

2021

Summary of Benefits



RiverSpring MAP

For more information, call us **1-800-362-2266** (TTY/TDD 711)

8 a.m. to 8 p.m. EST. – 7 days a week.

www.RiverSpringHealthPlans.org

RiverSpring MAP (HMO D-SNP) Summary of Benefits 2021

Introduction

This document is a brief summary of the benefits and services covered by RiverSpring MAP (HMO D-SNP). It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of RiverSpring MAP (HMO D-SNP). Key terms and their definitions appear in alphabetical order in the last chapter of the *Evidence of Coverage*.

Table of Contents

A. Disclaimers	2
B. Frequently Asked Questions (FAQ)	6
C. List of Covered Services	10
D. Services covered outside of RiverSpring MAP (HMO D-SNP)	23
E. Services not covered by RiverSpring MAP (HMO D-SNP), Medicare, or Medicaid.....	23
F. Your rights as a member of the plan.....	24
G. How to file a complaint or appeal a denied service or drug	28
H. What to do if you suspect fraud	29

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If you have questions, please call RiverSpring MAP Member Services at 1-800-362-2266, TTY/TDD 711, 8 a.m. to 8 p.m. ET 7 days a week. The call is free. **For more information**, visit www.RiverSpringHealthPlans.org.

RiverSpring MAP (HMO D-SNP) Summary of Benefits 2021

A. Disclaimers



This is a summary of health services covered by RiverSpring MAP (HMO D-SNP) for January 1, 2021 – December 31, 2021. Please read the *Evidence of Coverage* for the full list of benefits. If you don't have an *Evidence of Coverage*, call RiverSpring MAP (HMO D-SNP) Member Services at the number at the bottom of this page to get one. Or, you can visit our website at www.RiverSpringHealthPlans.org and view it online.

- ❖ **RiverSpring MAP (HMO D-SNP)** is an (HMO D-SNP) plan with a Medicare and Medicaid contract. Enrollment in RiverSpring MAP (HMO D-SNP) depends on Contract renewal.
- ❖ This information is not a complete description of benefits. If you have any questions, or would like to speak to someone at our Plan, call the Member Services at 1-800-362-2266 (TTY/ TDD 711) for more information.
- ❖ RiverSpring MAP (HMO D-SNP) is a plan for people who need Medicaid home care and long-term care services and covers Medicare services for those who live in the service area and have both Medicare Part A and Part B and have Medicaid.
- ❖ This plan is designed to meet the needs of people who receive certain Medicaid benefits. (Medicaid is a joint Federal and state government program that helps with medical costs for certain people with limited incomes and resources.) To be eligible for our plan you:
 - Must be eligible for Medicare and Full Medicaid Benefits.
 - Must be capable, at the time of enrollment of returning to or remaining in your home and community without jeopardy to health and safety, based upon criteria provided by New York State Department of Health; and
 - Must be eligible for nursing home level of care (as of the time of enrollment)
 - Must require care management and be expected to need at least one of the following Community Based Long-Term Care services for more than 120 days from the effective date of enrollment:
 - nursing services in the home;
 - therapies in the home;
 - home health aide services;



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RiverSpring MAP (HMO D-SNP) Summary of Benefits 2021

- personal care services in the home;
 - adult day health care;
 - private duty nursing; or
 - Consumer Directed Personal Assistance Services
- Must be 18 years of age or older;
 - Must reside in the plan's service area;
 - Are determined eligible for long-term care services by the plan or an entity designated by the Department using the current NYS eligibility tool.
- ❖ Under RiverSpring MAP (HMO D-SNP) you can get your Medicare and most of your Medicaid services in one health plan. A RiverSpring MAP (HMO D-SNP) care manager will help manage your health care needs.
- ❖ For more information about **Medicare**, you can read the *Medicare & You* Handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. For more information about **Medicaid**, call New York State Department of Health (Social Services) Medicaid Helpline 1-800-541-2831 Medicaid Helpline. TTY users should call 711.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call RiverSpring MAP (HMO D-SNP) Member Services at the number at the bottom of this page. The call is free.

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-362-2266 (TTY/TDD 711).

