


# SecureBlue MSHO (HMO D-SNP) 2026 Supplemental Benefit Information

**SecureBlue** is a Minnesota Senior Health Options (MSHO) plan that combines Medicare and Medical Assistance (Medicaid) into one plan. Members must be 65 or older and have both Medicare Part A and Part B to qualify for SecureBlue.

**Supplemental (extra) benefits for members below are in addition to Medicare- and Medicaid-covered benefits.**

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**Extra benefits available to ALL MSHO Members**

**Eyeglass Upgrades** – must use an in-network provider

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Members can get upgrades on eyeglasses each year:

- Anti-glare lens coating, up to two lenses every year
- Photochromatic lens tinting (Transition® lenses), up to two lenses every year
- Progressive (no-line) lenses, up to two lenses every year

**Eligibility:** All MSHO members. No prior authorization required.

**Resources:**

- [Provider and Pharmacy Directory](#)
- Member can contact Member Services for quote of benefits and in network providers: 1-888-740-6013 TTY: 711

**For Optical Providers:**

[BCBS Vision Provider Quick Point](#)

Service codes:

- Anti-Reflective Coating HCPC V2750
- Photochromic Tinting HCPC V2744, V2745
- Progressive Lenses HCPC V2781

Questions: Providers can contact Provider Services at (651) 662-5200 or 1-800-262-0820

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**Fitness Membership** (offered by [SilverSneakers](#))

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- Full fitness facility membership with class access at a broad network of participating fitness clubs and exercise centers
- Access to online education and live virtual classes on [www.SilverSneakers.com](http://www.SilverSneakers.com)
- Access to workout videos on SilverSneakers On-Demand™
- Members may download the SilverSneakers GO™ fitness app
- Includes transportation via Blue Ride - max one round trip ride per day

**Eligibility:** All MSHO members. SilverSneakers receives an eligibility file of all MSHO members.

Member or Care Coordinator can call SilverSneakers at 1-833-226-1271 or go to [www.Silversneakers.com](http://www.Silversneakers.com) to register and search for network facilities.

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**Friendly Helper** (offered by Lutheran Social Services ([LSS](#)))

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- Up to 48 hours per year of in-person or virtual services by a trained caregiver (friendly helper is similar to companion services)
- Services may include assistance with:
  - friendly visiting/companionship
  - light household chores
  - grocery shopping
  - technical guidance
  - limited transportation
  - support review of materials from health plan or provider, i.e. newsletters, surveys, benefit reminders

**Eligibility:** All MSHO members

**Referral Process:** Care Coordinator referral required. Complete the LSS referral form [BluePlus-LSS ReferralForm - All Services Updated](#) and email to [LSSHealthyTransitions@lssmn.org](mailto:LSSHealthyTransitions@lssmn.org)

**Resources:**



If a member has a family member or other informal contact who would like to be the Friendly Helper, the Care Coordinator or person interested in applying can email [LSSHealthyTransitions@lssmn.org](mailto:LSSHealthyTransitions@lssmn.org). LSS Healthy Transitions will connect the person directly with LSS HR to apply.

<https://www.lssmn.org/services/older-adults/lss-friendly-helper>

**Notes:**

- Members may have EW services and Friendly Helper at the same time, if applicable.
- Services may be provided virtually or in-person. LSS will work with the member to determine the best option for in-person, virtual or telephone visits, as needed and as preferred by the member.

**DTR:** To end or reduce service prior to benefit completion, notify the provider and complete DTR using UMPI A857633900

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**Health & Wellness Classes** (offered by [Juniper](#))

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Evidence-based interactive classes that provide education, fitness instruction, and self-care strategies to help people take charge of their health and prevent falls.

- Classes are available at a broad network of participating facilities. Some classes available virtually.
- Includes transportation via BlueRide - max one round trip ride per day.

