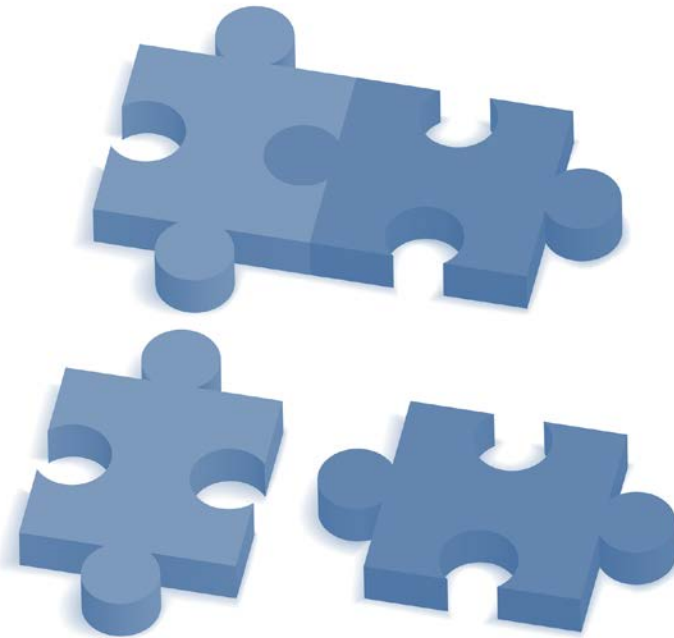


RiverLink Health

Cincinnati, OH



RiverLink Service Area

PENDING CMS APPROVAL

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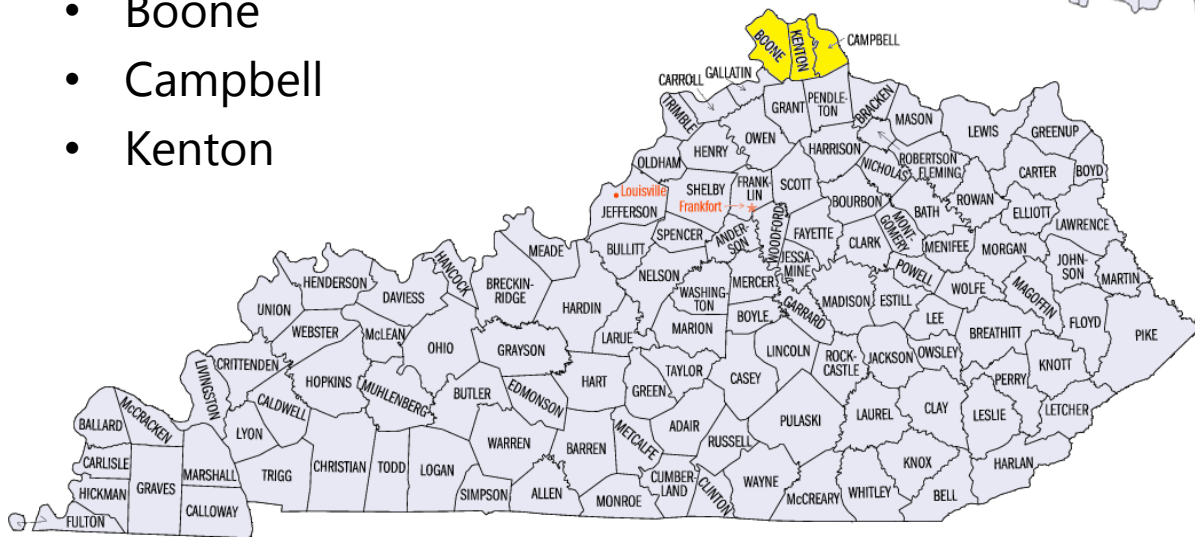
Ohio Counties Include:

- Butler
- Clermont
- Hamilton
- Warren



Kentucky Counties Include:

- Boone
- Campbell
- Kenton



RiverLink Health Medicare Advantage Plans

PENDING CMS APPROVAL

Plans with Rx Coverage	Premium
<p>Classic Plus Rx (HMO) Ohio: Butler, Clermont, Hamilton, and Warren Counties</p>	<p>\$0</p>
<p>Classic Plus Rx-N Kentucky (HMO) Kentucky: Boone, Campbell, and Kenton Counties</p>	<p>\$0</p>

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RiverLink Major Networks & Hospitals

- Atrium Medical Center
- Bethesda Arrow Springs
- Bethesda Butler Hospital
- Bethesda Family Practice
- Bethesda North Hospital
- Clermont Internist Associates
- Good Samaritan Hospital
- Group Health
- Mayfield Clinic
- Premier Health Net
- Premier Health Specialists
- Primary Health Solutions
- Queen City Medical Group
- Rudemiller Family Medicine
- St. Elizabeth Edgewood
- St. Elizabeth Florence
- St. Elizabeth Fort Thomas
- St. Elizabeth Grant
- St. Elizabeth Healthcare
- The Family Medical Group
- The GEROs Group
- The Kidney and Hypertension Center
- The Urology Group
- TriHealth Physicians
- TriHealth Evendale Hospital
- West Chester Medical Group
- Western Family Physicians
- White Oak Family Practice

A full provider directory is available on our website in the Member Center.

