



2018 Summary of Benefits



RiverLink Health Classic Plus Rx (HMO)

H9208-001

Classic Plus Rx (HMO) – N Kentucky

H9208-002

This is a summary of drug and health services covered by RiverLink Health and RiverLink Health – N Kentucky from January 1, 2018 - December 31, 2018.

To join **RiverLink Health**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please call Customer Service to request the "Evidence of Coverage."

RiverLink Health has a network of doctors, hospitals, pharmacies, and other providers. If you use providers that are not in our network, the plan may not pay for these services.

Our service area includes the following counties:

Cincinnati, OH

- Butler County,
- Clermont County
- Hamilton County
- Warren County

Northern Kentucky

- Boone County
- Campbell County
- Kenton County

	In-network benefits	What you should know
Monthly Plan Premium	Your monthly premium is \$0.	You must continue to pay your Medicare Part B premium.
Deductible	\$0 for medical \$160 for prescription drugs in Tier 3, Tier 4, and Tier 5	This plan does not have a deductible for medical services. The plan does have a deductible for Medicare Part D prescription drugs in Tiers 3, 4, and 5.
Maximum Out-of-Pocket Responsibility (MOOP)	You pay \$6,700 annually	The MOOP is the most you pay for copays, coinsurance and other costs for medical services for the entire year. Your out-of-pocket costs for non-Medicare covered routine vision exams, supplemental eyewear, hearing aids, preventive dental, and copays/coinsurance for (Part D) prescription drugs do not count towards the MOOP, as applicable.
Inpatient Hospital Coverage	You pay a \$450 copay per day, days 1-4; \$0 copay per day, days 5-90; \$0 copay for additional days	Our plan covers an unlimited number of days for an inpatient hospital stay, subject to member cost-sharing per admission. Prior authorization is required for non-emergency/urgent care admissions.
Outpatient Hospital Coverage <i>(including services provided at hospital outpatient facilities and Ambulatory Surgical Centers)</i>	You pay 20% coinsurance for outpatient hospital services You pay a \$40 copay per outpatient clinic office visit You pay a \$350 copay for Ambulatory Surgical Center services	Prior authorization is required for some services. Contact the plan for more information.
Doctor Visits <ul style="list-style-type: none"> • Primary Care Provider (PCP) • Specialist 	You pay a \$5 copay per visit (PCP) You pay a \$40 copay per visit (Specialist)	Specialist visits do not require a PCP referral.

	In-network benefits	What you should know
Preventive Care	You pay a \$0 copay per visit	<p>Any additional preventive services approved by Medicare during the contract year will be covered. There are some items not covered at \$0 cost.</p> <p>Preventive Care services include:</p> <ul style="list-style-type: none"> • Abdominal Aortic Aneurysm Screening • Annual Physical Exam • Annual Wellness Visit • Bone Mass Measurement • Cardiovascular Screening • Cervical and Vaginal Cancer Screening (Pap Test and Pelvic Exam) • Colorectal Cancer Screening • Diabetes Screening • Influenza Vaccine • Breast Cancer Screening (Mammogram) • Medical Nutrition Therapy Services • Prostate Cancer Screening • Smoking Cessation Counseling
Emergency Care	You pay an \$80 copay per visit, which is waived if you are admitted within 24 hours for the same condition	<p>If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.</p> <p>Emergency services are covered anywhere in the U.S. or worldwide and do not require a PCP referral.</p>
Urgently Needed Services	You pay a \$45 copay per visit	Urgent care services do not require a PCP referral.
Diagnostic Services/Labs/ Imaging	<p>You pay 20% coinsurance for diagnostic services.</p> <p>You pay a \$9 copay per day, per visit for lab work</p> <p>You pay 20% coinsurance for diagnostic tests and procedures</p> <p>You pay a \$20 copay per day maximum for x-rays</p>	Prior authorization is required by your doctor for some services.

