

Summary of Benefits

January 1, 2013 – December 31, 2013



Denver Metro/Boulder Colorado

Rocky Mountain Green Plan (Cost)

Rocky Mountain Thrifty Plan (Cost)

Rocky Mountain Standard Plan (Cost)

Rocky Mountain Plus Plan (Cost)

(H0602)

**Section I: Introduction to the Summary of Benefits for
Rocky Mountain Health Plans
Rocky Mountain Green Plan (Cost), Rocky Mountain Thrifty Plan (Cost), Rocky Mountain
Standard Plan (Cost), and Rocky Mountain Plus Plan (Cost)**

**January 1, 2013 – December 31, 2013
DENVER METRO/BOULDER COLORADO**

Thank you for your interest in Rocky Mountain Green Plan (Cost), Rocky Mountain Thrifty Plan (Cost), Rocky Mountain Standard Plan (Cost), and Rocky Mountain Plus Plan (Cost). Our plans are offered by Rocky Mountain Health Maintenance Organization/Rocky Mountain Health Plans, a Medicare Cost organization that contracts with the federal government. This Summary of Benefits tells you some features of our plans. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call Rocky Mountain Health Plans (RMHP) and ask for the "Evidence of Coverage."

YOU HAVE CHOICES IN YOUR HEALTH CARE

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like Rocky Mountain Green Plan (Cost), Rocky Mountain Thrifty Plan (Cost), Rocky Mountain Standard Plan (Cost), and Rocky Mountain Plus Plan (Cost). You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

You may be able to join or leave a plan only at certain times. Please call RMHP at the number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

HOW CAN I COMPARE MY OPTIONS?

You can compare Rocky Mountain Green Plan (Cost), Rocky Mountain Thrifty Plan (Cost), Rocky Mountain Standard Plan (Cost), and Rocky Mountain Plus Plan (Cost) and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plans cover and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

WHERE ARE ROCKY MOUNTAIN GREEN PLAN (COST), ROCKY MOUNTAIN THRIFTY PLAN (COST), ROCKY MOUNTAIN STANDARD PLAN (COST), AND ROCKY MOUNTAIN PLUS PLAN (COST) AVAILABLE?

The service area for these plans includes: Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, and Jefferson Counties, CO. You must live in one of these areas to join the plan.

WHO IS ELIGIBLE TO JOIN ROCKY MOUNTAIN GREEN PLAN (COST), ROCKY MOUNTAIN THRIFTY PLAN (COST), ROCKY MOUNTAIN STANDARD PLAN (COST), OR ROCKY MOUNTAIN PLUS PLAN (COST)?

You can join Rocky Mountain Green Plan (Cost), Rocky Mountain Thrifty Plan (Cost), Rocky Mountain Standard Plan (Cost), or Rocky Mountain Plus Plan (Cost) if you are entitled to Medicare Part A and enrolled in Medicare Part B or enrolled in Medicare Part B only and live in the service area. However, individuals with End-Stage Renal Disease generally are not eligible to enroll in Rocky Mountain Green Plan (Cost), Rocky

Mountain Thrifty Plan (Cost), Rocky Mountain Standard Plan (Cost), or Rocky Mountain Plus Plan (Cost) unless they are members of our organization and have been since their dialysis began.

CAN I CHOOSE MY DOCTORS?

RMHP has formed a network of doctors, specialists, and hospitals. You can use any doctor who is part of our network. You may also go to doctors outside of our network. The health providers in our network can change at any time.

You can ask for a current provider directory by contacting our customer service number listed at the end of this introduction.

WHAT HAPPENS IF I GO TO A DOCTOR WHO'S NOT IN YOUR NETWORK?

You can always choose to go to a doctor outside our network. We may not pay for the services you receive outside of our network, but Medicare will pay for its share of charges it approves. You will be responsible for Medicare Part B deductible and co-insurance.

DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?

Rocky Mountain Green Plan (Cost), Rocky Mountain Thrifty Plan (Cost), Rocky Mountain Standard Plan (Cost), and Rocky Mountain Plus Plan (Cost) do cover Medicare Part B prescription drugs. Rocky Mountain Green Plan (Cost), Rocky Mountain Thrifty Plan (Cost), Rocky Mountain Standard Plan (Cost), and Rocky Mountain Plus Plan (Cost) do NOT cover Medicare Part D prescription drugs.

WHAT ARE MY PROTECTIONS IN THIS PLAN?

All Medicare Cost Plans agree to stay in the program for a full calendar year at a time. Plan benefits and cost-sharing may change from calendar year to calendar year. Each year, plans can decide whether to continue for another year. A plan may continue in their entire service area (geographic area where the plan accepts members) or choose to continue only in certain areas. Also, Medicare may decide to end a contract with a plan. Even if your Medicare Cost Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue for an additional calendar year, it must send you a letter at least 60 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of Rocky Mountain Green Plan (Cost), Rocky Mountain Thrifty Plan (Cost), Rocky Mountain Standard Plan (Cost), or Rocky Mountain Plus Plan (Cost), you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

WHAT TYPES OF DRUGS MAY BE COVERED UNDER MEDICARE PART B?

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact RMHP for more details.

- Some Antigens: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- Osteoporosis Drugs: Injectable osteoporosis drugs for some women.
- Erythropoietin (Epoetin Alfa or Epogen®): By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia.
- Injectable Drugs: Most injectable drugs administered incident to a physician's service.
- Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant took place in a Medicare-certified facility and was paid for by Medicare or by a private insurance company that was the primary payer for Medicare Part A coverage.
- Some Oral Cancer Drugs: If the same drug is available in injectable form.
- Oral Anti-Nausea Drugs: If you are part of an anti-cancer chemotherapeutic regimen.
- Inhalation and Infusion Drugs administered through Durable Medical Equipment.

WHERE CAN I FIND INFORMATION ON PLAN RATINGS?

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on www.medicare.gov and select "Health and Drug Plans" then "Compare Drug and Health Plans" to compare the plan ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for this plan. Our customer service number is listed below.

Please call Rocky Mountain Health Plans for more information about these plans.

- Visit us at www.rmhpmedicare.org or, call us:
- Customer Service Hours for October 1 February 14:
Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8:00 a.m. - 8:00 p.m. Mountain
- Customer Service Hours for February 15 September 30:
Monday, Tuesday, Wednesday, Thursday, Friday, 8:00 a.m. - 8:00 p.m. Mountain
- Current and Prospective members should call toll-free (888)-282-1420 for questions related to the Medicare Cost Plan. (TTY/TDD 711).
- Current and Prospective members should call locally (970)-244-7912 for questions related to the Medicare Cost Plan. (TTY/TDD 711).
- For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week.
Or, visit www.medicare.gov on the web.

This document may be available in other formats such as Braille, large print or other alternate formats.

This document may be available in a non-English language. For additional information, call customer service at the phone number listed above.

Este documento puede estar disponible en un idioma no inglés. Para obtener información adicional, llame al servicio al cliente al número de teléfono indicado.

If you have any questions about these plans' benefits or costs, please contact RMHP for details.

