

2024

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) | 2024 Summary of Benefits

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*.

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If you have questions, call RiverSpring MAP Member Services at 1-800-362-2266, TTY/TDD: 711, 8:00 am to 8:00 pm, 7 days a week. The call is free. **For more information**, visit www.RiverSpringHealthPlans.org.

RiverSpring MAP (HMO D-SNP) | 2024 Summary of Benefits

A. Disclaimers



This is a summary of health services covered by RiverSpring MAP (HMO D-SNP) for January 1, 2024 – December 31, 2024. This is only a summary. 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 Coverage.
 - 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 be expected to need at least one of the following Community Based Long-Term Care Services and Supports for more than 120 days from the effective date of enrollment:
 - nursing services in the home;
 - therapies in the home;
 - home health aide services;
 - personal care services in the home;

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- 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. 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. If you don't have a copy of this booklet, you can access it online at the Medicare website (www.medicare.gov) or request a copy 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.
 - ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call 1-800-362-2266 (TTY/TDD: 711), 8:00 am to 8:00 pm, 7 days a week. The call is free.
 - ❖ This document is available for free in Spanish, Russian and Chinese.
 - ❖ 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), from 8:00 am to 8:00 pm, 7 days a week.

B. Frequently asked questions

The following table lists frequently asked questions.

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Frequently Asked Questions (FAQ)	Answers
What is a Medicaid Advantage Plus (MAP/HMO) + Dual Eligible Special Needs Plan (D-SNP) plan?	<p>Our MAP plan is a Health Maintenance Organization (HMO) aligned with a Dual Eligible (Medicaid and Medicare) 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, behavioral health care (mental health and substance use/addiction services), 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.</p> <p>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 almost all of your covered Medicare and Medicaid benefits directly from RiverSpring MAP (HMO D-SNP).</p> <p>When you enroll in RiverSpring MAP (HMO D-SNP), you and your Care Team will work together to develop an individualized Plan of Care to address your health and support needs, reflecting your personal preferences and goals. 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, and we will help you to transition to another drug or get an exception for RiverSpring MAP (HMO D-SNP) to cover your drug if medically necessary.</p>

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Frequently Asked Questions (FAQ)	Answers
Can I use the same health care providers I use now?	<p>That is often the case. If your providers (including doctors, therapists, pharmacies, and other health care providers) 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.” You must use the providers in RiverSpring MAP (HMO D-SNP)’s network.• If you need urgent or emergency care or behavioral health crisis services or out-of-area dialysis services, you can use providers outside of RiverSpring MAP (HMO D-SNP)’s network. <p>To find out if your providers are in the plan’s network, call Member Services at the numbers listed at the bottom of this page or read 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> <p>If RiverSpring MAP (HMO D-SNP) is new for you, we will work with you to develop an individualized plan of care (ICP) to address your needs. You can keep using the providers you use now for 90 days or until your ICP is completed. Further, members who enroll on or after January 1, 2023, can continue to use their same behavioral health providers for up to 24 months as part of a continuous episode of care. “Continuous Behavioral Health Episode of Care” means a course of ambulatory behavioral health treatment, other than ambulatory detoxification and withdrawal services, which began prior to the effective date of the behavioral health benefit inclusion into MAP in the geographic service area in which services had been provided to an enrollee at least twice during the six months preceding January 1, 2023 by the same provider for the treatment of the same or related behavioral health condition.</p>

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Frequently Asked Questions (FAQ)	Answers
What is a Care Manager?	<p>A Care Manager is your main contact person at our plan. This person helps to manage all of your providers and services and make sure you get what you need.</p> <p>Members may have a Care Manager who works for the Plan as well as a specialized Health Home/Health Home Plus Care Manager (refer to Section E. Benefits covered outside of RiverSpring MAP (HMO D-SNP) on page 32.</p>
What are Managed Long Term Services and Supports (MLTSS)?	<p>Managed Long Term Services and Supports (MLTSS) are help for people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Often these services are provided at your home or in your community, but they could also be provided in a nursing home or hospital when necessary. MLTSS is available to members who meet certain clinical and financial requirements.</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 service that cannot be provided within our network, such as due to shortage of staff with necessary expertise and/or availability to provide services, RiverSpring MAP (HMO D-SNP) will cover services provided by an out-of-network provider.</p>
Where is RiverSpring MAP (HMO D-SNP) available?	<p>The service area for this plan includes: Bronx, Kings, New York, Nassau, Queens, Richmond, and Westchester Counties, New York State. You must live in one of these areas to join the plan.</p>

