

Section I - Introduction to the Summary of Benefits for  
**Rocky Mountain Health Plans**

**Rocky Mountain Green Plan + Rx (Cost), Rocky Mountain Thrifty Plan + Rx (Cost),  
Rocky Mountain Standard Plan + Rx (Cost), and Rocky Mountain Plus Plan + Rx (Cost)**

**January 1, 2011 – December 31, 2011  
DENVER/BOULDER METRO COLORADO**

**A Health plan with a Medicare contract, and a Medicare-approved Part D sponsor**

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Thank you for your interest in Rocky Mountain Green Plan + Rx (Cost), Rocky Mountain Thrifty Plan + Rx (Cost), Rocky Mountain Standard Plan + Rx (Cost), and Rocky Mountain Plus Plan + Rx (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 Rocky Mountain Green Plan + Rx (Cost), Rocky Mountain Thrifty Plan + Rx (Cost), Rocky Mountain Standard Plan + Rx (Cost), or Rocky Mountain Plus Plan + Rx (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 + Rx (Cost), Rocky Mountain Thrifty Plan + Rx (Cost), Rocky Mountain Standard Plan + Rx (Cost), and Rocky Mountain Plus Plan + Rx (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 + RX (COST), ROCKY MOUNTAIN THRIFTY PLAN + RX (COST), ROCKY MOUNTAIN STANDARD PLAN + RX (COST), AND ROCKY MOUNTAIN PLUS PLAN + RX (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 + RX (COST), ROCKY MOUNTAIN THRIFTY PLAN + RX (COST), ROCKY MOUNTAIN STANDARD PLAN + RX (COST), AND ROCKY MOUNTAIN PLUS PLAN + RX (COST)?**

You can join Rocky Mountain Green Plan + Rx (Cost), Rocky Mountain Thrifty Plan + Rx (Cost), Rocky Mountain Standard Plan + Rx (Cost), or Rocky Mountain Plus Plan + Rx (Cost) if you are entitled to Medicare Part A and enrolled in 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 + Rx (Cost), Rocky Mountain Thrifty Plan + Rx (Cost), Rocky Mountain Standard Plan + Rx (Cost), or Rocky Mountain Plus Plan + Rx (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.

**WHERE CAN I GET MY PRESCRIPTIONS IF I JOIN THIS PLAN?**

RMHP has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a pharmacy directory or visit us at [www.rmhpmedicare.org](http://www.rmhpmedicare.org). Our customer service number is listed at the end of this introduction.

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

Rocky Mountain Green Plan + Rx (Cost), Rocky Mountain Thrifty Plan + Rx (Cost), Rocky Mountain Standard Plan + Rx (Cost), and Rocky Mountain Plus Plan + Rx (Cost) do cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

**WHAT IS A PRESCRIPTION DRUG FORMULARY?**

Rocky Mountain Green Plan + Rx (Cost), Rocky Mountain Thrifty Plan + Rx (Cost), Rocky Mountain Standard Plan + Rx (Cost), and Rocky Mountain Plus Plan + Rx (Cost) use a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our website at [www.rmhpmedicare.org](http://www.rmhpmedicare.org).

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

## **HOW CAN I GET EXTRA HELP WITH MY PRESCRIPTION DRUG PLAN COSTS OR GET EXTRA HELP WITH OTHER MEDICARE COSTS?**

You may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare costs. To see if you qualify for getting extra help, call:

\* 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week and see [www.medicare.gov](http://www.medicare.gov) 'Programs for People with Limited Income and Resources' in the publication Medicare & You.

\* The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778; or

\* Your State Medicaid Office.

## **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 Rocky Mountain Green Plan + Rx (Cost), Rocky Mountain Thrifty Plan + Rx (Cost), Rocky Mountain Standard Plan + Rx (Cost), or Rocky Mountain Plus Plan + Rx (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.

As a member of Rocky Mountain Green Plan + Rx (Cost), Rocky Mountain Thrifty Plan + Rx (Cost), Rocky Mountain Standard Plan + Rx (Cost), or Rocky Mountain Plus Plan + Rx (Cost), you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. 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 IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?**

A Medication Therapy Management (MTM) Program is a free service we offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact RMHP for more details.

### **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 and Medicare Part D Prescription Drug program. (TTY/TDD (800)-704-6370)

Current and Prospective members should call locally (970)-244-7912 for questions related to the Medicare Cost Plan and Medicare Part D Prescription Drug program. (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>Rocky Mountain Green Plan + Rx (Cost)</b> | <b>Rocky Mountain Thrifty Plan + Rx (Cost)</b> | <b>Rocky Mountain Standard Plan + Rx (Cost)</b> | <b>Rocky Mountain Plus Plan + Rx (Cost)</b> |
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**IMPORTANT INFORMATION**

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| <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</p> | <p><b>General</b><br/>\$39.20 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 higher Part B and Part D premiums because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B and Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You</p> | <p><b>General</b><br/>\$69.80 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 higher Part B and Part D premiums because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B and Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You</p> | <p><b>General</b><br/>\$135.50 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 higher Part B and Part D premiums because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B and Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You</p> | <p><b>General</b><br/>\$246.20 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 higher Part B and Part D premiums because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B and Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You</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 Part A and 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>Rocky Mountain Green Plan + Rx (Cost)</b>   | <b>Rocky Mountain Thrifty Plan + Rx (Cost)</b>  | <b>Rocky Mountain Standard Plan + Rx (Cost)</b>   | <b>Rocky Mountain Plus Plan + Rx (Cost)</b>  |
|----------------|--|--|---|---|--|
|                | <p>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>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 with zero cost sharing.</p> <p><b>In-Network</b><br/>\$500 yearly deductible. Contact the plan for services that apply.</p> <p>\$5,000 out-of-pocket limit.</p> <p>This limit includes only Medicare-covered services.</p> <p>See page 51 for information about Premium and Other</p> | <p>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 with zero cost sharing.</p> <p><b>In-Network</b><br/>\$500 yearly deductible. Contact the plan for services that apply.</p> <p>See page 51 for information about Premium and Other Important Information</p> | <p>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 with zero cost sharing.</p> <p><b>In-Network</b><br/>\$150 yearly deductible. Contact the plan for services that apply.</p> <p>See page 51 for information about Premium and Other Important Information</p> | <p>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 with zero cost sharing.</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 Part A and 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>Rocky Mountain Green Plan + Rx (Cost)</b>   | <b>Rocky Mountain Thrifty Plan + Rx (Cost)</b>   | <b>Rocky Mountain Standard Plan + Rx (Cost)</b>  | <b>Rocky Mountain Plus Plan + Rx (Cost)</b>  |
|---|---|--|--|--|--|
|   |   | Important Information  |  |  |  |
| <b>2 – Doctor and Hospital Choice</b><br>(For more information, see Emergency Care - #15 and Urgently Needed Care - #16.) | You may go to any doctor, specialist or hospital that accepts Medicare. | <p><b>In-Network</b><br/>No referral required for network doctors, specialists, and hospitals.</p> <p><b>In and Out-of-Network</b><br/>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 51 for information about Doctor and Hospital Choice</p> | <p><b>In-Network</b><br/>No referral required for network doctors, specialists, and hospitals.</p> <p><b>In and Out-of-Network</b><br/>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 51 for information about Doctor and Hospital Choice</p> | <p><b>In-Network</b><br/>No referral required for network doctors, specialists, and hospitals.</p> <p><b>In and Out-of-Network</b><br/>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 51 for information about Doctor and Hospital Choice</p> | <p><b>In-Network</b><br/>No referral required for network doctors, specialists, and hospitals.</p> <p><b>In and Out-of-Network</b><br/>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 51 for information about Doctor and Hospital Choice</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 Part A and 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>Rocky Mountain Green Plan + Rx (Cost)</b>  | <b>Rocky Mountain Thrifty Plan + Rx (Cost)</b>  | <b>Rocky Mountain Standard Plan + Rx (Cost)</b>  | <b>Rocky Mountain Plus Plan + Rx (Cost)</b>  |
|--|--|---|---|--|--|
| <b>SUMMARY OF BENEFITS</b>   |  |   |   |  |  |
| <b>INPATIENT CARE</b>  |  |   |   |  |  |
| <b>3 – Inpatient Hospital Care</b><br>(includes Substance Abuse and Rehabilitation Services) | In 2011, the amounts for each benefit period are:<br>Days 1 - 60: \$1,132 deductible<br>Days 61 - 90: \$283 per day<br>Days 91 - 150: \$566 per lifetime reserve day<br><br>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.<br><br>Lifetime reserve days can only be used once.<br><br>A "benefit period" starts the day you go into a hospital or | <b>In-Network</b><br>Plan covers 90 days each benefit period.<br><br>For Medicare-covered hospital stays:<br>Days 1 - 7: \$250 copay per day<br>Days 8 - 90: \$0 copay per day<br><br>Plan covers 60 lifetime reserve days. Cost per lifetime reserve day:<br>Days 1 - 7: \$250 copay per day<br>Days 8 - 60: \$0 copay per day | <b>In-Network</b><br>Plan covers 90 days each benefit period.<br><br>For Medicare-covered hospital stays:<br>Days 1 - 5: \$200 copay per day<br>Days 6 - 90: \$0 copay per day<br><br>Plan covers 60 lifetime reserve days. Cost per lifetime reserve day:<br>Days 1 - 5: \$200 copay per day<br>Days 6 - 60: \$0 copay per day | <b>In-Network</b><br>Plan covers 90 days each benefit period.<br><br>\$600 copay for each Medicare-covered hospital stay | <b>In-Network</b><br>Plan covers 90 days each benefit period.<br><br>\$450 copay for each Medicare-covered 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 Part A and 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>Rocky Mountain Green Plan + Rx (Cost)</b>  | <b>Rocky Mountain Thrifty Plan + Rx (Cost)</b>  | <b>Rocky Mountain Standard Plan + Rx (Cost)</b>  | <b>Rocky Mountain Plus Plan + Rx (Cost)</b>  |
|---|--|---|---|--|--|
|   | 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).<br><br>190 day lifetime limit in a Psychiatric Hospital.   | <b>In-Network</b><br>You get up to 190 days in a Psychiatric Hospital in a lifetime.<br><br>For Medicare-covered hospital stays:<br>Days 1 - 7: \$250 copay per day<br>Days 8 - 90: \$0 copay per day | <b>In-Network</b><br>You get up to 190 days in a Psychiatric Hospital in a lifetime.<br><br>For Medicare-covered hospital stays:<br>Days 1 - 5: \$200 copay per day<br>Days 6 - 90: \$0 copay per day | <b>In-Network</b><br>You get up to 190 days in a Psychiatric Hospital in a lifetime.<br><br>\$600 copay for each Medicare-covered hospital stay. | <b>In-Network</b><br>You get up to 190 days in a Psychiatric Hospital in a lifetime.<br><br>\$450 copay for each Medicare-covered 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 Part A and Part B deductibles and coinsurance.

