

**RiverSpring Star (HMO I-SNP) and RiverSpring MAP (HMO D-SNP)**  
**Monthly Plan Premium for People who get Extra Help from Medicare**  
**to Help Pay for their Prescription Drug Costs**

If you get extra help from Medicare to help pay for your Medicare prescription drug plan costs, your monthly plan premium will be lower than what it would be if you did not get extra help from Medicare. The amount of extra help you get will determine your total monthly plan premium as a member of our Plan.

This table shows you what your monthly plan premium will be if you get extra help.

| Your level of extra help | Monthly Premium for RiverSpring Star (HMO I-SNP)* | Monthly Premium for RiverSpring MAP (HMO D-SNP)* |
|--------------------------|---|--|
| 100%                     | \$0   | \$0  |
| 75%                      | \$10.58   | \$0  |
| 50%                      | \$21.15   | \$0  |
| 25%                      | \$31.73   | \$0  |

\*This does not include any Medicare Part B premium you may have to pay.

RiverSpring Star (HMO I-SNP) and RiverSpring MAP (HMO D-SNP) premium includes coverage for both medical services and prescription drug coverage.

If you aren't getting extra help, you can see if you qualify by calling:

- 1-800-Medicare or TTY users call 1-877-486-2048 (24 hours a day/7 days a week),
- Your State Medicaid Office, or
- The Social Security Administration at 1-800-772-1213. TTY users should call 1-800-325-0778 between 7 a.m. and 7 p.m., Monday through Friday.

If you have any questions, please call Member Service at:

RiverSpring Star (HMO I-SNP) 1-800-580-7000, (TTY/TDD: 711)

RiverSpring MAP (HMO D-SNP) 1-800-362-2266, (TTY/TDD: 711)

From 8 a.m. to 8 p.m. EST, 7 days a week.

*RiverSpring Star (HMO I-SNP) is a health plan with a Medicare contract. Enrollment in RiverSpring Star depends on contract renewal.*

*RiverSpring MAP (HMO D-SNP) is a health plan with a Medicare and Medicaid contract. Enrollment in RiverSpring MAP depends on contract renewal.*

**ElderServe Health, Inc. Notice of Nondiscrimination**

ElderServe Health, Inc. 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. does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

ElderServe Health, Inc:

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. 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 225<sup>th</sup> 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>

**Multi-Language Insert**

English: ATTENTION: If you speak non-English language or require assistance, language assistance services free of charge, are available to you. Call 1-800-771-0088 (TTY/TDD 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-771-0088 (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 1-800-771-0088 (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 1-800-771-0088 (TTY/TDD 711).

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-771-0088 (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 1-800-771-0088 (TTY/TDD 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-771-0088 (TTY/TDD 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-771-0088 (TTY/TDD 711). 번으로 전화해 주십시오.

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-771-0088 (телетайп: TTY/TDD 711).

Arabic: برقم اتصل بالمجان لك تتوافر اللغوية المساعدة خدمات فإن، اللغة انكر تتحدث كنت إذا ملحوظة 1-800-771-0088 هاتف الصم والبكم: (711). رقم

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-771-0088 (TTY/TDD 711).

Portuguese: ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-771-0088 (TTY/TDD 711).

French Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-771-0088 (TTY/TDD 711).

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-771-0088 (TTY/TDD 711).

Hindi: ध्यान दः यद आप हदी बोलते ह तो आपके िलए मुफ्त म भाषा सहायता सेवाएं उपलब्ध ह। 1-800-771-0088 (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1-800-771-0088 (TTY/TDD 711) まで、お電話にてご連絡ください。