

Section I - Introduction to the Summary of Benefits for  
**Rocky Mountain Health Plans**  
**AB Basic Plan (Cost), B Basic Plan (Cost), and**  
**B Standard Plan (Cost)**

**January 1, 2011 – December 31, 2011**  
**COLORADO AND SELECT WYOMING COUNTIES**

A Health plan with a Medicare contract

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Thank you for your interest in AB Basic Plan (Cost), B Basic Plan (Cost), and B Standard Plan (Cost). Our plans are offered by Rocky Mountain Health Maintenance Organization/Rocky Mountain Health Plans, a Medicare Cost Managed Care organization. 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 AB Basic Plan (Cost), B Basic Plan (Cost), or B Standard 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 AB Basic Plan (Cost), B Basic Plan (Cost), and B Standard 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 AB BASIC PLAN (COST), B BASIC PLAN (COST), AND B STANDARD PLAN (COST) AVAILABLE?**

The service area for these plans includes: Adams, Alamosa, Arapahoe, Archuleta, Bent, Boulder, Broomfield, Chaffee, Cheyenne, Clear Creek, Conejos, Costilla, Crowley, Custer, Delta, Denver, Dolores, Douglas, Eagle, El Paso, Elbert, Fremont, Garfield, Gilpin, Grand, Gunnison, Hinsdale, Huerfano, Jackson, Jefferson, Kiowa, Kit Carson, La Plata, Lake, Larimer, Las Animas, Lincoln, Logan, Mesa, Mineral, Moffat, Montezuma, Montrose, Morgan, Otero, Ouray, Park, Phillips, Pitkin, Prowers, Pueblo, Rio Blanco, Rio Grande, Routt, Saguache, San Juan, San Miguel, Sedgwick, Summit, Teller, Washington, Weld, and Yuma Counties, CO; and Big Horn, Carbon, Goshen, Hot Springs, Laramie, Niobrara, Park, Platte, Uinta, and Washakie Counties, WY. You must live in one of these areas to join the plan.

## **WHO IS ELIGIBLE TO JOIN AB BASIC PLAN (COST), B BASIC PLAN (COST), AND B STANDARD PLAN (COST)?**

You can join AB Basic Plan (Cost) if you are entitled to Medicare Part A and enrolled in Part B and live in the service area. You can join RMHP's B Basic Plan (Cost) and B Standard Plan (Cost) if you are enrolled in Medicare Part B and live in the service area. However, individuals with End Stage Renal Disease generally are not eligible to enroll in AB Basic Plan (Cost), B Basic Plan (Cost), and B Standard 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 or for an up-to-date list visit us at our website.

Our customer service number is 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?**

AB Basic Plan (Cost), B Basic Plan (Cost), and B Standard Plan (Cost) do cover Medicare Part B prescription drugs. AB Basic Plan (Cost), B Basic Plan (Cost), and B Standard 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 year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Cost Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of AB Basic Plan (Cost), B Basic Plan (Cost), and B Standard 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 drugs for osteoporosis for certain women with Medicare.
- 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 was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- 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 provided through DME.

## **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](http://www.medicare.gov) and select "Compare Medicare Prescription Drug Plans" or "Compare Health Plans and Medigap Policies in Your Area" 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](http://www.rmhpmedicare.org) or, call us:

### **Customer Service Hours:**

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8:00 a.m. - 8:00 p.m. Mountain Time

Current and Prospective members should call toll-free (888)-282-1420 for questions related to the Medicare Cost Plan. (TTY/TDD (800)-704-6370)

Current and Prospective members should call locally (970)-244-7912 for questions related to the Medicare Cost Plan. (TTY/TDD (970)-248-5019)

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](http://www.medicare.gov) on the web.

This document may be available in a different format or language.  
For additional information, call customer service at the phone number listed above.

Este documento puede estar disponible en un formato diferente o idioma.  
Para obtener información adicional, llame al servicio al cliente en el número de teléfono que aparece arriba.

If you have special needs, this document may be available in other formats.

**If you have any questions about these plans' benefits or costs, please contact Rocky Mountain Health Plans for details.**

**Section II – Summary of Benefits**

<b>Benefit</b>	<b>Original Medicare</b>	<b>AB Basic Plan (Cost)</b>	<b>B Basic Plan (Cost)</b>	<b>B Standard Plan (Cost)</b>
<b>IMPORTANT INFORMATION</b>				
<b>1 – Premium and Other Important Information</b>	<p>In 2011, the monthly Part B Premium is \$96.40, \$110.50 or \$115.40 and the yearly Part B deductible is \$162.</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 Medicare at 1-800-MEDICARE</p>	<p><b>General</b> \$25.00 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 can call 24 hours a day, 7 days a week. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p> <p>This plan does not cover all Medicare covered preventive</p>	<p><b>General</b> \$5.00 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 can call 24 hours a day, 7 days a week. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p> <p>This plan does not cover all Medicare covered preventive</p>	<p><b>General</b> \$73.00 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 can call 24 hours a day, 7 days a week. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p> <p>This plan covers all Medicare covered preventive services</p>

If you go to a provider outside of RMHP's network who accepts Medicare patients, you're covered under Original Medicare. You would pay the applicable Part A and/or Part B deductibles and coinsurance.