Section II: Summary of Benefits

Benefit	Original Medicare	Rocky Mountain Green Plan (Cost)	Rocky Mountain Thrifty Plan (Cost)	Rocky Mountain Standard Plan (Cost)	Rocky Mountain Plus Plan (Cost)
IMPORTANT INFORMATION					
<p>1 – Premium and Other Important Information</p>	<p>In 2012 the monthly Part B Premium was \$99.90 and may change for 2013 and the annual Part B deductible amount was \$140 and may change for 2013.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p> <p>Most people will pay the standard monthly Part B premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call</p>	<p>General \$5 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>Most people will pay the standard monthly Part B premium in addition to their plan premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-</p>	<p>General \$25 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>Most people will pay the standard monthly Part B premium in addition to their plan premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-</p>	<p>General \$61.50 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>Most people will pay the standard monthly Part B premium in addition to their plan premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-</p>	<p>General \$147 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>Most people will pay the standard monthly Part B premium in addition to their plan premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-</p>

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	<p>Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p>	<p>800-325-0778.</p> <p>\$500 annual deductible. Contact the plan for services that apply.</p> <p>\$6,700 out-of-pocket limit for Medicare-covered services and select Non-Medicare Supplemental Services. Contact plan for details regarding Non-Medicare Supplemental Services covered under this limit.</p> <p>See page 34 for information about Premium and Other Important Information.</p>	<p>800-325-0778.</p> <p>\$500 annual deductible. Contact the plan for services that apply.</p> <p>\$6,000 out-of-pocket limit for Medicare-covered services.</p> <p>See page 34 for information about Premium and Other Important Information.</p>	<p>800-325-0778.</p> <p>\$150 annual deductible. Contact the plan for services that apply.</p> <p>\$5,000 out-of-pocket limit for Medicare-covered services and select Non-Medicare Supplemental Services. Contact plan for details regarding Non-Medicare Supplemental Services covered under this limit.</p> <p>See page 34 for information about Premium and Other Important Information.</p>	<p>800-325-0778.</p>

Benefit	Original Medicare	Rocky Mountain Green Plan (Cost)	Rocky Mountain Thrifty Plan (Cost)	Rocky Mountain Standard Plan (Cost)	Rocky Mountain Plus Plan (Cost)
<p>2 – Doctor and Hospital Choice (For more information, see Emergency Care - #15 and Urgently Needed Care - #16.)</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p>In-Network No referral required for network doctors, specialists, and hospitals.</p> <p>In and Out-of-Network You can use any network doctor. If you go to out-of-network doctors the plan may not cover the services but Medicare will pay its share for Medicare-covered services. When Medicare pays its share, you pay the Medicare Part B deductible and coinsurance.</p> <p>See page 34 for information about Doctor and Hospital Choice.</p>	<p>In-Network No referral required for network doctors, specialists, and hospitals.</p> <p>In and Out-of-Network You can use any network doctor. If you go to out-of-network doctors the plan may not cover the services but Medicare will pay its share for Medicare-covered services. When Medicare pays its share, you pay the Medicare Part B deductible and coinsurance.</p> <p>See page 34 for information about Doctor and Hospital Choice.</p>	<p>In-Network No referral required for network doctors, specialists, and hospitals.</p> <p>In and Out-of-Network You can use any network doctor. If you go to out-of-network doctors the plan may not cover the services but Medicare will pay its share for Medicare-covered services. When Medicare pays its share, you pay the Medicare Part B deductible and coinsurance.</p> <p>See page 34 for information about Doctor and Hospital Choice.</p>	<p>In-Network No referral required for network doctors, specialists, and hospitals.</p> <p>In and Out-of-Network You can use any network doctor. If you go to out-of-network doctors the plan may not cover the services but Medicare will pay its share for Medicare-covered services. When Medicare pays its share, you pay the Medicare Part B deductible and coinsurance.</p> <p>See page 34 for information about Doctor and Hospital Choice.</p>

Benefit	Original Medicare	Rocky Mountain Green Plan (Cost)	Rocky Mountain Thrifty Plan (Cost)	Rocky Mountain Standard Plan (Cost)	Rocky Mountain Plus Plan (Cost)
SUMMARY OF BENEFITS					
INPATIENT CARE					
<p>3 – Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)</p>	<p>In 2012 the amounts for each benefit period were: Days 1-60: \$1,156 deductible. Days 61-90: \$289 per day. Days 91-150: \$578 per lifetime reserve day.</p> <p>These amounts may change for 2013.</p> <p>Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</p> <p>Lifetime reserve days can only be used once.</p> <p>A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the</p>	<p>In-Network Plan covers 90 days each benefit period.</p> <p>For Medicare-covered hospital stays:</p> <ul style="list-style-type: none"> Days 1-7: \$250 copay per day. Days 8-90: \$0 copay per day. <p>Plan covers 60 lifetime reserve days. Cost per lifetime reserve day:</p> <ul style="list-style-type: none"> Days 1-7: \$250 copay per day. Days 8-60: \$0 copay per day. 	<p>In-Network Plan covers 90 days each benefit period.</p> <p>For Medicare-covered hospital stays:</p> <ul style="list-style-type: none"> Days 1-5: \$200 copay per day. Days 6-90: \$0 copay per day. <p>Plan covers 60 lifetime reserve days. Cost per lifetime reserve day:</p> <ul style="list-style-type: none"> Days 1-5: \$200 copay per day. Days 6-60: \$0 copay per day. 	<p>In-Network Plan covers 90 days each benefit period.</p> <p>\$600 copay for each Medicare-covered hospital stay.</p> <p>Plan covers 60 lifetime reserve days. \$0 copay per lifetime reserve day.</p>	<p>In-Network Plan covers 90 days each benefit period.</p> <p>\$450 copay for each Medicare-covered hospital stay.</p> <p>Plan covers 60 lifetime reserve days. \$0 copay per lifetime reserve day.</p>

Benefit	Original Medicare	Rocky Mountain Green Plan (Cost)	Rocky Mountain Thrifty Plan (Cost)	Rocky Mountain Standard Plan (Cost)	Rocky Mountain Plus Plan (Cost)
	<p>hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>				
<p>4 – Inpatient Mental Health Care</p>	<p>In 2012 the amounts for each benefit period were: Days 1-60: \$1,156 deductible. Days 61-90: \$289 per day. Days 91-150: \$578 per lifetime reserve day.</p> <p>These amounts may change for 2013.</p> <p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are</p>	<p>In-Network You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p> <p>For Medicare-covered hospital stays:</p> <ul style="list-style-type: none"> • Days 1-5: \$250 copay per day. • Days 6-90: \$0 	<p>In-Network You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p> <p>For Medicare-covered hospital stays:</p> <ul style="list-style-type: none"> • Days 1-5: \$200 copay per day. • Days 6-90: \$0 	<p>In-Network You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p> <p>\$600 copay for each Medicare-covered hospital stay.</p>	<p>In-Network You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p> <p>\$450 copay for each Medicare-covered hospital stay.</p>

Benefit	Original Medicare	Rocky Mountain Green Plan (Cost)	Rocky Mountain Thrifty Plan (Cost)	Rocky Mountain Standard Plan (Cost)	Rocky Mountain Plus Plan (Cost)
	met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.	copay per day. Plan covers 60 lifetime reserve days. Cost per lifetime reserve day: <ul style="list-style-type: none"> • Days 1-5: \$250 copay per day. • Days 6-60: \$0 copay per day. 	copay per day. Plan covers 60 lifetime reserve days. Cost per lifetime reserve day: <ul style="list-style-type: none"> • Days 1-5: \$200 copay per day. • Days 6-60: \$0 copay per day. 		
5 – Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)	In 2012 the amounts for each benefit period after at least a 3-day covered hospital stay were: Days 1 - 20: \$0 per day. Days 21 - 100: \$144.50 per day. These amounts may change for 2013. 100 days for each benefit period. A "benefit period" starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If	In-Network Plan covers up to 100 days each benefit period. For Medicare-covered SNF stays: <ul style="list-style-type: none"> • Days 1 - 20: \$0 copay per day. • Days 21 - 100: \$100 copay per day. 	In-Network Plan covers up to 100 days each benefit period. For Medicare-covered SNF stays: <ul style="list-style-type: none"> • Days 1 - 20: \$0 copay per day. • Days 21 - 100: \$100 copay per day. 	In-Network Plan covers up to 100 days each benefit period. For Medicare-covered SNF stays: <ul style="list-style-type: none"> • Days 1 - 20: \$0 copay per day. • Days 21 - 100: \$95 copay per day. 	In-Network Plan covers up to 100 days each benefit period. For Medicare-covered SNF stays: <ul style="list-style-type: none"> • Days 1 - 20: \$0 copay per day. • Days 21 - 100: \$95 copay per day.

