



# 2023

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## Summary of Benefits

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**Riverside Medicare Advantage Complete (HMO)**

Serving the Cities of Hampton, Newport News,  
Poquoson, and Williamsburg and the Virginia  
Counties of Gloucester, James City and York

# Summary of Benefits

January 1, 2023 - December 31, 2023

This booklet gives you a summary of what we cover and what you pay. It doesn't list every limitation, exclusion or covered service. To get a complete list of services we cover, call us and ask for the Evidence of Coverage, or you can view it on [riversidemedicareadvantage.com](https://www.riversidemedicareadvantage.com).

This Summary of Benefits booklet gives you a summary of what **Riverside Medicare Advantage Complete (HMO)** covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets or use the Medicare Plan Finder on [medicare.gov](https://www.medicare.gov).
- 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 [medicare.gov](https://www.medicare.gov), or get a copy by calling 1.800.MEDICARE (1.800.633.4227), 24 hours a day, seven days a week. TTY users should call 877.486.2048.

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## Sections in This Booklet

- Things to Know About **Riverside Medicare Advantage Complete**
- Monthly Premium, Deductibles and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits
- Other Covered Benefits
- Optional Comprehensive Dental Benefits

This document is available in other formats such as braille and large print. This document may be available in a non-English language. For additional information, call 855.948.0353 (TTY: 711) to speak with a Customer Service representative.

# Things to Know About Riverside Medicare Advantage Complete

## Hours of Operation

- From October 1 to March 31, you can call us seven days a week from 8 a.m. to 8 p.m.
- From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m.

## Riverside Medicare Advantage Complete Phone Numbers and Website

- If you have questions, call toll-free, 855.948.0353 (TTY: 711).
- Our website: [riversidemedicareadvantage.com](http://riversidemedicareadvantage.com)

## Who can join?

To join **Riverside Medicare Advantage Complete**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, be a United States citizen or are lawfully present in the United States, and live in our service area. Our service area includes the Cities of Hampton, Newport News, Poquoson, and Williamsburg and the Virginia Counties of Gloucester, James City and York.

## What is an HMO?

An HMO, or Health Maintenance Organization, is a type of health insurance plan that usually limits coverage to care from doctors who work for or contract with the HMO. It generally won't cover out-of-network care except in an emergency. An HMO may require you to live or work in its service area to be eligible for coverage.

## Which doctors, hospitals and pharmacies can I use?

**Riverside Medicare Advantage Complete** 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. You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies. You can see our plan's Provider Directory at [riversidemedicareadvantage.com](http://riversidemedicareadvantage.com) or call us and we will send you a copy.

## What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers — and more.

- **Our plan members get *all* of the benefits covered by Original Medicare.** For some of these benefits, you may pay more in our plan than you would in Original Medicare. For others, you may pay less.
- **Our plan members also get *more* than what is covered by Original Medicare.** Some of the extra benefits are outlined in this booklet.

## What drugs do we cover?

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) and any restrictions on [riversidemedicareadvantage.com](http://riversidemedicareadvantage.com).
- Or, call us and we will send you a copy.

## How will I determine my drug costs?

Our plan groups each medication into one of five “tiers.” You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document, we discuss the benefit stages that occur: initial coverage, coverage gap and catastrophic coverage. If you have questions about the different benefit stages, please contact the plan for more information or access the Evidence of Coverage on our website.

## Monthly Premium, Deductibles and Limits on How Much You Pay for Covered Services

	Riverside Medicare Advantage Complete (HMO)
<b>Monthly Plan Premium</b>	\$0 per month. You must continue to pay your Medicare Part B premium.
<b>Deductible</b>	This plan does not have a deductible.
<b>Maximum Out-of-Pocket Responsibility (does not include Part D prescription drugs)</b>	<p>The maximum out-of-pocket amount is the most that you will have to pay out of pocket during the calendar year for in-network covered hospital and medical services.</p> <p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> <li>• \$3,400 for covered hospital and medical services you receive from in-network providers</li> </ul> <p>If you reach the limit on out-of-pocket costs, hospital and medical services are still covered, and we pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p> <p>See Evidence of Coverage for costs that apply to your maximum out-of-pocket amount.</p>