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**Section II – Summary of Benefits**

<b>Benefit</b>	<b>Original Medicare</b>	<b>AB Basic Plan (Cost)</b>	<b>B Basic Plan (Cost)</b>	<b>B Standard Plan (Cost)</b>
	(1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.	services with zero cost sharing.  <b>In-Network</b> In 2011, the yearly Part B deductible is \$162.  Contact the plan for services that apply.  See page 25 for information about Premium and Other Important Information	services with zero cost sharing.  <b>In-Network</b> In 2011, the yearly Part B deductible is \$162.  Contact the plan for services that apply.  See page 25 for information about Premium and Other Important Information	with zero cost sharing.
<b>2 – Doctor and Hospital Choice</b> (For more information, see Emergency Care - #15 and Urgently Needed Care - #16.)	You may go to any doctor, specialist or hospital that accepts Medicare.	<b>In-Network</b> No referral required for network doctors, specialists, and hospitals.  <b>In and Out-of-Network</b> 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.	<b>In and Out-of-Network</b> 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.  See page 25 for information about Doctor and Hospital Choice	<b>In and Out-of-Network</b> 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.  See page 25 for information about Doctor and Hospital Choice

If you go to a provider outside of RMHP's network who accepts Medicare patients, you're covered under Original Medicare. You would pay the applicable Part A and/or Part B deductibles and coinsurance.

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**Section II – Summary of Benefits**

<b>Benefit</b>	<b>Original Medicare</b>	<b>AB Basic Plan (Cost)</b>	<b>B Basic Plan (Cost)</b>	<b>B Standard Plan (Cost)</b>
		See page 25 for information about Doctor and Hospital Choice		

**SUMMARY OF BENEFITS**

**INPATIENT CARE**

<p><b>3 – Inpatient Hospital Care</b> (includes Substance Abuse and Rehabilitation Services)</p>	<p>In 2011, the amounts for each benefit period are:            Days 1 - 60: \$1,132 deductible            Days 61 - 90: \$283 per day            Days 91 - 150: \$566 per lifetime reserve day</p> <p>Call            1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days. TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week.</p> <p>Lifetime reserve days can only be used once.</p>	<p><b>In-Network</b>            Plan covers 90 days each benefit period.</p> <p>In 2011, the amounts for each benefit period are:            Days 1 - 60: \$1,132 deductible            Days 61 - 90: \$283 per day            Days 91 - 150: \$566 per lifetime reserve day</p> <p>You will not be charged additional cost sharing for professional services.</p>	<p><b>In-Network</b>            You pay 100% for each hospital stay.</p>	<p><b>In-Network</b>            You pay 100% for each hospital stay</p>
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If you go to a provider outside of RMHP's network who accepts Medicare patients, you're covered under Original Medicare. You would pay the applicable Part A and/or Part B deductibles and coinsurance.

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**Section II – Summary of Benefits**

<b>Benefit</b>	<b>Original Medicare</b>	<b>AB Basic Plan (Cost)</b>	<b>B Basic Plan (Cost)</b>	<b>B Standard Plan (Cost)</b>
	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 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.			
<b>4 – Inpatient Mental Health Care</b>	Same deductible and copay as inpatient hospital care (see "Inpatient Hospital Care" above).  190 day lifetime limit in a Psychiatric Hospital.	<b>In-Network</b> You get up to 190 days in a Psychiatric Hospital in a lifetime.  Same deductible and copay as inpatient hospital care (see "Inpatient Hospital Care")	<b>In-Network</b> You pay 100% for each hospital stay.	<b>In-Network</b> You pay 100% for each hospital stay.

If you go to a provider outside of RMHP's network who accepts Medicare patients, you're covered under Original Medicare. You would pay the applicable Part A and/or Part B deductibles and coinsurance.

**If you have any questions about these plans' benefits or costs, please contact Rocky Mountain Health Plans for details.**

**Section II – Summary of Benefits**

<b>Benefit</b>	<b>Original Medicare</b>	<b>AB Basic Plan (Cost)</b>	<b>B Basic Plan (Cost)</b>	<b>B Standard Plan (Cost)</b>
<b>5 – Skilled Nursing Facility (SNF)</b> (in a Medicare-certified skilled nursing facility)	<p>In 2011, the amounts for each benefit period after at least a 3-day covered hospital stay are:  Days 1 - 20: \$0 per day  Days 21 - 100: \$141.50 per day</p> <p>100 days for each benefit period.</p> <p>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 you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital</p>	<p><b>In-Network</b>  Plan covers up to 100 days each benefit period</p> <p>In 2011, the amounts for each benefit period after at least a 3-day covered hospital stay are:  Days 1 - 20: \$0 per day  Days 21 - 100: \$141.50 per day</p> <p>You will not be charged additional cost sharing for professional services.</p>	<p><b>In-Network</b>  You pay 100% for each stay at a Skilled Nursing Facility</p>	<p><b>In-Network</b>  You pay 100% for each stay at a Skilled Nursing Facility</p>

If you go to a provider outside of RMHP's network who accepts Medicare patients, you're covered under Original Medicare. You would pay the applicable Part A and/or Part B deductibles and coinsurance.