Benefit	Original Medicare	Rocky Mountain Green Plan (Cost)	Rocky Mountain Thrifty Plan (Cost)	Rocky Mountain Standard Plan (Cost)	Rocky Mountain Plus Plan (Cost)
	<p>you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>				
<p>6 – Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</p>	<p>\$0 copay.</p>	<p>In Network \$0 copay for Medicare-covered home health visits.</p>	<p>In Network \$0 copay for Medicare-covered home health visits.</p>	<p>In Network \$0 copay for Medicare-covered home health visits.</p>	<p>In Network \$0 copay for Medicare-covered home health visits.</p>
<p>7 – Hospice</p>	<p>You pay part of the cost for outpatient drugs and inpatient respite care.</p> <p>You must get care from a Medicare-certified hospice.</p>	<p>General You must get care from a Medicare-certified hospice. Your plan will pay for a consultative visit before you select hospice.</p> <p>See page 34 for information about Hospice.</p>	<p>General You must get care from a Medicare-certified hospice. Your plan will pay for a consultative visit before you select hospice.</p> <p>See page 34 for information about Hospice.</p>	<p>General You must get care from a Medicare-certified hospice. Your plan will pay for a consultative visit before you select hospice.</p> <p>See page 34 for information about Hospice.</p>	<p>General You must get care from a Medicare-certified hospice. Your plan will pay for a consultative visit before you select hospice.</p> <p>See page 34 for information about Hospice.</p>

Benefit	Original Medicare	Rocky Mountain Green Plan (Cost)	Rocky Mountain Thrifty Plan (Cost)	Rocky Mountain Standard Plan (Cost)	Rocky Mountain Plus Plan (Cost)
OUTPATIENT CARE					
8 – Doctor Office Visits	20% coinsurance.	<p>General Authorization rules may apply.</p> <p>In-Network \$15 copay for each Medicare-covered primary care doctor visit.</p> <p>\$40 copay for each Medicare-covered specialist visit.</p> <p>See page 34 for information about Doctor Office Visits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$20 copay for each Medicare-covered primary care doctor visit.</p> <p>\$50 copay for each Medicare-covered specialist visit.</p> <p>See page 34 for information about Doctor Office Visits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$20 copay for each Medicare-covered primary care doctor visit.</p> <p>\$45 copay for each Medicare-covered specialist visit.</p> <p>See page 34 for information about Doctor Office Visits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$15 copay for each Medicare-covered primary care doctor visit.</p> <p>\$35 copay for each Medicare-covered specialist visit.</p> <p>See page 34 for information about Doctor Office Visits.</p>
9 – Chiropractic Services	<p>Supplemental routine care not covered.</p> <p>20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p>	<p>In-Network 20% of the cost for each Medicare-covered chiropractic visit.</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get</p>	<p>In-Network 20% of the cost for each Medicare-covered chiropractic visit.</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get</p>	<p>In-Network 20% of the cost for each Medicare-covered chiropractic visit.</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get</p>	<p>In-Network 20% of the cost for each Medicare-covered chiropractic visit.</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get</p>

Benefit	Original Medicare	Rocky Mountain Green Plan (Cost)	Rocky Mountain Thrifty Plan (Cost)	Rocky Mountain Standard Plan (Cost)	Rocky Mountain Plus Plan (Cost)
		it from a chiropractor. See page 34 for information about Chiropractic Services.	it from a chiropractor. See page 34 for information about Chiropractic Services.	it from a chiropractor. See page 34 for information about Chiropractic Services.	it from a chiropractor. See page 34 for information about Chiropractic Services.
10 – Podiatry Services	Supplemental routine care not covered. 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.	In-Network \$40 copay for each Medicare-covered podiatry visit. Medicare-covered podiatry visits are for medically-necessary foot care.	In-Network \$50 copay for each Medicare-covered podiatry visit. Medicare-covered podiatry visits are for medically-necessary foot care.	In-Network \$45 copay for each Medicare-covered podiatry visit. Medicare-covered podiatry visits are for medically-necessary foot care.	In-Network \$35 copay for each Medicare-covered podiatry visit. Medicare-covered podiatry visits are for medically-necessary foot care.
11 – Outpatient Mental Health Care	35% coinsurance for most outpatient mental health services. Specified copayment for outpatient partial hospitalization program services furnished by a hospital or community mental health center (CMHC). Copay cannot exceed the Part A inpatient hospital deductible. "Partial hospitalization program" is a	General Authorization rules may apply. In-Network \$40 copay for each Medicare-covered individual therapy visit. \$40 copay for each Medicare-covered group therapy visit. \$40 copay for each Medicare-covered individual therapy visit	General Authorization rules may apply. In-Network \$40 copay for each Medicare-covered individual therapy visit. \$40 copay for each Medicare-covered group therapy visit. \$40 copay for each Medicare-covered individual therapy visit	General Authorization rules may apply. In-Network \$40 copay for each Medicare-covered individual therapy visit. \$40 copay for each Medicare-covered group therapy visit. \$40 copay for each Medicare-covered individual therapy visit	General Authorization rules may apply. In-Network \$35 copay for each Medicare-covered individual therapy visit. \$35 copay for each Medicare-covered group therapy visit. \$35 copay for each Medicare-covered individual therapy visit

Benefit	Original Medicare	Rocky Mountain Green Plan (Cost)	Rocky Mountain Thrifty Plan (Cost)	Rocky Mountain Standard Plan (Cost)	Rocky Mountain Plus Plan (Cost)
	structured program of active outpatient psychiatric treatment that is more intense than the care received in your doctor's or therapist's office and is an alternative to inpatient hospitalization.	with a psychiatrist. \$40 copay for each Medicare-covered group therapy visit with a psychiatrist. \$40 copay for Medicare-covered partial hospitalization program services.	with a psychiatrist. \$40 copay for each Medicare-covered group therapy visit with a psychiatrist. \$40 copay for Medicare-covered partial hospitalization program services.	with a psychiatrist. \$40 copay for each Medicare-covered group therapy visit with a psychiatrist. \$40 copay for Medicare-covered partial hospitalization program services.	with a psychiatrist. \$35 copay for each Medicare-covered group therapy visit with a psychiatrist. \$35 copay for Medicare-covered partial hospitalization program services.
12 – Outpatient Substance Abuse Care	20% coinsurance.	General Authorization rules may apply. In-Network \$40 copay for Medicare-covered individual substance abuse outpatient treatment visits. \$40 copay for Medicare-covered group substance abuse outpatient treatment visits.	General Authorization rules may apply. In-Network \$40 copay for Medicare-covered individual substance abuse outpatient treatment visits. \$40 copay for Medicare-covered group substance abuse outpatient treatment visits.	General Authorization rules may apply. In-Network \$40 copay for Medicare-covered individual substance abuse outpatient treatment visits. \$40 copay for Medicare-covered group substance abuse outpatient treatment visits.	General Authorization rules may apply. In-Network \$35 copay for Medicare-covered individual substance abuse outpatient treatment visits. \$35 copay for Medicare-covered group substance abuse outpatient treatment visits.

