

## 2025 SecureBlue MSHO Supplemental Benefits

| MSHO Supplemental Benefit (Vendor/Provider)   | Member Eligibility  | Authorization Requirements   | Additional Information   |
|---|---|--|--|
| <b>Health and Wellbeing Benefits</b>  |   |  |  |
| <p><b>Blood Pressure Monitoring System (QMedic)</b><br/>                     In-home digital home blood pressure device <b>and monthly monitoring</b> designed to inform the member/caregiver of the member's blood pressure. Vendor will notify appropriate member contact of abnormal blood pressure (as defined by the member).</p>  | <p>Community members with:</p> <ul style="list-style-type: none"> <li>- Cardiovascular Disorders (including HTN)</li> <li>- Chronic Heart Failure</li> <li>- ESRD</li> <li>- Stroke</li> </ul> <p>Excluded:<br/>                     Members who live in a Nursing Facility<br/>                     MSHO members who do not have an eligible condition<br/>                     Non-MSHO members</p> | <p>Care coordinator referral required</p>  | <p>Member receives a digital blood pressure monitor. BP readings are received by QMedic. If the member's BP is outside their normal range, the member or member's contact will be notified. Members must use the device on a regular basis to continue to be eligible for the monthly monitoring. If the member does not upload readings for 2 consecutive months, QMedic will contact the member to see if they still want the service. If the member still does not use the monitor. QMedic will contact the care coordinator.</p> |
| <p><b>Friendly Helper (Lutheran Social Services)</b><br/>                     Up to 48 hours per year of in-person or virtual services by a trained caregiver to increase community connections and monitor member wellbeing and quality of life. Services may include assistance with:</p> <ul style="list-style-type: none"> <li>- friendly visiting</li> <li>- light household chores</li> <li>- grocery shopping</li> <li>- technical guidance</li> <li>- limited transportation</li> <li>- support review of materials from health plan or provider, i.e. newsletters, surveys, benefit reminders</li> </ul> | <p>All MSHO members</p>   | <p>Care coordinator referral required</p>  | <p>Similar to companion services with additional benefits. Companionship is the base service. Light housekeeping, transportation, etc. is in addition to the primary companionship service.</p>  |
| <p><b>Health &amp; Wellness Classes (Juniper)</b><br/>                     Classes that are designed for older adults and led by certified instructors/coaches. Classes include education, skills, and strategies to prevent falls and promote self-management of chronic conditions including diabetes and chronic pain. Juniper's health management programs are available at a broad network of participating facilities. Some classes available online or telephonically.</p> <p>Includes transportation via BlueRide - max one round trip ride per day</p>   | <p>All MSHO members</p>   | <p>Care coordinator can refer or member can self-refer.<br/> <a href="https://yourjuniper.org/Referral/Create">https://yourjuniper.org/Referral/Create</a></p> | <p><a href="https://yourjuniper.org/">https://yourjuniper.org/</a><br/>                     Member or care coordinator must contact Juniper directly to sign up for classes.</p>   |