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**Section II – Summary of Benefits**

<b>Benefit</b>	<b>Original Medicare</b>	<b>AB Basic Plan (Cost)</b>	<b>B Basic Plan (Cost)</b>	<b>B Standard Plan (Cost)</b>
	deductible for each benefit period. There is no limit to the number of benefit periods you can have.			
<b>6 – Home Health Care</b> (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	\$0 copay.	<b>In Network</b> \$0 copay for Medicare-covered home health visits.	<b>In Network</b> \$0 copay for Medicare-covered home health visits.	<b>In Network</b> \$0 copay for Medicare-covered home health visits.
<b>7 – Hospice</b>	You pay part of the cost for outpatient drugs and inpatient respite care.  You must get care from a Medicare-certified hospice.	<b>General</b> You must get care from a Medicare-certified hospice.	<b>General</b> You pay 100% for Hospice care.	<b>General</b> You pay 100% for Hospice care.

If you go to a provider outside of RMHP's network who accepts Medicare patients, you're covered under Original Medicare. You would pay the applicable Part A and/or Part B deductibles and coinsurance.

**If you have any questions about these plans' benefits or costs, please contact Rocky Mountain Health Plans for details.**

**Section II – Summary of Benefits**

<b>Benefit</b>	<b>Original Medicare</b>	<b>AB Basic Plan (Cost)</b>	<b>B Basic Plan (Cost)</b>	<b>B Standard Plan (Cost)</b>
<b>OUTPATIENT CARE</b>				
<b>8 – Doctor Office Visits</b>	20% coinsurance	<p><b>In-Network</b> 20% of the cost for each primary care doctor visit for Medicare-covered benefits.</p> <p>20% of the cost for each in-area, network urgent care Medicare-covered visit.</p> <p>20% of the cost for each specialist visit for Medicare-covered benefits.</p>	<p><b>In-Network</b> 20% of the cost for each primary care doctor visit for Medicare-covered benefits.</p> <p>20% of the cost for each in-area, network urgent care Medicare-covered visit.</p> <p>20% of the cost for each specialist visit for Medicare-covered benefits.</p>	<p><b>General</b> See "Welcome to Medicare; and Annual Wellness Visit," for more information.</p> <p><b>In-Network</b> \$0 to \$15 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$45 copay for each in-area, network urgent care Medicare-covered visit.</p> <p>\$45 copay for each specialist visit for Medicare-covered benefits.</p> <p>See page 25 for information about Doctor Office Visits</p>
<b>9 – Chiropractic Services</b>	<p>Routine care not covered</p> <p>20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint</p>	<p><b>In-Network</b> 20% of the cost for each Medicare-covered visit.</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment</p>	<p><b>In-Network</b> 20% of the cost for each Medicare-covered visit.</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment</p>	<p><b>In-Network</b> 20% of the cost for each Medicare-covered visit.</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment</p>

If you go to a provider outside of RMHP's network who accepts Medicare patients, you're covered under Original Medicare. You would pay the applicable Part A and/or Part B deductibles and coinsurance.

**If you have any questions about these plans' benefits or costs, please contact Rocky Mountain Health Plans for details.**

**Section II – Summary of Benefits**

<b>Benefit</b>	<b>Original Medicare</b>	<b>AB Basic Plan (Cost)</b>	<b>B Basic Plan (Cost)</b>	<b>B Standard Plan (Cost)</b>
	or body part) if you get it from a chiropractor or other qualified providers.	of a joint or body part) if you get it from a chiropractor or other qualified providers.  See page 25 for information about Chiropractic Services	of a joint or body part) if you get it from a chiropractor or other qualified providers.  See page 25 for information about Chiropractic Services	of a joint or body part) if you get it from a chiropractor or other qualified providers.  See page 25 for information about Chiropractic Services
<b>10 – Podiatry Services</b>	Routine care not covered.  20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.	<b>In-Network</b> 20% of the cost for each Medicare-covered visit.  Medicare-covered podiatry benefits are for medically-necessary foot care.	<b>In-Network</b> 20% of the cost for each Medicare-covered visit.  Medicare-covered podiatry benefits are for medically-necessary foot care.	<b>In-Network</b> \$45 copay for each Medicare-covered visit.  Medicare-covered podiatry benefits are for medically-necessary foot care.
<b>11 – Outpatient Mental Health Care</b>	45% coinsurance for most outpatient mental health services.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> 45% of the cost for each Medicare-covered individual or group therapy visit.  20% of the cost for each Medicare-covered individual or group therapy visit with a psychiatrist.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> 45% of the cost for each Medicare-covered individual or group therapy visit.  20% of the cost for each Medicare-covered individual or group therapy visit with a psychiatrist.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> \$45 copay for each Medicare-covered individual or group therapy visit.

If you go to a provider outside of RMHP's network who accepts Medicare patients, you're covered under Original Medicare. You would pay the applicable Part A and/or Part B deductibles and coinsurance.

