

## Front Range Plan Highlights

RMHP offers plan choice! Our Medicare plans offer Medicare beneficiaries comprehensive coverage, access to quality health care, and excellent customer service. The following grid provides a quick, at-a-glance summary of our available Front Range Medicare Plans. Please see the Summary of Benefits for detailed information about each group of plans.

Medicare Covered Benefit	RMHP Thrifty Plan You Pay	RMHP Standard Plan You Pay	RMHP Gold Plan You Pay
Monthly Health Plan Premium Medical Prescription Drug	\$29.00 \$38.50 Total: \$67.50  * plus you must continue to pay Medicare Part B premium	\$46.00 \$44.40 Total: \$90.40  * plus you must continue to pay Medicare Part B premium	\$172.00 \$72.80 Total: \$244.80  * plus you must continue to pay Medicare Part B premium
Primary Care Physician Office Visit Copayment	\$20 per visit	\$20 per visit	\$15 per visit
Specialist Care Physician Office Visit Copayment	\$50 per visit	\$40 per visit	\$35 per visit
Inpatient Hospital Copayment	\$200 copay per day, up to 5 days	\$550 per admission	\$450 per admission
Outpatient Surgery	\$400 per procedure	\$300 per procedure	\$250 per procedure
Ambulance	\$150 per trip	\$100 per trip	\$100 per trip
Emergency Room	\$50 per visit within the United States	\$50 per visit within the United States	\$50 per visit Worldwide
Urgent Care	\$50 per visit within the United States	\$40 per visit within the United States	\$35 per visit Worldwide
Part D Prescription Drug Benefit	\$115 deductible - brand only	No deductible	No deductible
	\$9.25 copay generic \$40.50 copay preferred brand \$60.50 coinsurance nonpreferred brand 30% specialty	\$9.00 copay generic \$40 copay preferred brand \$60 coinsurance nonpreferred brand 33% specialty	\$8.50 copay generic \$38 copay preferred brand \$58 coinsurance nonpreferred brand 33% specialty
	After \$2,700 in total drug expenses, you pay 100% of costs until you reach \$4,350 out-of-pocket drug costs	After \$2,700 in total drug expenses you pay 100% of costs until you reach \$4,350 out-of-pocket drug costs	After \$2,700 in total drug expenses you pay \$8.50 copay generics only. 100% of cost of brand until you reach \$4,350 out-of-pocket drug costs
	Beneficiary pays \$2.40 copay generic; \$6.00 copay for all other drugs; OR 5% (whichever is higher)	Beneficiary pays \$2.40 copay generic; \$6.00 copay for all other drugs; OR 5% (whichever is higher)	Beneficiary pays \$2.40 copay generic; \$6.00 copay for all other drugs; OR 5% (whichever is higher)
Annual Routine Physical Exam	\$0	\$0	\$0
Preventive Screening Services	\$0	\$0	\$0
Skilled Nursing Facility	\$0 days 1-20 \$100 days 21-100	\$0 days 1-20 \$50 days 21-100	\$0 days 1-20 \$50 days 21-100
Durable Medical Equipment	20%	20%	20%