**Eligibility/Requirements:** All MSHO members

**Referral Process** Care Coordinator can refer or member can self-refer. <https://yourjuniper.org/Referral/Create> or call 1-855-215-2174

**Resources:** <https://yourjuniper.org/>

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**Over-the-Counter Allowance** (offered by [myFlexCard](#))

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- \$75 per quarter allowance to purchase select plan-approved over-the-counter items
- Members may order by telephone, online or shop for eligible items at **participating** retail locations
- Unused benefits do not roll over to the next quarter



**NOTE:** Many OTC drugs and items are covered under the member's Medical Assistance benefit. These items are not eligible for purchase with the OTC supplemental benefit allowance. The member should talk to the pharmacist to request a prescription for these items. Visit the [List of Covered Drugs \(Formulary\)](#) for more information about OTC items available under the Medical Assistance (Medicaid) benefit.

Members will not be reimbursed for OTC items purchased with another form of payment.

**Ways to shop for OTC items:**

1. Shop for approved OTC items in the online marketplace at [www.myFlexCardMN.com](http://www.myFlexCardMN.com)
2. Shop the [OTC catalog](#). Members will receive an OTC catalog in the mail from myFlexCard. Keep this catalog for all of 2026.
3. Shop for select OTC items at participating network retailers - find a list of participating retail stores at [www.myFlexCardMN.com](http://www.myFlexCardMN.com). Members first need to create an account.

Members may reach out to myFlexCard Customer Service at 1-844-451-1164, TTY 711 for assistance with activating their card, checking the balance on the card, requesting a replacement card, or to speak to a representative for other questions. Customer Service representatives are available Monday – Friday from 8 a.m. to 8 p.m.

**Eligibility/Requirements:** All MSHO members.

**Referral Process:**

myFlexCard receives a file of all MSHO members. No referrals are accepted.

**Resources:**

[myFlexCard OTC Instruction Sheet for Care Coordinators](#)

[2026 OTC catalog English](#)

[2026 OTC catalog Spanish](#)

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**Podiatry Services** - must use an in-network provider

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In addition to what is covered under Medicare/Medical Assistance:

- Up to 12 visits/year for routine foot care such as nail clipping, etc.

**Eligibility:** All MSHO members. Member does not have to meet Medicare criteria for foot care/podiatry.

**Resources:**

- [Supplemental Benefit for Additional Podiatry Information for Care Coordinators reference](#)
- [Provider and Pharmacy Directory](#)

Member can contact Member Services for quote of benefits and in network providers: 1-888-740-6013 TTY: 711

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**Transportation** (offered by [BlueRide](#))

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BlueRide is available for up to one round-trip ride per day, for:

- SilverSneakers participating fitness location
- Alcoholics Anonymous (AA) and Narcotics Anonymous (NA)
- Juniper health and wellness education classes

**Eligibility/Requirements:** All MSHO members

**Referral Process:**

- Call 1-866-340-8648 (TTY 711)
- Care coordinator can enter ride into Bridgeview
- Member can schedule a ride online at <https://www.bluecrossmn.com/our-plans/medical-assistance-medicaid/medical-assistance-resources/blueride-transportation>

**Resources:**

[MSHO Blue Ride flyer \(member approved\)](#)

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**Members living in the Community only**

**\$750 In-Home Safety Benefit** (must use an in-network DME provider)

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- Up to \$750 per calendar year for safety items
- Items may include but not limited to; grab bars, hand held shower, non-slip bath mat, toilet safety rails, etc. from an in-network DME provider

**Eligibility/Requirements:** All MSHO members who live in the community

**Referral Process:**

Optional [Blue Plus MSHO In Home Safety Benefit Referral Form](#) (only complete if DME provider is requesting a prior authorization). No doctor's order is required.

Member name/ID on the referral form must match how member is displayed in Bridgeview exactly



**Resources:** [\\$750 Safety Benefit Resource](#) (not a member-approved handout)

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**Medication Dispenser & Reminders - Dose Flip** (offered by [Dose Health](#))

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Medication dispenser + Reminder Service for community members requiring additional medication management services to monitor multiple medications. **Member must not be on a home and community based waiver to receive this benefit under MSHO.** ★

- Members receive a Dose Flip plus reminders and caregiver notifications for missed doses
- Optional equipment available at no charge: Adaptive Flipper, Extra Tray, Refilling Disk, Stand
- Maximum of 4 Dose Flip devices per member

**Eligibility/Requirements:** MSHO members who live in the community **and are not on a waiver**

If a member has medication administration from a different source, member would not be eligible (i.e. has medication administration as part of their CL plan)



**Referral Process:**

Care Coordinator referral required <https://app.dosehealth.com/referrals> or call 844-300-6212

Dose Health will notify you when referral is received and will contact the member or to coordinate device set up.