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Frequently Asked Questions (FAQ)	Answers
What is prior authorization?	<p>Prior authorization means that you must get approval from RiverSpring MAP (HMO D-SNP) before RiverSpring MAP (HMO D-SNP) will cover a specific service, item, or drug or out-of-network provider. RiverSpring MAP (HMO D-SNP) may not cover the service, item or drug if you don't get prior approval. If you need urgent or emergency care or behavioral health crisis services or out-of-area dialysis services, you don't need to get approval first. RiverSpring MAP (HMO D-SNP) can provide you with a list of services or procedures that require you to get prior authorization from RiverSpring MAP (HMO D-SNP) before the service is provided.</p> <p>Refer to Chapter 3, of the <i>Evidence of Coverage</i> to learn more about prior authorization. Refer to the Benefits Chart in Chapter 4 of the <i>Evidence of Coverage</i> to learn which services require a prior authorization.</p>
Do I pay a monthly amount (also called a premium) under RiverSpring MAP (HMO D-SNP)?	<p>No. You will not pay any monthly premiums to RiverSpring MAP (HMO D-SNP) for your health coverage.</p> <p>Additionally, Medicaid will pay your Medicare Part B premium for you.</p>
Do I pay a deductible as a member of RiverSpring MAP (HMO D-SNP)?	<p>No. You do not pay deductibles in RiverSpring MAP (HMO D-SNP).</p>
What is the maximum out-of-pocket amount that I will pay for medical services as a member of RiverSpring MAP (HMO D-SNP)?	<p>There is no cost sharing (copays or deductibles) for medical services in RiverSpring MAP (HMO D-SNP), so your annual out-of-pocket costs will be \$0.</p>
Do I have a coverage gap for drugs?	<p>No. Because you have Medicaid you will not have a coverage gap stage for your drugs.</p>

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C. Overview of services

The following table is a quick overview of what services you may need 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)
You 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 not required.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You want to use an outpatient health care provider (This service is continued on the next page)</p>	<p>Doctor visits (including visits to Primary Care Providers and specialists)</p>	<p>\$0</p>	<p>Visits that do not need prior authorization:</p> <ul style="list-style-type: none"> ▪ PCP ▪ Emergency care ▪ Urgent care ▪ Immunizations ▪ Palliative Care <p>Visits that may need prior authorization:</p> <ul style="list-style-type: none"> • Specialist - Only the first 3 visits will not require a prior authorization. An authorization is required for all subsequent visits. ▪ Outpatient surgery or services
	<p>Visits to treat an injury or illness</p>	<p>\$0</p>	<p>Prior Authorization is <u>not</u> required.</p>

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want to use a health care provider (continued)	Preventive care (care to keep you from getting sick, such as flu shots and other immunizations)	\$0	Prior Authorization is <u>not</u> required. For a list of Preventive Services, please see Chapter 4 of the <i>Evidence of Coverage</i> .
	Wellness visits, such as a physical	\$0	Prior Authorization is <u>not</u> required.
	“Welcome to Medicare” preventive visit (one time only)	\$0	Prior Authorization is <u>not</u> required.
You need emergency care	Emergency room services, including mental health emergencies at Comprehensive Psychiatric Emergency Programs (CPEPs)	\$0	You may use any emergency room or CPEP if you reasonably believe you need emergency care. You do not need prior authorization and you do not have to be in-network. Emergency room services are NOT covered outside of the U.S. and its territories except under limited circumstances. Contact the plan for details.
	Urgent care	\$0	Urgent care is not emergency care. You do not need prior authorization and you do not have to be in-network. Urgent care is NOT covered outside the U.S. and its territories except under limited circumstances. Contact the plan for details.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need medical tests	Lab tests, such as blood work	\$0	Routine Lab Services do not require an authorization. Some Lab Services might require an authorization Diagnostic Procedures/Tests do not require an authorization
	X-rays or other pictures, such as CAT scans	\$0	Prior Authorization is not required.
	Screenings, such as tests to check for cancer	\$0	Prior Authorization is not required.
You need hearing/auditory services (This service is continued on the next page)	Hearing screenings (including routine hearing exams)	\$0	Prior Authorization is not required. Hearing Exam – Prior Authorization is required