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-362-2266 (TTY/TDD : 711)

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-362-2266 (TTY/TDD 711).



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RiverSpring MAP (HMO D-SNP) Summary of Benefits 2021

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-362-2266 (TTY/TDD 711).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-362-2266 (TTY/TDD 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-362-2266 (TTY/TDD 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-362-2266 (TTY/TDD 711).번으로 전화해 주십시오.

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-362-2266 (телетайп: 711).

Arabic: 711 هاتف الصم والبكم) 1-800-362-2266 برقم اتصل .بالمجان لك تتوافر اللغوية المساعدة خدمات فإن ،اللغة اذكر تتحدث كنت إذا :ملحوظة

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-362-2266 (TTY/TDD 711).

Portuguese: ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-362-2266 (TTY/TDD 711).

French Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-362-2266 (TTY/TDD 711).

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-362-2266 (TTY/TDD 711).

Hindi: ध्यान दः यद आप हदी बोलते ह तो आपके िलए मुफ्त म भाषा सहायता सेवाएं उपलब्ध ह। 1-800-362-2266 (TTY/TDD 711). पर कॉल कर।

Japanese: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます1-800-362-2266 (TTY/TDD 711)

- ❖ You can get this document for free in languages other than English and in other formats, such as large print, braille, or audio. Call Member Services at the number at the bottom of this page. This document is available in Spanish, Russian and Chinese.



If you have questions, please call RiverSpring MAP Member Services at 1-800-362-2266, TTY/TDD 711, 8 a.m. to 8 p.m. ET 7 days a week. The call is free. **For more information**, visit www.RiverSpringHealthPlans.org.

RiverSpring MAP (HMO D-SNP) Summary of Benefits 2021

- ❖ When you enroll, we will ask your preferred language and/or format for materials, which we will keep on file. You can make a standing request for future mailings, and you can change your preference at any time by calling Member Services at 1-800-362-2266 (TTY/TDD 711) during 8:00 a.m. to 8:00 p.m. ET, 7 days a week.



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RiverSpring MAP (HMO D-SNP) Summary of Benefits 2021

B. Frequently Asked Questions (FAQ)

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
What is a Medicaid Advantage Plus (MAP/HMO + D-SNP) plan?	<p>Our MAP plan is a Health Maintenance Organization (HMO) aligned with a Dual Special Needs Plan (D-SNP). Our plan combines your Medicaid home care and long-term care services and your Medicare services. It combines your doctors, hospital, pharmacies, home care, nursing home care, and other health care providers into one coordinated health care system. It also has care managers to help you manage all of your providers and services. They all work together to provide the care you need. Our MAP plan is called RiverSpring MAP (HMO D-SNP).</p>
Will I get the same Medicare and Medicaid benefits in RiverSpring MAP (HMO D-SNP) that I get now?	<p>If you are coming to RiverSpring MAP (HMO D-SNP) from Original Medicare or another Medicare plan, you may get benefits or services differently. You will get all your covered Medicare and Medicaid benefits directly from RiverSpring MAP (HMO D-SNP). You will work with a team of providers who will help determine what services will best meet your needs. When you enroll in RiverSpring MAP (HMO D-SNP), you and your care team will work together to develop a Care Plan to address your health and support needs.</p> <p>When you join our plan, if you are taking any Medicare Part D prescription drugs that RiverSpring MAP (HMO D-SNP) does not normally cover, you can get a temporary supply. We will help you get another drug or get an exception for RiverSpring MAP (HMO D-SNP) to cover your drug, if medically necessary. For more information, call Member Services.</p>



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RiverSpring MAP (HMO D-SNP) Summary of Benefits 2021