**If you have any questions about these plans' benefits or costs, please contact Rocky Mountain Health Plans for details.**

**Section II – Summary of Benefits**

<b>Benefit</b>	<b>Original Medicare</b>	<b>AB Basic Plan (Cost)</b>	<b>B Basic Plan (Cost)</b>	<b>B Standard Plan (Cost)</b>
<b>12 – Outpatient Substance Abuse Care</b>	20% coinsurance	<b>General</b> Authorization rules may apply.  <b>In-Network</b> 20% of the cost for Medicare-covered individual or group visits.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> 20% of the cost for Medicare-covered individual or group visits.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> \$45 copay for Medicare-covered individual or group visits.
<b>13 – Outpatient Services/ Surgery</b>	20% coinsurance for the doctor  Specified copayment for outpatient hospital facility charges. Copay cannot exceed Part A inpatient hospital deductible. 20% copayment for ambulatory surgical center facility charges.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> 20% of the cost for each Medicare-covered ambulatory surgical center visit.  20% of the cost for each Medicare-covered outpatient hospital facility visit.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> 20% of the cost for each Medicare-covered ambulatory surgical center visit.  20% of the cost for each Medicare-covered outpatient hospital facility visit.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> \$350 copay for each Medicare-covered ambulatory surgical center visit.  \$350 copay for each Medicare-covered outpatient hospital facility visit.
<b>14 – Ambulance Services</b> (medically necessary ambulance services)	20% coinsurance	<b>General</b> Authorization rules may apply.  <b>In-Network</b> 20% of the cost for Medicare-covered ambulance benefits.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> 20% of the cost for Medicare-covered ambulance benefits.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> \$100 copay for Medicare-covered ambulance benefits.

If you go to a provider outside of RMHP's network who accepts Medicare patients, you're covered under Original Medicare. You would pay the applicable Part A and/or Part B deductibles and coinsurance.

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**Section II – Summary of Benefits**

<b>Benefit</b>	<b>Original Medicare</b>	<b>AB Basic Plan (Cost)</b>	<b>B Basic Plan (Cost)</b>	<b>B Standard Plan (Cost)</b>
<p><b>15 – Emergency Care</b> (You may go to any emergency room if you reasonably believe you need emergency care.)</p>	<p>20% coinsurance for the doctor</p> <p>Specified copayment for outpatient hospital emergency room (ER) facility charge. ER copay cannot exceed Part A inpatient hospital deductible. You don't have to pay the emergency room copay if you are admitted to the hospital 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><b>General</b> 20% of the cost for Medicare-covered emergency room visits.</p> <p>Not covered outside the U.S. except under limited circumstances. Contact the plan for more details.</p> <p>If you are admitted to the hospital within 3-days(s) for the same condition, you pay \$0 for the emergency room visit.</p>	<p><b>General</b> 20% of the cost for Medicare-covered emergency room visits.</p> <p>Not covered outside the U.S. except under limited circumstances. Contact the plan for more details.</p> <p>If you are admitted to the hospital within 3-days(s) for the same condition, you pay \$0 for the emergency room visit.</p>	<p><b>General</b> \$50 copay for Medicare-covered emergency room visits.</p> <p>Worldwide coverage.</p> <p>If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit.</p>
<p><b>16 – Urgently Needed Care</b> (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><b>General</b> 20% of the cost for Medicare-covered urgently needed care visits.</p>	<p><b>General</b> 20% of the cost for Medicare-covered urgently needed care visits.</p>	<p><b>General</b> \$45 copay for Medicare-covered urgently needed care visits.</p> <p>See page 25 for information about Urgently Needed Care</p>

If you go to a provider outside of RMHP's network who accepts Medicare patients, you're covered under Original Medicare. You would pay the applicable Part A and/or Part B deductibles and coinsurance.

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**Section II – Summary of Benefits**

<b>Benefit</b>	<b>Original Medicare</b>	<b>AB Basic Plan (Cost)</b>	<b>B Basic Plan (Cost)</b>	<b>B Standard Plan (Cost)</b>
<b>17 – Outpatient Rehabilitation Services</b> (Occupational Therapy, Physical Therapy, Speech and Language Therapy, Respiratory Therapy Services, Social/Psychological Services, and more)	20% coinsurance	<b>In-Network</b> There may be limits on physical therapy, occupational therapy, and speech and language pathology services. If so, there may be exceptions to these limits.  20% of the cost for Medicare-covered Occupational Therapy visits.  20% of the cost for Medicare-covered Physical and/or Speech and Language Therapy visits.  20% of the cost for Medicare-covered Cardiac Rehab services.  See page 25 for information about Outpatient Rehabilitation Services	<b>In-Network</b> There may be limits on physical therapy, occupational therapy, and speech and language pathology services. If so, there may be exceptions to these limits.  20% of the cost for Medicare-covered Occupational Therapy visits.  20% of the cost for Medicare-covered Physical and/or Speech and Language Therapy visits.  20% of the cost for Medicare-covered Cardiac Rehab services.  See page 25 for information about Outpatient Rehabilitation Services	<b>In-Network</b> There may be limits on physical therapy, occupational therapy, and speech and language pathology services. If so, there may be exceptions to these limits.  \$15 copay for Medicare-covered Occupational Therapy visits.  \$15 copay for Medicare-covered Physical and/or Speech and Language Therapy visits.  \$0 copay for Medicare-covered Cardiac Rehab services.  See page 25 for information about Outpatient Rehabilitation Services
<b>OUTPATIENT MEDICAL SERVICES AND SUPPLIES</b>				
<b>18 – Durable Medical Equipment</b> (includes wheelchairs,	20% coinsurance	<b>General</b> Authorization rules may apply.  <b>In-Network</b> 20% of the cost for Medicare-covered items.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> 20% of the cost for Medicare-covered items.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> 20% of the cost for Medicare-covered items.