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**Section II – Summary of Benefits**

| <b>Benefit</b>  | <b>Original Medicare</b>   | <b>Rocky Mountain Green Plan + Rx (Cost)</b>   | <b>Rocky Mountain Thrifty Plan + Rx (Cost)</b>   | <b>Rocky Mountain Standard Plan + Rx (Cost)</b>   | <b>Rocky Mountain Plus Plan + Rx (Cost)</b>   |
|---|--|--|--|---|---|
|   |  | Plan covers 60 lifetime reserve days. Cost per lifetime reserve day:<br>Days 1 - 7: \$250 copay per day<br>Days 8 - 60: \$0 copay per day  | Plan covers 60 lifetime reserve days. Cost per lifetime reserve day:<br>Days 1 - 5: \$200 copay per day<br>Days 6 - 60: \$0 copay per day  |   |   |
| <b>5 – Skilled Nursing Facility (SNF)</b><br>(in a Medicare-certified skilled nursing facility) | In 2011, the amounts for each benefit period after at least a 3-day covered hospital stay are:<br>Days 1 - 20: \$0 per day<br>Days 21 - 100: \$141.50 per day<br><br>100 days for each benefit period.<br><br>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 | <b>In-Network</b><br>Plan covers up to 100 days each benefit period<br><br>For Medicare-covered SNF stays:<br>Days 1 - 20: \$0 copay per day<br>Days 21 - 100: \$100 copay per day | <b>In-Network</b><br>Plan covers up to 100 days each benefit period<br><br>For Medicare-covered SNF stays:<br>Days 1 - 20: \$0 copay per day<br>Days 21 - 100: \$100 copay per day | <b>In-Network</b><br>Plan covers up to 100 days each benefit period<br><br>For Medicare-covered SNF stays:<br>Days 1 - 20: \$0 copay per day<br>Days 21 - 100: \$95 copay per day | <b>In-Network</b><br>Plan covers up to 100 days each benefit period<br><br>For Medicare-covered SNF stays:<br>Days 1 - 20: \$0 copay per day<br>Days 21 - 100: \$95 copay per day |

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 Part A and 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>Rocky Mountain Green Plan + Rx (Cost)</b>                            | <b>Rocky Mountain Thrifty Plan + Rx (Cost)</b>                          | <b>Rocky Mountain Standard Plan + Rx (Cost)</b>                         | <b>Rocky Mountain Plus Plan + Rx (Cost)</b>                             |
|---|--|---|---|---|---|
|   | 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>6 – Home Health Care</b><br>(includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.) | \$0 copay.   | <b>In Network</b><br>\$0 copay for Medicare-covered home health visits. | <b>In Network</b><br>\$0 copay for Medicare-covered home health visits. | <b>In Network</b><br>\$0 copay for Medicare-covered home health visits. | <b>In Network</b><br>\$0 copay for Medicare-covered home health visits. |

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 Part A and 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>Rocky Mountain Green Plan + Rx (Cost)</b>   | <b>Rocky Mountain Thrifty Plan + Rx (Cost)</b>   | <b>Rocky Mountain Standard Plan + Rx (Cost)</b>  | <b>Rocky Mountain Plus Plan + Rx (Cost)</b>   |
|---------------------------------|--|--|--|--|---|
| <b>7 – Hospice</b>              | <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><b>General</b><br/>You must get care from a Medicare-certified hospice.</p> <p>See page 51 for information about Hospice</p>  | <p><b>General</b><br/>You must get care from a Medicare-certified hospice.</p> <p>See page 51 for information about Hospice</p>  | <p><b>General</b><br/>You must get care from a Medicare-certified hospice.</p> <p>See page 51 for information about Hospice</p>  | <p><b>General</b><br/>You must get care from a Medicare-certified hospice.</p> <p>See page 51 for information about Hospice</p>   |
| <b>OUTPATIENT CARE</b>          |  |  |  |  |   |
| <b>8 – Doctor Office Visits</b> | 20% coinsurance  | <p><b>General</b><br/>See "Welcome to Medicare; and Annual Wellness Visit" for more information.</p> <p><b>In-Network</b><br/>\$0 to \$15 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$35 copay for each in-area, network urgent care Medicare-covered visit.</p> <p>\$35 copay for each</p> | <p><b>General</b><br/>See "Welcome to Medicare; and Annual Wellness Visit" for more information.</p> <p><b>In-Network</b><br/>\$0 to \$20 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$50 copay for each in-area, network urgent care Medicare-covered visit.</p> <p>\$50 copay for each</p> | <p><b>General</b><br/>See "Welcome to Medicare; and Annual Wellness Visit" for more information.</p> <p><b>In-Network</b><br/>\$0 to \$20 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</p> | <p><b>General</b><br/>See "Welcome to Medicare; and Annual Wellness Visit", for more information.</p> <p><b>In-Network</b><br/>\$0 to \$15 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$35 copay for each in-area, network urgent care Medicare-covered visit.</p> <p>\$35 copay for each</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 Part A and Part B deductibles and coinsurance.

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**Section II – Summary of Benefits**

| <b>Benefit</b>                   | <b>Original Medicare</b>   | <b>Rocky Mountain Green Plan + Rx (Cost)</b>  | <b>Rocky Mountain Thrifty Plan + Rx (Cost)</b>  | <b>Rocky Mountain Standard Plan + Rx (Cost)</b>   | <b>Rocky Mountain Plus Plan + Rx (Cost)</b>   |
|----------------------------------|--|---|---|---|---|
|                                  |  | specialist visit for Medicare-covered benefits.<br><br>See page 51 for information about Doctor Office Visits   | specialist visit for Medicare-covered benefits.<br><br>See page 51 for information about Doctor Office Visits   | specialist visit for Medicare-covered benefits.<br><br>See page 51 for information about Doctor Office Visits   | specialist visit for Medicare-covered benefits.<br><br>See page 51 for information about Doctor Office Visits   |
| <b>9 – Chiropractic Services</b> | Routine care not covered<br><br>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. | <b>In-Network</b><br>20% of the cost for each Medicare-covered visit.<br><br>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 it from a chiropractor or other qualified providers.<br><br>See page 51 for information about Chiropractic Services | <b>In-Network</b><br>20% of the cost for each Medicare-covered visit.<br><br>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 it from a chiropractor or other qualified providers.<br><br>See page 51 for information about Chiropractic Services | <b>In-Network</b><br>20% of the cost for each Medicare-covered visit.<br><br>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 it from a chiropractor or other qualified providers.<br><br>See page 51 for information about Chiropractic Services | <b>In-Network</b><br>20% of the cost for each Medicare-covered visit.<br><br>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 it from a chiropractor or other qualified providers.<br><br>See page 51 for information about Chiropractic Services |

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|---|--|--|--|--|--|
| <b>10 – Podiatry Services</b>               | Routine care not covered.<br><br>20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs. | <b>In-Network</b><br>\$35 copay for each Medicare-covered visit.<br><br>Medicare-covered podiatry benefits are for medically-necessary foot care.    | <b>In-Network</b><br>\$50 copay for each Medicare-covered visit.<br><br>Medicare-covered podiatry benefits are for medically-necessary foot care.    | <b>In-Network</b><br>\$45 copay for each Medicare-covered visit.<br><br>Medicare-covered podiatry benefits are for medically-necessary foot care.    | <b>In-Network</b><br>\$35 copay for each Medicare-covered visit.<br><br>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><br>Authorization rules may apply.<br><br><b>In-Network</b><br>\$35 copay for each Medicare-covered individual or group therapy visit. | <b>General</b><br>Authorization rules may apply.<br><br><b>In-Network</b><br>\$50 copay for each Medicare-covered individual or group therapy visit. | <b>General</b><br>Authorization rules may apply.<br><br><b>In-Network</b><br>\$45 copay for each Medicare-covered individual or group therapy visit. | <b>General</b><br>Authorization rules may apply.<br><br><b>In-Network</b><br>\$35 copay for each Medicare-covered individual or group therapy visit. |
| <b>12 – Outpatient Substance Abuse Care</b> | 20% coinsurance  | <b>General</b><br>Authorization rules may apply.<br><br><b>In-Network</b><br>\$35 copay for Medicare-covered individual or group visits.             | <b>General</b><br>Authorization rules may apply.<br><br><b>In-Network</b><br>\$50 copay for Medicare-covered individual or group visits.             | <b>General</b><br>Authorization rules may apply.<br><br><b>In-Network</b><br>\$45 copay for Medicare-covered individual or group visits.             | <b>General</b><br>Authorization rules may apply.<br><br><b>In-Network</b><br>\$35 copay for Medicare-covered individual or group visits.             |

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**Section II – Summary of Benefits**

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|--|--|---|---|---|---|
| <b>13 – Outpatient Services/ Surgery</b>                                   | 20% coinsurance for the doctor<br><br>Specified copayment for outpatient hospital facility charges. Copay cannot exceed Part A inpatient hospital deductible.<br><br>20% copayment for ambulatory surgical center facility charges | <b>General</b><br>Authorization rules may apply.<br><br><b>In-Network</b><br>\$350 copay for each Medicare-covered ambulatory surgical center visit.<br><br>\$350 copay for each Medicare-covered outpatient hospital facility visit. | <b>General</b><br>Authorization rules may apply.<br><br><b>In-Network</b><br>\$400 copay for each Medicare-covered ambulatory surgical center visit.<br><br>\$400 copay for each Medicare-covered outpatient hospital facility visit. | <b>General</b><br>Authorization rules may apply.<br><br><b>In-Network</b><br>\$350 copay for each Medicare-covered ambulatory surgical center visit.<br><br>\$350 copay for each Medicare-covered outpatient hospital facility visit. | <b>General</b><br>Authorization rules may apply.<br><br><b>In-Network</b><br>\$250 copay for each Medicare-covered ambulatory surgical center visit.<br><br>\$250 copay for each Medicare-covered outpatient hospital facility visit. |
| <b>14 – Ambulance Services</b><br>(medically necessary ambulance services) | 20% coinsurance  | <b>General</b><br>Authorization rules may apply.<br><br><b>In-Network</b><br>\$150 copay for Medicare-covered ambulance benefits.   | <b>General</b><br>Authorization rules may apply.<br><br><b>In-Network</b><br>\$150 copay for Medicare-covered ambulance benefits.   | <b>General</b><br>Authorization rules may apply.<br><br><b>In-Network</b><br>\$100 copay for Medicare-covered ambulance benefits.   | <b>General</b><br>Authorization rules may apply.<br><br><b>In-Network</b><br>\$100 copay for Medicare-covered ambulance benefits.   |
| <b>15 – Emergency Care</b><br>(You may go to any emergency room if you     | 20% coinsurance for the doctor<br><br>Specified copayment for outpatient hospital emergency room (ER)  | <b>General</b><br>\$50 copay for Medicare-covered emergency room visits.<br><br>Worldwide coverage.   | <b>General</b><br>\$50 copay for Medicare-covered emergency room visits.<br><br>Not covered outside   | <b>General</b><br>\$50 copay for Medicare-covered emergency room visits.<br><br>Worldwide coverage.   | <b>General</b><br>\$50 copay for Medicare-covered emergency room visits.<br><br>Worldwide coverage.   |