**Resources:**

More information and video tutorials can be found on the [Dose Health website](#).

Questions about the device, set up or issues: Contact Dose Health 24/7 at 844-300-6212

- [Dose Health Services Flyer \(PDF\)](#)
- [Dose Health tri fold flyer](#)

**Dose Flip**

Dose Flip contains 14 compartments (approximate size of a compartment: about 22 standard round aspirin-sized medications OR 12 gel caps OR 3 fish oils). The on-screen guide can be setup with alarms and a flashing light to remind members to take their pills up to two times per day\* and the lid can be secured with the included security screw and key. Members simply flip the device to dispense their medications.

*\*The member may receive up to 4 devices to accommodate all of their medications.*

**Dose Flip Notifications**

The Dose Flip can send Notifications that allows members or their caregivers to receive a call or text or email reminding them of missed doses or member not taking medications as directed.

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**Dose Health (con't)**

**FAQs**

**How do I sign up a caregiver to receive Dose Flip Notifications?** Care coordinator should contact Dose Health and they will ask who the appropriate party is to contact for approval of who should receive notifications. If the care coordinator is the appropriate party, we will ask which notifications should be set up and the contact information for who they will be set up for, then we will activate them remotely.

**How do I sign up for the Dose Dashboard?** Care coordinator should contact Dose Health and they will ask who the appropriate party is to contact for approval of who should have Dashboard access. If the care coordinator is the appropriate party, we will create a Dashboard account using the email(s) provided and send over an email with dashboard access allowing the viewer to set up their password and view the Dashboard.

**Is the device portable or does it need to be plugged in?** The Dose Flip is portable. It has a battery life of 3-4 days when being used regularly.

**How do I get a device replaced ?** If a device needs to be replaced, contact Dose Health at 844-300-6212 with member's name and address and Dose Health will send out a new device along with packaging and a prepaid label to return the broken device.

**How to return a Dose Flip or end services** To return a device or end services, email [office@dosehealth.com](mailto:office@dosehealth.com) or call 844-300-6212. Provide the member's name, address, and service end date (if no date is provided, the end date will be the date the care coordinator contacts Dose). Dose will then send a pre-paid label and packaging to the confirmed address to assist with the return of the devices/equipment.

**DTR:** To end or reduce service prior to benefit completion, notify the provider and complete DTR using NPI 1891155909

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**Personal Emergency Response System PERS** (offered by [QMedic](#))

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An in-home or mobile Personal Emergency Response device designed to notify appropriate personnel of an emergency that is health related. Several in home or mobile options including a watch option with a steps counter.

QMedic will work with the member or their authorized representative during their call to select the best device to meet their assessed needs.

**Eligibility/Requirements:** MSHO members who live in the community **and are not on a waiver. Member must not be on a home and community based waiver to receive this benefit under MSHO.** ★

**Referral Process:**

Care Coordinator referral form required [2026 QMedic referral form](#)

For QMedic questions call 877-241-2244

**Resources:**

[Care Coordinator Resource Guide - QMedic](#)

In Home PERS



GPS Mobile PERS



**DTR:** To end or reduce service prior to benefit completion, notify the provider and complete DTR using NPI 121-535-8361

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**Post-Discharge Healthy Transitions - Certified Community Health Workers** (offered by [LSS](#))

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Up to 3 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.

**Eligibility/Requirements:** Community members recently discharged from hospital or SNF stay

**Referral Process:**

Care Coordinators should notify eligible SecureBlue members during the Transitions of Care (TOC) process that post-discharge Community Health Worker visits are part of their benefit set.