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need hearing/auditory services (continued)</p>	<p>Hearing aids (as well as fittings and associated accessories and supplies)</p>	<p>\$0</p>	<p>This is a Medicaid covered benefit.</p> <p>Hearing services and products are covered when medically necessary to alleviate disability caused by the loss or impairment of hearing. Services include hearing aid selecting, fitting, and dispensing; hearing aid checks following dispensing, conformity evaluations and hearing aid repairs; audiology services including examinations and testing, hearing aid evaluations and hearing aid prescriptions; and hearing aid products including hearing aids, earmolds, special fittings and replacement parts.</p> <p>Prior authorization is required for hearing aid replacement parts.</p>

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care	Dental services (including, but not limited to, routine exams and cleanings, X-rays, fillings, crowns, extractions, dentures, and endodontic and periodontal care)	\$0	<p>Comprehensive Dental Services are covered – Prior Authorization is required</p> <p>Medicaid Benefit: Preventive Dental Services are limited to one check-up every six months. Medicaid covered dental services include regular and routine dental services such as preventive dental checkups, cleaning, x-rays, fillings, dentures, and other services to check for any changes or abnormalities that may require treatment and/or follow-up care for you.</p> <p>Prior Authorization is required.</p>
You need eye care (This service is continued on the next page)	Vision services (including annual eye exams)	\$0	<p>Outpatient physician services for the diagnosis and treatment of diseases and injuries of the eye, including treatment for age-related macular degeneration.</p> <p>Prior Authorization is required.</p>

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need eye care (continued)</p>	<p>Glasses or contact lenses</p>	<p>\$0</p>	<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>Prior Authorization is not required.</p>

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need eye care (continued)</p>	<p>Other vision care (including diagnosis and treatment for diseases and conditions of the eye)</p>	<p>\$0</p>	<p>Medicaid Benefit: Services of optometrists, ophthalmologists, and ophthalmic dispensers such as eyeglasses, medically necessary contact lenses, and polycarbonate lenses, artificial eyes (stock or custom-made), low vision aids, and low-vision services. Coverage also includes the repair or replacement of parts, examinations for diagnosis and treatment for visual defects and/or eye disease. Medicaid-covered examinations for refraction are limited to every two (2) years unless otherwise justified as medically necessary. Medicaid covered eyeglasses do not require changing more frequently than every two (2) years unless medically necessary or unless the glasses are lost, damaged, or destroyed.</p> <p>Prior Authorization is required.</p>

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You have a mental health condition (This service is continued on the next page)</p>	<p>Inpatient mental health care (long-term mental health services, including inpatient services in a psychiatric hospital, general hospital, psychiatric unit of an acute care hospital, Short Term Care Facility (STCF), State Operated Addiction Treatment Center's (ATC), Inpatient addiction rehabilitation, Inpatient Medically Supervised Detox, or critical access hospital)</p>	<p>\$0</p>	<p>All members are covered by the plan for acute inpatient hospitalization in a general hospital, regardless of the admitting diagnosis or treatment.</p> <p>Except in an emergency, your health care provider must tell the plan of your hospital admission.</p> <p>Services may be provided by any Office of Mental Health (OMH) licensed, designated, or approved provider agency, or a state-licensed psychiatrist or doctor, clinical psychologist, clinical social worker, clinical nurse specialist, nurse practitioner, physician assistant, Independent Practitioner Network (IPN) Psychiatrist, Psychologist or Advanced Practice Nurse (APN), or other qualified mental health care professional as allowed under applicable state laws.</p> <p>Prior Authorization is required.</p>
	<p>Adult outpatient mental health care</p> <ul style="list-style-type: none"> • Continuing Day Treatment (CDT) • Partial hospitalization 	<p>\$0</p>	<p>Prior Authorization is required</p>

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You have a mental health condition (continued)</p>	<p>Adult outpatient rehabilitative mental health care</p> <ul style="list-style-type: none"> • Assertive Community Treatment (ACT) • Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) • Personalized Recovery Oriented Services (PROS) 	<p>\$0</p>	<p>Prior Authorization is required</p>

