INTEGRITYDuals). As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our *Drug List (List of Covered Drugs)*.

## **H2. State Health Insurance Assistance Program**

You can also call the state health insurance program (SHIP). The SHIP can help you understand your plan choices and answer questions about switching plans. The SHIP isn't connected with us or with any insurance company or health plan. The SHIP has trained counselors locations and services are free. The SHIP phone number is 1-888-884-8721 (TTY 711). For more information or to find a local SHIP office in your area, please visit [www.oha.ri.gov](http://www.oha.ri.gov).

## **H3. Medicare**

To get information directly from Medicare

- call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- chat live at [www.Medicare.gov/talk-to-someone](http://www.Medicare.gov/talk-to-someone)
- write to Medicare at PO Box 1270, Lawrence, KS 66044.

## **Medicare's Website**

You can visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). If you choose to disenroll from our plan and enroll in another Medicare plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare plans.

You can find information about Medicare plans available in your area by using Medicare Plan Finder on Medicare's website. (For information about plans, refer to [www.medicare.gov](http://www.medicare.gov) and click on "Find plans.")

## **Medicare & You 2026**



**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](http://www.nhpri.org/INTEGRITYDuals).

You can read the *Medicare & You 2026* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. This handbook is also available in Spanish, Chinese, and Vietnamese.

If you don't have a copy of this booklet, you can get it at the Medicare website ([www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf](http://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf)) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

#### **H4. Getting help from Rhode Island's Quality Improvement Organization (QIO)**

In Rhode Island, the Quality Improvement Organization (QIO) is called Acentra Health. The QIO is a group of doctors and other health care professionals who are paid by the federal government. These experts aren't part of our plan. They're paid by Medicare to check on and help improve the quality of care for people with Medicare. Acentra Health will provide an independent review of whether it's medically appropriate for us to end coverage for your services. Call 1-888-319-8452 (TTY-711) 9 a.m. to 5 p.m., Monday – Friday; 10 a.m. to 4 p.m. on Saturdays, Sundays, and holidays.

#### **H5. Rhode Island Medicaid**

For questions about the help you get from Medicaid, call Rhode Island Medicaid at the DHS Call Center at 1-855-697-4347.

#### **H6. The Medicare Prescription Payment Plan**

The Medicare Prescription Payment Plan is a payment option that may help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December) as monthly payments. This program doesn't save you money or lower your drug costs.

"Extra Help" from Medicare and help from your state's pharmaceutical assistance program (SPAP) and the AIDS Drug Assistance Program (ADAP), for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan alone. All enrollees are eligible to participate in this program, regardless of income level. To learn more about this program please contact us at the phone number at the bottom of this page or visit [www.Medicare.gov](http://www.Medicare.gov).

#### **H7. Other Resources**

The **Rhode Island Office of Healthy Aging** helps provide information to Rhode Island seniors, families, and caregivers. Some programs and services include but aren't limited to, case management, heating assistance, legal assistance, Rhode Island Medicaid Long Term Services



**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](http://www.nhpri.org/INTEGRITYDuals).

and Supports (LTSS), and reporting elderly abuse. Call 1-401-462-3000 (TTY 1-401- 462-0740) 8:30 a.m. to 4 p.m., Monday – Friday.

The **Disability Rights Rhode Island (DRRI)** is an independent nonprofit law office that's designated as Rhode Island's Federal Protection and Advocacy System. They help provide free legal assistance to individuals with disabilities. Call 1-401-831-3150 (TTY 1-401-831-5335) 9 a.m. to 5 p.m., Monday – Friday.

**Crossroads Rhode Island** offers information on affordable housing for families and individuals, education and employment services in addition to 24 hours a day, 7 days a week emergency services. Call 1-401-521-2255 (TTY 711) 24 hours a day, 7 days a week.

The **United Way of Rhode Island** provides free and confidential information about assistance with human services needs such as housing, food, and childcare. Call 211 (TTY 711) 24 hours a day, 7 days a week or 1-401-444-0600 (TTY 711) Monday - Friday 8 a.m. - 4:30 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](http://www.nhpri.org/INTEGRITYDuals).