	In-network benefits	What you should know
Hearing Services <ul style="list-style-type: none"> Hearing exam Hearing aid 	<p>You pay nothing for a hearing exam when using a Hearing Care Solutions provider</p> <p>You pay any amount over the \$1,000 annual allowance per ear on the purchase of hearing aids through a Hearing Care Solutions provider</p> <p>You pay a \$40 copay for a hearing exam at all other network providers</p>	<p>The free hearing exam is limited to Hearing Care Solutions providers.</p> <p>You pay any amount over the \$1,000 annual allowance per ear on purchase of hearing aids through Hearing Care Solutions provider (up to two hearing aids per year). Contact them at 1-866-344-7756.</p> <p>You pay your specialist office visit copay for hearing exams performed by any other network provider.</p>
Hearing Services <i>(Medicare covered)</i>	<p>You pay a \$40 copay for a routine or Medicare covered diagnostic hearing exam through any other non-Hearing Care Solutions provider</p>	<p>Diagnostic hearing and balance evaluations are performed by your PCP to determine if you need medical treatment or are covered as outpatient care when furnished by a physician, audiologist, or other qualified provider.</p>
Dental Services <i>(Preventive only)</i> <p>Oral exam, x-rays, and cleaning</p>	<p>You pay a \$20 copay per visit</p>	<p>Dominion National provides preventive dental services for members. Plan members can receive an exam, cleaning, and X-rays once every six months. You pay a \$20 copay for Dominion preventive services. To find a contracted Dominion National provider, contact Customer Service or visit our website at www.RiverLinkHealth.com.</p>
Dental Services <i>(Medicare covered dental benefits)</i>	<p>You pay a \$40 copay per visit</p>	<p>Medicare does not cover most dental procedures. Medicare Part A may pay for certain dental services while you're admitted in a hospital.</p>



	In-network benefits	What you should know
Vision Services <i>(Supplemental routine)</i>	<p>You pay a \$20 copay for an annual routine eye exam</p> <p>You have a \$120 allowance toward the purchase of vision hardware like eyeglass frames, lenses or contact lenses (every 24 months), with a low \$30 copay</p>	<p>The annual routine eye exam must be provided by Vision Service Providers (VSP). The annual routine eye exam does not cover fees associated with the fitting and evaluation for contact lenses.</p> <ul style="list-style-type: none"> • With VSP's vision coverage, your basic lenses are covered. Additionally, any lens options, such as progressives, are offered at a discount of 20-25%. • Additional pairs of glasses or sunglasses are offered at a 20% discount when using a VSP vision provider. • Members will also receive a 15% discount on laser surgery. <p>For a list of VSP network providers, call 1-800-877-7195 or visit www.VSP.com.</p>
Vision Services <i>(Medicare covered vision benefits)</i>	<p>You pay a \$0-\$40 copay per visit for a Medicare covered eye exam</p>	<p>Medicare covers certain preventive vision services such as an annual eye exam to diagnose and treat glaucoma, diabetic retinopathy, macular degeneration and other medical conditions of the eye.</p> <p>You pay a \$0 copay for up to one standard pair of Medicare covered eyewear or contact lenses after each cataract surgery up to the amount allowed by Medicare.</p>
Mental Health Services <ul style="list-style-type: none"> • Inpatient hospital coverage 	<p>You pay a \$450 copay per day, days 1-3; \$0 copay per day, days 4-90;</p> <p>60 Lifetime reserve days:</p> <p>You pay a \$450 copay per day, days 1-3; \$0 copay per day, days 4-60; up to 190 days in a lifetime</p>	<p>Mental health services require prior authorization through the plan's vendor, Optum Behavioral Health, for non-emergency or non-urgent admissions. Copay amounts apply at each admission, including lifetime reserve days, (up to Medicare-allowed 190 day lifetime max.)</p>
<ul style="list-style-type: none"> • Outpatient individual or group therapy visit for mental health or substance abuse 	<p>You pay a \$40 copay per visit</p>	<p>Certain services require prior authorization. Contact the plan for more information.</p> <p>Members must use providers in the Optum Behavioral Health network.</p>

	In-network benefits	What you should know
Skilled Nursing Facility	You pay a \$0 copay per day, days 1-20; \$167.50 copay per day, days 21-60; \$0 copay per day, days 61-100 100 days per benefit period; no prior hospital stay is required	Our plan covers up to 100 days per benefit period. No prior hospital stay is required. Prior authorization is required for non-emergency admissions.
Rehabilitation Services Physical therapy, occupational therapy, speech and language therapy visit	You pay a \$40 copay per visit	
Ambulance	You pay a \$220 copay per a one-way Medicare covered trip	Prior authorization is required for non-emergency services. Contact the plan for more information.
Transportation	Not covered	Non-emergency transportation is not covered.
Medicare Part B Drugs	You pay 20% coinsurance for chemotherapy drugs You pay 20% coinsurance for other Part B drugs	Certain Part B medications require prior authorization. Contact the plan for more information.