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You have a mental health condition (continued)</p>	<p>Adult outpatient rehabilitative mental health and addiction services for members who meet clinical requirements These are also known as Community Oriented Recovery and Empowerment (CORE) services. CORE services:</p> <ul style="list-style-type: none"> • Psychosocial Rehabilitation (PSR) • Community Psychiatric Supports and Treatment (CPST) • Empowerment services – peer supports • Family Support and Training (FST) 	<p>\$0</p>	<p>CORE services are available to members who meet certain clinical requirements. Anyone can refer or self-refer to CORE Services.</p>
	<p>Adult mental health crisis services</p> <ul style="list-style-type: none"> • Comprehensive Psychiatric Emergency Program (CPEP) • Mobile Crisis and Telephonic Crisis Services • Crisis Residential Programs 	<p>\$0</p>	<p>Prior authorization is <u>not</u> required.</p>

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You have a mental health condition (continued)</p>	<p>Outpatient mental health care (including, but not limited to, clinical counseling and therapy, peer support, psychosocial rehabilitation, medication management, family psychoeducation, and intensive outpatient models of care)</p> <p>(Note: This is not a complete list of the plan’s expanded outpatient mental health services. Call Member Services at the numbers listed at the bottom of this page or read the <i>Evidence of Coverage</i> for more information.)</p>	<p>\$0</p>	<p>Services may be provided by any OMH licensed, designated, or approved provider agency, or a state-licensed psychiatrist or doctor, clinical psychologist, clinical social worker, clinical nurse specialist, nurse practitioner, physician assistant, Independent Practitioner Network (IPN) Psychiatrist, Psychologist or Advanced Practice Nurse (APN), or other qualified mental health care professional as allowed under applicable state laws.</p>
<p>You are having a mental health or substance use crisis</p>	<p>Mobile Crisis services (assessment by telephone or mobile crisis team response); short-term residential crisis stabilization (for mental health crises)</p>	<p>\$0</p>	<p>Any approved mobile crisis or licensed crisis residence provider in New York State.</p>

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You have a mental health condition or a substance use disorder</p>	<p>CORE Services (which are person-centered, recovery-oriented mobile behavioral health supports. CORE Services build skills and self-efficacy that promote and facilitate community participation and independence).</p> <p>(Note: For more information about CORE Services and to determine whether you are eligible for them, call Member Services at the numbers listed at the bottom of this page or read the <i>Evidence of Coverage</i>.)</p>	<p>\$0</p>	<p>CORE services are available to members who meet certain clinical requirements. Anyone can refer or self-refer to CORE Services.</p>

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You have a substance use disorder</p>	<p>Inpatient and outpatient substance use disorder treatment services (including, but not limited to, detoxification and withdrawal management, short-term residential services, residential treatment center services, and methadone Medication Assisted Treatment)</p> <p>(Note: This is not a complete list of the plan’s expanded substance use disorder services. Call Member Services at the numbers listed at the bottom of this page or read the <i>Evidence of Coverage</i> for more information.)</p>	<p>\$0</p>	<p>Prior Authorization is required.</p>

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You need a place to live with people available to help you	Skilled nursing care	\$0	Prior Authorization is required.
	Nursing home	\$0	Prior Authorization is required.
	Custodial care (long-term care in a Nursing Facility)	\$0	Services are covered for those who meet nursing facility level of care and whose rehabilitation goals have been met or discontinued with no plan to discharge to the community within 180 days of admission.

If you have questions, call RiverSpring MAP Member Services at 1-800-362-2266, TTY/TDD: 711, 8:00 am to 8:00 pm, 7 days a week. The call is free. **For more information**, visit www.RiverSpringHealthPlans.org.

RiverSpring MAP (HMO D-SNP) | 2024 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need therapy after a stroke or accident</p>	<p>Occupational, physical, or speech therapy (outpatient or in-home)</p>	<p>\$0</p>	<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> <p>Medicaid Benefit:</p> <p>Outpatient Rehabilitation services – physical therapy (PT), occupational therapy (OT), and speech therapy (ST) – that are ordered by a doctor or other licensed professional are covered as medically necessary (without limits to the number of visits)</p>
<p>You need help getting to health services</p>	<p>Emergency transportation</p>	<p>\$0</p>	<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>Prior Authorization is required for non-emergent ambulance services.</p>

If you have questions, call RiverSpring MAP Member Services at 1-800-362-2266, TTY/TDD: 711, 8:00 am to 8:00 pm, 7 days a week. The call is free. **For more information**, visit www.RiverSpringHealthPlans.org.

RiverSpring MAP (HMO D-SNP) | 2024 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (This service is continued on the next page)	Medicare Part B prescription drugs (including those given by your provider in their office, some oral anti-cancer drugs, and some drugs used with certain medical equipment)	\$0	Read the <i>Evidence of Coverage</i> for more information on these drugs.