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| <p><b>Household Supports (myFlexCard)</b><br/>Members have a \$260 per quarter allowance on a reloadable debit card (myFlexCard) for utilities and rent. Utility company and landlord must have an appropriate merchant category code and accept the Mastercard debit card. Unused benefits do not roll over to the next quarter.</p> <p>Approved utilities include Electric, Gas, Water, Sanitary, Cable, Streaming, Phone, Internet</p>  | <p>Community members with:</p> <ul style="list-style-type: none"> <li>- Hypertension</li> <li>- Diabetes</li> <li>- COPD</li> </ul> <p>Excluded:</p> <p>Members who live in a Nursing Facility<br/>MSHO members who do not have an eligible condition<br/>Non-MSHO members</p>   | <p>Provider receives an eligibility file and sends debit cards to eligible members (based on claims history with Blue Plus).</p> | <p>Members who are new to Blue Plus may experience a delay in eligibility. Eligibility is based on a medical or pharmacy claim to Blue Plus that validates that the member has an eligible chronic condition. Members may visit <a href="http://www.myflexcardmn.com">www.myflexcardmn.com</a> to access their benefit.</p> |
| <p><b>Medically Tailored Meals and Food (NourishedRx)</b><br/>Up to 12 weeks per year for community members who are managing a chronic condition, <b>plus nutrition education</b> from a certified dietitian to make sustained dietary changes. Members may receive a combination of prepared meals, pantry and food boxes and meal kits.</p>  | <p>Community members with:</p> <ul style="list-style-type: none"> <li>- Hypertension</li> <li>- Diabetes</li> <li>- COPD</li> </ul> <p>Excluded:</p> <p>Members who live in a Nursing Facility<br/>MSHO members who do not have an eligible condition<br/>Non-MSHO members</p>   | <p>Provider receives an eligibility file and contacts eligible members. Care coordinator notification/approval required.</p>     | <p>Nutrition education is required. Member may not receive the food options without nutrition ed.</p> <p>Member must not be receiving meals from any other source at the same time. If member is receiving meals under EW or another waiver, EW/waiver meals should be paused for the chronic conditions meals/food.</p>    |
| <p><b>Music Therapy (Alliance Music Therapy)</b><br/>Music Therapy by board-certified music therapist for members residing in a nursing facility, customized living or adult foster care with dementia, Alzheimer's Disease, high risk of isolation, depression and other mental health related needs. Up to 26 sessions/year. Sessions may be in person or via telehealth depending on the Music Therapist's availability. Alliance will coordinate the telehealth with the facility contact.</p> | <p>Members living in a nursing facility, customized living or adult foster care with:</p> <ul style="list-style-type: none"> <li>- Dementia</li> <li>- Alzheimer's Disease</li> <li>- High risk of isolation</li> <li>- Depression</li> <li>- Other mental health related needs</li> </ul> <p>Excluded:</p> <p>MSHO members who do not have an eligible condition<br/>Members who do not live in an eligible facility<br/>Non-MSHO members</p> | <p>Care coordinator referral required</p>  | <p><a href="https://www.alliancemusictherapy.com/">https://www.alliancemusictherapy.com/</a></p> <p>When making a referral, provide a facility contact to Alliance so Alliance can coordinate the scheduling of the sessions.</p>   |

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| <p><b>Over-the-Counter (CVS OTCHS)</b><br/>Members have a \$150 per quarter allowance to purchase select over-the-counter items. Members may order by telephone, online or shop for eligible items at CVS locations. Unused benefits do not roll over to the next quarter.</p>   | <p>All MSHO members</p>  | <p>Provider receives an eligibility file of all MSHO members</p>   | <p>Community members will receive one printed copy of the CVS catalog per year. If you'd like to order another printed copy, visit <a href="https://www.cvs.com/benefits">https://www.cvs.com/benefits</a> or call 1-888-628-2770 (TTY: 711)</p> <p>If you are helping a member access benefits or you are calling CVS on behalf of a member, you must include the alpha prefix on the member's ID (i.e. <b>MQS80XXXXXX</b>)</p> |
| <b>Caregiver Supports</b>  |  |  |  |
| <p><b>Caregiver Emergency Care Plan (Lutheran Social Services)</b><br/>LSS will work directly with the caregiver to develop a comprehensive emergency care plan in the event the caregiver can no longer provide care.</p>   | <p>Caregivers of members who reside in the community with:</p> <ul style="list-style-type: none"> <li>- Cancer</li> <li>- Cardiovascular Disorders</li> <li>- Chronic Heart Failure</li> <li>- Chronic Lung Disorders</li> <li>- Dementia</li> <li>- Diabetes</li> <li>- ESRD</li> <li>- HIV/AIDS</li> <li>- Neurological conditions</li> <li>- Rheumatoid Arthritis</li> <li>- Stroke</li> </ul> <p>Excluded:<br/>Members who live in a Nursing Facility<br/>MSHO members who do not have an eligible condition</p> | <p>Care coordinator referral required</p>  | <p><a href="https://www.lssmn.org/services/older-adults">https://www.lssmn.org/services/older-adults</a></p>   |
| <p><b>Caregiver Empowerment Program (Ceresti Health )</b><br/>Coaching, education and support service to train and support the Caregiver of members living with dementia, cognitive impairment, Parkinson's Disease or stroke on best practices for managing the member's condition.</p> <p>6 month tablet based program</p> | <p>All MSHO members with:</p> <ul style="list-style-type: none"> <li>- Dementia</li> <li>- Cognitive impairment</li> <li>- Parkinson's Disease</li> <li>- Stroke</li> </ul> <p>Excluded:<br/>Members who live in a Nursing Facility<br/>MSHO members who do not have an eligible condition<br/>Non-MSHO members</p>  | <p>Provider receives an eligibility file. Provider does outreach to eligible members. Care coordinators may also refer or members/caregivers can self-refer.</p> | <p>Visit <a href="https://secureblue.ceresticaregiver.com/">https://secureblue.ceresticaregiver.com/</a> for more information.</p>   |