Frequently Asked Questions (FAQ)	Answers
Can I go to the same health care providers I see now?	<p>That is often the case. If your providers (including doctors and pharmacies) work with RiverSpring MAP (HMO D-SNP) and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none">• Providers with an agreement with us are “in-network.” In most cases, you must use the providers in RiverSpring MAP (HMO D-SNP’s) network.• If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of RiverSpring MAP (HMO D-SNP’s) network. You may also use out-of-network providers when RiverSpring MAP (HMO D-SNP) authorizes the use of out-of-network providers. <p>To find out if your providers are in the plan’s network, call Member Services or read RiverSpring MAP (HMO D-SNP’s) <i>Provider and Pharmacy Directory</i>. You can also visit our website at www.RiverSpringHealthPlans.org for the most current listing.</p>
What happens if I need a service but no one in RiverSpring MAP (HMO D-SNP)’s network can provide it?	<p>Most services will be provided by our network providers. If you need a covered service that cannot be provided within our network, RiverSpring MAP (HMO D-SNP) will authorize and pay for the cost of an out-of-network provider.</p>
What is a care manager?	<p>A care manager is your main contact person. This person helps manage all your providers and services and makes sure you get what you need.</p>
What are long-term services and supports?	<p>Long-term services and supports are services that help people who need assistance doing everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Most of these services help you stay in your home so you don’t need to move to a nursing home or hospital.</p>



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RiverSpring MAP (HMO D-SNP) Summary of Benefits 2021

Frequently Asked Questions (FAQ)	Answers
<p>Where is RiverSpring MAP (HMO D-SNP) available?</p>	<p>The service area for this plan includes the following counties in New York: Bronx, Kings, New York, Nassau, Queens, Richmond, and Westchester. You must live in one of these counties to join the plan. Call Member Services for more information about whether the plan is available where you live.</p>
<p>What is prior authorization?</p>	<p>Prior authorization means that you must get approval from RiverSpring MAP (HMO D-SNP) before you can get a specific service or drug or see an out-of-network provider. RiverSpring MAP (HMO D-SNP) may not cover the service or drug if you don't get approval. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first.</p> <p>See Chapter 3 of the <i>Evidence of Coverage</i> to learn more about prior authorization. See the Benefits Chart in Chapter 4 of the <i>Evidence of Coverage</i> to learn which services require prior authorization.</p>
<p>What is Extra Help?</p>	<p>Extra Help is a Medicare program that helps people with limited incomes and resources reduce their Medicare Part D prescription drug costs such as premiums, deductibles, and copayments/copays. Extra Help is also called the "Low-Income Subsidy," or "LIS."</p> <p>Your prescription drug copayments/copays under RiverSpring MAP (HMO D-SNP) already include the amount of Extra Help you qualify for. For more information about Extra Help, contact your local Social Security Office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. These calls are free.</p>



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RiverSpring MAP (HMO D-SNP) Summary of Benefits 2021

Frequently Asked Questions (FAQ)	Answers
Do I pay a monthly amount (also called a premium) as a member of RiverSpring MAP (HMO D-SNP)?	No. Because you have Medicaid, you will not pay any monthly premiums for your health coverage. You must continue to pay your Medicare Part B premium unless your Part B premium is paid for you by Medicaid or another third party.
Do I pay a deductible as a member of RiverSpring MAP (HMO D-SNP)?	No. You do not pay deductibles in RiverSpring MAP (HMO D-SNP).
What is the maximum out-of-pocket amount that I will pay for medical services as a member of RiverSpring MAP (HMO D-SNP)?	There is no cost-sharing for medical services in RiverSpring MAP (HMO D-SNP), so your annual out-of-pocket costs will be \$0.



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RiverSpring MAP (HMO D-SNP) Summary of Benefits 2021

C. List of Covered Services

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

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
I need hospital care	Inpatient hospital care	\$0	Except in an emergency, your health care provider must tell the plan of your hospital admission. Prior Authorization is required.
	Outpatient hospital services (including outpatient treatment by a doctor or a surgeon)	\$0	Prior Authorization is required.
	Ambulatory surgical center (ASC) services	\$0	Prior Authorization is required.
I want to see a health care provider (continued on the next page)	Doctor visits to treat an injury or illness	\$0	Visits that do not need prior authorization: <ul style="list-style-type: none"> - PCP - Emergency care - Urgent care - Immunizations - Palliative Care Visits that may need prior authorization: <ul style="list-style-type: none"> - Specialist - Outpatient surgery or services