## Covered Medical and Hospital Benefits

	Riverside Medicare Advantage Complete (HMO)
<b>Inpatient Hospital Coverage</b>	<p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none"> <li>• \$275 copay per day, per stay: days 1-6</li> <li>• \$0 copay per day, per stay: day 7 and beyond</li> </ul> <p>Prior authorization is required.</p>
<b>Outpatient Hospital Coverage</b>	<p>\$265 copay</p> <p>Prior authorization may be required.</p>
<b>Ambulatory Surgical Center (ASC)</b>	<p>\$265 copay</p> <p>Prior authorization may be required.</p>
<b>Doctor Visits (primary care providers and specialists)</b>	<p>Primary care provider (PCP) visit: \$0 copay</p> <p>Specialist visit: \$35 copay</p> <p>A referral is required for specialist visits.</p> <p>Prior authorization may be required.</p>

Riverside Medicare Advantage Complete (HMO)	
<b>Virtual/Telehealth Visits</b>	<p>Telehealth visits are available with primary care providers and in select specialties including mental health and for therapy (occupational, physical, speech). Members pay the same copay as if the services were provided at an in-person visit.</p> <p>For urgently needed services: On-demand virtual visits are available through M.D. Express Urgent Care facilities.</p> <p>Prior authorization is required for psychiatry services. A referral is required for specialists and for therapy (occupational, physical, speech).</p>
<b>Preventive Care</b>	<p>You pay nothing.</p> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm screening</li> <li>• Annual wellness visit</li> <li>• Bone mass measurement</li> <li>• Breast cancer screening (mammogram)</li> <li>• Cardiovascular disease risk reduction visit (therapy for cardiovascular disease)</li> <li>• Cardiovascular disease testing</li> <li>• Cervical and vaginal cancer screening</li> <li>• Colorectal cancer screening</li> <li>• Depression screening</li> <li>• Diabetes screening</li> <li>• Diabetes self-management training</li> <li>• Health and wellness education programs</li> <li>• HIV screening</li> <li>• Immunizations (pneumonia, hepatitis B, COVID-19 and influenza)</li> <li>• Medical nutrition therapy</li> <li>• Medicare Diabetes Prevention Program (MDPP)</li> <li>• Obesity screening and therapy to promote sustained weight loss</li> <li>• Prostate cancer screening exams</li> <li>• Screening and counseling to reduce alcohol misuse</li> <li>• Screening for lung cancer with low-dose computed tomography (LDCT)</li> <li>• Screening for sexually transmitted infections (STIs) and counseling to prevent STIs</li> <li>• Smoking and tobacco use cessation (counseling to stop smoking or tobacco use)</li> <li>• “Welcome to Medicare” preventive visit (one-time)</li> </ul> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>

Riverside Medicare Advantage Complete (HMO)	
<b>Emergency Care</b>	<p>\$125 copay</p> <p>If you are admitted to the same hospital within 24 hours for the same condition, you pay \$0 for the emergency room visit. See the “Inpatient Hospital Coverage” section of this booklet for other costs.</p> <p>We provide worldwide coverage.</p>
<b>Urgently Needed Services</b>	<p>\$40 copay within the United States</p> <p>\$125 copay outside of the United States</p> <p>We provide worldwide coverage.</p>
<b>Diagnostic Services/Labs/Imaging (Costs for these services may vary based on place of service.)</b>	<p>Lab services: \$5 copay</p> <p>Diagnostic colonoscopies: \$0 copay</p> <p>Diagnostic procedures and tests: \$50 copay</p> <p>X-rays: \$20 copay</p> <p>Diagnostic radiology services (such as MRI, CT, and PET scans): 20% co-insurance</p> <p>\$0 copay for diagnostic mammograms</p> <p>20% co-insurance for all other diagnostic radiology services</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): 20% co-insurance</p> <p>Prior authorization may be required.</p> <p>There is no copay for abdominal aortic aneurysm screening, diabetes screening or prostate cancer screening when they are ordered as a preventive service.</p>
<b>Hearing Services</b>	<p>Medicare-covered hearing exam to diagnose hearing and balance issues: \$35 copay</p> <p>Routine hearing exam: \$35 copay</p> <p>A referral is required for Medicare-covered hearing exams.</p> <p>One fitting/evaluation for hearing aids every 2 calendar years: \$0 copay</p> <p>There is a \$1,000 allowance for up to 2 hearing aids every 2 years (both ears combined).</p>