Benefit	Original Medicare	Rocky Mountain Green Plan (Cost)	Rocky Mountain Thrifty Plan (Cost)	Rocky Mountain Standard Plan (Cost)	Rocky Mountain Plus Plan (Cost)
<p>13 – Outpatient Services</p>	<p>20% coinsurance for the doctor’s services.</p> <p>Specified copayment for outpatient hospital facility services. Copay cannot exceed the Part A inpatient hospital deductible.</p> <p>20% coinsurance for ambulatory surgical center facility services.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$400 copay for each Medicare-covered ambulatory surgical center visit.</p> <p>\$400 copay for each Medicare-covered outpatient hospital facility visit.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$400 copay for each Medicare-covered ambulatory surgical center visit.</p> <p>\$400 copay for each Medicare-covered outpatient hospital facility visit.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$350 copay for each Medicare-covered ambulatory surgical center visit.</p> <p>\$350 copay for each Medicare-covered outpatient hospital facility visit.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$250 copay for each Medicare-covered ambulatory surgical center visit.</p> <p>\$250 copay for each Medicare-covered outpatient hospital facility visit.</p>
<p>14 – Ambulance Services (medically necessary ambulance services)</p>	<p>20% coinsurance.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$150 copay for Medicare-covered ambulance benefits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$200 copay for Medicare-covered ambulance benefits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$100 copay for Medicare-covered ambulance benefits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$100 copay for Medicare-covered ambulance benefits.</p>
<p>15 – Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)</p>	<p>20% coinsurance for the doctor’s services.</p> <p>Specified copayment for outpatient hospital facility emergency services.</p> <p>Emergency services</p>	<p>General \$65 copay for Medicare-covered emergency room visits.</p> <p>Worldwide coverage.</p> <p>If you are admitted to the hospital within 24-</p>	<p>General \$65 copay for Medicare-covered emergency room visits.</p> <p>Not covered outside the U.S. and its territories except under limited circumstances.</p>	<p>General \$50 copay for Medicare-covered emergency room visits.</p> <p>Worldwide coverage.</p> <p>If you are admitted to the hospital within 24-</p>	<p>General \$50 copay for Medicare-covered emergency room visits.</p> <p>Worldwide coverage.</p> <p>If you are admitted to the hospital within 24-</p>

Benefit	Original Medicare	Rocky Mountain Green Plan (Cost)	Rocky Mountain Thrifty Plan (Cost)	Rocky Mountain Standard Plan (Cost)	Rocky Mountain Plus Plan (Cost)
	<p>copay cannot exceed Part A inpatient hospital deductible for each service provided by the hospital.</p> <p>You don't have to pay the emergency room copay if you are admitted to the hospital as an inpatient for the same condition within 3 days of the emergency room visit.</p> <p>Not covered outside the U.S. except under limited circumstances.</p>	<p>hours for the same condition, you pay \$0 for the emergency room visit.</p>	<p>Contact plan for details.</p> <p>If you are admitted to the hospital within 24-hours for the same condition, you pay \$0 for the emergency room visit.</p>	<p>hours for the same condition, you pay \$0 for the emergency room visit.</p>	<p>hours for the same condition, you pay \$0 for the emergency room visit.</p>
<p>16 – Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)</p>	<p>20% coinsurance, or a set copay.</p> <p>Not covered outside the U.S. except under limited circumstances.</p>	<p>General \$40 copay for Medicare-covered urgently-needed-care visits.</p> <p>See page 34 for information about Urgently Needed Care.</p>	<p>General \$50 copay for Medicare-covered urgently-needed-care visits.</p>	<p>General \$45 copay for Medicare-covered urgently-needed-care visits.</p> <p>See page 34 for information about Urgently Needed Care.</p>	<p>General \$35 copay for Medicare-covered urgently-needed-care visits.</p> <p>See page 34 for information about Urgently Needed Care.</p>

Benefit	Original Medicare	Rocky Mountain Green Plan (Cost)	Rocky Mountain Thrifty Plan (Cost)	Rocky Mountain Standard Plan (Cost)	Rocky Mountain Plus Plan (Cost)
<p>17 – Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)</p>	<p>20% coinsurance.</p>	<p>In-Network There may be limits on physical therapy, occupational therapy, and speech and language pathology visits. If so, there may be exceptions to these limits.</p> <p>\$15 copay for Medicare-covered Occupational Therapy visits.</p> <p>\$15 copay for Medicare-covered Physical Therapy and/or Speech and Language Pathology visits.</p> <p>See page 34 for information about Outpatient Rehabilitation Services.</p>	<p>In-Network There may be limits on physical therapy, occupational therapy, and speech and language pathology visits. If so, there may be exceptions to these limits.</p> <p>\$15 copay for Medicare-covered Occupational Therapy visits.</p> <p>\$15 copay for Medicare-covered Physical Therapy and/or Speech and Language Pathology visits.</p> <p>See page 34 for information about Outpatient Rehabilitation Services.</p>	<p>In-Network There may be limits on physical therapy, occupational therapy, and speech and language pathology visits. If so, there may be exceptions to these limits.</p> <p>\$15 copay for Medicare-covered Occupational Therapy visits.</p> <p>\$15 copay for Medicare-covered Physical Therapy and/or Speech and Language Pathology visits.</p> <p>See page 34 for information about Outpatient Rehabilitation Services.</p>	<p>In-Network There may be limits on physical therapy, occupational therapy, and speech and language pathology visits. If so, there may be exceptions to these limits.</p> <p>\$15 copay for Medicare-covered Occupational Therapy visits.</p> <p>\$15 copay for Medicare-covered Physical Therapy and/or Speech and Language Pathology visits.</p> <p>See page 34 for information about Outpatient Rehabilitation Services.</p>

Benefit	Original Medicare	Rocky Mountain Green Plan (Cost)	Rocky Mountain Thrifty Plan (Cost)	Rocky Mountain Standard Plan (Cost)	Rocky Mountain Plus Plan (Cost)
OUTPATIENT MEDICAL SERVICES AND SUPPLIES					
18 – Durable Medical Equipment (includes wheelchairs, oxygen, etc.)	20% coinsurance.	General Authorization rules may apply. In-Network 20% of the cost for Medicare-covered durable medical equipment.	General Authorization rules may apply. In-Network 20% of the cost for Medicare-covered durable medical equipment.	General Authorization rules may apply. In-Network 20% of the cost for Medicare-covered durable medical equipment.	General Authorization rules may apply. In-Network 20% of the cost for Medicare-covered durable medical equipment.
19 – Prosthetic Devices (includes braces, artificial limbs and eyes, etc.).	20% coinsurance.	General Authorization rules may apply. In-Network 20% of the cost for Medicare-covered prosthetic devices.	General Authorization rules may apply. In-Network 20% of the cost for Medicare-covered prosthetic devices.	General Authorization rules may apply. In-Network 20% of the cost for Medicare-covered prosthetic devices.	General Authorization rules may apply. In-Network 20% of the cost for Medicare-covered prosthetic devices.
20 – Diabetes Programs and Supplies	20% coinsurance for diabetes self-management training. 20% coinsurance for diabetes supplies. 20% coinsurance for diabetic therapeutic shoes or inserts.	In-Network \$0 copay for Medicare-covered Diabetes self-management training. 20% of the cost for Medicare-covered Diabetes monitoring supplies. 20% of the cost for Medicare-covered Therapeutic shoes or inserts.	In-Network \$0 copay for Medicare-covered Diabetes self-management training. 20% of the cost for Medicare-covered Diabetes monitoring supplies. 20% of the cost for Medicare-covered Therapeutic shoes or inserts.	In-Network \$0 copay for Medicare-covered Diabetes self-management training. 20% of the cost for Medicare-covered Diabetes monitoring supplies. 20% of the cost for Medicare-covered Therapeutic shoes or inserts.	In-Network \$0 copay for Medicare-covered Diabetes self-management training. 20% of the cost for Medicare-covered Diabetes monitoring supplies. 20% of the cost for Medicare-covered Therapeutic shoes or inserts.