If you go to a provider outside of RMHP's network who accepts Medicare patients, you're covered under Original Medicare. You would pay the applicable Part A and/or Part B deductibles and coinsurance.

**If you have any questions about these plans' benefits or costs, please contact Rocky Mountain Health Plans for details.**

**Section II – Summary of Benefits**

<b>Benefit</b>	<b>Original Medicare</b>	<b>AB Basic Plan (Cost)</b>	<b>B Basic Plan (Cost)</b>	<b>B Standard Plan (Cost)</b>
oxygen, etc.)				
<b>19 – Prosthetic Devices</b> (includes braces, artificial limbs and eyes, etc.).	20% coinsurance	<b>General</b> Authorization rules may apply.  <b>In-Network</b> 20% of the cost for Medicare-covered items.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> 20% of the cost for Medicare-covered items.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> 20% of the cost for Medicare-covered items.
<b>20 – Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies</b> (includes coverage for glucose monitors, test strips, lancets, screening tests, self-management training, retinal exam/glaucoma test, and foot exam/therapeuti	20% coinsurance  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 or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.	<b>In-Network</b> 20% of the cost for Diabetes self-monitoring training.  20% of the cost for Nutrition Therapy for Diabetes.  20% of the cost for Diabetes supplies.	<b>In-Network</b> 20% of the cost for Diabetes self-monitoring training.  20% of the cost for Nutrition Therapy for Diabetes.  20% of the cost for Diabetes supplies.	<b>In-Network</b> \$0 copay for Diabetes self-monitoring training.  \$0 copay for Nutrition Therapy for Diabetes.  20% of the cost for Diabetes supplies.

If you go to a provider outside of RMHP's network who accepts Medicare patients, you're covered under Original Medicare. You would pay the applicable Part A and/or Part B deductibles and coinsurance.

**If you have any questions about these plans' benefits or costs, please contact Rocky Mountain Health Plans for details.**

**Section II – Summary of Benefits**

<b>Benefit</b>	<b>Original Medicare</b>	<b>AB Basic Plan (Cost)</b>	<b>B Basic Plan (Cost)</b>	<b>B Standard Plan (Cost)</b>
c soft shoes)				
<b>21 – Diagnostic Tests, X-Rays, Lab Services, and Radiology Services</b>	<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 routine screening tests, like checking your</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> 0% of the cost for Medicare-covered lab services.</p> <p>20% of the cost 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>Separate Office Visit cost sharing of 20% of the cost may apply for Outpatient Diagnostic Procedures, Tests and Lab Services.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> 0% of the cost for Medicare-covered lab services.</p> <p>20% of the cost 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><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for Medicare-covered lab services.</p> <p>\$0 to \$350 copay for Medicare-covered diagnostic procedures and tests.</p> <p>\$0 copay for Medicare-covered X-rays.</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>Separate Office Visit cost sharing of \$15 to \$45 may apply for Outpatient Diagnostic Procedures, Tests and Lab Services.</p>

If you go to a provider outside of RMHP's network who accepts Medicare patients, you're covered under Original Medicare. You would pay the applicable Part A and/or Part B deductibles and coinsurance.

**If you have any questions about these plans' benefits or costs, please contact Rocky Mountain Health Plans for details.**

**Section II – Summary of Benefits**

<b>Benefit</b>	<b>Original Medicare</b>	<b>AB Basic Plan (Cost)</b>	<b>B Basic Plan (Cost)</b>	<b>B Standard Plan (Cost)</b>
	cholesterol.			See page 26 for information about Diagnostic Tests, X-Rays, Lab Services, and Radiology Services
<b>PREVENTIVE SERVICES</b>				
<b>22 – Bone Mass Measurement</b> (for people with Medicare who are at risk)	No coinsurance, copayment or deductible.  Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.	<b>In-Network</b> 20% of the cost for Medicare-covered bone mass measurement  See page 26 for information about Bone Mass Measurement	<b>In-Network</b> 20% of the cost for Medicare-covered bone mass measurement  See page 26 for information about Bone Mass Measurement	<b>In-Network</b> \$0 copay for Medicare-covered bone mass measurement  See page 26 for information about Bone Mass Measurement
<b>23 – Colorectal Screening Exams</b> (for people with Medicare age 50 and older)	No coinsurance, copayment or deductible for screening colonoscopy or screening flexible sigmoidoscopy.  Covered when you are high risk or when you are age 50 and older.	<b>In-Network</b> 20% of the cost for Medicare-covered colorectal screenings	<b>In-Network</b> 20% of the cost for Medicare-covered colorectal screenings	<b>In-Network</b> \$0 copay for - Medicare-covered colorectal screenings - up to 1 additional screening every year  See page 26 for information about Colorectal Screening Exams
<b>24 – Immunizations</b> (Flu vaccine, Hepatitis B vaccine -for people with	\$0 copay for Flu, Pneumonia and Hepatitis B vaccines  You may only need the Pneumonia vaccine	<b>In-Network</b> \$0 copay for Flu and Pneumonia vaccines.  20% of the cost for Hepatitis B vaccine	<b>In-Network</b> \$0 copay for Flu and Pneumonia vaccines.  20% of the cost for Hepatitis B vaccine	<b>In-Network</b> \$0 copay for Flu and Pneumonia vaccines.  \$0 copay for Hepatitis B vaccine.