- LSS receives an eligibility file of members admitted/discharged from the hospital/Nursing Facility
- Care Coordinator notification/approval required
- Care Coordinators can also refer using [BluePlus-LSS ReferralForm - All Services Updated](#) (*Use the same referral form for Healthy Transitions Community Health Worker and Post-Discharge Meals*). Email to [LSSHealthyTransitions@lssmn.org](mailto:LSSHealthyTransitions@lssmn.org)

**Resources:**

<https://www.lssmn.org/services/older-adults/lss-healthy-transitions>

**DTR:** To end or reduce service prior to benefit completion, notify the provider and complete DTR using UMPI A733815500

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**Post-Discharge Home Delivered Meals** (offered by [LSS](#))

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Up to 14 meals per week for up to 2 weeks (28 meals) per episode of care (hospital or short term nursing facility discharge) for community members to prevent readmission following a short term hospital or nursing facility stay.

- ★ • Those receiving meals from EW are not eligible to receive the post-discharge meals unless EW meals are put on hold.
- For members who have specific food preferences, including culturally specific needs, CC should indicate this on the referral form.

**Eligibility/Requirements:** Community members recently discharged from hospital or SNF stay (cannot be receiving meals for another funding source at the same time)

**Referral Process:**

Care Coordinators should notify eligible SecureBlue members during the Transitions of Care (TOC) process that post-discharge meals are part of their benefit set.

- Provider receives an eligibility file of members admitted/discharged from the hospital/Nursing Facility
- Care Coordinator notification/approval required
- Care Coordinators can also refer using [BluePlus-LSS ReferralForm - All Services Updated](#) (*Use the same referral form for Healthy Transitions Community Health Worker and Post-Discharge Meals*). Email to [LSSHealthyTransitions@lssmn.org](mailto:LSSHealthyTransitions@lssmn.org)

**Resources:**

<https://www.lssmn.org/services/older-adults/lss-meals/meals-to-go>

**DTR:** To end or reduce service prior to benefit completion, notify the provider and complete DTR using UMPI A953725200

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**Must have an eligible condition (refer to Eligibility note AND living arrangement requirements (if noted) on each benefit)**

**Comfort Item (offered QMedic)**

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Members with an eligible diagnosis can choose **one comfort item per year**:

- baby doll
- animatronic cat
- animatronic dog
- animatronic bird

Comfort item is to provide comfort, companionship and improve mood. Bird option is geared to members who walk with a walker. It can be attached to the walker to help remind members to use the walker and encourage members to walk.

**Eligibility/Requirements:** MSHO members with:

- Alzheimer's disease
- Cognitive impairment
- Dementia
- Depression
- Intellectual and developmental disabilities
- Traumatic brain injuries
- Social isolation (Z60.4)

**Referral Process:** Care Coordinator referral form required [2026 QMedic referral form](#)

**Member name/ID on the referral form must match how member is displayed in Bridgeview exactly.** ★

**Resources:**

[Care Coordinator Resource Guide - QMedic](#)



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### Caregiver Empowerment Program (offered by [Ceresti](#))

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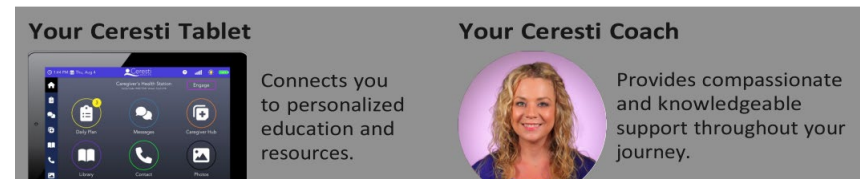
Tablet- or app-based coaching and education program to train and support the Caregiver of members in best practices for managing the member's condition.

- Caregivers will receive an easy-to-use tablet that contains the entire program. The education is also available via a phone app, if preferred.
- Ceresti will assign a dedicated Ceresti Coach to guide and support the caregiver through the entire program. The coach will check in with the caregiver regularly through tablet messaging, phone calls, or texting.
- The program is tailored to the caregiver's and member's needs and includes videos, readings, tutorials, patient engagement, information on community resources to give the caregiver the knowledge, skills, and confidence to be a successful caregiver.
- The program is geared toward helping caregivers regardless of if their loved one lives at home or in a facility.