Riverside Medicare Advantage Complete (HMO)	
<b>Dental Services</b>	<p>Preventive dental services: \$35 copay</p> <p>Preventive services include:</p> <ul style="list-style-type: none"> <li>• Periodic oral evaluation (2 every calendar year)</li> <li>• Limited oral evaluation (3 every calendar year)</li> <li>• Comprehensive oral and periodontal exam (1 every 3 calendar years)</li> <li>• Routine cleaning (2 every calendar year)</li> <li>• Fluoride treatment (2 every calendar year)</li> <li>• Horizontal bitewing X-ray (1 every calendar year, up to 4 images)</li> <li>• Intraoral X-ray of the entire mouth (full-mouth series or panoramic) (1 every 3 calendar years)</li> </ul> <p>Medicare-covered dental services: \$35 copay</p> <p>A referral is required to visit an oral surgeon for Medicare-covered services, and those services may require a prior authorization.</p> <p>See page 14 for information on optional comprehensive dental coverage that can be purchased separately.</p>
<b>Vision Services</b>	<p>Each visit to a specialist, such as an ophthalmologist or optometrist, for Medicare-covered benefits: \$35 copay</p> <p>Diabetic eye exams performed by a specialist such as an ophthalmologist or optometrist: \$0 copay</p> <p>A referral is required for Medicare-covered eye exams.</p> <p>1 pair of Medicare-covered eyeglass lenses (standard plastic single, bifocal, trifocal, or lenticular lenses) after each cataract surgery: \$0 copay</p> <p>\$150 allowance for 1 pair of Medicare-covered eyeglass frames or 1 pair of Medicare-covered contact lenses (or 2 six packs) after each cataract surgery</p> <p>1 routine eye exam every calendar year: \$0 copay</p> <p>Refraction covered as part of exam</p> <p>1 pair of eyeglass lenses (standard plastic single, bifocal, trifocal or lenticular lenses) per calendar year: \$0 copay</p> <p>\$150 allowance for 1 pair of eyeglass frames or 1 pair of contact lenses (or 2 six packs) per calendar year</p> <p>Upgrades may come at an additional cost.</p>

Riverside Medicare Advantage Complete (HMO)	
<b>Mental Health Services</b>	<p>Inpatient visit:</p> <p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none"> <li>• \$275 copay per day, per stay: days 1-6</li> <li>• \$0 copay per day, per stay: day 7 and beyond</li> </ul> <p>Prior authorization is required.</p> <p>Outpatient individual visit: \$35 copay</p> <p>Outpatient group visit: \$30 copay</p> <p>Partial hospitalization: \$55 copay</p> <p>Opioid Treatment Program services: \$40 copay</p>
<b>Skilled Nursing Facility</b>	<p>The plan covers up to 100 days each benefit period. No prior hospital stay is required.</p> <ul style="list-style-type: none"> <li>• \$0 copay per day, per stay: days 1-20</li> <li>• \$184 copay per day, per stay: days 21-100</li> </ul> <p>Prior authorization is required.</p>
<b>Physical Therapy</b>	<p>\$35 copay</p> <p>A referral is required.</p>
<b>Ambulance</b>	<p>\$250 copay</p> <p>This copay applies to each one-way trip.</p> <p>Prior authorization is required for non-emergent transportation by ambulance.</p>
<b>Transportation</b>	<p>\$0 copay</p> <p>The benefit includes 24 one-way trips to plan-approved locations every year.</p>
<b>Medicare Part B Drugs</b>	<p>For Part B drugs such as chemotherapy drugs: 20% co-insurance</p> <p>Other Part B drugs, including insulin administered via a durable medical equipment insulin pump: 20% co-insurance</p> <p>Prior authorization may be required.</p> <p>Amounts you pay for Part B drugs count toward your MOOP; they do not count toward your Part D initial coverage limit or true out-of-pocket cost of \$7,400.</p>

### Part D Prescription Drug Benefits

Riverside Medicare Advantage Complete (HMO)	
<b>Deductible</b>	This plan does not have a deductible.