Providers and facilities are subject to change.



Classic Plus Rx

Classic Plus Rx-N Kentucky

WITH PRESCRIPTION DRUG COVERAGE

PENDING CMS APPROVAL



PENDING CMS APPROVAL

CLASSIC Plus Rx & CLASSIC Plus Rx-N Kentucky Benefit Changes and Cost Sharing

PENDING CMS APPROVAL

PENDING CMS APPROVAL

Benefit	2015	2016
Monthly Premium	\$0	\$0
Out of Pocket Maximum	\$4,800 out-of-pocket limit every year for all Member cost sharing excluding Part D pharmacy.	\$4,800 out-of-pocket limit every year for all Member cost sharing excluding Part D pharmacy.*
Inpatient Hospital Care (Includes Substance Abuse & Rehabilitation Services)	\$250 copay per day 1-7 \$0 copay per day 8-90 \$0 copay for additional days	\$250 copay per day 1-7 \$0 copay per day days 8-90 \$0 copay for additional days
Inpatient Hospital Mental Health (190 days lifetime limit)	\$250 copay per day 1-6 \$0 copay per day 7-90 60 lifetime reserve days; copays for lifetime reserve days: \$250 copay per day 1-6 \$0 copay per day 7-60	\$250 copay per day 1-6 \$0 copay per day 7-90 60 lifetime reserve days; copays for lifetime reserve days: \$250 copay per day 1-6 \$0 copay per day 7-60

* Non-Medicare covered preventive dental, eyewear, eye exam, fitness and hearing aid cost sharing does not count towards the MOOP.



CLASSIC Plus Rx & CLASSIC Plus Rx-N Kentucky Benefit Changes and Cost Sharing

PENDING CMS APPROVAL

PENDING CMS APPROVAL

Benefit	2015	2016
Skilled Nursing Facility (In a Medicare-certified skilled nursing facility)	\$0 copay per day 1-20 \$155 copay per day 21-100 100 days per benefit period; no prior hospital stay is required	\$0 copay per day 1-20 \$160 copay per day 21-50 \$0 copay per day 51-100 100 days per benefit period; no prior hospital stay is required
Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care)	\$65 copay (waived if admitted within 24 hours for same condition)	\$75 copay (waived if admitted within 24 hours for same condition)
Urgently Needed Services (This is NOT emergency care)	\$35 copay (not waived if admitted)	\$50 copay (not waived if admitted)
Home Health Care (Includes medically necessary intermittent skilled nursing care, home health aide services and rehabilitation services, etc.)	\$0 copay	\$0 copay



CLASSIC Plus Rx & CLASSIC Plus Rx-N Kentucky Benefit Changes and Cost Sharing

PENDING CMS APPROVAL

PENDING CMS APPROVAL

Benefit	2015	2016
Primary Care Physician Services	\$5 copay	\$5 copay
Chiropractic Services (Medicare Covered Services)	\$20 copay	\$20 copay
Physician Specialist Services	\$35 copay	\$35 copay
Mental Health Specialty Services (Non-physician) Individual & Group	\$40 copay	\$40 copay
Podiatry Services	\$15 copay for diabetic foot care; \$35 copay for other Medicare-covered services	\$35 copay
Routine Podiatry Services (Up to six routine visits per year)	Not covered	\$35 copay
Psychiatric Services - Individual or Group	\$40 copay	\$40 copay



CLASSIC Plus Rx & CLASSIC Plus Rx-N Kentucky Benefit Changes and Cost Sharing

PENDING CMS APPROVAL

PENDING CMS APPROVAL

Benefit	2015	2016
Physical, Speech & Language Therapy	\$35 copay	\$35 copay
Lab Services (Per day, per visit limits)	\$0 pt/inr (coumadin) \$15 diabetes panel (diabetes) \$30 all others per day <i>tiered, these are per visit limits</i>	\$15 copay
Diagnostic Procedures & Tests (Per day)	20% coinsurance	20% coinsurance
X-Rays (Per day)	20% coinsurance	\$20 copay
Diagnostic Radiology Services (not including X-rays)	20% coinsurance	20% coinsurance
Outpatient Hospital Services	\$200 copay facility \$35 copay for O/P clinic	\$200 copay facility \$35 copay for O/P clinic