#### Eligibility/Requirements:

All MSHO members with a caregiver and a qualifying condition of:

- Dementia
- Cognitive impairment



#### Referral Process:

Provider receives an eligibility file and does outreach to eligible members. Care Coordinators may also refer or members/caregivers can self- refer. [Ceresti Referral Form](#)

#### Resources:

- <https://secureblue.ceresticaregiver.com/>  
Member Post card coming soon

#### FAQs

**How much time does the program take each day?** On average, caregivers spend about 5-15 minutes using their tablet each day. Communication with your Ceresti Coach can range anywhere from a brief check in to a more in-depth conversation based on your needs and wants.

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**Caregiver Empowerment Program by Ceresti (con't)**

**What if my loved one does not live with me?** Ceresti's caregiver program is for all caregivers regardless of whether their loved one is living with them or in a facility.

**What if I do not know how to use a tablet?** You do not need to be a technology expert to participate in the program. Ceresti has developed the program to be extremely easy to use, and your coach is there to help you along the way.

**What happens if I do not like the program?** You can drop out at any time, and Ceresti will arrange for you to return the tablet.

**Is the program available to both paid and unpaid caregivers?** Yes, as long as the caregiver also provides care outside of paid hours.

**Can caregivers participate more than once?** Yes, you can participate more than once should circumstances change since last interactions with the program.

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**Grocery Store Transportation (BlueRide)**

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Up to 6 round trip rides per member per month to: grocery stores, local food shelf, farmer's markets (in season), and meat markets via BlueRide.



**Eligibility/Requirements:** Community Members **must have one of the following chronic conditions to use the BlueRide grocery store transportation:**

Autoimmune disorders	Chronic kidney disease	HIV/AIDS
Cancer	Chronic lung disorders	Neurological disorders
Cardiovascular disorders	Chronic pain syndrome	End Stage Renal Disease
Chronic alcohol and other drug dependence	Chronic cognitive impairment	Chronic kidney disease
Chronic and disabling mental health conditions	Dementia	End Stage Liver Disease
Chronic and disabling mental health conditions	Diabetes	Chronic heart failure
Stroke		

**Referral Process:**

BlueRide: 1-866-340-8648 (TTY) or enter ride into Bridgeview. If the care coordinator enters the ride in the BlueRide portal, the care coordinator must confirm that the member has an eligible condition prior to entering the ride.

**Resources:**

[MSHO Blue Ride flyer \(member approved\)](#)

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**Grocery Store Transportation by BlueRide (con't)**

Guidelines for Care Coordinators:

- Enter "grocery store" as reason for transportation in BlueRide
- Maximum six round trip rides per month
- Only available to community members (rate cells A, B)
- Only available to members without a car (standard BlueRide rule)
- Stores: Grocery store, food shelf, meat market, local farmer's market (in season), superstores (grocery area only)
- Maximum of 45 miles one way (90 miles round trip)
- Requires 48-hour notice to BlueRide for ride set up (standard BlueRide rule)

Information for members:

- No in-between stops, BlueRide will pick up at home, take to store, wait for shopping and return home
- Allowed to have an escort at no charge. Escort needs to stay with member.
- Number of bags limited to how much member can carry into their home (no assistance provided by BlueRide)
- Shopping time limit of one hour
- Can set up a standing weekly shopping ride for the month

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**Healthy Foods and Household Supports Allowance** (offered by [myFlexCard](#))

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\$275 [per quarter](#) allowance for plan-approved healthy foods and utilities and rent.

Eligible members have a \$275/quarter allowance on their myFlexCard debit card to use on rent and plan approved utilities and healthy foods. Benefits do not roll over to the next quarter. Members may shop for food in participating retail stores or use their card for approved utilities or rent providers.

Members must activate the card prior to use. Members may create a member account at [www.myFlexCardMN.com](http://www.myFlexCardMN.com) or call the card activation line at 1-844-210-2175, TTY 711.

**Eligibility/Requirements:** Community members only with:

- Asthma
- Cancer
- Chronic Liver Disease
- Chronic Renal Disease
- Congestive Heart Failure
- COPD/Emphysema
- Coronary Artery Disease
- Diabetes Mellitus
- Peripheral Vascular Disease
- Schizophrenia

**Healthy Foods and Household Supports Allowance (con't)**

[Members are eligible based on a medical claim to Blue Cross validating an eligible diagnosis. If a member has not received care with Blue Cross for one of the qualifying conditions or their provider has not yet submitted the claim, they will not appear eligible for this benefit.](#)



**Healthy Foods:**

Shop for select healthy food items at participating retailers – members may find a list of participating retail stores at [www.myFlexCardMN.com](http://www.myFlexCardMN.com). They first need to create an account.