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|--|--|--|---|--|--|
| reasonably believe you need emergency care.)   | 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.<br><br>Not covered outside the U.S. except under limited circumstances. | If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit.                      | the U.S. except under limited circumstances. Contact the plan for details.<br><br>If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit. | If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit.                      | If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit.                      |
| <b>16 – Urgently Needed Care</b><br>(This is NOT emergency care, and in most cases, is out of the service area.) | 20% coinsurance, or a set copay<br><br>NOT covered outside the U.S. except under limited circumstances.  | <b>General</b><br>\$35 copay for Medicare-covered urgently needed care visits.<br><br>See page 51 for information about Urgently Needed Care | <b>General</b><br>\$50 copay for Medicare-covered urgently needed care visits.  | <b>General</b><br>\$45 copay for Medicare-covered urgently needed care visits.<br><br>See page 51 for information about Urgently Needed Care | <b>General</b><br>\$35 copay for Medicare-covered urgently needed care visits.<br><br>See page 51 for information about Urgently Needed Care |
| <b>17 – Outpatient Rehabilitation Services</b>   | 20% coinsurance  | <b>In-Network</b><br>There may be limits on physical therapy, occupational therapy,  | <b>In-Network</b><br>There may be limits on physical therapy, occupational therapy,   | <b>In-Network</b><br>There may be limits on physical therapy, occupational therapy,  | <b>In-Network</b><br>There may be limits on physical therapy, occupational therapy,  |

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|--|--------------------------|--|--|--|--|
| (Occupational Therapy, Physical Therapy, Speech and Language Therapy, Respiratory Therapy Services, Social/Psychological Services, and more) |                          | and speech and language pathology services. If so, there may be exceptions to these limits.<br><br>\$15 copay for Medicare-covered Occupational Therapy visits.<br><br>\$15 copay for Medicare-covered Physical and/or Speech and Language Therapy visits.<br><br>\$0 copay for Medicare-covered Cardiac Rehab services.<br><br>See page 51 for information about Outpatient Rehabilitation Services | and speech and language pathology services. If so, there may be exceptions to these limits.<br><br>\$15 copay for Medicare-covered Occupational Therapy visits.<br><br>\$15 copay for Medicare-covered Physical and/or Speech and Language Therapy visits.<br><br>\$0 copay for Medicare-covered Cardiac Rehab services.<br><br>See page 51 for information about Outpatient Rehabilitation Services | and speech and language pathology services. If so, there may be exceptions to these limits.<br><br>\$15 copay for Medicare-covered Occupational Therapy visits.<br><br>\$15 copay for Medicare-covered Physical and/or Speech and Language Therapy visits.<br><br>\$0 copay for Medicare-covered Cardiac Rehab services.<br><br>See page 51 for information about Outpatient Rehabilitation Services | and speech and language pathology services. If so, there may be exceptions to these limits.<br><br>\$15 copay for Medicare-covered Occupational Therapy visits.<br><br>\$15 copay for Medicare-covered Physical and/or Speech and Language Therapy visits.<br><br>\$0 copay for Medicare-covered Cardiac Rehab services.<br><br>See page 51 for information about Outpatient Rehabilitation Services |
| <b>OUTPATIENT MEDICAL SERVICES AND SUPPLIES</b>  |                          |  |  |  |  |
| <b>18 – Durable</b>  | 20% coinsurance          | <b>General</b><br>Authorization rules  | <b>General</b><br>Authorization rules  | <b>General</b><br>Authorization rules  | <b>General</b><br>Authorization rules  |

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|---|--|--|--|--|--|
| <b>Medical Equipment</b><br>(includes wheelchairs, oxygen, etc.)  |  | may apply.<br><br><b>In-Network</b><br>20% of the cost for Medicare-covered items.   | may apply.<br><br><b>In-Network</b><br>20% of the cost for Medicare-covered items.   | may apply.<br><br><b>In-Network</b><br>20% of the cost for Medicare-covered items.   | may apply.<br><br><b>In-Network</b><br>20% of the cost for Medicare-covered items.   |
| <b>19 – Prosthetic Devices</b><br>(includes braces, artificial limbs and eyes, etc.).   | 20% coinsurance  | <b>General</b><br>Authorization rules may apply.<br><br><b>In-Network</b><br>20% of the cost for Medicare-covered items.   | <b>General</b><br>Authorization rules may apply.<br><br><b>In-Network</b><br>20% of the cost for Medicare-covered items.   | <b>General</b><br>Authorization rules may apply.<br><br><b>In-Network</b><br>20% of the cost for Medicare-covered items.   | <b>General</b><br>Authorization rules may apply.<br><br><b>In-Network</b><br>20% of the cost for Medicare-covered items.   |
| <b>20 – Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies</b><br>(includes coverage for glucose monitors, test strips, lancets, screening tests, | 20% coinsurance<br><br>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 | <b>In-Network</b><br>\$0 copay for Diabetes self-monitoring training.<br><br>\$0 copay for Nutrition Therapy for Diabetes.<br><br>20% of the cost for Diabetes supplies. | <b>In-Network</b><br>\$0 copay for Diabetes self-monitoring training.<br><br>\$0 copay for Nutrition Therapy for Diabetes.<br><br>20% of the cost for Diabetes supplies. | <b>In-Network</b><br>\$0 copay for Diabetes self-monitoring training.<br><br>\$0 copay for Nutrition Therapy for Diabetes.<br><br>20% of the cost for Diabetes supplies. | <b>In-Network</b><br>\$0 copay for Diabetes self-monitoring training.<br><br>\$0 copay for Nutrition Therapy for Diabetes.<br><br>20% of the cost for Diabetes supplies. |

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|---|--|--|--|---|---|
| self-management training, retinal exam/glaucoma test, and foot exam/therapeutic soft shoes) | assessment and counseling to help you manage your diabetes or kidney disease.  |  |  |   |   |
| <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:<br/>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</p> | <p><b>General</b><br/>Authorization rules may apply.</p> <p><b>In-Network</b><br/>\$0 copay for Medicare-covered lab services.</p> <p>\$0 to \$350 copay [or 0% to 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</p> | <p><b>General</b><br/>Authorization rules may apply.</p> <p><b>In-Network</b><br/>\$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>\$0 to \$150 copay for Medicare-covered diagnostic radiology services (not including</p> | <p><b>General</b><br/>Authorization rules may apply.</p> <p><b>In-Network</b><br/>\$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>\$0 to \$150 copay for Medicare-covered diagnostic radiology services (not including x-rays).</p> | <p><b>General</b><br/>Authorization rules may apply.</p> <p><b>In-Network</b><br/>\$0 copay for Medicare-covered lab services.</p> <p>\$0 to \$150 copay for Medicare-covered diagnostic procedures and tests.</p> <p>\$0 copay for Medicare-covered X-rays.</p> <p>\$0 to \$150 copay for Medicare-covered diagnostic radiology services (not including x-rays).</p> |

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|----------------|--|--|--|--|--|
|                | 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 cholesterol. | services (not including x-rays).<br><br>20% of the cost for Medicare-covered therapeutic radiology services.<br><br>Separate Office Visit cost sharing of \$15 to \$35 may apply for Outpatient Diagnostic Procedures, Tests and Lab Services.<br><br>See page 52 for information about Diagnostic Tests, X-Rays, Lab Services, and Radiology Services | x-rays).<br><br>20% of the cost for Medicare-covered therapeutic radiology services.<br><br>Separate Office Visit cost sharing of \$20 to \$50 may apply for Outpatient Diagnostic Procedures, Tests and Lab Services.<br><br>See page 52 for information about Diagnostic Tests, X-Rays, Lab Services, and Radiology Services | 20% of the cost for Medicare-covered therapeutic radiology services.<br><br>Separate Office Visit cost sharing of \$20 to \$45 may apply for Outpatient Diagnostic Procedures, Tests and Lab Services.<br><br>See page 52 for information about Diagnostic Tests, X-Rays, Lab Services, and Radiology Services | 20% of the cost for Medicare-covered therapeutic radiology services.<br><br>Separate Office Visit cost sharing of \$15 to \$35 may apply for Outpatient Diagnostic Procedures, Tests and Lab Services.<br><br>See page 52 for information about Diagnostic Tests, X-Rays, Lab Services, and Radiology Services |

**PREVENTIVE SERVICES**

|   |   |  |  |  |  |
|---|---|--|--|--|--|
| <b>22 – Bone Mass Measurement</b><br>(for people with Medicare who are at risk) | No coinsurance, copayment or deductible.<br><br>Covered once every 24 months (more often if | <b>In-Network</b><br>\$0 copay for Medicare-covered bone mass measurement<br><br>See page 52 for | <b>In-Network</b><br>\$0 copay for Medicare-covered bone mass measurement<br><br>See page 52 for | <b>In-Network</b><br>\$0 copay for Medicare-covered bone mass measurement<br><br>See page 52 for | <b>In-Network</b><br>\$0 copay for Medicare-covered bone mass measurement<br><br>See page 52 for |
|---|---|--|--|--|--|