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| <b>Health Services (Medical/Dental/Vision/Part D)</b>   |  |   |  |
| <b>\$0 copays</b> for Part D medications  | All MSHO members   | None  |  |
| <b>\$50 reward card</b><br>Upon completion of a comprehensive medication review with a pharmacist, member will receive a \$50 reward card (one per year)  | All MSHO members   | None  |  |
| <b>Additional Dental Services</b> (Delta Dental network providers)<br>- 1 Additional Preventive Exam<br>- 2 Crowns  | All MSHO members   | None  |  |
| <b>Additional Podiatry Services</b> (in-network providers)<br>Max 12 visits/year for routine foot care such as nail clipping, etc.  | All MSHO members   | None  | Member does not have to meet Medicare criteria for foot care/podiatry.   |
| <b>Eyeglass Upgrades</b> (in-network providers)<br>- Anti-glare lens coating: up to two lenses every year<br>- Photochromatic lens tinting: up to two lenses every year<br>- Progressive (no-line) lenses: up to two lenses every year  | All MSHO members   | None  |  |
| <b>Fitness</b>  |  |   |  |
| <b>SilverSneakers Fitness Benefit</b><br>Full fitness facility membership and class access to a broad network of participating fitness clubs and exercise centers. Members can also access online education on SilverSneakers.com, participate in SilverSneakers Live virtual classes, get workout videos on SilverSneakers On-Demand™, or download the SilverSneakers GO™ fitness app for more workout ideas.<br><br>Includes transportation via Blue Ride - max one round trip ride per day | All MSHO members   | Provider receives an eligibility file of all MSHO members   | Member or care coordinator can call SilverSneakers at 1-833-226-1271 or go to <a href="http://www.SilverSneakers.com">www.SilverSneakers.com</a> to register/search facilities.  |
| <b>Post-Discharge Services</b>  |  |   |  |
| <b>Post-Discharge Home-Delivered Meals (Lutheran Social Services)</b><br>Up to 14 meals per week for up to 2 weeks (28 meals) per episode of care (hospital or skilled nursing facility discharge) for community members to prevent readmission following an institutional stay.  | Community members recently discharged from hospital or SNF stay<br><br>Excluded:<br>Members who live in a Nursing Facility<br>Non-MSHO members<br>Members who did not have an inpatient stay | Provider receives an eligibility file of members admitted/discharged from the hospital/Nursing Facility. Care coordinator notification/approval required. | <a href="https://www.lssmn.org/services/older-adults">https://www.lssmn.org/services/older-adults</a><br><br>Member cannot be receiving meals from another source at the same time as post-discharge meals. If member has meals through another source (i.e. waiver, chronic condition meals program) and wants to receive post-discharge meals, other meal program should be put on hold. |