Examples of healthy food items include meats, dairy, fruits, vegetables, beans, and some canned foods.

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**Healthy Foods and Household Supports Allowance (con't)**

**Household Supports:**

- Electric, Gas, Water, and Sanitary
- Cable, Satellite and Other Pay Television/Radio/Streaming Services
- Telecommunication Services, including Local and Long-Distance Calls, Credit Card Calls, Calls Through Use of Magnetic Stripe-Reading Telephones, and Fax Services
- Telecommunication Equipment and Telephone Sales
- Fuel Dealers – Fuel, Oil, Wood, Coal, and Liquified Petroleum
- Government agencies (for utilities offered through city/municipalities)
- Home internet
- Real Estate Agents and Managers (rent)
- Nursing, Home Healthcare and Personal Care Facilities (rent in Customized Living)

**Referral Process:** Provider receives an eligibility file based on claims to Blue Cross and sends debit cards to eligible members. Care Coordinators **cannot** submit referrals for this benefit. [There may be a delay in eligibility depending on when we receive claims for the member to validate their qualifying diagnoses.](#)

Members may reach out to myFlexCard Customer Service at 1-844-451-1164, TTY 711 for assistance with activating their card, checking the balance on the card, requesting a replacement card, or to speak to a representative for other questions. Customer Service representatives are available Monday – Friday from 8 a.m. to 8 p.m.

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**Healthy Foods and Household Supports Allowance (con't)**

Effective Jan 2025, the U.S. Department of Housing and Urban Development (HUD) has released a [Frequently Asked Questions \(FAQs\)](#) clarifying when the use of Medicare Advantage (MA) supplemental benefits will be included in the determination of income pursuant to federal regulations for determining eligibility and rent-subsidies provided to the tenant. As explained in the FAQs, HUD requires that supplemental benefits received **and used** for rent and utilities must be included in the calculation of income performed by a housing provider or public housing agency. Any benefits other than used **rent and utilities**, or unused benefits (e.g. any portion of the Flex Card amount that is unspent and the family loses at the end of the month or plan year) should not be counted in the family's income calculation. Members may choose to use their allowance on Healthy Foods if they live in HUD housing.

**Resources:**

- [Approved Guide-Healthy Foods 0525 25-09-04](#)
- [myFlexCard – Healthy Foods/Household Supports Instruction Sheet for Care Coordinators](#)
- [Card Carrier example](#)
- [Member Guide example](#)

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**Music Therapy** (offered by [Alliance Music Therapy](#))

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- Up to 26 visits per member per year of Music Therapy

Music Therapy is the clinical and evidence based, intentional use of music and sound by a trained, board-certified music therapist (MT-BC) to achieve clinical and therapeutic objectives and enhance quality of life and wellness.

**Eligibility/Requirements:**

Member must live in a nursing home, an assisted living (customized living) or in foster care and must have diagnosis of

- Alzheimer's disease
- Cognitive impairment
- Dementia
- Depression
- Intellectual and developmental disabilities
- Traumatic brain injuries
- Social isolation

**Referral Process:**

Complete the online referral form <https://www.alliancemusictherapy.com/bcbsreferralform> Enter Password: musictherapy26  
or call 612-584-0919



Contact the facility to inform the facility that member will be receiving the service. This helps to ensure the facility will assist in coordinating the service and setting up telehealth capabilities (if needed).

**Resources:**

- [2026 Alliance Music Therapy-BCBS Handout](#)
- [25-08-20 M06011R04 MSHO MusicTherapy FINAL](#)

Questions? email to Lydia Holmes [lydia@alliancemusictherapy.com](mailto:lydia@alliancemusictherapy.com) or call (651) 600-0843

**DTR:** To end or reduce service prior to benefit completion, notify the provider and complete DTR using NPI 1619373610

SecureBlue MSHO (HMO D-SNP)  
2026 Supplemental Benefit Information