CLASSIC Plus Rx & CLASSIC Plus Rx-N Kentucky Benefit Changes and Cost Sharing

PENDING CMS APPROVAL

PENDING CMS APPROVAL

Benefit	2015	2016
Ambulatory Surgery Center	\$175 copay	\$175 copay
Outpatient Substance Abuse Services - Individual or Group	\$40 copay	\$40 copay
Ambulance Services (Medically necessary)	\$200 copay; waived if admitted	\$250 copay; not waived if admitted
Durable Medical Equipment (Includes wheelchairs, oxygen, etc.)	0 - 20% coinsurance	20% coinsurance
Prosthetic Devices (Includes braces, artificial limbs, etc.)	20% coinsurance	20% coinsurance
Medical Supplies	0 - 20% coinsurance	20% coinsurance
Diabetes Monitoring Supplies & Therapeutic Shoes or Inserts	\$0 supplies/ 20% coinsurance shoes and inserts	\$0 supplies/ 20% coinsurance shoes and inserts*
Chemotherapy Drugs & Other Part B Covered Drugs	20% coinsurance	20% coinsurance

* Coverage for Medicare-covered diabetic supplies processed at pharmacy locations is limited to the Abbott manufactured products of FreeStyle and Precision.



CLASSIC Plus Rx & CLASSIC Plus Rx-N Kentucky Benefit Changes and Cost Sharing

PENDING CMS APPROVAL

PENDING CMS APPROVAL

Benefit	2015	2016
Dental-Preventive	\$10 copay	\$10 copay
Dental Services (Medicare covered dental benefits)	\$40 copay	\$35 copay
Eye Exams (Medicare-covered eye exam)	\$0 copay glaucoma test \$35 copay other	\$0 copay glaucoma test \$35 copay other
Eye Exams Supplemental (One routine eye exam every year; \$0 copay with VSP Vision Solutions)	\$0 copay	\$0 copay
Eyewear (One pair of eyeglasses or contact lenses after cataract surgery)	\$0 copay	\$0 copay
Eyewear Supplemental (One pair of glasses, contacts, or lenses, per 24 months)	\$25 copay \$120 per 24 months allowable	\$25 copay \$120 per 24 months allowable



CLASSIC Plus Rx & CLASSIC Plus Rx-N Kentucky Benefit Changes and Cost Sharing

PENDING CMS APPROVAL

PENDING CMS APPROVAL

Benefit	2015	2016
Hearing Exams (Medicare-covered diagnostic exam; \$0 copay Hearing Care Solutions)	\$0 - \$35 copay	\$0 - \$35 copay
Hearing Exams Supplemental (One supplemental routine hearing exam every year; \$0 copay Hearing Care Solutions)	\$0 - \$35 copay	\$0 - \$35 copay
Hearing Aids (\$1,000 annual benefit limit per ear towards the purchase of hearing aids through Hearing Care Solutions)	Not covered	\$0 copay
Health Club Membership & Fitness Benefit	\$0 copay; American Specialty Health Silver & Fit program includes FREE membership to local gyms, exercise classes, and online support to achieve fitness goals.	\$0 copay; American Specialty Health Silver & Fit program includes FREE membership to local gyms, exercise classes, and online support to achieve fitness goals.



CLASSIC Plus Rx & CLASSIC Plus Rx-N Kentucky - PART D BENEFITS

Deductible Period:

\$0 Annual Deductible

Initial Coverage Period:

Drug Tiers	Retail Pharmacy			Mail-Order Pharmacy		
	31 day	62 day	93 day	31 day	62 day	93 day
Tier 1 - Preferred Generics	\$2	\$4	\$5	\$2	\$4	\$6
Tier 2 - Non-Preferred Generics	\$10	\$20	\$25	\$10	\$20	\$30
Tier 3 - Preferred Brand	\$38	\$76	\$95	\$38	\$76	\$114
Tier 4 - Non-Preferred Brand	35%	35%	35%	35%	35%	35%
Tier 5 - Specialty	33%	33%	33%	33%	33%	33%

Coverage Gap:

After your yearly drug costs reach \$3,310 you receive a discount on drugs and pay no more than 45% of the plan's costs for all brand name drugs and 58% of the plan's cost for generic drugs until your yearly out-of-pocket drug costs reach \$4,850.

Catastrophic Coverage:

Generics - Greater of \$2.95 or

All other drugs – Greater of \$7.40 or

5% coinsurance