**Riverside Medicare Advantage Complete (HMO)**

**Initial Coverage**  
 You pay the amounts listed in the following tables until your total yearly drug costs reach \$4,660. For insulins, you won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, for all cost-sharing tiers. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

If you reside in a long-term care facility with an in-network pharmacy, you pay the 30-day standard retail cost-sharing for a 31-day supply.

Drugs filled at an out-of-network pharmacy are only covered under limited circumstances. Please see the Evidence of Coverage and contact Customer Service for more information.

**Insulin Coverage**  
 You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter the cost-sharing tier, the coverage phase, your Extra Help status or whether the insulin product is considered a Select Insulin under the plan's Prescription Drug Formulary.\*

Preferred Retail Cost-Sharing	30-Day Supply	60-Day Supply	90-Day Supply
Tier 1 (Preferred Generic)	\$0 copay	\$0 copay	\$0 copay
Tier 2 (Generic)	\$0 copay	\$0 copay	\$0 copay
Tier 3 (Preferred Brand)	\$42 copay	\$84 copay	\$126 copay
Select Insulins	\$35 copay	\$70 copay	\$105 copay
Tier 4 (Non-Preferred Brand)	\$95 copay	\$190 copay	\$285 copay
Tier 5 (Specialty Drug)	33% co-insurance	Not Offered	Not Offered
Standard Retail Cost-Sharing	30-Day Supply	60-Day Supply	90-Day Supply
Tier 1 (Preferred Generic)	\$4 copay	\$8 copay	\$12 copay
Tier 2 (Generic)	\$12 copay	\$24 copay	\$36 copay
Tier 3 (Preferred Brand)	\$47 copay	\$94 copay	\$141 copay
Select Insulins	\$35 copay	\$70 copay	\$105 copay
Tier 4 (Non-Preferred Brand)	\$100 copay	\$200 copay	\$300 copay
Tier 5 (Specialty Drug)	33% co-insurance	Not Offered	Not Offered

\*Select Insulins are those that are part of the Insulin Savings Program and incur low, consistent copays through the coverage gap. Insulins administered via a durable medical equipment insulin pump are not included in the program. For information regarding which insulins are Select Insulins under the plan's benefit, refer to the plan's Prescription Drug Formulary. See the Evidence of Coverage for more information regarding Select Insulins, including full cost-sharing information. The program doesn't apply during the catastrophic coverage stage or if you receive Extra Help.

**Riverside Medicare Advantage Complete (HMO)**

Standard Mail-Order Cost-Sharing	30-Day Supply	60-Day Supply	90-Day Supply
Tier 1 (Preferred Generic)	\$0 copay	\$0 copay	\$0 copay
Tier 2 (Generic)	\$0 copay	\$0 copay	\$0 copay
Tier 3 (Preferred Brand)	\$42 copay	\$84 copay	\$105 copay
Select Insulins	\$35 copay	\$70 copay	\$105 copay
Tier 4 (Non-Preferred Brand)	\$95 copay	\$190 copay	\$237.50 copay
Tier 5 (Specialty Drug)	33% co-insurance	Not Offered	Not Offered

**Coverage Gap**  
 Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there's a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,660.

After you enter the coverage gap, you pay 25% of the plan's cost for covered brand-name drugs and 25% of the plan's cost for covered generic drugs until your out-of-pocket costs total \$7,400, which is the end of the coverage gap. Not everyone will enter the coverage gap.

**Important** — You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, even if the insulin product is not considered a Select Insulin under the plan's Prescription Drug Formulary or you're not eligible for the Insulin Savings Program.

If you're eligible for the Insulin Savings Program, your cost-share for Select Insulins won't increase during the coverage gap.