If you go to a provider outside of RMHP's network who accepts Medicare patients, you're covered under Original Medicare. You would pay the applicable Part A and/or Part B deductibles and coinsurance.

**If you have any questions about these plans' benefits or costs, please contact Rocky Mountain Health Plans for details.**

**Section II – Summary of Benefits**

<b>Benefit</b>	<b>Original Medicare</b>	<b>AB Basic Plan (Cost)</b>	<b>B Basic Plan (Cost)</b>	<b>B Standard Plan (Cost)</b>
Medicare who are at risk, (Pneumonia vaccine)	once in your lifetime. Call your doctor for more information.	No referral needed for Flu and pneumonia vaccines.	No referral needed for Flu and pneumonia vaccines.	No referral needed for Flu and pneumonia vaccines.
<b>25 – Mammograms (Annual Screening)</b> (for women with Medicare age 40 and older)	No coinsurance, copayment or deductible.  No referral needed.  Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39.	<b>In-Network</b> 20% of the cost for Medicare-covered screening mammograms	<b>In-Network</b> 20% of the cost for Medicare-covered screening mammograms	<b>In-Network</b> \$0 copay for - Medicare-covered screening mammograms - up to 1 additional screening mammogram every year  See page 26 for information about Mammograms (Annual Screening)
<b>26 – Pap Smears and Pelvic Exams</b> (for women with Medicare)	No coinsurance, copayment or deductible for Pap smears.  No coinsurance, copayment or deductible for Pelvic and clinical breast exams.	<b>In-Network</b> 0% of the cost for Medicare-covered pap smears.  20% of the cost for Medicare-covered pelvic exams.	<b>In-Network</b> 0% of the cost for Medicare-covered pap smears.  20% of the cost for Medicare-covered pelvic exams.	<b>In-Network</b> \$0 copay for Medicare-covered pap smears and pelvic exams - up to 1 additional pap smear and pelvic exam every year  See page 26 for information about Pap Smears and Pelvic Exams

If you go to a provider outside of RMHP's network who accepts Medicare patients, you're covered under Original Medicare. You would pay the applicable Part A and/or Part B deductibles and coinsurance.

**If you have any questions about these plans' benefits or costs, please contact Rocky Mountain Health Plans for details.**

**Section II – Summary of Benefits**

<b>Benefit</b>	<b>Original Medicare</b>	<b>AB Basic Plan (Cost)</b>	<b>B Basic Plan (Cost)</b>	<b>B Standard Plan (Cost)</b>
	Covered once every 2 years. Covered once a year for women with Medicare at high risk.			
<b>27 – Prostate Cancer Screening Exams</b> (for men with Medicare age 50 and older)	20% coinsurance for the digital rectal exam.  \$0 for the PSA test; 20% coinsurance for other related services.  Covered once a year for all men with Medicare over age 50.	<b>In-Network</b> 20% of the cost for Medicare-covered prostate cancer screening.	<b>In-Network</b> 20% of the cost for Medicare-covered prostate cancer screening.	<b>In-Network</b> \$0 copay for - Medicare-covered prostate cancer screening - up to 1 additional screening every year  See page 26 for information about Prostate Cancer Screening Exams
<b>28 – End-Stage Renal Disease</b>	20% coinsurance for renal dialysis  20% coinsurance for Nutrition Therapy for End-Stage Renal Disease  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	<b>General</b> Cost plan members pay Fee-for-Service cost sharing for out-of-area dialysis.  <b>In-Network</b> 20% of the cost for renal dialysis  20% of the cost for Nutrition Therapy for End-Stage Renal Disease	<b>General</b> Cost plan members pay Fee-for-Service cost sharing for out-of-area dialysis.  <b>In-Network</b> 20% of the cost for renal dialysis  20% of the cost for Nutrition Therapy for End-Stage Renal Disease	<b>General</b> Cost plan members pay Fee-for-Service cost sharing for out-of-area dialysis.  <b>In-Network</b> 20% of the cost for renal dialysis  \$0 copay for Nutrition Therapy for End-Stage Renal Disease

If you go to a provider outside of RMHP's network who accepts Medicare patients, you're covered under Original Medicare. You would pay the applicable Part A and/or Part B deductibles and coinsurance.

**If you have any questions about these plans' benefits or costs, please contact Rocky Mountain Health Plans for details.**

**Section II – Summary of Benefits**

<b>Benefit</b>	<b>Original Medicare</b>	<b>AB Basic Plan (Cost)</b>	<b>B Basic Plan (Cost)</b>	<b>B Standard Plan (Cost)</b>
	doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.			
<b>29 – Prescription Drugs</b>	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 coverage.	<p><b>Drugs covered under Medicare Part B</b></p> <p><b>General</b> Most drugs are not covered.</p> <p>20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> <p><b>Drugs Covered under Medicare Part D</b></p> <p><b>General</b> This plan does not offer prescription drug coverage.</p>	<p><b>Drugs covered under Medicare Part B</b></p> <p><b>General</b> Most drugs are not covered.</p> <p>20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> <p><b>Drugs Covered under Medicare Part D</b></p> <p><b>General</b> This plan does not offer prescription drug coverage.</p>	<p><b>Drugs covered under Medicare Part B</b></p> <p><b>General</b> Most drugs are not covered.</p> <p>20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> <p><b>Drugs Covered under Medicare Part D</b></p> <p><b>General</b> This plan does not offer prescription drug coverage.</p>
<b>30 – Dental Services</b>	Preventive dental services (such as cleaning) not covered.	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> In general, preventive dental</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> In general, preventive dental</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> In general, preventive dental</p>

If you go to a provider outside of RMHP's network who accepts Medicare patients, you're covered under Original Medicare. You would pay the applicable Part A and/or Part B deductibles and coinsurance.