If you have questions, call RiverSpring MAP Member Services at 1-800-362-2266, TTY/TDD: 711, 8:00 am to 8:00 pm, 7 days a week. The call is free. **For more information**, visit www.RiverSpringHealthPlans.org.

RiverSpring MAP (HMO D-SNP) | 2024 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition (continued)</p>	<p>Medicare Part D prescription drugs</p> <p>Tier 1: Generic and brand name drugs</p>	<p>\$0 for a 30-day supply.</p>	<p>There may be limitations on the types of drugs covered. Refer to RiverSpring MAP (HMO D-SNP)'s <i>List of Covered Drugs</i> at www.RiverSpringHealthPlans.org for more information.</p> <p>Important Message About What You Pay for Vaccines – Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. You can find these vaccines listed in the plan's <i>List of Covered Drugs</i> (Formulary). Our plan covers most Part D vaccines at no cost to you.</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>

If you have questions, call RiverSpring MAP Member Services at 1-800-362-2266, TTY/TDD: 711, 8:00 am to 8:00 pm, 7 days a week. The call is free. **For more information**, visit www.RiverSpringHealthPlans.org.

RiverSpring MAP (HMO D-SNP) | 2024 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition (continued)</p>			<p>You must use 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>, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on www.medicare.gov/plan-compare.</p> <p>You may get your drugs from a network retail pharmacy for a 1 month (30-day) or 3 month (90-day) supply and mail order pharmacies for 3 months (90-day) supply.</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 (30-days) supply at the same cost as an in-network pharmacy.</p>

If you have questions, call RiverSpring MAP Member Services at 1-800-362-2266, TTY/TDD: 711, 8:00 am to 8:00 pm, 7 days a week. The call is free. **For more information**, visit www.RiverSpringHealthPlans.org.

RiverSpring MAP (HMO D-SNP) | 2024 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)	Over-the-counter (OTC) drugs Plan covers extra benefits. See “Over-the-Counter (OTC) + Grocery Benefit” in Section D.	\$0	There may be limitations on the types of drugs covered.
	Diabetes medications	\$0	Prior Authorization is required.
You need foot care	Podiatry services (including routine exams)	\$0	Authorization is required after 4 regular visits to a podiatrist. Authorization is required after 6 diabetes related visits to a podiatrist.
	Orthotic services	\$0	Authorization is required for Medicare- Covered Diabetic Therapeutic Shoes or Inserts.

If you have questions, call RiverSpring MAP Member Services at 1-800-362-2266, TTY/TDD: 711, 8:00 am to 8:00 pm, 7 days a week. The call is free. **For more information**, visit www.RiverSpringHealthPlans.org.

RiverSpring MAP (HMO D-SNP) | 2024 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need durable medical equipment (DME) or supplies	Wheelchairs, nebulizers, crutches, roll about 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 at the numbers listed at the bottom of this page or read the <i>Evidence of Coverage</i> for more information.)	\$0	Authorization is required for DME equipment (non-disposable items that have a useful shelf life of over one (1) year) with cost of \$500 or more. Authorization is required for DME supplies (disposable items that do not have a useful shelf life of over one (1) year) with cost of \$250 or more.
You need interpreter services	Spoken language interpreter	\$0	Prior authorization is <u>not</u> required.
	Sign language interpreter	\$0	Prior authorization is <u>not</u> required.
Other covered services (This service is continued on the next page)	Acupuncture Plan covers extra benefits. See “Acupuncture” in Section D.	\$0	Prior authorization is required.
	Plan Care coordination	\$0	None
	Chiropractic services	\$0	Prior Authorization is required.

If you have questions, call RiverSpring MAP Member Services at 1-800-362-2266, TTY/TDD: 711, 8:00 am to 8:00 pm, 7 days a week. The call is free. **For more information**, visit www.RiverSpringHealthPlans.org.