RiverSpring MAP (HMO D-SNP) Summary of Benefits 2021

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
I want to see a health care provider (continued)	Specialist care	\$0	Prior Authorization is required.
	Wellness visits, such as a physical	\$0	Do not need Prior Authorization.
	Preventive care to keep you from getting sick, such as flu shots	\$0	Do not need Prior Authorization.
	“Welcome to Medicare” preventive visit (one time only)	\$0	Do not need Prior Authorization.
I need emergency care	Emergency room services	\$0	You may go to any emergency room if you reasonably believe you need emergency care. You do not need prior authorization and you do not have to be in-network.
	Urgently needed care	\$0	Urgently needed care is NOT emergency care. You do not need prior authorization and you do not have to be in-network.



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RiverSpring MAP (HMO D-SNP) Summary of Benefits 2021

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
I need medical tests	Lab tests, such as blood work	\$0	Do not need Prior Authorization
	X-rays or other pictures, such as CAT scans	\$0	Prior Authorization is required.
	Screening tests, such as tests to check for cancer	\$0	Do not need Prior Authorization
I need hearing/auditory services	Hearing screenings	\$0	Prior Authorization is required.
	Hearing aids	\$0	This is a Medicaid covered benefit. Prior authorization is required for hearing aid replacement parts.
I need dental care	Dental services, including preventive care	\$0	Comprehensive Dental Services are covered under Medicare; Preventive Dental Services are limited to the Medicaid benefit which includes one check-up every six months. Prior Authorization is required.



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RiverSpring MAP (HMO D-SNP) Summary of Benefits 2021

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
I need eye care	Eye exams	\$0	Prior Authorization is required.
	Glasses or contact lenses	\$0	<p>Eyeglasses limited to one pair every 24 months unless medically necessary.</p> <p>Limited to one pair of eyeglasses or contact lenses after each cataract surgery or contact lenses for certain conditions when eyeglasses will not work.</p> <p>Do not need Prior Authorization</p>
	Other vision care including diagnosis and treatment for diseases and conditions of the eye	\$0	Prior Authorization is required
I have a mental health condition	Mental or behavioral health services	\$0	Prior Authorization is required.
	Inpatient care for people who need long-term mental health services	\$0	Prior Authorization is required.
I have a substance use disorder	Substance use disorder services	\$0	Prior Authorization is required.

RiverSpring MAP (HMO D-SNP) Summary of Benefits 2021

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
I need a place to live with people available to help me	Skilled nursing care	\$0	Prior Authorization is required.
I need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	<p>There may be limits on physical therapy, occupational therapy, and speech therapy services. If so, there may be exceptions to these limits.</p> <p>Prior Authorization is required</p>
I need help getting to health services (continued on the next page)	Ambulance services	\$0	<p>Ambulance services must be medically necessary. You do not need prior authorization for ambulance services and you do not have to be in-network.</p> <p>Non-emergent ambulance services need prior authorization.</p>
	Emergency transportation	\$0	Prior Authorization is not required.

RiverSpring MAP (HMO D-SNP) Summary of Benefits 2021

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
I need help getting to health services (continued)	Transportation to health care services and health care	\$0	The Plan covers essential transportation to obtain medically necessary covered medical services. Modes of transportation included are public transportation, taxicab, livery, ambulette, or other means appropriate to medical condition. Prior Authorization is required
	Transportation to other health services	\$0	Prior Authorization is required
I need drugs to treat my illness or condition (continued on the next page)	Medicare Part B prescription drugs	\$0	Read the <i>Evidence of Coverage</i> for more information on these drugs.



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RiverSpring MAP (HMO D-SNP) Summary of Benefits 2021

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>I need drugs to treat my illness or condition (continued)</p>	<p>Tier 1 Generic drugs (no brand name)</p>	<p>\$0/\$1.30/\$3.70 for a 31-day supply.</p> <p>Copayments/Copays for prescription drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.</p>	<p>There may be limitations on the types of drugs covered. Please see RiverSpring MAP (HMO D-SNP)'s <i>List of Covered Drugs</i> at www.RiverSpringHealthPlans.org for more information.</p> <p>RiverSpring MAP (HMO D-SNP) may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from RiverSpring MAP (HMO D-SNP) for certain drugs.</p>