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|--|--|---|---|---|---|
|  | medically necessary) if you meet certain medical conditions.   | information about Bone Mass Measurement   | information about Bone Mass Measurement   | information about Bone Mass Measurement   | information about Bone Mass Measurement   |
| <b>23 – Colorectal Screening Exams</b><br>(for people with Medicare age 50 and older)  | No coinsurance, copayment or deductible for screening colonoscopy or screening flexible sigmoidoscopy.<br><br>Covered when you are high risk or when you are age 50 and older. | <b>In-Network</b><br>\$0 copay for<br>- Medicare-covered colorectal screenings<br>- up to 1 additional screening every year<br><br>See page 52 for information about Colorectal Screening Exams | <b>In-Network</b><br>\$0 copay for<br>- Medicare-covered colorectal screenings<br>- up to 1 additional screening every year<br><br>See page 52 for information about Colorectal Screening Exams | <b>In-Network</b><br>\$0 copay for<br>- Medicare-covered colorectal screenings<br>- up to 1 additional screening every year<br><br>See page 52 for information about Colorectal Screening Exams | <b>In-Network</b><br>\$0 copay for<br>- Medicare-covered colorectal screenings<br>- up to 1 additional screening every year<br><br>See page 52 for information about Colorectal Screening Exams |
| <b>24 – Immunizations</b><br>(Flu vaccine, Hepatitis B vaccine -for people with Medicare who are at risk, Pneumonia vaccine) | \$0 copay for Flu, Pneumonia and Hepatitis B vaccines<br><br>You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.             | <b>In-Network</b><br>\$0 copay for Flu and Pneumonia vaccines.<br><br>\$0 copay for Hepatitis B vaccine.<br><br>No referral needed for Flu and pneumonia vaccines.                              | <b>In-Network</b><br>\$0 copay for Flu and Pneumonia vaccines.<br><br>\$0 copay for Hepatitis B vaccine.<br><br>No referral needed for Flu and pneumonia vaccines.                              | <b>In-Network</b><br>\$0 copay for Flu and Pneumonia vaccines.<br><br>\$0 copay for Hepatitis B vaccine.<br><br>No referral needed for Flu and pneumonia vaccines.                              | <b>In-Network</b><br>\$0 copay for Flu and Pneumonia vaccines.<br><br>\$0 copay for Hepatitis B vaccine.<br><br>No referral needed for Flu and pneumonia vaccines.                              |
| <b>25 – Mammograms (Annual Screening)</b>  | No coinsurance, copayment or deductible.   | <b>In-Network</b><br>\$0 copay for<br>- Medicare-covered screening  | <b>In-Network</b><br>\$0 copay for<br>- Medicare-covered screening  | <b>In-Network</b><br>\$0 copay for<br>- Medicare-covered screening  | <b>In-Network</b><br>\$0 copay for<br>- Medicare-covered screening  |

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| <b>Benefit</b>   | <b>Original Medicare</b>  | <b>Rocky Mountain Green Plan + Rx (Cost)</b>  | <b>Rocky Mountain Thrifty Plan + Rx (Cost)</b>  | <b>Rocky Mountain Standard Plan + Rx (Cost)</b>   | <b>Rocky Mountain Plus Plan + Rx (Cost)</b>   |
|--|---|---|---|---|---|
| (for women with Medicare age 40 and older)                           | No referral needed.<br><br>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.  | mammograms<br>- up to 1 additional screening<br>mammogram every year<br><br>See page 53 for information about Mammograms (Annual Screening)   | mammograms<br>- up to 1 additional screening<br>Mammogram every year<br><br>See page 53 for information about Mammograms (Annual Screening)   | mammograms<br>- up to 1 additional screening<br>Mammogram every year<br><br>See page 53 for information about Mammograms (Annual Screening)   | mammograms<br>- up to 1 additional screening<br>mammogram every year<br><br>See page 53 for information about Mammograms (Annual Screening)   |
| <b>26 – Pap Smears and Pelvic Exams</b><br>(for women with Medicare) | No coinsurance, copayment or deductible for Pap smears.<br><br>No coinsurance, copayment or deductible for Pelvic and clinical breast exams.<br><br>Covered once every 2 years. Covered once a year for women with Medicare at high risk. | <b>In-Network</b><br>\$0 copay for Medicare-covered pap smears and pelvic exams<br>- up to 1 additional pap smear and pelvic exam every year<br><br>See page 53 for information about Pap Smears and Pelvic Exams | <b>In-Network</b><br>\$0 copay for Medicare-covered pap smears and pelvic exams<br>- up to 1 additional pap smear and pelvic exam every year<br><br>See page 53 for information about Pap Smears and Pelvic Exams | <b>In-Network</b><br>\$0 copay for Medicare-covered pap smears and pelvic exams<br>- up to 1 additional pap smear and pelvic exam every year<br><br>See page 53 for information about Pap Smears and Pelvic Exams | <b>In-Network</b><br>\$0 copay for Medicare-covered pap smears and pelvic exams<br>- up to 1 additional pap smear and pelvic exam every year<br><br>See page 53 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 Part A and Part B deductibles and coinsurance.

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**Section II – Summary of Benefits**

| <b>Benefit</b>  | <b>Original Medicare</b>   | <b>Rocky Mountain Green Plan + Rx (Cost)</b>   | <b>Rocky Mountain Thrifty Plan + Rx (Cost)</b>   | <b>Rocky Mountain Standard Plan + Rx (Cost)</b>  | <b>Rocky Mountain Plus Plan + Rx (Cost)</b>  |
|---|--|--|--|--|--|
| <b>27 – Prostate Cancer Screening Exams</b><br>(for men with Medicare age 50 and older) | 20% coinsurance for the digital rectal exam.<br><br>\$0 for the PSA test; 20% coinsurance for other related services.<br><br>Covered once a year for all men with Medicare over age 50.  | <b>In-Network</b><br>\$0 copay for<br>- Medicare-covered prostate cancer screening<br>- up to 1 additional screening every year<br><br>See page 53 for information about Prostate Cancer Screening Exams                         | <b>In-Network</b><br>\$0 copay for<br>- Medicare-covered prostate cancer screening<br>- up to 1 additional screening every year<br><br>See page 53 for information about Prostate Cancer Screening Exams                         | <b>In-Network</b><br>\$0 copay for<br>- Medicare-covered prostate cancer screening<br>- up to 1 additional screening every year<br><br>See page 53 for information about Prostate Cancer Screening Exams                         | <b>In-Network</b><br>\$0 copay for<br>- Medicare-covered prostate cancer screening<br>- up to 1 additional screening every year<br><br>See page 53 for information about Prostate Cancer Screening Exams                         |
| <b>28 – End-Stage Renal Disease</b>   | 20% coinsurance for renal dialysis<br><br>20% coinsurance for Nutrition Therapy for End-Stage Renal Disease<br><br>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 | <b>General</b><br>Cost plan members pay Fee-for-Service cost sharing for out-of-area dialysis.<br><br><b>In-Network</b><br>20% of the cost for renal dialysis<br><br>\$0 copay for Nutrition Therapy for End-Stage Renal Disease | <b>General</b><br>Cost plan members pay Fee-for-Service cost sharing for out-of-area dialysis.<br><br><b>In-Network</b><br>20% of the cost for renal dialysis<br><br>\$0 copay for Nutrition Therapy for End-Stage Renal Disease | <b>General</b><br>Cost plan members pay Fee-for-Service cost sharing for out-of-area dialysis.<br><br><b>In-Network</b><br>20% of the cost for renal dialysis<br><br>\$0 copay for Nutrition Therapy for End-Stage Renal Disease | <b>General</b><br>Cost plan members pay Fee-for-Service cost sharing for out-of-area dialysis.<br><br><b>In-Network</b><br>20% of the cost for renal dialysis<br><br>\$0 copay for Nutrition Therapy for End-Stage Renal Disease |

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**Section II – Summary of Benefits**

| <b>Benefit</b>                 | <b>Original Medicare</b>  | <b>Rocky Mountain Green Plan + Rx (Cost)</b>   | <b>Rocky Mountain Thrifty Plan + Rx (Cost)</b>   | <b>Rocky Mountain Standard Plan + Rx (Cost)</b>  | <b>Rocky Mountain Plus Plan + Rx (Cost)</b>  |
|--------------------------------|---|--|--|--|--|
|                                | 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><br/>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><br/>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="http://www.rmhpmedicare.or">www.rmhpmedicare.or</a></p> | <p><b>Drugs covered under Medicare Part B</b></p> <p><b>General</b><br/>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><br/>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="http://www.rmhpmedicare.org">www.rmhpmedicare.org</a></p> | <p><b>Drugs covered under Medicare Part B</b></p> <p><b>General</b><br/>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><br/>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="http://www.rmhpmedicare.org">www.rmhpmedicare.org</a></p> | <p><b>Drugs covered under Medicare Part B</b></p> <p><b>General</b><br/>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><br/>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="http://www.rmhpmedicare.org">www.rmhpmedicare.org</a></p> |

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**Section II – Summary of Benefits**

| <b>Benefit</b> | <b>Original Medicare</b> | <b>Rocky Mountain Green Plan + Rx (Cost)</b>   | <b>Rocky Mountain Thrifty Plan + Rx (Cost)</b>   | <b>Rocky Mountain Standard Plan + Rx (Cost)</b>  | <b>Rocky Mountain Plus Plan + Rx (Cost)</b>  |
|----------------|--------------------------|--|--|--|--|
|                |                          | <p>g on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> <li>-have limited incomes,</li> <li>-live in long term care facilities, or</li> <li>-have access to Indian/Tribal/Urban (Indian Health Service).</li> </ul> <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> | <p>on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> <li>-have limited incomes,</li> <li>-live in long term care facilities, or</li> <li>-have access to Indian/Tribal/Urban (Indian Health Service).</li> </ul> <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> | <p>on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> <li>-have limited incomes,</li> <li>-live in long term care facilities, or</li> <li>-have access to Indian/Tribal/Urban (Indian Health Service).</li> </ul> <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> | <p>on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> <li>-have limited incomes,</li> <li>-live in long term care facilities, or</li> <li>-have access to Indian/Tribal/Urban (Indian Health Service).</li> </ul> <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</p> |

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**Section II – Summary of Benefits**

| <b>Benefit</b> | <b>Original Medicare</b> | <b>Rocky Mountain Green Plan + Rx (Cost)</b>   | <b>Rocky Mountain Thrifty Plan + Rx (Cost)</b>  | <b>Rocky Mountain Standard Plan + Rx (Cost)</b>  | <b>Rocky Mountain Plus Plan + Rx (Cost)</b>   |
|----------------|--------------------------|--|---|--|---|
|                |                          | <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Rocky Mountain Green Plan + Rx (Cost) for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient</p> | <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Rocky Mountain Thrifty Plan + Rx (Cost) for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider</p> | <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Rocky Mountain Standard Plan + Rx (Cost) for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider</p> | <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Rocky Mountain Plus Plan + Rx (Cost) for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient</p> |