Part D Outpatient Prescription Drugs

	Retail 31-day supply	Retail 93-day supply	Mail Order 93-day supply*	What you should know
Deductible Phase	There is a \$160 deductible on Tier 3, Tier 4 and Tier 5.			
Phase 1: Initial Coverage Limit	\$3,750			Total amount includes what you and the plan pay for prescription drugs.
Tier 1: Preferred Generic	You pay a \$2 copay	You pay a \$5 copay	You pay a \$5 copay	<p>Cost-sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit.</p> <p>For more information on the additional pharmacy-specific cost-sharing and the phases of the benefit, please call us or access our Evidence of Coverage online.</p>
Tier 2: Generic	You pay a \$12 copay	You pay a \$30 copay	You pay a \$30 copay	
Tier 3: Preferred Brand	You pay a \$47 copay	You pay a \$117.50 copay	You pay a \$117.50 copay	
Tier 4: Non-Preferred Drugs	You pay 50% coinsurance	You pay 50% coinsurance	You pay 50% coinsurance	
Tier 5: Specialty Tier	You pay 30% coinsurance	Not covered*	Not covered*	
Phase 2: Coverage Gap	After your yearly drug costs reach \$3,750 you receive a discount on drugs and pay no more than 35% of the plan's costs for all brand name drugs and 44% of the plan's cost for generic drugs until your yearly out-of-pocket drug costs reach \$5,000			Once you have spent \$5,000 out-of-pocket on drug costs, you move to Phase 3: Catastrophic Coverage.
Phase 3: Catastrophic Coverage	After your total yearly out-of-pocket drug costs reach \$5,000, (including drugs purchased through your retail pharmacy and through mail order) you pay the greater of \$3.35 copay for generic (including brand drugs treated as generic), \$8.35 copay for all other drugs, or 5% coinsurance; whichever is greater			

***Tier 5 retail and mail order drugs are limited to a 31-day supply per fill.**

Additional In-Network Benefits

Our plan covers everything that is covered under Original Medicare plus other extra benefits not already mentioned in this document.

	Additional in-network benefits	What you should know
Foot Care (Podiatry services) <ul style="list-style-type: none"> • Foot exams and treatment • Routine foot care visit 	<p>You pay a \$40 copay for each Medicare covered office visit</p> <p>You pay a \$40 copay for routine foot care</p>	<p>Diabetic foot exams are covered twice per calendar year.</p> <p>Podiatrist office visits for routine foot care are covered up to six per calendar year.</p>
Medical Equipment/Supplies Durable medical equipment (e.g., wheelchairs, oxygen)	<p>You pay 20% coinsurance</p>	<p>Prior authorization is required for certain supplies. Contact the health plan for more information.</p>
Prosthetics (e.g., braces, artificial limbs)	<p>You pay 20% coinsurance</p>	<p>Prior authorization is required for certain supplies. Contact the health plan for more information.</p>
Diabetes supplies	<p>You pay a \$0 copay for supplies</p> <p>You pay 20% coinsurance for shoes and inserts</p>	<p>Coverage for Medicare covered diabetic supplies is limited to the Abbott manufactured products of FreeStyle and Precision.</p> <p>Prior authorization is required for certain supplies. Contact the health plan for more information.</p>
Wellness Programs (e.g., fitness)	<p>Free Silver&Fit fitness center membership</p>	<p>For a list of Silver&Fit™ participating locations, visit their website at www.SilverandFit.com or call 1-877-427-4788.</p> <p>A free basic membership is included with the plan.</p>

If you want to know more about the coverage and costs of Original Medicare, look in your current **“Medicare & You”** handbook. View it online at <http://www.medicare.gov> or get 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.

For more information, please call us at the phone number below or visit us at www.RiverLinkHealth.com.

- Toll-free 1-866-329-3970
- TTY users should call 711

From October 1 to February 14, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. From February 15 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m.

You can see our plan’s provider directory, pharmacy directory and our Evidence of Coverage at our website at www.RiverLinkHealth.com.

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider. You can see the complete plan formulary (list of Part D prescription drugs), prior authorization requirements and any restrictions on our website at www.RiverLinkHealth.com.

This Summary of Benefits does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please call Customer Service to request the “Evidence of Coverage” or visit our website at www.RiverLinkHealth.com.

RiverLink Health is an HMO plan with a Medicare contract. Enrollment in RiverLink Health depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. This information can be available in other formats or languages. Please call Customer Service for assistance.