RiverSpring MAP (HMO D-SNP) Summary of Benefits 2021

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>I need drugs to treat my illness or condition (continued)</p>		<p>When you reach the out-of-pocket limit of \$6,550 for your Part D prescription drugs, the Catastrophic Coverage Stage begins. You will stay in the Catastrophic Coverage Stage until the end of the calendar year. During this stage, your copayments/copays for Part D drugs will be \$0.</p>	<p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, <i>List of Covered Drugs</i> (Drug List), and printed materials, as well as on the Medicare Prescription Drug Plan Finder on www.medicare.gov.</p>



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RiverSpring MAP (HMO D-SNP) Summary of Benefits 2021

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>I need drugs to treat my illness or condition (continued)</p>		<p>Copayments/Copays for prescription drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.</p>	<p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from RiverSpring MAP (HMO D-SNP) for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, <i>List of Covered Drugs</i> (Drug List), and printed materials, as well as on the Medicare Prescription Drug Plan Finder on www.medicare.gov.</p> <p>You may get your drugs from a network retail pharmacy for a 1 month (31-day), 2 months (60- day), or 3 months (90-day) supply and mail order pharmacies for 3 months (90-day) supply.</p>

RiverSpring MAP (HMO D-SNP) Summary of Benefits 2021

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>I need drugs to treat my illness or condition (continued)</p>			<p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy for a (31-day) supply.</p> <p>You may get drugs from an out-of-network pharmacy for a 1 month (31-days) supply at the same cost as an in-network pharmacy.</p>

RiverSpring MAP (HMO D-SNP) Summary of Benefits 2021

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
I need drugs to treat my illness or condition (continued)	Over-the-counter (OTC) drugs	\$0	<p>There may be limitations on the types of drugs covered.</p> <p>You may purchase up to \$155.00 every month of certain OTC items. OTC items can be purchased by using an OTC debit card or by placing an order through a catalog.</p> <p>OTC benefit dollars cannot be carried over to the next month.</p>
	Diabetes medications	\$0	Prior Authorization is required
I need help getting better or have special health needs	Rehabilitation services	\$0	Prior Authorization is required
	Medical equipment for home care	\$0	Prior Authorization is required
I need foot care	Podiatry services	\$0	Prior Authorization is required
	Orthotic services	\$0	Prior Authorization is required

RiverSpring MAP (HMO D-SNP) Summary of Benefits 2021

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
I need durable medical equipment (DME) or medical supplies	Wheelchairs, nebulizers, crutches, rollabout knee walkers, walkers, and oxygen equipment and supplies, for example (Note: This is not a complete list of covered DME or supplies. Call Member Services or read the <i>Evidence of Coverage</i> for more information.)	\$0	Authorization is required for any DME item that costs \$250 or more.
I need help living at home (continued on next page)	Home health care services	\$0	Prior Authorization is required
	Personal care assistant	\$0	Prior Authorization is required
	Changes to your home, such as ramps and wheelchair access	\$0	Prior Authorization is required
	Home services, such as cleaning or housekeeping	\$0	Prior Authorization is required
	Meals brought to your home	\$0	Prior Authorization is required



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RiverSpring MAP (HMO D-SNP) Summary of Benefits 2021

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
I need help living at home (continued)	Adult day health care services or other support services	\$0	Prior Authorization is required
	Social day care	\$0	Prior Authorization is required
My caregiver needs some time off	Respite care	\$0	Prior Authorization is required
I need interpreter services	Spoken language interpreter	\$0	None
	Sign language interpreter	\$0	None
Additional services	Acupuncture	\$0	There may be limits. If so, there may be exceptions. Prior Authorization is required
	Chiropractic services	\$0	Prior Authorization is required
	Diabetic supplies	\$0	Prior Authorization is required
	Prosthetic services	\$0	Prior Authorization is required
	Services to help manage your disease	\$0	Prior Authorization is required

RiverSpring MAP (HMO D-SNP) Summary of Benefits 2021

This summary of benefits is provided for informational purposes only and is not a complete list of benefits. Call Member Services or read the *Evidence of Coverage* to find out about other covered services.