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**Section II – Summary of Benefits**

| <b>Benefit</b> | <b>Original Medicare</b> | <b>Rocky Mountain Green Plan + Rx (Cost)</b>  | <b>Rocky Mountain Thrifty Plan + Rx (Cost)</b>   | <b>Rocky Mountain Standard Plan + Rx (Cost)</b>  | <b>Rocky Mountain Plus Plan + Rx (Cost)</b>  |
|----------------|--------------------------|---|--|--|--|
|                |                          | <p>education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and Rocky Mountain Green Plan + Rx (Cost) approves the exception, you will pay Tier 3: Preferred Brand</p> | <p>coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and Rocky Mountain Thrifty Plan + Rx (Cost) approves the exception, you will</p> | <p>coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and Rocky Mountain Standard Plan + Rx (Cost) approves the exception,</p> | <p>education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and Rocky Mountain Plus Plan + Rx (Cost) approves the exception, you will pay Tier 3: Preferred Brand</p> |

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**Section II – Summary of Benefits**

| <b>Benefit</b> | <b>Original Medicare</b> | <b>Rocky Mountain Green Plan + Rx (Cost)</b>   | <b>Rocky Mountain Thrifty Plan + Rx (Cost)</b>   | <b>Rocky Mountain Standard Plan + Rx (Cost)</b>  | <b>Rocky Mountain Plus Plan + Rx (Cost)</b>  |
|----------------|--------------------------|--|--|--|--|
|                |                          | <p>Drugs cost sharing for that drug.</p> <p><b>In-Network</b><br/>\$115 deductible on all drugs except Tier 1: Generic Drugs, Tier 2: Non-Preferred Generic and Brand Drugs.</p> <p><b>Initial Coverage</b><br/>After you pay your yearly deductible, you pay the following until total yearly drug costs reach \$2,840:</p> <p><b>Retail Pharmacy</b><br/>Tier 1: Generic Drugs<br/>- \$2 copay for a one-month (30-day) supply of drugs in this tier<br/>- \$6 copay for a three-month (90-day) supply of drugs in this tier</p> | <p>pay Tier 3: Preferred Brand Drugs cost sharing for that drug.</p> <p><b>In-Network</b><br/>\$110 deductible on all drugs except Tier 1: Generic Drugs, Tier 2: Non-Preferred Generic and Brand Drugs.</p> <p><b>Initial Coverage</b><br/>After you pay your yearly deductible, you pay the following until total yearly drug costs reach \$2,840:</p> <p><b>Retail Pharmacy</b><br/>Tier 1: Generic Drugs<br/>- \$2 copay for a one-month (30-day) supply of drugs in this tier<br/>- \$6 copay for a three-month (90-day) supply of drugs in this tier</p> | <p>you will pay Tier 3: Preferred Brand Drugs cost sharing for that drug.</p> <p><b>In-Network</b><br/>\$0 deductible.</p> <p><b>Initial Coverage</b><br/>You pay the following until total yearly drug costs reach \$2,840:</p> <p><b>Retail Pharmacy</b><br/>Tier 1: Generic Drugs<br/>- \$10 copay for a one-month (30-day) supply of drugs in this tier<br/>- \$30 copay for a three-month (90-day) supply of drugs in this tier</p> | <p>Drugs cost sharing for that drug.</p> <p><b>In-Network</b><br/>\$0 deductible.</p> <p><b>Initial Coverage</b><br/>You pay the following until total yearly drug costs reach \$2,840:</p> <p><b>Retail Pharmacy</b><br/>Tier 1: Generic Drugs<br/>- \$8.50 copay for a one-month (30-day) supply of drugs in this tier<br/>- \$25.50 copay for a three-month (90-day) supply of drugs in this tier</p> |

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**Section II – Summary of Benefits**

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|----------------|--------------------------|---|--|--|--|
|                |                          | <p>Tier 2: Non-Preferred Generic and Brand Drugs<br/>                     - \$9 copay for a one-month (30-day) supply of drugs in this tier<br/>                     - \$27 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 3: Preferred Brand Drugs<br/>                     - \$43 copay for a one-month (30-day) supply of drugs in this tier<br/>                     - \$129 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 4: Non-Preferred Brand Drugs<br/>                     - \$63 copay for a one-month (30-day) supply of drugs in this tier<br/>                     - \$189 copay for a three-month (90-day) supply of drugs in this tier</p> | <p>Tier 2: Non-Preferred Generic and Brand Drugs<br/>                     - \$12 copay for a one-month (30-day) supply of drugs in this tier<br/>                     - \$36 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 3: Preferred Brand Drugs<br/>                     - \$40 copay for a one-month (30-day) supply of drugs in this tier<br/>                     - \$120 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 4: Non-Preferred Brand Drugs<br/>                     - \$60 copay for a one-month (30-day) supply of drugs in this tier<br/>                     - \$180 copay for a three-month (90-day) supply of drugs in this tier</p> | <p>Tier 2: Non-Preferred Generic and Brand Drugs<br/>                     - \$10 copay for a one-month (30-day) supply of drugs in this tier<br/>                     - \$30 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 3: Preferred Brand Drugs<br/>                     - \$40 copay for a one-month (30-day) supply of drugs in this tier<br/>                     - \$120 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 4: Non-Preferred Brand Drugs<br/>                     - \$60 copay for a one-month (30-day) supply of drugs in this tier<br/>                     - \$180 copay for a three-month (90-day) supply of drugs in this tier</p> | <p>tier</p> <p>Tier 2: Non-Preferred Generic and Brand Drugs<br/>                     - \$8.50 copay for a one-month (30-day) supply of drugs in this tier<br/>                     - \$25.50 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 3: Preferred Brand Drugs<br/>                     - \$38 copay for a one-month (30-day) supply of drugs in this tier<br/>                     - \$114 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 4: Non-Preferred Brand Drugs<br/>                     - \$58 copay for a one-month (30-day) supply of drugs in this tier</p> |

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**Section II – Summary of Benefits**

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|----------------|--------------------------|---|--|---|--|
|                |                          | <p>tier</p> <p>Tier 5: Specialty Tier Drugs<br/>- 30% coinsurance for a one-month (30-day) supply of drugs in this tier<br/>- 30% coinsurance for a three-month (90-day) supply of drugs in this tier</p> <p><b>Long Term Care Pharmacy</b><br/>Tier 1: Generic Drugs<br/>- \$2 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Tier 2: Non-Preferred Generic and Brand Drugs<br/>- \$9 copay for a one-</p> | <p>tier</p> <p>Tier 5: Specialty Tier Drugs<br/>- 30% coinsurance for a one-month (30-day) supply of drugs in this tier<br/>- 30% coinsurance for a three-month (90-day) supply of drugs in this tier</p> <p><b>Long Term Care Pharmacy</b><br/>Tier 1: Generic Drugs<br/>- \$2 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Tier 2: Non-Preferred Generic and Brand Drugs<br/>- \$12 copay for a one-</p> | <p>tier</p> <p>Tier 5: Specialty Tier Drugs<br/>- 33% coinsurance for a one-month (30-day) supply of drugs in this tier<br/>- 33% coinsurance for a three-month (90-day) supply of drugs in this tier</p> <p><b>Long Term Care Pharmacy</b><br/>Tier 1: Generic Drugs<br/>- \$10 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Tier 2: Non-Preferred Generic and Brand Drugs<br/>- \$10 copay for a one-</p> | <p>of drugs in this tier<br/>- \$174 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 5: Specialty Tier Drugs<br/>- 33% coinsurance for a one-month (30-day) supply of drugs in this tier<br/>- 33% coinsurance for a three-month (90-day) supply of drugs in this tier</p> <p><b>Long Term Care Pharmacy</b><br/>Tier 1: Generic Drugs<br/>- \$8.50 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Tier 2: Non-Preferred Generic and Brand Drugs</p> |

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|----------------|--------------------------|---|---|--|--|
|                |                          | <p>month (31-day) supply of drugs in this tier</p> <p>Tier 3: Preferred Brand Drugs<br/>- \$43 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Tier 4: Non-Preferred Brand Drugs<br/>- \$63 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Tier 5: Specialty Tier Drugs<br/>- 30% coinsurance for a one-month (31-day) supply of drugs in this tier</p> <p><b>Mail Order</b><br/>Tier 1: Generic Drugs<br/>- \$5 copay for a three-month (90-day) supply</p> | <p>month (31-day) supply of drugs in this tier</p> <p>Tier 3: Preferred Brand Drugs<br/>- \$40 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Tier 4: Non-Preferred Brand Drugs<br/>- \$60 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Tier 5: Specialty Tier Drugs<br/>- 30% coinsurance for a one-month (31-day) supply of drugs in this tier</p> <p><b>Mail Order</b><br/>Tier 1: Generic Drugs<br/>- \$5 copay for a three-month (90-day) supply</p> | <p>month (31-day) supply of drugs in this tier</p> <p>Tier 3: Preferred Brand Drugs<br/>- \$40 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Tier 4: Non-Preferred Brand Drugs<br/>- \$60 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Tier 5: Specialty Tier Drugs<br/>- 33% coinsurance for a one-month (31-day) supply of drugs in this tier</p> <p><b>Mail Order</b><br/>Tier 1: Generic Drugs<br/>- \$25 copay for a three-month (90-day) supply</p> | <p>- \$8.50 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Tier 3: Preferred Brand Drugs<br/>- \$38 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Tier 4: Non-Preferred Brand Drugs<br/>- \$58 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Tier 5: Specialty Tier Drugs<br/>- 33% coinsurance for a one-month (31-day) supply of drugs in this tier</p> <p><b>Mail Order</b><br/>Tier 1: Generic Drugs<br/>- \$21.25 copay for a three-month (90-day) supply</p> |