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| <p><b>Post-Discharge Healthy Transitions - Certified Community Health Workers (Lutheran Social Services)</b></p> <p>Up to 3 in-home/telephonic visits during first 4 weeks post discharge by CHW for all community members following notification of a discharge from a hospital or short term SNF stay. Visits will include a home safety assessment, nutrition discussion, community resources, personal health record and upcoming medical appts.</p> | <p>Community members recently discharged from hospital or SNF stay</p> <p>Excluded:<br/>                     Members who live in a Nursing Facility<br/>                     Non-MSHO members<br/>                     Members who did not have an inpatient stay</p> | <p>Provider receives an eligibility file of members admitted/discharged from the hospital/Nursing Facility. Care coordinator notification/approval required.</p> | <p><a href="https://www.lssmn.org/services/older-adults">https://www.lssmn.org/services/older-adults</a></p> |
| <b>Equipment/Supplies/Safety Items</b>   |   |  |  |
| <p><b>Electric Toothbrush/Replacement heads (Corner Home Medical)</b></p> <p>One electric toothbrush and one pkg of 3 replacement heads per year</p>   | <p>All MSHO members</p>   | <p>Care coordinator referral required</p>  |  |
| <p><b>\$750 Safety Item Benefit (in-network DME provider)</b></p> <p>Home and bathroom safety devices and modifications to prevent injuries in the home for members not residing in an institution.</p> <p>Benefit may be used multiple times, maximum of \$750/year</p>   | <p>Community members only</p> <p>Excluded:<br/>                     Members who live in a Nursing Facility<br/>                     Non-MSHO members</p>  | <p>Care coordinator referral required</p>  |  |
| <p><b>Medication Dispenser &amp; Reminders (Dose Health)</b></p> <p>Medication dispenser + Reminder Service for community members.</p> <p>Maximum of 4 devices per member</p> <p>For members not on a waiver</p>   | <p>Community members not on a waiver</p> <p>Excluded:<br/>                     MSHO members who have an HCBS waiver<br/>                     Members who live in a Nursing Facility<br/>                     Non-MSHO members</p>                                     | <p>Care coordinator referral required</p>  | <p>Members on a waiver are not eligible in 2025 (unless an exception from 2024 applies)</p>                  |

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| <p><b>Personal Emergency Response System PERS (QMedic)</b><br/>                     In-home or mobile Personal Emergency Response device designed to notify appropriate personnel of an emergency that is health related.<br/>                     For members not on a waiver</p>  | <p>Community members not on a waiver</p> <p>Excluded:<br/>                     MSHO members who have an HCBS waiver<br/>                     Members who live in a Nursing Facility<br/>                     Non-MSHO members</p>   | <p>Care coordinator referral required</p>                    | <p>Members on a waiver are not eligible in 2025 (unless an exception from 2024 applies)</p> |
| <p><b>Animatronic Pets</b></p>  |   |  |   |
| <p><b>Animatronic Pets (QMedic)</b><br/>                     Choice of an animatronic cat or dog or bird for members with cognitive impairment diagnosis to provide comfort, companionship and improve mood.<br/>                     Limited to one per year per member.</p>   | <p>All MSHO members with:</p> <ul style="list-style-type: none"> <li>- Dementia</li> <li>- Chronic Cognitive impairment</li> <li>- Social isolation</li> </ul> <p>Excluded:<br/>                     MSHO members who do not have an eligible condition<br/>                     Non-MSHO members</p> | <p>Care coordinator referral required</p>                    |   |
| <p><b>Transportation</b></p>  |   |  |   |
| <p><b>Transportation (BlueRide) to:</b><br/>                     Alcoholics Anonymous (AA)<br/>                     Narcotics Anonymous (NA)<br/>                     Health and Wellness Classes<br/>                     SilverSneakers fitness facility locations</p> <p>Maximum one round trip per day, per benefit</p> | <p>All MSHO members</p>   | <p>Member or care coordinator can schedule with BlueRide</p> |   |

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| <p><b>Transportation to grocery store (BlueRide)</b><br/>                     Maximum six round trips per month<br/>                     Maximum 45 miles one-way (90 miles round trip)<br/>                     Shopping time is one hour</p> | <p>Community members only with:</p> <ul style="list-style-type: none"> <li>- Autoimmune disorders</li> <li>- Cancer</li> <li>- Cardiovascular disorders</li> <li>- Chronic alcohol and other drug dependence</li> <li>- Chronic and disabling mental health conditions</li> <li>- Chronic heart failure</li> <li>- Chronic kidney disease</li> <li>- Chronic lung disorders</li> <li>- Chronic pain syndrome</li> <li>- Chronic cognitive impairment</li> <li>- Dementia</li> <li>- Diabetes</li> <li>- End Stage Liver Disease</li> <li>- End Stage Renal Disease</li> <li>- HIV/AIDS</li> <li>- Neurological disorders</li> <li>- Stroke</li> </ul> <p>Excluded:<br/>                     Members who live in a Nursing Facility<br/>                     MSHO members who do not have an eligible condition</p> | <p>Member or care coordinator can schedule with BlueRide</p> | <p>Must have a chronic condition to be eligible.</p> |