**If you have any questions about these plans' benefits or costs, please contact Rocky Mountain Health Plans for details.**

**Section II – Summary of Benefits**

<b>Benefit</b>	<b>Original Medicare</b>	<b>AB Basic Plan (Cost)</b>	<b>B Basic Plan (Cost)</b>	<b>B Standard Plan (Cost)</b>
		benefits (such as cleaning) not covered.  20% of the cost for Medicare-covered dental benefits.	benefits (such as cleaning) not covered.  20% of the cost for Medicare-covered dental benefits.	benefits (such as cleaning) not covered.  \$0 to \$600 copay for Medicare-covered dental benefits.  See page 26 for information on Dental Services
<b>31 – Hearing Services</b>	Routine hearing exams and hearing aids not covered.  20% coinsurance for diagnostic hearing exams.	<b>In-Network</b> In general, routine hearing exams and hearing aids not covered.  20% of the cost for Medicare-covered diagnostic hearing exams.	<b>In-Network</b> In general, routine hearing exams and hearing aids not covered.  20% of the cost for Medicare-covered diagnostic hearing exams.	<b>In-Network</b> In general, routine hearing exams and hearing aids not covered.  \$15 to \$45 copay for Medicare-covered diagnostic hearing exams
<b>32 – Vision Services</b>	20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.  Routine eye exams and glasses not covered.  Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.	<b>In-Network</b> Non-Medicare-covered eye exams and glasses not covered.  \$0 copay for - one pair of eyeglasses or contact lenses after cataract surgery  - 20% of the cost for exams to diagnose and treat diseases and conditions of the eye.	<b>In-Network</b> Non-Medicare-covered eye exams and glasses not covered.  \$0 copay for - one pair of eyeglasses or contact lenses after cataract surgery  - 20% of the cost for exams to diagnose and treat diseases and conditions of the eye.	<b>In-Network</b> Non-Medicare-covered eye exams and glasses not covered.  \$0 copay for - one pair of eyeglasses or contact lenses after cataract surgery  - \$0 to \$45 copay for exams to diagnose and treat diseases and conditions of the eye.

If you go to a provider outside of RMHP's network who accepts Medicare patients, you're covered under Original Medicare. You would pay the applicable Part A and/or Part B deductibles and coinsurance.

**If you have any questions about these plans' benefits or costs, please contact Rocky Mountain Health Plans for details.**

**Section II – Summary of Benefits**

<b>Benefit</b>	<b>Original Medicare</b>	<b>AB Basic Plan (Cost)</b>	<b>B Basic Plan (Cost)</b>	<b>B Standard Plan (Cost)</b>
	Annual glaucoma screenings covered for people at risk.			
<b>33 – Welcome to Medicare; and Annual Wellness Visit</b>	<p>When you join Medicare Part B, then you are eligible as follows.</p> <p>During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare exam or an Annual Wellness visit.</p> <p>After your first 12 months, you can get one Annual Wellness visit every 12 months.</p> <p>There is no coinsurance, copayment or deductible for either the Welcome to Medicare exam or the Annual Wellness visit.</p>	<p><b>In-Network</b></p> <p>When you get Medicare Part B, you can get a one-time physical within the first 12 months of your new Part B coverage. The coverage does not include lab tests.</p> <p>Routine exams not covered.</p> <p>20% of the cost for the required Medicare-covered initial preventive physical exam and annual wellness visits.</p>	<p><b>In-Network</b></p> <p>When you get Medicare Part B, you can get a one-time physical within the first 12 months of your new Part B coverage. The coverage does not include lab tests.</p> <p>Routine exams not covered.</p> <p>20% of the cost for the required Medicare-covered initial preventive physical exam and annual wellness visits.</p>	<p><b>In-Network</b></p> <p>\$0 copay for routine exams. Limited to 1 exam every year.</p>

If you go to a provider outside of RMHP's network who accepts Medicare patients, you're covered under Original Medicare. You would pay the applicable Part A and/or Part B deductibles and coinsurance.

**If you have any questions about these plans' benefits or costs, please contact Rocky Mountain Health Plans for details.**