**Catastrophic Coverage**  
 After your yearly out-of-pocket drug costs reach \$7,400, you pay the greater of:

- 5% co-insurance or
- \$4.15 copay for generic (including brand drugs treated as generic) or a \$10.35 copay for all other drugs

**Important** — You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, for all cost-sharing tiers.

Cost-sharing may change depending on the pharmacy you choose.

## Other Covered Benefits

	Riverside Medicare Advantage Complete (HMO)
<b>Chiropractic Care</b>	Manual manipulation of the spine to correct subluxation: \$20 copay A referral is required.
<b>Diabetes Supplies and Services</b>	Diabetes self-management training: \$0 copay Diabetes monitoring supplies (including blood glucose monitors, lancets and blood glucose test strips*): \$0 copay When glucose meters and test strips are obtained at a pharmacy, coverage is limited to specific Abbott/LifeScan products. Diabetic therapeutic custom-molded shoes or inserts: 20% co-insurance Authorization is required for some items (e.g., diabetic custom-molded shoes and inserts, continuous glucose meters, insulin pumps). *See Evidence of Coverage for a complete listing.
<b>Durable Medical Equipment (wheelchairs, oxygen equipment and supplies, etc.)</b>	20% co-insurance Prior authorization may be required.
<b>Foot Care (podiatry services)</b>	\$35 copay A referral is required.
<b>Home Health Care</b>	\$0 copay A referral is required.
<b>Hospice</b>	You pay nothing for hospice care from any Medicare-certified hospice program. Please contact us for more details.
<b>Outpatient Substance Abuse</b>	Individual visit: \$35 copay Group visit: \$30 copay Prior authorization is required.

	Riverside Medicare Advantage Complete (HMO)
<b>Over-the-Counter Coverage (OTC)</b>	\$60 credit per quarter can be used on approved health products that can be ordered online, by phone or by mail. Up to 2 orders per quarter are allowed, and leftover allowance does not roll over from quarter to quarter.
<b>Prosthetic Devices</b>	Prosthetic devices: 20% co-insurance Related medical supplies: 20% co-insurance Prior authorization may be required.
<b>Outpatient Rehabilitation Services</b>	Cardiac rehabilitation services: \$20 copay per day Occupational, physical, and speech and language therapy visits: \$35 copay A separate copayment for occupational therapy will apply if other outpatient therapy services are rendered on the same day. A referral is required.
<b>Wellness Programs</b>	Health club membership/fitness classes through SilverSneakers®: \$0 copay
<b>Acupuncture</b>	Medicare-covered services for chronic low back pain only: \$35 copay

Riverside Medicare Advantage Complete (HMO)	
<b>Supplemental Benefits</b>	<p>As a Riverside Medicare Advantage plan member, you'll receive preventive dental benefits. For an additional monthly premium, you can also choose to add optional comprehensive coverage that provides more benefits.</p> <p>Monthly premium: \$27   Annual deductible: None</p> <p>Maximum annual benefit coverage: \$1,250</p> <p><b>Prosthetic Maintenance:*</b></p> <ul style="list-style-type: none"> <li>• Bridge or denture repair (1 per arch per calendar year)</li> <li>• Denture adjustment (twice per arch per calendar year)</li> <li>• Tissue conditioning—allowed in conjunction with fabrication of new denture</li> <li>• Repair, replace or add teeth to existing partial or full dentures (1 per tooth per calendar year)</li> <li>• Rebase and reline dentures (1 per denture every 3 calendar years)</li> <li>• Recement bridges, crowns, onlays and inlays on crowns (1 per tooth every 2 calendar years)</li> </ul> <p><b>Restorative Services:</b></p> <ul style="list-style-type: none"> <li>• Fillings* (1 per tooth every 2 calendar years)</li> <li>• Inlays/onlays* (1 per tooth every 5 calendar years)</li> <li>• Protective restorations* (1 per tooth per lifetime)</li> <li>• Crowns—post and core or crown buildup** (1 per tooth every 5 calendar years)</li> <li>• Crown repair due to material failure ** (1 per 2 calendar years)</li> </ul> <p><b>Prosthodontics, Oral Surgery and Other Services:</b></p> <ul style="list-style-type: none"> <li>• Dentures (complete, partial or immediate)** (1 every 5 calendar years)</li> <li>• Fixed bridges** (1 every 5 calendar years)</li> <li>• Surgical procedures, including alveoloplasty and vestibuloplasty** (1 per quadrant or arch per lifetime)</li> </ul> <p>*20% co-insurance applies. **50% co-insurance applies.</p> <p>Amounts you pay for these services do not count toward your maximum out-of-pocket amount.</p> <p>Services must be received from a DentaQuest provider.</p> <p>See Evidence of Coverage for a complete listing of benefits.</p>
	<p><b>Adjunct General Services:</b></p> <ul style="list-style-type: none"> <li>• Emergency treatment for minor pain relief*</li> <li>• General anesthesia** (when clinically necessary)</li> </ul> <p><b>Endodontics:</b></p> <ul style="list-style-type: none"> <li>• Root canal treatment/retreatment root canal therapy/apicoectomy/pulpotomy/retrograde filling** (1 per tooth per lifetime)</li> </ul> <p><b>Periodontics:</b></p> <ul style="list-style-type: none"> <li>• Periodontal maintenance (following active therapy)* (4 every calendar year)</li> <li>• Periodontal surgery/scaling and root planning** (1 per quadrant every 3 calendar years)</li> <li>• Full-mouth debridement (deep cleaning)** (1 every 3 calendar years)</li> </ul> <p><b>Extractions:</b></p> <ul style="list-style-type: none"> <li>• Simple or surgical extractions* (1 per tooth per lifetime)</li> </ul>