RiverSpring MAP (HMO D-SNP) | 2024 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Other covered services (continued)	Diabetic supplies	\$0	We cover specific manufacturers for diabetic supplies and services from Abbott and LifeScan. Prior Authorization is required.
	Early and Periodic Screening Diagnosis and Treatment (EPSDT) (including preventive screenings, medical examinations, vision and hearing screenings and services, immunizations, lead screening, and private duty nursing services)	\$0	EPSDT is for members under 21 years of age.
	Family planning	\$0	Family planning services furnished by out-of-network providers are covered directly by Medicaid fee-for-service.
	Hospice care	\$0	As determined under Medicare/Medicaid fee-for service.
	Mammograms	\$0	Annual screening for individuals age 40 and older. No referral necessary

If you have questions, call RiverSpring MAP Member Services at 1-800-362-2266, TTY/TDD: 711, 8:00 am to 8:00 pm, 7 days a week. The call is free. **For more information**, visit www.RiverSpringHealthPlans.org.

RiverSpring MAP (HMO D-SNP) | 2024 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Other covered services (continued)	Managed Long Term Services and Supports (MLTSS) (including, but not limited to, assisted living services; cognitive, speech, occupational, and physical therapy; chore services; home-delivered meals; residential modifications (such as the installation of ramps or grab bars); social adult day care; and non-medical transportation)	\$0	<p>MLTSS provides services for members that need the level of care typically provided in a Nursing Facility, and allows them to get necessary care in a residential or community setting.</p> <p>MLTSS is available to all members; specific service authorization, including amount, is indicated in the member's individualized approved Plan of Care.</p> <p>Prior Authorization is required.</p>
	Medical day care (including preventive, diagnostic, therapeutic, and rehabilitative services under medical and nursing supervision in an ambulatory care setting)	\$0	<p>Medical day care is provided to meet the needs of individuals with physical and/or cognitive impairments in order to support their community living.</p> <p>Prior Authorization is required.</p>

If you have questions, call RiverSpring MAP Member Services at 1-800-362-2266, TTY/TDD: 711, 8:00 am to 8:00 pm, 7 days a week. The call is free. **For more information**, visit www.RiverSpringHealthPlans.org.

RiverSpring MAP (HMO D-SNP) | 2024 Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Other covered services (continued)	Personal Care Assistance (PCA) (assistance with daily activities such as bathing, dressing, using the bathroom, shopping, cooking, including health-related tasks performed by a qualified individual in a member's home, under the supervision of a registered professional nurse, as certified by a physician in accordance with a member's written plan of care)	\$0	Prior Authorization is required.
	Prosthetic services	\$0	Prior Authorization is required.
	Services to help manage your disease	\$0	Prior Authorization is required.

The above summary of benefits is provided for informational purposes only. For more information about your benefits, you can read RiverSpring MAP (HMO D-SNP)'s *Evidence of Coverage*. If you have questions, you can also call RiverSpring MAP (HMO D-SNP) Member Services at the numbers listed at the bottom of this page.

If you have questions, call RiverSpring MAP Member Services at 1-800-362-2266, TTY/TDD: 711, 8:00 am to 8:00 pm, 7 days a week. The call is free. **For more information**, visit www.RiverSpringHealthPlans.org.

RiverSpring MAP (HMO D-SNP) | 2024 Summary of Benefits

D. Additional services RiverSpring MAP (HMO D-SNP) covers

This is not a complete list. Call Member Services at the numbers listed at the bottom of this page or read the *Evidence of Coverage* to find out about other covered services.

Additional services RiverSpring MAP (HMO D-SNP) covers	Your costs
<p>Over-the-Counter (OTC) + Grocery Benefit: \$155</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 online order through an online catalog. OTC benefit dollars cannot be carried over to the next month. The benefit cannot be converted to cash.</p> <p>For eligible members with certain chronic conditions, the Special Supplemental Benefits for Chronically Ill (grocery benefit) combines with the OTC benefit to cover certain grocery items as part of the monthly OTC allowance, which may only be purchased at select pharmacies and/or retailers. You are allowed to spend 50% (\$77.50) of the OTC benefit amount towards food and produce.</p> <p>The benefits mentioned are a part of special supplemental program for the chronically ill. Not all members qualify. Eligible members will be notified and provided instructions on how to access the grocery benefit.</p> <p>A list of chronic conditions can be found in the <i>Evidence of Coverage</i>.</p>	\$0
<p>Acupuncture Services</p> <p>You are covered for up to thirty (30) acupuncture visits per year.</p>	\$0

If you have questions, call RiverSpring MAP Member Services at 1-800-362-2266, TTY/TDD: 711, 8:00 am to 8:00 pm, 7 days a week. The call is free. **For more information**, visit www.RiverSpringHealthPlans.org.