**Section II – Summary of Benefits**

<b>Benefit</b>	<b>Original Medicare</b>	<b>AB Basic Plan (Cost)</b>	<b>B Basic Plan (Cost)</b>	<b>B Standard Plan (Cost)</b>
	The Welcome to Medicare exam does not include lab tests.			
<b>34 – Health/Wellness Education</b>	<p>Smoking Cessation: Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period if you are diagnosed with a smoking-related illness or are taking medicine that may be affected by tobacco. Each counseling attempt includes up to four face-to-face visits. You pay coinsurance, and Part B deductible applies.</p> <p>\$0 copay for the HIV screening, but you generally pay 20% of the Medicare approved amount for the doctor's visit. HIV screening is covered for people with Medicare who are</p>	<p><b>In-Network</b> The plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> <li>- Written health education materials, including Newsletters</li> <li>-\$0 copay for each Medicare-covered smoking cessation counseling session.</li> <li>- \$0 copay for each Medicare-covered HIV screening.</li> </ul> <p>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 12 months or up to three times during a pregnancy.</p>	<p><b>In-Network</b> The plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> <li>- Written health education materials, including Newsletters</li> <li>-\$0 copay for each Medicare-covered smoking cessation counseling session.</li> <li>-\$0 copay for each Medicare-covered HIV screening.</li> </ul> <p>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 12 months or up to three times during a pregnancy.</p>	<p><b>In-Network</b> The plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> <li>- Written health education materials, including Newsletters</li> <li>-\$0 copay for each Medicare-covered smoking cessation counseling session.</li> <li>-\$0 copay for each Medicare-covered HIV screening.</li> </ul> <p>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 12 months or up to three times during a pregnancy.</p>

If you go to a provider outside of RMHP's network who accepts Medicare patients, you're covered under Original Medicare. You would pay the applicable Part A and/or Part B deductibles and coinsurance.

**If you have any questions about these plans' benefits or costs, please contact Rocky Mountain Health Plans for details.**

**Section II – Summary of Benefits**

<b>Benefit</b>	<b>Original Medicare</b>	<b>AB Basic Plan (Cost)</b>	<b>B Basic Plan (Cost)</b>	<b>B Standard Plan (Cost)</b>
	pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy.			
<b>Transportation (Routine)</b>	Not covered.	<b>In-Network</b> This plan does not cover routine transportation.	<b>In-Network</b> This plan does not cover routine transportation.	<b>In-Network</b> This plan does not cover routine transportation.
<b>Acupuncture</b>	Not covered.	<b>In-Network</b> This plan does not cover Acupuncture.	<b>In-Network</b> This plan does not cover Acupuncture.	<b>In-Network</b> This plan does not cover Acupuncture.

If you go to a provider outside of RMHP's network who accepts Medicare patients, you're covered under Original Medicare. You would pay the applicable Part A and/or Part B deductibles and coinsurance.

## **Additional Information Regarding RMHP Medicare Plans**

**Coinsurance is the percentage you pay for a service you receive. The dollar amount you pay can vary depending on the service and/or the provider because it is based on the allowed amount of the primary payor (either RMHP or Medicare).**

### **1 – Premium and Other Important Information**

FOR AB BASIC PLAN (COST) AND B BASIC PLAN (COST) ONLY:

Plan includes an annual deductible for Medicare Part B covered services. In 2011, the yearly Part B deductible amount is \$162. Deductible does not apply to Medicare Part A covered services.

### **2 – Doctor and Hospital Choice**

You can be out of the service area for up to six months per calendar year and remain eligible for benefits. Services when you are in a continuous course of treatment are covered when pre-approved by RMHP, with the exception of out-of-area dialysis. Cost plan members pay Fee-for-Service cost sharing for out-of-area dialysis.

### **8 – Doctor Office Visits**

FOR B STANDARD PLAN (COST) ONLY:

There is \$0 copayment for a physician office visit when the only service provided is a covered preventive service. The office visit copayment may be charged for a visit in which other, non-preventive services are also furnished.

### **9 – Chiropractic Services**

For chiropractic services to be covered by RMHP, you must receive services from an RMHP network provider. You can find a network provider in the RMHP Medicare provider directory. Out-of-network chiropractic services are not covered without prior authorization.

### **16 – Urgently Needed Care**

FOR B STANDARD 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 \$1,860 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. However, under both original Medicare and RMHP, you are permitted to get the therapy you need from an outpatient hospital department without financial limitation.

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

### FOR B STANDARD PLAN (COST) ONLY:

Lab Services:

RMHP will pay for covered routine lab screening tests provided at a health fair if the services are provided by a contracted provider.

Medicare-covered service	B Standard Plan (Cost)
Clinical and Diagnostic Lab Services	You pay \$0.
MRI/PET scans	You pay \$150 per visit.
CT scans	You pay \$75 per visit.
Diagnostic procedures and tests	You pay \$350 for most diagnostic procedures and tests in an outpatient facility. You pay the applicable office visit copayment for diagnostic procedures and tests in a doctor's office. You pay \$0 for diagnostic colonoscopy.

## 22 – Bone Mass Measurement

You are covered for one routine bone mass measurement every 24 months (more often if medically necessary).

## 23 – Colorectal Screening Exams

### FOR B STANDARD PLAN (COST) ONLY:

You are covered for one annual Colorectal Screening Exam every year, regardless of age or risk factors.

## 25 – Mammograms

### FOR B STANDARD PLAN (COST) ONLY:

You are covered for one annual screening Mammogram every year, regardless of age or risk factors.

## 26 – Pap Smears and Pelvic Exams

### FOR B STANDARD PLAN (COST) ONLY:

You are covered for one annual screening pap smear and pelvic every year, regardless of age or risk factors.

## 27 – Prostate Cancer Screening Exams

### FOR B STANDARD PLAN (COST) ONLY:

You are covered for one annual Prostate Screening Exam every year, regardless of age or risk factors.

## 30 – Dental Services

### FOR B STANDARD PLAN (COST) ONLY:

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