Acupuncture.....	13
Ambulance.....	9
Ambulatory Surgical Center (ASC).....	5
Chiropractic Care.....	12
Deductible.....	5
Dental Services.....	8
Optional Comprehensive Dental Benefits.....	14
Diabetes Supplies and Services.....	12
Diagnostic Services/Labs/Imaging.....	7
Doctor Visits.....	5
Durable Medical Equipment.....	12
Emergency Care.....	7
Foot Care (podiatry services).....	12
Hearing Services.....	7
Home Health Care.....	12
Hospice.....	12
Inpatient Hospital Coverage.....	5
Maximum Out-of-Pocket Responsibility.....	5
Medicare Part B Drugs.....	9
Mental Health Services.....	9
Monthly Plan Premium.....	5
Outpatient Hospital Coverage.....	5
Outpatient Rehabilitation Services.....	13
Outpatient Substance Abuse.....	12
Over-the-Counter Coverage (OTC).....	13
Part D Prescription Drug Benefits.....	9
Deductible.....	9
Initial Coverage.....	10
Insulin Coverage.....	10
Coverage Gap.....	11
Catastrophic Coverage.....	11
Physical Therapy.....	9
Preventive Care.....	6
Prosthetic Devices.....	13
Skilled Nursing Facility.....	9
Urgently Needed Services.....	7
Transportation.....	9
Virtual/Telehealth Visits.....	6
Vision Services.....	8
Wellness Programs.....	13

# 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 855.948.0353 (TTY: 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 [riversidemedicareadvantage.com](https://riversidemedicareadvantage.com) or call 855.948.0353 (TTY: 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 Provider Directory to make sure the pharmacy you use for any prescription medicine 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

- 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).

[riversidemedicareadvantage.com](https://www.riversidemedicareadvantage.com)

Toll-free: 855.948.0353 (TTY: 711), 8 a.m. to 8 p.m., seven days a week\*

2300 Fall Hill Ave, Suite 308b, Fredericksburg, VA 22401

Riverside Medicare Advantage is an HMO plan with a Medicare contract under Mary Washington Medicare Advantage. Enrollment in Riverside Medicare Advantage depends on contract renewal. All Riverside Medicare Advantage plans include Part D drug coverage. To enroll, you must have both Medicare Parts A and B and reside in the plan service area.

Members must use plan providers except in emergency or urgent care situations. If a member obtains care from an out-of-network provider without prior approval from Riverside Medicare Advantage, neither Medicare nor Riverside Medicare Advantage will be responsible for the costs.

Mary Washington Medicare Advantage complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

\*You may reach a messaging service on weekends from April 1 through September 30 and holidays. Please leave a message, and your call will be returned the next business day.