RiverSpring MAP (HMO D-SNP) | 2024 Summary of Benefits

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

This is not a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about other services not covered by RiverSpring MAP (HMO D-SNP) but available through Medicaid fee-for-service.

Other services covered directly by Medicaid fee-for-service	Your costs
CSS (Community Support Services)	\$0
Health Home (HH) and Health Home Plus (HH+) Care Management services	\$0
Certified Community Behavioral Health Clinics (CCBHC)	\$0
Crisis Intervention Services for Youth ages 18-20	\$0
AIDS Adult Day Health Care	\$0
Out-of-Network Family Planning Services	\$0
Directly Observed Therapy for Tuberculosis	\$0
Medicaid Pharmacy Benefits	\$0

If you have questions, call RiverSpring MAP Member Services at 1-800-362-2266, TTY/TDD: 711, 8:00 am to 8:00 pm, 7 days a week. The call is free. **For more information**, visit www.RiverSpringHealthPlans.org.

RiverSpring MAP (HMO D-SNP) | 2024 Summary of Benefits

F. Services that RiverSpring MAP (HMO D-SNP), Medicare, and Medicaid do not cover

The following services are not covered by our plan. This is not a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about other excluded services.

Services RiverSpring MAP (HMO D-SNP), Medicare, and Medicaid do not cover	
Services that are not medically necessary according to the standards of Original Medicare and New York Medicaid.	Personal and Comfort items
Cosmetic surgery if not medically necessary	Services of a provider that is not part of the plan, unless the plan sends you to that provider
Services that you get without prior authorization, when prior authorization is required for getting that service.	Services provided outside the United States and its territories.
Naturopath services (uses natural or alternative treatments).	Reversal of sterilization procedures and/or non-prescription contraceptive supplies.
Experimental medical and surgical procedures, equipment and medications. Experimental procedures and items are those items and procedures determined by Original Medicare to not be generally accepted by the medical community.	Fees charged for care by your immediate relatives or members of your household.

If you have questions, call RiverSpring MAP Member Services at 1-800-362-2266, TTY/TDD: 711, 8:00 am to 8:00 pm, 7 days a week. The call is free. **For more information**, visit www.RiverSpringHealthPlans.org.

RiverSpring MAP (HMO D-SNP) | 2024 Summary of Benefits

G. Your rights and responsibilities as a member of the plan

As a member of RiverSpring MAP (HMO D-SNP), you have certain rights concerning your health care. You also have certain responsibilities to the health care providers who are taking care of you. Regardless of your health condition, you cannot be refused medically necessary treatment. You can 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, read the *Evidence of Coverage*.

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

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

If you have questions, call RiverSpring MAP Member Services at 1-800-362-2266, TTY/TDD: 711, 8:00 am to 8:00 pm, 7 days a week. The call is free. **For more information**, visit www.RiverSpringHealthPlans.org.

RiverSpring MAP (HMO D-SNP) | 2024 Summary of Benefits

- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
 - Choose a primary care provider (PCP) and change your PCP at any time during the year. You can call 1-800-362-2266 (TTY/TDD: 711) if you want to change your PCP.
 - Use a women's health care provider without a referral
 - Get your covered services and drugs quickly
 - Know about all treatment options, no matter what they cost or whether they 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 (TTY/TDD: 711) 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 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 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

If you have questions, call RiverSpring MAP Member Services at 1-800-362-2266, TTY/TDD: 711, 8:00 am to 8:00 pm, 7 days a week. The call is free. **For more information**, visit www.RiverSpringHealthPlans.org.

RiverSpring MAP (HMO D-SNP) | 2024 Summary of Benefits

- Use an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
 - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
 - Have your personal health information kept private. 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)
 - Tell your PCP, Care Manager, or other appropriate person within 24 hours of any emergency or out-of-network treatment

If you have questions, call RiverSpring MAP Member Services at 1-800-362-2266, TTY/TDD: 711, 8:00 am to 8:00 pm, 7 days a week. The call is free. **For more information**, visit www.RiverSpringHealthPlans.org.

RiverSpring MAP (HMO D-SNP) | 2024 Summary of Benefits

- 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, behavioral health crisis services, 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 Card 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 RiverSpring MAP (HMO D-SNP)'s *Evidence of Coverage*. If you have questions, you can also call RiverSpring MAP (HMO D-SNP) Member Services at the numbers listed at the bottom of this page.