Benefit	Original Medicare	Rocky Mountain Green Plan (Cost)	Rocky Mountain Thrifty Plan (Cost)	Rocky Mountain Standard Plan (Cost)	Rocky Mountain Plus Plan (Cost)
<p>21 – Diagnostic Tests, X-Rays, Lab Services, and Radiology Services</p>	<p>20% coinsurance for diagnostic tests and x-rays.</p> <p>\$0 copay for Medicare-covered lab services.</p> <p>Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most supplemental routine screening tests, like checking your cholesterol.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered lab services.</p> <p>\$0 to \$400 copay for Medicare-covered diagnostic procedures and tests.</p> <p>20% of the cost for Medicare-covered X-rays.</p> <p>20% of the cost for Medicare-covered diagnostic radiology services (not including X-rays).</p> <p>20% of the cost for Medicare-covered therapeutic radiology services.</p> <p>If the doctor provides you services in addition to Outpatient Diagnostic Procedures, Tests and Lab</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered lab services.</p> <p>\$0 to \$400 copay for Medicare-covered diagnostic procedures and tests.</p> <p>20% of the cost for Medicare-covered X-rays.</p> <p>\$150 copay for Medicare-covered diagnostic radiology services (not including X-rays).</p> <p>20% of the cost for Medicare-covered therapeutic radiology services.</p> <p>If the doctor provides you services in addition to Outpatient Diagnostic Procedures, Tests and Lab</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered:</p> <ul style="list-style-type: none"> • lab services. • X-rays. <p>\$0 to \$350 copay for Medicare-covered diagnostic procedures and tests.</p> <p>\$75 to \$150 copay for Medicare-covered diagnostic radiology services (not including X-rays).</p> <p>20% of the cost for Medicare-covered therapeutic radiology services.</p> <p>If the doctor provides you services in addition to Outpatient Diagnostic Procedures, Tests and Lab Services, separate cost sharing of \$20 to \$45</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered:</p> <ul style="list-style-type: none"> • lab services. • X-rays. <p>\$0 to \$250 copay for Medicare-covered diagnostic procedures and tests.</p> <p>\$75 to \$150 copay for Medicare-covered diagnostic radiology services (not including X-rays).</p> <p>20% of the cost for Medicare-covered therapeutic radiology services.</p> <p>If the doctor provides you services in addition to Outpatient Diagnostic Procedures, Tests and Lab Services, separate cost sharing of \$15 to \$35</p>

Benefit	Original Medicare	Rocky Mountain Green Plan (Cost)	Rocky Mountain Thrifty Plan (Cost)	Rocky Mountain Standard Plan (Cost)	Rocky Mountain Plus Plan (Cost)
		<p>Services, separate cost sharing of \$15 to \$40 may apply.</p> <p>If the doctor provides you services in addition to Outpatient Diagnostic and Therapeutic Radiology Services, separate cost sharing of \$15 to \$40 may apply.</p> <p>See page 35 for information about Diagnostic Tests, X-Rays, Lab Services, and Radiology Services.</p>	<p>Services, separate cost sharing of \$20 to \$50 may apply.</p> <p>If the doctor provides you services in addition to Outpatient Diagnostic and Therapeutic Radiology Services, separate cost sharing of \$20 to \$50 may apply.</p> <p>See page 35 for information about Diagnostic Tests, X-Rays, Lab Services, and Radiology Services.</p>	<p>may apply.</p> <p>If the doctor provides you services in addition to Outpatient Diagnostic and Therapeutic Radiology Services, separate cost sharing of \$20 to \$45 may apply.</p> <p>See page 35 for information about Diagnostic Tests, X-Rays, Lab Services, and Radiology Services.</p>	<p>may apply.</p> <p>If the doctor provides you services in addition to Outpatient Diagnostic and Therapeutic Radiology Services, separate cost sharing of \$15 to \$35 may apply.</p> <p>See page 35 for information about Diagnostic Tests, X-Rays, Lab Services, and Radiology Services.</p>
<p>22 – Cardiac and Pulmonary Rehabilitation Services</p>	<p>20% coinsurance for Cardiac Rehabilitation services.</p> <p>20% coinsurance for Pulmonary Rehabilitation services.</p> <p>20% coinsurance for Intensive Cardiac Rehabilitation services.</p> <p>This applies to</p>	<p>In-Network \$0 copay for:</p> <ul style="list-style-type: none"> • Medicare-covered Cardiac Rehabilitation Services. • Medicare-covered Intensive Cardiac Rehabilitation Services. • Medicare-covered Pulmonary 	<p>In-Network \$0 copay for:</p> <ul style="list-style-type: none"> • Medicare-covered Cardiac Rehabilitation Services. • Medicare-covered Intensive Cardiac Rehabilitation Services. • Medicare-covered Pulmonary 	<p>In-Network \$0 copay for:</p> <ul style="list-style-type: none"> • Medicare-covered Cardiac Rehabilitation Services. • Medicare-covered Intensive Cardiac Rehabilitation Services. • Medicare-covered Pulmonary 	<p>In-Network \$0 copay for:</p> <ul style="list-style-type: none"> • Medicare-covered Cardiac Rehabilitation Services. • Medicare-covered Intensive Cardiac Rehabilitation Services. • Medicare-covered Pulmonary

Benefit	Original Medicare	Rocky Mountain Green Plan (Cost)	Rocky Mountain Thrifty Plan (Cost)	Rocky Mountain Standard Plan (Cost)	Rocky Mountain Plus Plan (Cost)
	program services provided in a doctor's office. Specified cost sharing for program services provided by hospital outpatient departments.	Rehabilitation Services.	Rehabilitation Services.	Rehabilitation Services.	Rehabilitation Services.
PREVENTIVE SERVICES, WELLNESS/EDUCATION AND OTHER SUPPLEMENTAL BENEFIT PROGRAMS					
23 – Preventive Services, Wellness/ Education, and other Supplemental Benefit Programs	<p>No coinsurance, copayment or deductible for the following:</p> <ul style="list-style-type: none"> Abdominal Aortic Aneurysm Screening. Bone Mass Measurement. Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions. Cardiovascular Screening. Cervical and Vaginal Cancer Screening. Covered once every 2 years. 	<p>General \$0 copay for all preventive services covered under Original Medicare at zero cost sharing.</p> <p>Any additional preventive services approved by Medicare mid-year will be covered by the plan or by Original Medicare.</p> <p>In-Network This plan does not cover supplemental education/wellness programs.</p> <p>\$0 copay for Annual Cervical and Vaginal Cancer Screening.</p>	<p>General \$0 copay for all preventive services covered under Original Medicare at zero cost sharing.</p> <p>Any additional preventive services approved by Medicare mid-year will be covered by the plan or by Original Medicare.</p> <p>In-Network This plan does not cover supplemental education/wellness programs.</p> <p>\$0 copay for Annual Cervical and Vaginal Cancer Screening.</p>	<p>General \$0 copay for all preventive services covered under Original Medicare at zero cost sharing.</p> <p>Any additional preventive services approved by Medicare mid-year will be covered by the plan or by Original Medicare.</p> <p>In-Network This plan does not cover supplemental education/wellness programs.</p> <p>\$0 copay for Annual Cervical and Vaginal Cancer Screening.</p>	<p>General \$0 copay for all preventive services covered under Original Medicare at zero cost sharing.</p> <p>Any additional preventive services approved by Medicare mid-year will be covered by the plan or by Original Medicare.</p> <p>In-Network This plan does not cover supplemental education/wellness programs.</p> <p>\$0 copay for Annual Cervical and Vaginal Cancer Screening.</p>

Benefit	Original Medicare	Rocky Mountain Green Plan (Cost)	Rocky Mountain Thrifty Plan (Cost)	Rocky Mountain Standard Plan (Cost)	Rocky Mountain Plus Plan (Cost)
	<p>Covered once a year for women with Medicare at high risk.</p> <ul style="list-style-type: none"> • Colorectal Cancer Screening. • Diabetes Screening. • Influenza Vaccine. • Hepatitis B Vaccine for people with Medicare who are at risk. • HIV Screening. \$0 copay for the HIV screening, but you generally pay 20% of the Medicare-approved amount for the doctors visit. HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 	Contact plan for details.	Contact plan for details.	Contact plan for details.	Contact plan for details.