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**Section II – Summary of Benefits**

| <b>Benefit</b> | <b>Original Medicare</b> | <b>Rocky Mountain Green Plan + Rx (Cost)</b>   | <b>Rocky Mountain Thrifty Plan + Rx (Cost)</b>  | <b>Rocky Mountain Standard Plan + Rx (Cost)</b>   | <b>Rocky Mountain Plus Plan + Rx (Cost)</b>  |
|----------------|--------------------------|--|---|---|--|
|                |                          | <p>of drugs in this tier</p> <p>Tier 2: Non-Preferred Generic and Brand Drugs<br/>- \$22.50 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 3: Preferred Brand Drugs<br/>- \$107.50 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 4: Non-Preferred Brand Drugs<br/>- \$157.50 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 5: Specialty Tier Drugs<br/>- 30% coinsurance for a three-month (90-day)</p> | <p>of drugs in this tier</p> <p>Tier 2: Non-Preferred Generic and Brand Drugs<br/>- \$30 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 3: Preferred Brand Drugs<br/>- \$100 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 4: Non-Preferred Brand Drugs<br/>- \$150 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 5: Specialty Tier Drugs<br/>- 30% coinsurance for a three-month (90-day) supply of drugs in this</p> | <p>of drugs in this tier</p> <p>Tier 2: Non-Preferred Generic and Brand Drugs<br/>- \$25 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 3: Preferred Brand Drugs<br/>- \$100 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 4: Non-Preferred Brand Drugs<br/>- \$150 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 5: Specialty Tier Drugs<br/>- 33% coinsurance for a three-month (90-day) supply of drugs in this</p> | <p>supply of drugs in this tier</p> <p>Tier 2: Non-Preferred Generic and Brand Drugs<br/>- \$21.25 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 3: Preferred Brand Drugs<br/>- \$95 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 4: Non-Preferred Brand Drugs<br/>- \$145 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 5: Specialty Tier Drugs<br/>- 33% coinsurance for a three-month (90-day)</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 Part A and 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

| Benefit | Original Medicare | Rocky Mountain Green Plan + Rx (Cost)  | Rocky Mountain Thrifty Plan + Rx (Cost)  | Rocky Mountain Standard Plan + Rx (Cost)   | Rocky Mountain Plus Plan + Rx (Cost)  |
|---------|-------------------|--|--|--|---|
|         |                   | <p>supply of drugs in this tier</p> <p><b>Coverage Gap</b><br/>After your total yearly drug costs reach \$2,840, you receive a discount on brand name drugs and pay 93% of the plan's costs for all generic drugs, until your yearly out-of-pocket drug costs reach \$4,550.</p> | <p>tier</p> <p><b>Coverage Gap</b><br/>After your total yearly drug costs reach \$2,840, you receive a discount on brand name drugs and pay 93% of the plan's costs for all generic drugs, until your yearly out-of-pocket drug costs reach \$4,550.</p> | <p>tier</p> <p><b>Coverage Gap</b><br/>After your total yearly drug costs reach \$2,840, you receive a discount on brand name drugs and pay 93% of the plan's costs for all generic drugs, until your yearly out-of-pocket drug costs reach \$4,550.</p> | <p>supply of drugs in this tier</p> <p><b>Additional Coverage Gap</b><br/>You pay the following:</p> <p><b>Retail Pharmacy</b><br/>Tier 1: Generic Drugs<br/>- \$8.50 copay for a one-month (30-day) supply of all drugs in this tier<br/>- \$25.50 copay for a three-month (90-day) supply of all drugs in this tier</p> <p>Tier 2: Non-Preferred Generic and Brand Drugs<br/>- \$8.50 copay for a one-month (30-day) supply of all drugs in this tier<br/>- \$25.50 copay for a three-month (90-day) supply of all drugs in this tier</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 Part A and 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

| Benefit | Original Medicare | Rocky Mountain Green Plan + Rx<br>(Cost) | Rocky Mountain Thrifty Plan + Rx<br>(Cost) | Rocky Mountain Standard Plan + Rx<br>(Cost) | Rocky Mountain Plus Plan + Rx<br>(Cost)   |
|---------|-------------------|--|--|---|---|
|         |                   |  |  |   | <p>this tier</p> <p><b>Long Term Care Pharmacy</b><br/>Tier 1: Generic Drugs<br/>- \$8.50 copay for a one-month (31-day) supply of all drugs in this tier</p> <p>Tier 2: Non-Preferred Generic and Brand Drugs<br/>- \$8.50 copay for a one-month (31-day) supply of all drugs in this tier</p> <p><b>Mail Order</b><br/>Tier 1: Generic Drugs<br/>- \$21.25 copay for a three-month (90-day) supply of all drugs in this tier</p> <p>Tier 2: Non-Preferred Generic and Brand Drugs</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 Part A and 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>Rocky Mountain Green Plan + Rx<br/>(Cost)</b>  | <b>Rocky Mountain Thrifty Plan + Rx<br/>(Cost)</b>  | <b>Rocky Mountain Standard Plan + Rx<br/>(Cost)</b>   | <b>Rocky Mountain Plus Plan + Rx<br/>(Cost)</b>   |
|----------------|--------------------------|---|---|---|---|
|                |                          | <p><b>Catastrophic Coverage</b><br/>After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:<br/>- A \$2.50 copay for generic (including</p> | <p><b>Catastrophic Coverage</b><br/>After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:<br/>- A \$2.50 copay for generic (including</p> | <p><b>Catastrophic Coverage</b><br/>After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:<br/>- A \$2.50 copay for generic (including</p> | <p>- \$21.25 copay for a three-month (90-day) supply of all drugs in this tier</p> <p>After your total yearly drug costs reach \$2,840, you receive limited coverage by the plan on certain drugs. You will also receive a discount on brand name drugs and generally pay no more than 93% of the plan's costs for all generic drugs, until your yearly out-of-pocket drug costs reach \$4,550.</p> <p><b>Catastrophic Coverage</b><br/>After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:<br/>- A \$2.50 copay for generic (including</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 Part A and 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>Rocky Mountain Green Plan + Rx (Cost)</b>  | <b>Rocky Mountain Thrifty Plan + Rx (Cost)</b>  | <b>Rocky Mountain Standard Plan + Rx (Cost)</b>   | <b>Rocky Mountain Plus Plan + Rx (Cost)</b>  |
|----------------|--------------------------|---|---|---|--|
|                |                          | <p>brand drugs treated as generic) and a \$6.30 copay for all other drugs, or<br/>- 5% coinsurance.</p> <p><b>Out-of-Network</b><br/>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Rocky Mountain Green</p> | <p>brand drugs treated as generic) and a \$6.30 copay for all other drugs, or<br/>- 5% coinsurance.</p> <p><b>Out-of-Network</b><br/>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Rocky Mountain</p> | <p>brand drugs treated as generic) and a \$6.30 copay for all other drugs, or<br/>- 5% coinsurance.</p> <p><b>Out-of-Network</b><br/>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Rocky Mountain</p> | <p>brand drugs treated as generic) and a \$6.30 copay for all other drugs, or<br/>- 5% coinsurance.</p> <p><b>Out-of-Network</b><br/>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Rocky Mountain Plus</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 Part A and 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>Rocky Mountain Green Plan + Rx (Cost)</b>  | <b>Rocky Mountain Thrifty Plan + Rx (Cost)</b>   | <b>Rocky Mountain Standard Plan + Rx (Cost)</b>   | <b>Rocky Mountain Plus Plan + Rx (Cost)</b>   |
|----------------|--------------------------|---|--|---|---|
|                |                          | <p>Plan + Rx (Cost).</p> <p><b>Out-of-Network Initial Coverage</b><br/>After you pay your yearly deductible, you will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,840:</p> <p>Tier 1: Generic Drugs<br/>- \$2 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Tier 2: Non-Preferred Generic and Brand Drugs<br/>- \$9 copay for a one-month (30-day) supply of drugs in this tier</p> | <p>Thrifty Plan + Rx (Cost).</p> <p><b>Out-of-Network Initial Coverage</b><br/>After you pay your yearly deductible, you will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,840:</p> <p>Tier 1: Generic Drugs<br/>- \$2 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Tier 2: Non-Preferred Generic and Brand Drugs<br/>- \$12 copay for a one-month (30-day) supply of drugs in this tier</p> | <p>Standard Plan + Rx (Cost).</p> <p><b>Out-of-Network Initial Coverage</b><br/>You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,840:</p> <p>Tier 1: Generic Drugs<br/>-\$10 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Tier 2: Non-Preferred Generic and Brand Drugs<br/>-\$10 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Tier 3: Preferred Brand Drugs</p> | <p>Plan + Rx (Cost).</p> <p><b>Out-of-Network Initial Coverage</b><br/>You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,840:</p> <p>Tier 1: Generic Drugs<br/>- \$8.50 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Tier 2: Non-Preferred Generic and Brand Drugs<br/>-\$8.50 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Tier 3: Preferred Brand</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 Part A and Part B deductibles and coinsurance.

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**Section II – Summary of Benefits**

| <b>Benefit</b> | <b>Original Medicare</b> | <b>Rocky Mountain Green Plan + Rx (Cost)</b>  | <b>Rocky Mountain Thrifty Plan + Rx (Cost)</b>  | <b>Rocky Mountain Standard Plan + Rx (Cost)</b>   | <b>Rocky Mountain Plus Plan + Rx (Cost)</b>  |
|----------------|--------------------------|---|---|---|--|
|                |                          | <p>Tier 3: Preferred Brand Drugs<br/>- \$43 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Tier 4: Non-Preferred Brand Drugs<br/>- \$63 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Tier 5: Specialty Tier Drugs<br/>- 30% coinsurance for a one-month (30-day) supply of drugs in this tier</p> <p>You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</p> | <p>Tier 3: Preferred Brand Drugs<br/>- \$40 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Tier 4: Non-Preferred Brand Drugs<br/>- \$60 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Tier 5: Specialty Tier Drugs<br/>- 30% coinsurance for a one-month (30-day) supply of drugs in this tier</p> <p>You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</p> | <p>- \$40 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Tier 4: Non-Preferred Brand Drugs<br/>- \$60 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Tier 5: Specialty Tier Drugs<br/>- 33% coinsurance for a one-month (30-day) supply of drugs in this tier</p> <p>You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</p> | <p>Drugs<br/>-\$38 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Tier 4: Non-Preferred Brand Drugs<br/>- \$58 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Tier 5: Specialty Tier Drugs<br/>- 33% coinsurance for a one-month (30-day) supply of drugs in this tier</p> <p>You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</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 Part A and Part B deductibles and coinsurance.

