

RiverSpring Health Plans

RiverSpring Star (HMO I-SNP) and RiverSpring MAP (HMO D-SNP)

2021 Over-the-Counter Benefit

As a RiverSpring Star or RiverSpring MAP plan member, you receive an over-the-counter (OTC) benefit that allows you to purchase your needed health-related items that do not require a prescription. This brochure contains important information about how to use this benefit. Please keep it in a convenient place, so you can refer to it for information including maximum OTC benefit amount, how to purchase OTC products, and a list of products covered by RiverSpring Health Plans (“RiverSpring”).

What is an OTC Benefit?

The OTC benefit allows you to purchase approved non-prescription drugs and health-related items, such as first aid products, ointments, cold/flu medicine, and pain relievers, at no cost to you, up to the maximum plan benefit amount. For more information, please see the Benefits Chart in your plan Member Handbook (Evidence of Coverage, Chapter 4).

Important Points to Remember:

- The OTC items may be purchased only for the RiverSpring member, not for family or friends.
- The OTC card is not a credit card and cannot be converted into cash.
- The OTC benefit cannot be used to purchase Part B or Part D covered prescription drugs.
- Any unused balance will expire at the end of each month or upon disenrollment from RiverSpring.

How Much Is My Monthly Benefit?

RiverSpring Star (HMO I-SNP) members will receive **\$170.00** per month for purchase of OTC items.

RiverSpring MAP (HMO D-SNP) members will receive **\$155.00** per month for purchase of OTC items.

As long as you are an active RiverSpring member, your OTC card will automatically replenish with your plan benefit amount on the first day of every month. You have the full month to use your benefit amount. Any remaining balance at the end of the month will not carry over to the following month.

What is the OTC Card

If you are a member of a RiverSpring plan with an OTC benefit, you will receive a RiverSpring OTC card with a pre-funded monthly allowance upon enrollment. Before you use your OTC card, you must activate it by calling 1-855-226-5045 (24 hours a day, 7 days a week), or visiting online at

<https://member.myvpbenefits.com>. You will need to provide your OTC card number, your RiverSpring member ID, and your birthdate.

How Do I Use My Benefit?

- You can use your OTC card to purchase OTC items at any participating stores, which include CVS, Duane Reade, Walgreens, Family Dollar, and local pharmacies. A complete list of participating stores is available online at <https://member.myvpbenefits.com>, or call Member Services for assistance.
- You can order OTC items from the OTC Catalog at <https://shopping.drugsourceinc.com/riverspring>, online or by phone, for home delivery. Have your member ID and birthdate ready so you can sign in. Simply select and order the items you need to stay healthy and well, and your items will be delivered to your door. You do not pay for shipping.

Please note that phone or online orders from the OTC Catalog can only be placed twice a month. You do not have to use your full OTC balance at one time, but remember that any unused OTC balance will not carry over to the next month.

- You can purchase OTC items at non-participating stores, and ask to be reimbursed either by check or direct deposit. You will receive reimbursement only up to your available OTC balance.

To request reimbursement, you will need to submit the receipt showing the OTC items for reimbursement, the store where purchase was made, the date of purchase, and the price paid, with the completed claim form:

- Via online at <https://member.myvpbenefits.com>; or
- By mail to VantagePoint Benefit Administrators, Attn: Claims Department, 20 Blake Avenue, Lynbrook, NY 11563; or
- By Fax to 1-855-373-7838.

All requests must be submitted within 30 days of purchase. Please allow up to 30 days to process your request. For assistance, please call VantagePoint at 1-855-583-8500.

For assistance with your OTC benefit, please call Member Services, Monday to Friday, 8 am–8 pm ET

- RiverSpring Star Member Services 1-800-580-7000
- RiverSpring MAP Member Services 1-800-362-2266

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

RiverSpring MAP (HMO D-SNP) is a health 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. Contact the plan for more information.

Notice of Nondiscrimination - Discrimination is Against the Law

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 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>

Multi-Language Insert

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).

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

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)

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).

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

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).

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

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

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

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

লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন 1-800-771-0088 (TTY/TDD 711).

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).

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

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

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

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。