Benefit	Original Medicare	Rocky Mountain Green Plan (Cost)	Rocky Mountain Thrifty Plan (Cost)	Rocky Mountain Standard Plan (Cost)	Rocky Mountain Plus Plan (Cost)
	<p>12 months or up to three times during a pregnancy.</p> <ul style="list-style-type: none"> • Breast Cancer Screening (Mammogram). Medicare covers screening mammograms once every 12 months for all women with Medicare age 40 and older. Medicare covers one baseline mammogram for women between ages 35-39. • Medical Nutrition Therapy Services. Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian 				

Benefit	Original Medicare	Rocky Mountain Green Plan (Cost)	Rocky Mountain Thrifty Plan (Cost)	Rocky Mountain Standard Plan (Cost)	Rocky Mountain Plus Plan (Cost)
	<p>and may include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p> <ul style="list-style-type: none"> • Personalized Prevention Services (Annual Wellness Visits). • Pneumococcal Vaccine. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information. • Prostate Cancer Screening. Prostate Specific Antigen (PSA) test only. Covered once a year for all men with Medicare over age 50. • Smoking and Tobacco Use Cessation (counseling to stop smoking and 				

Benefit	Original Medicare	Rocky Mountain Green Plan (Cost)	Rocky Mountain Thrifty Plan (Cost)	Rocky Mountain Standard Plan (Cost)	Rocky Mountain Plus Plan (Cost)
	<p>tobacco use). Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period. Each counseling attempt includes up to four face-to-face visits.</p> <ul style="list-style-type: none"> • Screening and behavioral counseling interventions in primary care to reduce alcohol misuse. • Screening for depression in adults. • Screening for sexually transmitted infections (STI) and high-intensity behavioral counseling to prevent STIs. • Intensive behavioral counseling for 				

Benefit	Original Medicare	Rocky Mountain Green Plan (Cost)	Rocky Mountain Thrifty Plan (Cost)	Rocky Mountain Standard Plan (Cost)	Rocky Mountain Plus Plan (Cost)
	<p>Cardiovascular Disease (bi-annual).</p> <ul style="list-style-type: none"> • Intensive behavioral therapy for obesity. • Welcome to Medicare Preventive Visits (initial preventive physical exam). When you join Medicare Part B, then you are eligible as follows: <ul style="list-style-type: none"> • During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare Preventive Visit or an Annual Wellness Visit. • After your first 12 months, you can get one Annual Wellness Visit every 12 months. 				

Benefit	Original Medicare	Rocky Mountain Green Plan (Cost)	Rocky Mountain Thrifty Plan (Cost)	Rocky Mountain Standard Plan (Cost)	Rocky Mountain Plus Plan (Cost)
24 – Kidney Disease and Conditions	20% coinsurance for renal dialysis. 20% coinsurance for kidney disease education services.	General Cost plan members pay Original Medicare cost sharing for out-of-area dialysis. In-Network 20% of the cost for Medicare-covered renal dialysis. \$0 copay for Medicare-covered kidney disease education services.	General Cost plan members pay Original Medicare cost sharing for out-of-area dialysis. In-Network 20% of the cost for Medicare-covered renal dialysis. \$0 copay for Medicare-covered kidney disease education services.	General Cost plan members pay Original Medicare cost sharing for out-of-area dialysis. In-Network 20% of the cost for Medicare-covered renal dialysis. \$0 copay for Medicare-covered kidney disease education services.	General Cost plan members pay Original Medicare cost sharing for out-of-area dialysis. In-Network 20% of the cost for Medicare-covered renal dialysis. \$0 copay for Medicare-covered kidney disease education services.

PRESCRIPTION DRUG BENEFITS					
25 – Outpatient Prescription Drugs	Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug	Drugs covered under Medicare Part B General Most drugs not covered. 20% of the cost for Medicare Part B chemotherapy drugs and other Part B drugs. Drugs covered under Medicare Part D General This plan does not offer prescription drug	Drugs covered under Medicare Part B General Most drugs not covered. 20% of the cost for Medicare Part B chemotherapy drugs and other Part B drugs. Drugs covered under Medicare Part D General This plan does not offer prescription drug	Drugs covered under Medicare Part B General Most drugs not covered. 20% of the cost for Medicare Part B chemotherapy drugs and other Part B drugs. Drugs covered under Medicare Part D General This plan does not offer prescription drug	Drugs covered under Medicare Part B General Most drugs not covered. 20% of the cost for Medicare Part B chemotherapy drugs and other Part B drugs. Drugs covered under Medicare Part D General This plan does not offer prescription drug

Benefit	Original Medicare	Rocky Mountain Green Plan (Cost)	Rocky Mountain Thrifty Plan (Cost)	Rocky Mountain Standard Plan (Cost)	Rocky Mountain Plus Plan (Cost)
	coverage.	coverage. See page 36 for information about Outpatient Prescription Drugs.	coverage. See page 36 for information about Outpatient Prescription Drugs.	coverage. See page 36 for information about Outpatient Prescription Drugs.	coverage. See page 36 for information about Outpatient Prescription Drugs.
OUTPATIENT MEDICAL SERVICES AND SUPPLIES					
26 – Dental Services	Preventive dental services (such as cleaning) not covered.	<p>General Authorization rules may apply.</p> <p>In-Network This plan covers some preventive dental benefits for an extra cost (see "Optional Supplemental Benefits.")</p> <p>\$0 to \$1,750 copay [or 0% to 20% of the cost] for Medicare-covered dental benefits.</p> <p>See page 36 for information on Dental Services.</p>	<p>General Authorization rules may apply.</p> <p>In-Network This plan covers some preventive dental benefits for an extra cost (see "Optional Supplemental Benefits.")</p> <p>\$0 to \$1,000 copay [or 0% to 20% of the cost] for Medicare-covered dental benefits.</p> <p>See page 36 for information on Dental Services.</p>	<p>General Authorization rules may apply.</p> <p>In-Network This plan covers some preventive dental benefits for an extra cost (see "Optional Supplemental Benefits.")</p> <p>\$0 to \$600 copay [or 0% to 20% of the cost] for Medicare-covered dental benefits.</p> <p>See page 36 for information on Dental Services.</p>	<p>General Authorization rules may apply.</p> <p>In-Network This plan covers some preventive dental benefits for an extra cost (see "Optional Supplemental Benefits.")</p> <p>\$0 to \$450 copay [or 0% to 20% of the cost] for Medicare-covered dental benefits.</p> <p>See page 36 for information on Dental Services.</p>

Benefit	Original Medicare	Rocky Mountain Green Plan (Cost)	Rocky Mountain Thrifty Plan (Cost)	Rocky Mountain Standard Plan (Cost)	Rocky Mountain Plus Plan (Cost)
<p>27 – Hearing Services</p>	<p>Supplemental routine hearing exams and hearing aids not covered.</p> <p>20% coinsurance for diagnostic hearing exams.</p>	<p>In-Network Hearing aids not covered.</p> <p>\$15 to \$40 copay for Medicare-covered diagnostic hearing exams.</p> <p>\$20 copay for up to 1 supplemental routine hearing exam every year.</p> <p>See page 36 for information on Hearing Services.</p>	<p>In-Network Hearing aids not covered.</p> <p>\$20 to \$50 copay for Medicare-covered diagnostic hearing exams.</p> <p>\$20 copay for up to 1 supplemental routine hearing exam every year.</p> <p>See page 36 for information on Hearing Services.</p>	<p>In-Network Hearing aids not covered.</p> <p>\$20 to \$45 copay for Medicare-covered diagnostic hearing exams.</p> <p>\$20 copay for up to 1 supplemental routine hearing exam every year.</p> <p>See page 36 for information on Hearing Services.</p>	<p>In-Network Hearing aids not covered.</p> <p>\$15 to \$35 copay for Medicare-covered diagnostic hearing exams.</p> <p>\$20 copay for up to 1 supplemental routine hearing exam every year.</p> <p>See page 36 for information on Hearing Services.</p>
<p>28 – Vision Services</p>	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Supplemental routine eye exams and glasses not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p>	<p>In-Network \$0 copay for one pair of Medicare-covered eyeglasses or contact lenses after cataract surgery.</p> <p>\$0 to \$40 copay for Medicare-covered exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$0 copay for up to 1 supplemental routine</p>	<p>In-Network This plan covers some vision benefits for an extra cost (see "Optional Supplemental Benefits.")</p> <p>\$0 copay for one pair of Medicare-covered eyeglasses or contact lenses after cataract surgery.</p> <p>\$0 to \$50 copay for</p>	<p>In-Network This plan covers some vision benefits for an extra cost (see "Optional Supplemental Benefits.")</p> <p>\$0 copay for one pair of Medicare-covered eyeglasses or contact lenses after cataract surgery.</p> <p>\$0 to \$45 copay for</p>	<p>In-Network \$0 copay for one pair of Medicare-covered eyeglasses or contact lenses after cataract surgery.</p> <p>\$0 to \$35 copay for Medicare-covered exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$15 copay for up to 1 supplemental routine</p>