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

If you have a complaint or think RiverSpring MAP (HMO D-SNP) should cover something we denied, call RiverSpring MAP (HMO D-SNP) at 1-800-362-2266 (TTY/TDD: 711). You can file a complaint or appeal our decision.

For questions about complaints and appeals, you can read Chapter 8 of RiverSpring MAP (HMO D-SNP)'s *Evidence of Coverage*. You can also call RiverSpring MAP (HMO D-SNP) Member Services at 1-800-362-2266 (TTY/TDD: 711).

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 8:00 am to 8:00 PM. You may be able to appeal our decision.

I. What to do if you suspect fraud

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

If you think a doctor, hospital or other pharmacy is doing something wrong, contact us.

- Call us at RiverSpring MAP (HMO D-SNP) Member Services. Phone numbers are 1-800-362-2266 (TTY/TDD: 711).
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- Or, call the New York State Medicaid Fraud Hotline 1-877-87 FRAUD.

RiverSpring MAP (HMO D-SNP) | 2024 Summary of Benefits

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

1-800-362-2266

Calls to this number are free. We are open 7 days a week from 8:00 am to 8:00 pm.

Member Services also has free language interpreter services available for non-English speakers.

TTY/TDD users call 711.

This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.

Calls to this number are free. We are open 7 days a week from 8:00 am to 8:00 pm.

If you need immediate behavioral health care, call the Behavioral Health Crisis Line:

1-800-362-2266

Calls to this number are free. We are open 24 hours a day, 7 days a week.

Member Services also has free language interpreter services available for non-English speakers.

TTY/TDD users call 711.

This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.

Calls to this number are free. We are open 24 hours a day, 7 days a week.

RiverSpring MAP (HMO D-SNP) | 2024 Summary of Benefits

ElderServe Health, Inc. d/b/a RiverSpring Health Plans Notice of Nondiscrimination

ElderServe Health, Inc. d/b/a 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. d/b/a RiverSpring Health Plans does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

ElderServe Health, Inc. d/b/a 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. d/b/a 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, the 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, call RiverSpring MAP Member Services at 1-800-362-2266, TTY/TDD: 711, 8:00 am to 8:00 pm, 7 days a week. The call is free. **For more information**, visit www.RiverSpringHealthPlans.org.

RiverSpring MAP (HMO D-SNP) | 2024 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 (TTY/TDD 711).

Understanding the Benefits

- The Evidence of Coverage (EOC), provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit www.RiverSpringMAP.org or call 1-800-362-2266 (TTY/TDD 711) 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.
- Review the formulary to make sure your drugs are covered.

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.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2024.
- 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).
- 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.
- Effect on Current Coverage

If you have questions, call RiverSpring MAP Member Services at 1-800-362-2266, TTY/TDD: 711, 8:00 am to 8:00 pm, 7 days a week. The call is free. **For more information**, visit www.RiverSpringHealthPlans.org.

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-362-2266. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-362-2266. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-362-2266。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-362-2266。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-362-2266. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-362-2266. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-362-2266 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

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German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-362-2266. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-362-2266번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-362-2266. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: لأن ارقام خدمات التمرجيم للهجوري للمجربة عن أي أطول فتتقبيل الصحة أو جدول الأدوية. للحصول على أي تخرج هجوري، ليس في الخسوى النص العينا في -362-2266 ب مساعتك. هذه خدمة مجانية 1-800. سوف ومشخص م لتحدث ل عربة

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-362-2266 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-362-2266. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-362-2266. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-362-2266. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-362-2266. Ta usługa jest bezpłatna.

If you have questions, call RiverSpring MAP Member Services at 1-800-362-2266, TTY/TDD: 711, 8:00 am to 8:00 pm, 7 days a week. The call is free. **For more information,** visit www.RiverSpringHealthPlans.org.

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Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、**無料の通訳サービス**があります。通訳をご用命になるには、1-800-362-2266にお電話ください。日本語を話す人者が支援いたします。これは**無料**のサービスです。

Form CMS-10802

(Expires 12/31/25)

If you have questions, call RiverSpring MAP Member Services at 1-800-362-2266, TTY/TDD: 711, 8:00 am to 8:00 pm, 7 days a week. The call is free. **For more information**, visit www.RiverSpringHealthPlans.org.

RiverSpring Health Plans

1-800-362-2266 (TTY/ TDD 711)

8 a.m. to 8 p.m. ET. – 7 days a week.

www.RiverSpringHealthPlans.org