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**Section II – Summary of Benefits**

| <b>Benefit</b> | <b>Original Medicare</b> | <b>Rocky Mountain Green Plan + Rx (Cost)</b>  | <b>Rocky Mountain Thrifty Plan + Rx (Cost)</b>  | <b>Rocky Mountain Standard Plan + Rx (Cost)</b>   | <b>Rocky Mountain Plus Plan + Rx (Cost)</b>   |
|----------------|--------------------------|---|---|---|---|
|                |                          | <p><b>Out-of-Network Coverage Gap</b><br/>           You will be reimbursed up to 7% of the plan allowable cost for generic drugs purchased out-of-network until total yearly drug costs reach \$4,550.</p> <p>You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until total yearly drug costs reach \$4,550.</p> <p>You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</p> | <p><b>Out-of-Network Coverage Gap</b><br/>           You will be reimbursed up to 7% of the plan allowable cost for generic drugs purchased out-of-network until total yearly drug costs reach \$4,550.</p> <p>You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until total yearly drug costs reach \$4,550.</p> <p>You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</p> | <p><b>Out-of-Network Coverage Gap</b><br/>           You will be reimbursed up to 7% of the plan allowable cost for generic drugs purchased out-of-network until total yearly drug costs reach \$4,550.</p> <p>You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until total yearly drug costs reach \$4,550.</p> <p>You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</p> | <p><b>Additional Out-of-Network Coverage Gap</b><br/>           You will be reimbursed for these drugs purchased out-of-network up to the full cost minus the following:</p> <p>Tier 1: Generic Drugs<br/>           -\$8.50 copay for a one-month (30-day) supply of all drugs in this tier</p> <p>Tier 2: Non-Preferred Generic and Brand Drugs<br/>           -\$8.50 copay for a one-month (30-day) supply of all drugs in this tier</p> <p>Tier 3: Preferred Brand Drugs<br/>           You will be reimbursed up to 7% of the plan allowable cost for generic drugs</p> |

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**Section II – Summary of Benefits**

| <b>Benefit</b> | <b>Original Medicare</b> | <b>Rocky Mountain Green Plan + Rx<br/>(Cost)</b> | <b>Rocky Mountain Thrifty Plan + Rx<br/>(Cost)</b> | <b>Rocky Mountain Standard Plan + Rx<br/>(Cost)</b> | <b>Rocky Mountain Plus Plan + Rx<br/>(Cost)</b>  |
|----------------|--------------------------|--|--|---|--|
|                |                          |  |  |   | <p>purchased out-of-network until total yearly drug costs reach \$4,550.</p> <p>You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until total yearly drug costs reach \$4,550.</p> <p>Tier 4: Non-Preferred Brand Drugs<br/>You will be reimbursed up to 7% of the plan allowable cost for generic drugs purchased of-of-network until total yearly drug costs reach \$4,550.</p> <p>You will be reimbursed up to the discounted price for brand name drugs purchased out-</p> |

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**Section II – Summary of Benefits**

| <b>Benefit</b> | <b>Original Medicare</b> | <b>Rocky Mountain Green Plan + Rx<br/>(Cost)</b> | <b>Rocky Mountain Thrifty Plan + Rx<br/>(Cost)</b> | <b>Rocky Mountain Standard Plan + Rx<br/>(Cost)</b> | <b>Rocky Mountain Plus Plan + Rx<br/>(Cost)</b>  |
|----------------|--------------------------|--|--|---|--|
|                |                          |  |  |   | <p>of-network until total yearly drug costs reach \$4,550.</p> <p>Tier 5: Specialty Tier Drugs<br/>You will be reimbursed up to 7% of the plan allowable cost for generic drugs purchased of-of-network until total yearly drug costs reach \$4,550.</p> <p>You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until total yearly drug costs reach \$4,550.</p> <p>You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and</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 Part A and Part B deductibles and coinsurance.

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**Section II – Summary of Benefits**

| <b>Benefit</b> | <b>Original Medicare</b> | <b>Rocky Mountain Green Plan + Rx (Cost)</b>   | <b>Rocky Mountain Thrifty Plan + Rx (Cost)</b>   | <b>Rocky Mountain Standard Plan + Rx (Cost)</b>  | <b>Rocky Mountain Plus Plan + Rx (Cost)</b>   |
|----------------|--------------------------|--|--|--|---|
|                |                          | <p><b>Out-of-Network Catastrophic Coverage</b><br/>                     After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus your cost share, which is the greater of:<br/>                     - A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or<br/>                     - 5% coinsurance.</p> <p>You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and</p> | <p><b>Out-of-Network Catastrophic Coverage</b><br/>                     After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus your cost share, which is the greater of:<br/>                     - A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or<br/>                     - 5% coinsurance.</p> <p>You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and</p> | <p><b>Out-of-Network Catastrophic Coverage</b><br/>                     After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus your cost share, which is the greater of:<br/>                     - A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or<br/>                     - 5% coinsurance.</p> <p>You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and</p> | <p>the plan's In-Network allowable amount.</p> <p><b>Out-of-Network Catastrophic Coverage</b><br/>                     After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus your cost share, which is the greater of:<br/>                     - A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or<br/>                     - 5% coinsurance.</p> <p>You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and</p> |

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**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>Rocky Mountain Green Plan + Rx (Cost)</b>   | <b>Rocky Mountain Thrifty Plan + Rx (Cost)</b>   | <b>Rocky Mountain Standard Plan + Rx (Cost)</b>  | <b>Rocky Mountain Plus Plan + Rx (Cost)</b>  |
|-----------------------------|--|--|--|--|--|
|                             |  | the plan's In-Network allowable amount.  | the plan's In-Network allowable amount.  | the plan's In-Network allowable amount.  | the plan's In-Network allowable amount.  |
| <b>30 – Dental Services</b> | Preventive dental services (such as cleaning) not covered. | <p><b>General</b><br/>Authorization rules may apply.</p> <p><b>In-Network</b><br/>In general, preventive dental benefits (such as cleaning) not covered.</p> <p>However, this plan covers preventive dental benefits for an extra cost (see "Optional Benefits.")</p> <p>\$0 to \$1,750 copay [or 0% to 20% of the cost] for Medicare-covered dental benefits.</p> <p>See page 53 for information on Dental Services</p> | <p><b>General</b><br/>Authorization rules may apply.</p> <p><b>In-Network</b><br/>In general, preventive dental benefits (such as cleaning) not covered.</p> <p>However, this plan covers preventive dental benefits for an extra cost (see "Optional Benefits.")</p> <p>\$0 to \$1,000 copay [or 0% to 20% of the cost] for Medicare-covered dental benefits.</p> <p>See page 53 for information on Dental Services</p> | <p><b>General</b><br/>Authorization rules may apply.</p> <p><b>In-Network</b><br/>In general, preventive dental benefits (such as cleaning) not covered.</p> <p>However, this plan covers preventive dental benefits for an extra cost (see "Optional Benefits.")</p> <p>\$0 to \$600 copay [or 0% to 20% of the cost] for Medicare-covered dental benefits.</p> <p>See page 53 for information on Dental Services</p> | <p><b>General</b><br/>Authorization rules may apply.</p> <p><b>In-Network</b><br/>In general, preventive dental benefits (such as cleaning) not covered.</p> <p>However, this plan covers preventive dental benefits for an extra cost (see "Optional Benefits.")</p> <p>\$0 to \$450 copay [or 0% to 20% of the cost] for Medicare-covered dental benefits.</p> <p>See page 53 for information on Dental Services</p> |

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**Section II – Summary of Benefits**

| <b>Benefit</b>               | <b>Original Medicare</b>  | <b>Rocky Mountain Green Plan + Rx (Cost)</b>   | <b>Rocky Mountain Thrifty Plan + Rx (Cost)</b>  | <b>Rocky Mountain Standard Plan + Rx (Cost)</b>   | <b>Rocky Mountain Plus Plan + Rx (Cost)</b>  |
|------------------------------|---|--|---|---|--|
| <b>31 – Hearing Services</b> | <p>Routine hearing exams and hearing aids not covered.</p> <p>20% coinsurance for diagnostic hearing exams.</p>   | <p><b>In-Network</b><br/>Hearing aids not covered.</p> <p>- \$15 to \$35 copay for Medicare-covered diagnostic hearing exams<br/>- \$20 copay for up to 1 routine hearing test every year</p> <p>See page 53 for information on Hearing Services</p>               | <p><b>In-Network</b><br/>Hearing aids not covered.</p> <p>- \$20 to \$50 copay for Medicare-covered diagnostic hearing exams<br/>- \$20 copay for up to 1 routine hearing test every year</p> <p>See page 53 for information on Hearing Services</p>    | <p><b>In-Network</b><br/>Hearing aids not covered.</p> <p>- \$20 to \$45 copay for Medicare-covered diagnostic hearing exams<br/>- \$20 copay for up to 1 routine hearing test every year</p> <p>See page 53 for information on Hearing Services</p>    | <p><b>In-Network</b><br/>Hearing aids not covered.</p> <p>- \$15 to \$35 copay for Medicare-covered diagnostic hearing exams<br/>- \$20 copay for up to 1 routine hearing test every year</p> <p>See page 53 for information on Hearing Services</p> |
| <b>32 – Vision Services</b>  | <p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Routine eye exams and glasses not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p> | <p><b>In-Network</b><br/>\$0 copay for<br/>- one pair of eyeglasses or contact lenses after cataract surgery</p> <p>- \$0 to \$35 copay for exams to diagnose and treat diseases and conditions of the eye.<br/>- \$0 copay for up to 1 routine eye exam every</p> | <p><b>In-Network</b><br/>Non-Medicare-covered eye exams and glasses not covered.</p> <p>\$0 copay for<br/>- one pair of eyeglasses or contact lenses after cataract surgery</p> <p>- \$0 to \$50 copay for exams to diagnose and treat diseases and</p> | <p><b>In-Network</b><br/>Non-Medicare-covered eye exams and glasses not covered.</p> <p>\$0 copay for<br/>- one pair of eyeglasses or contact lenses after cataract surgery</p> <p>- \$0 to \$45 copay for exams to diagnose and treat diseases and</p> | <p><b>In-Network</b><br/>\$0 copay for<br/>- one pair of eyeglasses or contact lenses after cataract surgery<br/>- \$0 to \$35 copay for exams to diagnose and conditions of the eye.<br/>- \$15 copay for up to 1 routine eye 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 Part A and 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>Rocky Mountain Green Plan + Rx (Cost)</b>  | <b>Rocky Mountain Thrifty Plan + Rx (Cost)</b>  | <b>Rocky Mountain Standard Plan + Rx (Cost)</b>   | <b>Rocky Mountain Plus Plan + Rx (Cost)</b>   |
|--|--|---|---|---|---|
|  | Annual glaucoma screenings covered for people at risk.   | year  | conditions of the eye.  | conditions of the eye.  |   |
| <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</p> | <p><b>In-Network</b><br/>\$0 copay for routine exams.<br/>Limited to 1 exam every year.</p> | <p><b>In-Network</b><br/>\$0 copay for routine exams.<br/>Limited to 1 exam every year.</p> | <p><b>In-Network</b><br/>\$0 copay for routine exams.<br/>Limited to 1 exam every year.</p> | <p><b>In-Network</b><br/>\$0 copay for routine exams.<br/>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 Part A and 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>Rocky Mountain Green Plan + Rx (Cost)</b>   | <b>Rocky Mountain Thrifty Plan + Rx (Cost)</b>   | <b>Rocky Mountain Standard Plan + Rx (Cost)</b>  | <b>Rocky Mountain Plus Plan + Rx (Cost)</b>  |
|---------------------------------------|---|--|--|--|--|
|                                       | Annual Wellness visit.<br><br>The Welcome to Medicare exam does not include lab tests.  |  |  |  |  |
| <b>34 – Health/Wellness Education</b> | 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.<br><br>\$0 copay for the HIV screening, but you generally pay 20% of the Medicare approved amount for the doctor's | <b>In-Network</b><br>The plan covers the following health/wellness education benefits:<br><br>- Written health education materials, including Newsletters<br><br>\$0 copay for each Medicare-covered smoking cessation counseling session.<br><br>\$0 copay for each Medicare-covered HIV screening.<br><br>HIV screening is covered for people with Medicare who are pregnant and people at | <b>In-Network</b><br>The plan covers the following health/wellness education benefits:<br><br>- Written health education materials, including Newsletters<br><br>\$0 copay for each Medicare-covered smoking cessation counseling session.<br><br>\$0 copay for each Medicare-covered HIV screening.<br><br>HIV screening is covered for people with Medicare who are pregnant and people at | <b>In-Network</b><br>The plan covers the following health/wellness education benefits:<br><br>- Written health education materials, including Newsletters<br><br>\$0 copay for each Medicare-covered smoking cessation counseling session.<br><br>\$0 copay for each Medicare-covered HIV screening.<br><br>HIV screening is covered for people with Medicare who are pregnant and people at | <b>In-Network</b><br>The plan covers the following health/wellness education benefits:<br><br>- Written health education materials, including Newsletters<br><br>\$0 copay for each Medicare-covered smoking cessation counseling session.<br><br>\$0 copay for each Medicare-covered HIV screening.<br><br>HIV screening is covered for people with Medicare who are pregnant and people at |