Benefit	Original Medicare	Rocky Mountain Green Plan (Cost)	Rocky Mountain Thrifty Plan (Cost)	Rocky Mountain Standard Plan (Cost)	Rocky Mountain Plus Plan (Cost)
	Annual glaucoma screenings covered for people at risk.	eye exam every year. See page 36 for information about Vision Services.	Medicare-covered exams to diagnose and treat diseases and conditions of the eye. See page 36 for information about Vision Services.	Medicare-covered exams to diagnose and treat diseases and conditions of the eye. See page 36 for information about Vision Services.	eye exam every year. See page 36 for information about Vision Services.
Over-the-Counter Items	Not covered.	General The plan does not cover Over-the-Counter items.	General The plan does not cover Over-the-Counter items.	General The plan does not cover Over-the-Counter items.	General The plan does not cover Over-the-Counter items.
Transportation (Routine)	Not covered.	In-Network This plan does not cover routine transportation.	In-Network This plan does not cover routine transportation.	In-Network This plan does not cover routine transportation.	In-Network This plan does not cover routine transportation.
Acupuncture	Not covered.	In-Network This plan does not cover Acupuncture.	In-Network This plan does not cover Acupuncture.	In-Network This plan does not cover Acupuncture.	In-Network This plan does not cover Acupuncture.
OPTIONAL SUPPLEMENTAL PACKAGE #1					
Premium and Other Important Information		General Package: 1 - Dental Services: \$18 monthly premium, in addition to your \$5 monthly plan premium and the monthly Medicare Part B	General Package: 1 - Dental Services: \$18 monthly premium, in addition to your \$25 monthly plan premium and the monthly Medicare Part B	General Package: 1 - Dental Services: \$18 monthly premium, in addition to your \$61.50 monthly plan premium and the monthly Medicare Part	General Package: 1 - Dental Services: \$18 monthly premium, in addition to your \$147 monthly plan premium and the monthly Medicare Part

Benefit	Original Medicare	Rocky Mountain Green Plan (Cost)	Rocky Mountain Thrifty Plan (Cost)	Rocky Mountain Standard Plan (Cost)	Rocky Mountain Plus Plan (Cost)
		premium, for the following optional benefits: <ul style="list-style-type: none"> • Preventive Dental. • Comprehensive Dental. \$1,500 plan coverage limit every year for these benefits.	premium, for the following optional benefits: <ul style="list-style-type: none"> • Preventive Dental. • Comprehensive Dental. \$1,500 plan coverage limit every year for these benefits.	B premium, for the following optional benefits: <ul style="list-style-type: none"> • Preventive Dental. • Comprehensive Dental. \$1,500 plan coverage limit every year for these benefits.	B premium, for the following optional benefits: <ul style="list-style-type: none"> • Preventive Dental. • Comprehensive Dental. \$1,500 plan coverage limit every year for these benefits.
Dental Services		<p>General Plan offers additional comprehensive dental benefits.</p> <p>In-Network</p> <ul style="list-style-type: none"> • 30% of the cost for up to 2 cleanings every year. • 30% of the cost for fluoride treatments. • 30% of the cost for up to 2 oral exams every year. • 50% of the cost for dental x-rays. \$1,500 plan coverage limit for dental benefits every year. See page 36 for information about Optional Supplemental Package #1.	<p>General Plan offers additional comprehensive dental benefits.</p> <p>In-Network</p> <ul style="list-style-type: none"> • 30% of the cost for up to 2 cleanings every year. • 30% of the cost for fluoride treatments. • 30% of the cost for up to 2 oral exams every year. • 50% of the cost for dental x-rays. \$1,500 plan coverage limit for dental benefits every year. See page 36 for information about Optional Supplemental Package #1.	<p>General Plan offers additional comprehensive dental benefits.</p> <p>In-Network</p> <ul style="list-style-type: none"> • 30% of the cost for up to 2 cleanings every year. • 30% of the cost for fluoride treatments. • 30% of the cost for up to 2 oral exams every year. • 50% of the cost for dental x-rays. \$1,500 plan coverage limit for dental benefits every year. See page 36 for information about Optional Supplemental Package #1.	<p>General Plan offers additional comprehensive dental benefits.</p> <p>In-Network</p> <ul style="list-style-type: none"> • 30% of the cost for up to 2 cleanings every year. • 30% of the cost for fluoride treatments. • 30% of the cost for up to 2 oral exams every year. • 50% of the cost for dental x-rays. \$1,500 plan coverage limit for dental benefits every year. See page 36 for information about Optional Supplemental Package #1.

Benefit	Original Medicare	Rocky Mountain Green Plan (Cost)	Rocky Mountain Thrifty Plan (Cost)	Rocky Mountain Standard Plan (Cost)	Rocky Mountain Plus Plan (Cost)
OPTIONAL SUPPLEMENTAL PACKAGE #2					
Premium and Other Important Information		<p>General Package: 2 - Vision Services: \$12 monthly premium, in addition to your \$5 monthly plan premium and the monthly Medicare Part B premium, for the following optional benefits:</p> <ul style="list-style-type: none"> • Eye wear 	<p>General Package: 2 - Vision Services: \$12 monthly premium, in addition to your \$25 monthly plan premium and the monthly Medicare Part B premium, for the following optional benefits:</p> <ul style="list-style-type: none"> • Eye exams • Eye wear 	<p>General Package: 2 - Vision Services: \$12 monthly premium, in addition to your \$61.50 monthly plan premium and the monthly Medicare Part B premium, for the following optional benefits:</p> <ul style="list-style-type: none"> • Eye exams • Eye wear 	<p>General Package: 2 - Vision Services: \$12 monthly premium, in addition to your \$147 monthly plan premium and the monthly Medicare Part B premium, for the following optional benefits:</p> <ul style="list-style-type: none"> • Eye wear
Vision Services		<p>In-Network \$0 copay for:</p> <ul style="list-style-type: none"> • up to 1 pair of contacts every year. • up to 1 pair of lenses every year. • up to 1 frame every year. <p>\$130 plan coverage limit for eye wear every year.</p> <p>See page 37 for information about Optional Supplemental Package #2.</p>	<p>In-Network</p> <ul style="list-style-type: none"> • up to 1 supplemental routine eye exam every year. <p>\$0 copay for:</p> <ul style="list-style-type: none"> • up to 1 pair of contacts every year. • up to 1 pair of lenses every year. • up to 1 frame every year. <p>\$130 plan coverage limit for eye wear every year.</p> <p>See page 37 for</p>	<p>In-Network</p> <ul style="list-style-type: none"> • up to 1 supplemental routine eye exam every year. <p>\$0 copay for:</p> <ul style="list-style-type: none"> • up to 1 pair of contacts every year. • up to 1 pair of lenses every year. • up to 1 frame every year. <p>\$130 plan coverage limit for eye wear every year.</p> <p>See page 37 for</p>	<p>In-Network \$0 copay for:</p> <ul style="list-style-type: none"> • up to 1 pair of contacts every year. • up to 1 pair of lenses every year. • up to 1 frame every year. <p>\$130 plan coverage limit for eye wear every year.</p> <p>See page 37 for information about Optional Supplemental Package #2.</p>

Benefit	Original Medicare	Rocky Mountain Green Plan (Cost)	Rocky Mountain Thrifty Plan (Cost)	Rocky Mountain Standard Plan (Cost)	Rocky Mountain Plus Plan (Cost)
			information about Optional Supplemental Package #2.	information about Optional Supplemental Package #2.	