D. Services covered outside of RiverSpring MAP (HMO D-SNP)

This is not a complete list. Call Member Services to find out about other services not covered by RiverSpring MAP (HMO D-SNP) but available through Medicare.

Other services covered by Medicare	Your costs
Telehealth & other virtual services	As determined under Medicare/Medicaid fee-for service.
Out of network family planning services	As determined under Medicare/Medicaid fee-for service.
Methadone Maintenance Treatment Program (MMTP)	As determined under Medicare/Medicaid fee-for service.
Directly observed therapy for tuberculosis (TB)	As determined under Medicare/Medicaid fee-for service.
Hospice services	As determined under Medicare/Medicaid fee-for service.

E. Services not covered by RiverSpring MAP (HMO D-SNP), Medicare, or Medicaid

This is not a complete list. Call Member Services to find out about other excluded services.

Services not covered by RiverSpring MAP (HMO D-SNP), Medicare or Medicaid

Services that are not medically necessary according to the standards of Medicare and New York Medicaid unless otherwise approved or entered in your Person-Centered Service Plan (PCSP).



If you have questions, please call RiverSpring MAP Member Services at 1-800-362-2266, TTY/TDD 711, 8 a.m. to 8 p.m. ET 7 days a week. The call is free. **For more information**, visit www.RiverSpringHealthPlans.org.

RiverSpring MAP (HMO D-SNP) Summary of Benefits 2021

Services not covered by RiverSpring MAP (HMO D-SNP), Medicare or Medicaid

Elective or voluntary enhancement procedures or services (including weight loss, hair growth, sexual performance, athletic performance, cosmetic purposes, anti-aging, and mental performance), except when medically needed.

Services provided to veterans in Veterans Affairs (VA) facilities. However, when emergency services are received at a VA hospital and the VA cost sharing is more than the cost sharing under our plan, we will reimburse veterans for the difference.

LASIK surgery.

Services that you get without prior authorization, when prior authorization is required for getting that service.

Naturopath services (uses natural or alternative treatments).

Emergency facility services for non-authorized, routine conditions that are not a medical emergency.

Services provided outside the United States and its territories.

Private room in a hospital, except when it is considered medically necessary.

Personal items in your room at a hospital or a skilled nursing facility, such as a telephone or a television.

Cosmetic surgery or procedures, unless because of an accidental injury or when medically necessary. However, all stages of reconstruction for a breast are covered after a mastectomy, as well as for the unaffected breast to produce a symmetrical appearance.

F. Your rights as a member of the plan

As a member of RiverSpring MAP (HMO D-SNP), you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read the *Evidence of Coverage*. Your rights include, but are not limited to, the following:

Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness and dignity.** This includes the right to:



If you have questions, please call RiverSpring MAP Member Services at 1-800-362-2266, TTY/TDD 711, 8 a.m. to 8 p.m. ET 7 days a week. The call is free. **For more information**, visit www.RiverSpringHealthPlans.org.

RiverSpring MAP (HMO D-SNP): Summary of Benefits

- Get covered services without concern about race, ethnicity, national origin, color, religion, creed, sex (including sex stereotypes and gender identity), age, health status, mental, physical, or sensory disability, sexual orientation, genetic information, ability to pay, or ability to speak English. No health care provider should engage in any practice, with respect to any member that constitutes unlawful discrimination under any state or federal law or regulation.
- Ask for and get information in other formats (for example, large print, braille, audio) free of charge
- Be free from any form of physical restraint or seclusion
- Not be billed by network providers
- Have your questions and concerns answered completely and courteously
- Apply your rights freely without any negative effect on the way RiverSpring MAP (HMO D-SNP) or your provider treats you
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options, regardless of cost or benefit coverage. This information should be in a format and language you can understand. These rights include getting information on:
 - RiverSpring MAP (HMO D-SNP)
 - The services we cover
 - How to get services
 - How much services will cost you
 - Names of health care providers and Care Managers
 - Your rights and responsibilities
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
 - Choose a primary care provider (PCP). You can change your PCP at any time during the year. You can call <phone number> if you want to change your PCP.
 - See a women's health care provider without a referral