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 Part A and 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>Rocky Mountain Green Plan + Rx (Cost)</b>  | <b>Rocky Mountain Thrifty Plan + Rx (Cost)</b>  | <b>Rocky Mountain Standard Plan + Rx (Cost)</b>   | <b>Rocky Mountain Plus Plan + Rx (Cost)</b>   |
|---|---|---|---|---|---|
|   | 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 12 months or up to three times during a pregnancy. | 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. | 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. | 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. | 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><br>This plan does not cover routine transportation.   | <b>In-Network</b><br>This plan does not cover routine transportation.   | <b>In-Network</b><br>This plan does not cover routine transportation.   | <b>In-Network</b><br>This plan does not cover routine transportation.   |
| <b>Acupuncture</b>  | Not covered.  | <b>In-Network</b><br>This plan does not cover Acupuncture.  | <b>In-Network</b><br>This plan does not cover Acupuncture.  | <b>In-Network</b><br>This plan does not cover Acupuncture.  | <b>In-Network</b><br>This plan does not cover Acupuncture.  |
| <b>OPTIONAL SUPPLEMENTAL BENEFITS - Prescription Drugs This plan offers Medicare Prescription Drug coverage (Part D) as an optional benefit. Refer to "Prescription Drugs" for more information on this coverage.</b> |   |   |   |   |   |
| <b>OPTIONAL SUPPLEMENTAL PACKAGE #1</b>   |   |   |   |   |   |
| <b>Premium and Other Important Information</b>  |   | <b>General</b><br>Package: 1 - Dental Services:<br>\$16 monthly premium, in addition to your  | <b>General</b><br>Package: 1 - Dental Services:<br>\$16 monthly premium, in addition to your  | <b>General</b><br>Package: 1 - Dental Services:<br>\$16 monthly premium, in addition to your  | <b>General</b><br>Package: 1 - Dental Services:<br>\$16 monthly premium, in addition to your  |

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 Part A and 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>Rocky Mountain Green Plan + Rx (Cost)</b>  | <b>Rocky Mountain Thrifty Plan + Rx (Cost)</b>  | <b>Rocky Mountain Standard Plan + Rx (Cost)</b>   | <b>Rocky Mountain Plus Plan + Rx (Cost)</b>   |
|------------------------|--------------------------|---|---|---|---|
|                        |                          | \$39.20 monthly plan premium and the monthly Medicare Part B premium, for the following optional benefits:<br>- Preventive Dental<br>- Comprehensive Dental<br><br>\$1,500 plan coverage limit every year for these benefits.   | \$69.80 monthly plan premium and the monthly Medicare Part B premium, for the following optional benefits:<br>- Preventive Dental<br>- Comprehensive Dental<br><br>\$1,500 plan coverage limit every year for these benefits.   | \$135.50 monthly plan premium and the monthly Medicare Part B premium, for the following optional benefits:<br>- Preventive Dental<br>- Comprehensive Dental<br><br>\$1,500 plan coverage limit every year for these benefits.  | \$246.20 monthly plan premium and the monthly Medicare Part B premium, for the following optional benefits:<br>- Preventive Dental<br>- Comprehensive Dental<br><br>\$1,500 plan coverage limit every year for these benefits.  |
| <b>Dental Services</b> |                          | <b>General</b><br>Plan offers additional comprehensive dental benefits.<br><br><b>In-Network</b><br>- 30% of the cost for up to 2 cleanings every year<br>- 30% of the cost for fluoride treatments<br>- 30% of the cost for up to 2 oral exams every year<br>- 50% of the cost for | <b>General</b><br>Plan offers additional comprehensive dental benefits.<br><br><b>In-Network</b><br>- 30% of the cost for up to 2 cleanings every year<br>- 30% of the cost for fluoride treatments<br>- 30% of the cost for up to 2 oral exams every year<br>- 50% of the cost for | <b>General</b><br>Plan offers additional comprehensive dental benefits.<br><br><b>In-Network</b><br>- 30% of the cost for up to 2 cleanings every year<br>- 30% of the cost for fluoride treatments<br>- 30% of the cost for up to 2 oral exams every year<br>- 50% of the cost for | <b>General</b><br>Plan offers additional comprehensive dental benefits.<br><br><b>In-Network</b><br>- 30% of the cost for up to 2 cleanings every year<br>- 30% of the cost for fluoride treatments<br>- 30% of the cost for up to 2 oral exams every year<br>- 50% of the cost for |

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 Part A and 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>Rocky Mountain Green Plan + Rx (Cost)</b>                                     | <b>Rocky Mountain Thrifty Plan + Rx (Cost)</b>                                   | <b>Rocky Mountain Standard Plan + Rx (Cost)</b>                                  | <b>Rocky Mountain Plus Plan + Rx (Cost)</b>                                      |
|----------------|--------------------------|--|--|--|--|
|                |                          | dental x-rays<br><br>\$1,500 plan coverage limit for dental benefits every year. | dental x-rays<br><br>\$1,500 plan coverage limit for dental benefits every year. | dental x-rays<br><br>\$1,500 plan coverage limit for dental benefits every year. | dental x-rays<br><br>\$1,500 plan coverage limit for dental benefits every year. |

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 Part A and 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 Rocky Mountain Green Plan + Rx (Cost), Rocky Mountain Thrifty Plan + Rx (Cost) and Rocky Mountain Standard Plan + Rx (Cost) only:

Plan deductible does not apply to preventive services and tests, primary care physician and specialist office visits, lab services, diagnostic imaging and procedures, Part B-covered drugs, or urgent and emergency care. See the Evidence of Coverage for details.

### **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.

### **7 – Hospice**

There is no copayment for care received from a network hospice.

### **8 – Doctor Office Visits**

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 Rocky Mountain Green Plan + Rx (Cost), Rocky Mountain Standard Plan + Rx (Cost) and Rocky Mountain Plus Plan + Rx (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

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             | Rocky Mountain Green Plan + Rx (Cost)   | Rocky Mountain Thrifty Plan + Rx (Cost)   | Rocky Mountain Standard Plan + Rx (Cost)  | Rocky Mountain Plus Plan + Rx (Cost)  |
|--------------------------------------|---|---|---|---|
| Clinical and Diagnostic Lab Services | You pay \$0.  | You pay \$0.  | 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 \$75 per visit.   | You pay \$75 per visit.   | You pay \$75 per visit.   |
| Diagnostic procedures and tests      | You pay \$350 for most diagnostic procedures and tests in an outpatient facility.<br>You pay the applicable office visit copayment for diagnostic procedures and tests in a doctor's office.<br>You pay \$0 for diagnostic colonoscopy. | You pay \$400 for most diagnostic procedures and tests in an outpatient facility.<br>You pay the applicable office visit copayment for diagnostic procedures and tests in a doctor's office.<br>You pay \$0 for diagnostic colonoscopy. | You pay \$350 for most diagnostic procedures and tests in an outpatient facility.<br>You pay the applicable office visit copayment for diagnostic procedures and tests in a doctor's office.<br>You pay \$0 for diagnostic colonoscopy. | You pay \$150 for most diagnostic procedures and tests in an outpatient facility.<br>You pay the applicable office visit copayment for diagnostic procedures and tests in a doctor's office.<br>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

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

### **25 – Mammograms (Annual Screening)**

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

### **26 – Pap Smears and Pelvic Exams**

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

### **27 – Prostate Cancer Screening Exams**

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

### **30 – Dental Services**

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

### **31 – Hearing Services**

Covered routine hearing tests must be received from a specified audiology network.

### **Optional Supplement Package #1 - Dental Services through Delta Dental**

Enrollment in an optional dental services package is voluntary. Members may enroll in any of the medical Plans without taking a dental services package.

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.

| <b>Service</b>  | <b>Copayment</b> |
|---|------------------|
| Type I – Preventive Services<br>Oral exams, prophylaxis (2 cleanings + 2 periodontal cleanings per year), fluoride treatments (approved for adults with specific conditions)<br>No deductible | 30%              |
| Type II – Basic Services<br>X-rays, simple extractions, palliative treatment, fillings<br>Deductible applies  | 50%              |
| Type III – Major Services<br>Endodontic and periodontic services<br>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

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 your Member enrollment materials for an application, benefit summary, and provider directory.