Additional Information Regarding RMHP Medicare Plans

1 – Premium and Other Important Information

For Rocky Mountain Green Plan (Cost), Rocky Mountain Thrifty Plan (Cost) and Rocky Mountain Standard Plan (Cost) ONLY:

The plan deductible does not apply to all in-network covered services, e.g., preventive services and tests, primary care physician and specialist office visits, lab services, diagnostic imaging and procedures, Part B-covered drugs, diabetic supplies, home health, or urgent and emergency care. See the Evidence of Coverage for details.

2 – Doctor and Hospital Choice

If you do not want to pay Original Medicare deductibles and coinsurance amounts when you go to out-of-network doctors, you must get a prior authorization from RMHP (except for urgent or emergency services). If you don't have a prior authorization before you receive services from an out-of-network provider (except for urgent or emergency services), you will have to pay the Original Medicare out-of-pocket amounts.

7 – Hospice

When you enroll in a Medicare-certified hospice program, your hospice services and your Part A and Part B services related to your terminal condition are paid for by Original Medicare. RMHP covers hospice consultation services (one time only) for a terminally ill person who hasn't yet elected the hospice benefit.

8 – Doctor Office Visits

There is no office visit copayment for a physician office visit when the only service provided is a covered preventive service. However, if other medical services are provided during the visit when you receive the preventive service, the applicable office visit copayment will apply.

9 – Chiropractic Services

For chiropractic services to be covered by RMHP, you must receive services from an RMHP provider who is part of the plan's contracted chiropractic network. These providers are listed in the RMHP Medicare provider directory.

16 – Urgently Needed Care

For Rocky Mountain Green Plan (Cost), Rocky Mountain Standard Plan (Cost) and Rocky Mountain Plus Plan (Cost) ONLY:

You are covered worldwide for Medicare-covered urgently needed care. You pay the applicable in-network copayment.

17 – Outpatient Rehabilitation Services

Original Medicare imposes a financial limit of \$1,880 (this is the amount for 2012 and may change for 2013) on the amount of care you can receive for outpatient physical and occupational therapy and speech-language pathology services. RMHP will limit therapy coverage in a similar manner.

21 – Diagnostic Tests, X-Rays, Lab Services, and Radiology Services

Medicare-covered service	Rocky Mountain Green Plan (Cost)	Rocky Mountain Thrifty Plan (Cost)	Rocky Mountain Standard Plan (Cost)	Rocky Mountain Plus Plan (Cost)
Clinical and Diagnostic Lab Services	You pay \$0.	You pay \$0.	You pay \$0.	You pay \$0.
X-rays	You pay 20% coinsurance per visit.	You pay 20% coinsurance per visit.	You pay \$0.	You pay \$0.
MRI/PET scans	You pay 20% coinsurance per visit.	You pay \$150 per visit.	You pay \$150 per visit.	You pay \$150 per visit.
CT scans	You pay 20% coinsurance per visit.	You pay \$150 per visit.	You pay \$75 per visit.	You pay \$75 per visit.
Diagnostic procedures and tests	<p>You pay \$400 for most diagnostic procedures and tests in an outpatient facility.</p> <p>You pay the applicable office visit copayment for diagnostic procedures and tests in a doctor's office.</p> <p>You pay \$0 for diagnostic colonoscopy.</p> <p>You pay \$0 for digital rectal exam.</p>	<p>You pay \$400 for most diagnostic procedures and tests in an outpatient facility.</p> <p>You pay the applicable office visit copayment for diagnostic procedures and tests in a doctor's office.</p> <p>You pay \$0 for diagnostic colonoscopy.</p> <p>You pay \$0 for digital rectal exam.</p>	<p>You pay \$350 for most diagnostic procedures and tests in an outpatient facility.</p> <p>You pay the applicable office visit copayment for diagnostic procedures and tests in a doctor's office.</p> <p>You pay \$0 for diagnostic colonoscopy.</p> <p>You pay \$0 for digital rectal exam.</p>	<p>You pay \$250 for most diagnostic procedures and tests in an outpatient facility.</p> <p>You pay the applicable office visit copayment for diagnostic procedures and tests in a doctor's office.</p> <p>You pay \$0 for diagnostic colonoscopy.</p> <p>You pay \$0 for digital rectal exam.</p>

Lab Services and Screenings Provided at a Health Fair

RMHP will NOT pay for routine lab tests or screenings provided at a health fair. Covered routine lab tests and preventive screenings are available through the RMHP provider network for \$0 copayment.

25 – Outpatient Prescription Drugs – Drugs covered under Medicare Part B

Authorization rules may apply.

26 – Dental Services

For Medicare-covered dental services, you pay the applicable copayment or coinsurance for the type of service.

27 – Hearing Services

Routine hearing exams obtained outside of the specified audiology network will not be covered by RMHP or Original Medicare.

28 – Vision Services

You pay \$0 copayment for an annual glaucoma screening regardless of risk factors.

Optional Benefits

Optional Supplement Package #1 - Dental services through Delta Dental

Enrollment in an optional dental services package is voluntary. Individuals may enroll in any of the RMHP plans described in this booklet without enrolling in this dental plan.

The annual deductible for dental services is \$50 per Member per calendar year for Basic and Major Services. Preventive services are not subject to the deductible.

The maximum amount paid by the Plan per Member per calendar year is \$1,500.

Service	You Pay
Type I – Preventive Services: Oral exams, prophylaxis (2 cleanings + 2 periodontal cleanings per year), fluoride treatments (approved for adults with specific conditions) No deductible.	30%
Type II – Basic Services: X-rays, simple extractions, pain treatment, fillings. Deductible applies	50%
Type III – Major Services: Endodontic and periodontic services. Deductible applies.	70%

The level of coverage for dental care varies depending on the dentist you see.

Choose an in-network Delta Dental dentist (listed in the provider directory):

- No additional out-of-pocket expenses beyond member coinsurance.
- No billing for services that may exceed Delta allowed fees.

Choose an out-of-network dentist:

- You will have additional out-of-pocket costs.
- You may be responsible for paying your claim in full and submitting it to Delta Dental for reimbursement.

You will pay the copayments shown above when you receive care from a provider in the preferred network. Benefits are also available from other network providers and out of network providers. For services from those providers, you will pay higher copayments, and may be responsible for the difference between the allowed charge and the dentist's actual charge.

To enroll in the Delta Dental benefit plan, complete an application and return it to RMHP.

See the Delta Dental section in the Member enrollment materials for an application, benefit summary, and provider directory.

Optional Supplement Package #2 - Vision services through Vision Service Plan (VSP)

Enrollment in an optional vision services plan is voluntary. Individuals may enroll in any of the RMHP plans described in this booklet without enrolling in this vision plan.

There is no annual deductible that must be met.

Service	You Pay
Annual Routine Vision Exam	\$0
Annual Lenses (glass or plastic, single vision, lined bifocal or trifocal prescription lenses)*	\$0
Eyeglass Frames*	Discounted price above \$130 allowance.**
Contact Lenses	Discounted price above \$130 allowance.**

**Applies when a complete set of eyeglasses is purchased from the VSP Choice Network doctor who provided your WellVision Exam within the last 12 months.*

*** \$130 allowance each calendar year, covers either glasses OR contact lenses services and materials up to the covered amount annually.*

Out-of-network: When you choose this optional benefit plan, there is no coverage if you receive routine vision services from a provider who does not participate with VSP.

To enroll in the VSP vision benefit plan, complete an application and return it to RMHP.

See the Vision Service Plan section in the Member enrollment materials for an application, benefit summary, and provider directory.

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-888-282-1420. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-888-282-1420. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-888-282-1420。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-888-282-1420。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-888-282-1420. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-888-282-1420. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-888-282-1420 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-888-282-1420. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-888-282-1420 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-888-282-1420. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على بمساعدتك. هذه مترجم فوري، ليس عليك سوى الاتصال بنا على 1-888-282-1420. سيقوم شخص ما يتحدث العربية بخدمته مجانية.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-888-282-1420. Un nostro incaricato che parla Italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-888-282-1420. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal ouwa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-888-282-1420. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-888-282-1420. Ta usługa jest bezpłatna.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-888-282-1420 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-888-282-1420にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。