RiverSpring MAP (HMO D-SNP): Summary of Benefits

- Get your covered services and drugs quickly
- Know about all treatment options, no matter what they cost or whether they are covered
- Refuse treatment as far as the law allows, even if your health care provider advises against it
- Stop taking medicine, even if your health care provider advises against it
- Ask for a second opinion about any health care that your PCP or your Care Team advises you to have. RiverSpring MAP (HMO D-SNP) will pay for the cost of your second opinion visit.
- Make your health care wishes known in an advance directive
- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
 - Get timely medical care
 - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
 - Have interpreters to help with communication with your doctors, other providers, and your health plan. Call 1-800-362-2266 if you need help with this service
 - Have your *Evidence of Coverage* and any printed materials from RiverSpring MAP (HMO D-SNP) translated into your primary language, and/or to have these materials read out loud to you if you have trouble seeing or reading. Oral interpretation services will be made available upon request and free of charge.
 - Be free of any form of physical restraint or seclusion that would be used as a means of coercion, force, discipline, convenience or retaliation
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
 - Get emergency and urgent care services, 24 hours a day, 7 days a week, without prior approval
 - See an out-of-network urgent or emergency care provider, when necessary



If you have questions, please call RiverSpring MAP (HMO D-SNP) Member Services 1-800-362-2266, TTY/TDD 711, 8 a.m. to 8 p.m. ET 7 days a week. The call is free. **For more information**, visit www.RiverSpringHealthPlans.org.

RiverSpring MAP (HMO D-SNP): Summary of Benefits

- **You have a right to confidentiality and privacy.** This includes the right to:
 - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
 - Have your personal health information kept private. No personal health information will be released to anyone without your consent, unless required by law.
 - Have privacy during treatment
- **You have the right to make complaints about your covered services or care.** This includes the right to:
 - Access an easy process to voice your concerns, and to expect follow-up by RiverSpring MAP (HMO D-SNP)
 - File a complaint or grievance against us or our providers. You also have the right to appeal certain decisions made by us or our providers
 - Ask for a State Appeal (State Fair Hearing)
 - Get a detailed reason why services were denied

Your responsibilities include, but are not limited to, the following:

- **You have a responsibility to treat others with respect, fairness and dignity.** You should:
 - Treat your health care providers with dignity and respect
 - Keep appointments, be on time, and call in advance if you're going to be late or have to cancel
- **You have the responsibility to give information about you and your health.** You should:
 - Tell your health care provider your health complaints clearly and provide as much information as possible
 - Tell your health care provider about yourself and your health history
 - Tell your health care provider that you are a RiverSpring MAP (HMO D-SNP) member
 - Talk to your PCP, Care Manager, or other appropriate person about seeking the services of a specialist before you go to a hospital (except in cases of emergency)



RiverSpring MAP (HMO D-SNP): Summary of Benefits

- Tell your PCP, Care Manager, or other appropriate person within 24 hours of any emergency or out-of-network treatment
- Notify RiverSpring MAP (HMO D-SNP) Member Services if there are any changes in your personal information, such as your address or phone number
- **You have the responsibility to make decisions about your care, including refusing treatment.** You should:
 - Learn about your health problems and any recommended treatment, and consider the treatment before it's performed
 - Partner with your Care Team and work out treatment plans and goals together
 - Follow the instructions and plans for care that you and your health care provider have agreed to, and remember that refusing treatment recommended by your health care provider might harm your health
- **You have the responsibility to obtain your services from RiverSpring MAP (HMO D-SNP).** You should:
 - Get all your health care from RiverSpring MAP (HMO D-SNP), except in cases of emergency, urgent care, out-of-area dialysis services, or family planning services, unless RiverSpring MAP (HMO D-SNP) provides a prior authorization for out-of-network care
 - Not allow anyone else to use your RiverSpring MAP (HMO D-SNP) Member ID Cards to obtain healthcare services
 - Notify RiverSpring MAP (HMO D-SNP) when you believe that someone has purposely misused RiverSpring MAP (HMO D-SNP) benefits or services

For more information about your rights, you can read the RiverSpring MAP (HMO D-SNP) *Evidence of Coverage*. If you have questions, you can also call RiverSpring MAP (HMO D-SNP) Member Services.

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

If you have a complaint or think RiverSpring MAP (HMO D-SNP) should cover something we denied, call the number at the bottom of the page. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the RiverSpring MAP (HMO D-SNP) *Evidence of Coverage*. You can also call RiverSpring MAP (HMO D-SNP) Member Services.



If you have questions, please call RiverSpring MAP (HMO D-SNP) Member Services 1-800-362-2266, TTY/TDD 711, 8 a.m. to 8 p.m. ET 7 days a week. The call is free. **For more information**, visit www.RiverSpringHealthPlans.org.

RiverSpring MAP (HMO D-SNP): Summary of Benefits

If you have a complaint or think RiverSpring MAP (HMO D-SNP) Plan should cover something we denied, call RiverSpring MAP (HMO D-SNP) Plan at 1-800-362-2266 (TTY/TDD 711), 7 days a week from 8 a.m. to 8 p.m. ET. You may be able to appeal our decision.

H. What to do if you suspect fraud

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

If you think a health care provider, hospital or pharmacy is doing something wrong, please contact us.

- Call RiverSpring MAP (HMO D-SNP) Member Services. Phone numbers are at the bottom of the page.
- Call RiverSpring MAP (HMO D-SNP) Fraud Hot Line 1-800-362-2266
- Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- Or, call the New York State Medicaid Fraud Hotline 1-877-87 FRAUD.



If you have questions, please call RiverSpring MAP (HMO D-SNP) Member Services 1-800-362-2266, TTY/TDD 711, 8 a.m. to 8 p.m. ET 7 days a week. The call is free. **For more information**, visit www.RiverSpringHealthPlans.org.

RiverSpring MAP (HMO D-SNP): Summary of Benefits

ElderServe Health, Inc. dba RiverSpring Health Plans Notice of Non-Discrimination

ElderServe Health, Inc. dba RiverSpring Health Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ElderServe Health, Inc. dba RiverSpring Health Plans does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

ElderServe Health, Inc. dba RiverSpring Health Plans:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Civil Rights Coordinator. If you believe that ElderServe Health, Inc. dba RiverSpring Health Plans has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you may file a grievance with:

Civil Rights Coordinator
80 West 225th Street
Bronx, NY, 10463
Phone: 1-347-842-3660, TTY 711
Fax: 1-888-341-5009

You may file a grievance in person or by mail, phone, or fax. If you need help filing a grievance, Civil Rights Coordinator, is available to help you.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW, Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



If you have questions, please call RiverSpring MAP (HMO D-SNP) Member Services 1-800-362-2266, TTY/TDD 711, 8 a.m. to 8 p.m. ET 7 days a week. The call is free. **For more information**, visit www.RiverSpringHealthPlans.org.

RiverSpring MAP (HMO D-SNP): Summary of Benefits

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-800-362-2266.

Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit www.RiverSpringHealthPlans.org or call 1-800-362-2266 to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month (unless your Part B premium is paid for you by Medicaid or another third party).
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2021.
- This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).



If you have questions, please call RiverSpring MAP (HMO D-SNP) Member Services 1-800-362-2266, TTY/TDD 711, 8 a.m. to 8 p.m. ET 7 days a week. The call is free. **For more information**, visit www.RiverSpringHealthPlans.org.

RiverSpring MAP (HMO D-SNP): Summary of Benefits

If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call RiverSpring MAP (HMO D-SNP) Member Services:

1-800-362-2266 from 8 a.m. to 8 p.m. ET – 7 days a week. Calls to this number are free. Member Services also has free language interpreter services available for non-English speakers.

TTY/TDD: 711



If you have questions, please call RiverSpring MAP (HMO D-SNP) Member Services 1-800-362-2266, TTY/TDD 711, 8 a.m. to 8 p.m. ET 7 days a week. The call is free. **For more information**, visit www.RiverSpringHealthPlans.org.

RiverSpring Health Plans

1-800-362-2266 (TTY 711)

8 a.m. to 8 p.m. ET – 7 days a week

www.RiverSpringHealthPlans.org