

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

**January 1, 2011 – December 31, 2011**  
**WESTERN SLOPE COLORADO**

A Health plan with a Medicare contract

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Thank you for your interest in Rocky Mountain Green Plan (Cost), Rocky Mountain Thrifty Plan (Cost), Rocky Mountain Standard Plan (Cost), and Rocky Mountain Plus Plan (Cost). Our plans are offered by Rocky Mountain Health Maintenance Organization/Rocky Mountain Health Plans, a Medicare Cost 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 (Cost), Rocky Mountain Thrifty Plan (Cost), Rocky Mountain Standard Plan (Cost), or Rocky Mountain Plus Plan (Cost). You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

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

**HOW CAN I COMPARE MY OPTIONS?**

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

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

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

The service area for these plans includes: Alamosa, Archuleta, Chaffee, Conejos, Costilla, Delta, Dolores, Eagle, Garfield, Grand, Gunnison, Hinsdale, Jackson, La Plata, Lake, Mesa, Mineral, Moffat, Montezuma, Montrose, Ouray, Pitkin, Rio Blanco, Rio Grande, Routt, Saguache, San Juan, San Miguel, and Summit Counties, CO. You must live in one of these areas to join the plan.

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

You can join Rocky Mountain Green Plan (Cost), Rocky Mountain Thrifty Plan (Cost), Rocky Mountain Standard Plan (Cost), or Rocky Mountain Plus Plan (Cost) if you are entitled to Medicare Part A and enrolled in Part B or enrolled in Medicare Part B only and live in the service area. However, individuals with End Stage Renal Disease generally are not eligible to enroll in Rocky Mountain Green Plan (Cost), Rocky Mountain Thrifty Plan (Cost), Rocky Mountain Standard Plan (Cost), or Rocky Mountain Plus Plan (Cost) unless they are members of our organization and have been since their dialysis began.

## **CAN I CHOOSE MY DOCTORS?**

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

You can ask for a current Provider Directory or for an up-to-date list visit us at our website.

Our customer service number is listed at the end of this introduction.

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

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

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

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

## **WHAT ARE MY PROTECTIONS IN THIS PLAN?**

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

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

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

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

## **WHERE CAN I FIND INFORMATION ON PLAN RATINGS?**

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

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

Visit us at [www.rmhpmedicare.org](http://www.rmhpmedicare.org) or, call us:

Customer Service Hours:

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

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

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

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227).

TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week.

Or, visit [www.medicare.gov](http://www.medicare.gov) on the web.

This document may be available in a different format or language.

For additional information, call customer service at the phone number listed above.

Este documento puede estar disponible en un formato diferente o idioma.

Para obtener información adicional, llame al servicio al cliente en el número de teléfono que aparece arriba.

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

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

**Section II – Summary of Benefits**

<b>Benefit</b>	<b>Original Medicare</b>	<b>Rocky Mountain Green Plan (Cost)</b>	<b>Rocky Mountain Thrifty Plan (Cost)</b>	<b>Rocky Mountain Standard Plan (Cost)</b>	<b>Rocky Mountain Plus Plan (Cost)</b>
<b>IMPORTANT INFORMATION</b>					
<b>1 – Premium and Other Important Information</b>	<p>In 2011, the monthly Part B Premium is \$96.40, \$110.50 or \$115.40 and the yearly Part B deductible is \$162.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p> <p>Most people will pay the standard monthly Part B premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call</p>	<p><b>General</b> \$7 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>Most people will pay the standard monthly Part B premium in addition to their plan premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day,</p>	<p><b>General</b> \$45 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>Most people will pay the standard monthly Part B premium in addition to their plan premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day,</p>	<p><b>General</b> \$74 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>Most people will pay the standard monthly Part B premium in addition to their plan premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day,</p>	<p><b>General</b> \$160 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>Most people will pay the standard monthly Part B premium in addition to their plan premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day,</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 (Cost)</b>	<b>Rocky Mountain Thrifty Plan (Cost)</b>	<b>Rocky Mountain Standard Plan (Cost)</b>	<b>Rocky Mountain Plus Plan (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>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> \$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 30 for information about Premium and Other Important Information</p>	<p>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> \$250 yearly deductible. Contact the plan for services that apply.</p> <p>See page 30 for information about Premium and Other Important Information</p>	<p>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>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 (Cost)</b>	<b>Rocky Mountain Thrifty Plan (Cost)</b>	<b>Rocky Mountain Standard Plan (Cost)</b>	<b>Rocky Mountain Plus Plan (Cost)</b>
<p><b>2 – Doctor and Hospital Choice</b> (For more information, see Emergency Care - #15 and Urgently Needed Care - #16.)</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p><b>In-Network</b> No referral required for network doctors, specialists, and hospitals.</p> <p><b>In and Out-of-Network</b> You can use any network doctor. If you go to out-of-network doctors the plan may not cover the services, but Medicare will pay its share for Medicare-covered services. When Medicare pays its share, you pay the Medicare Part B deductible and coinsurance.</p> <p>See page 30 for information about Doctor and Hospital Choice</p>	<p><b>In-Network</b> No referral required for network doctors, specialists, and hospitals.</p> <p><b>In and Out-of-Network</b> You can use any network doctor. If you go to out-of-network doctors the plan may not cover the services, but Medicare will pay its share for Medicare-covered services. When Medicare pays its share, you pay the Medicare Part B deductible and coinsurance.</p> <p>See page 30 for information about Doctor and Hospital Choice</p>	<p><b>In-Network</b> No referral required for network doctors, specialists, and hospitals.</p> <p><b>In and Out-of-Network</b> You can use any network doctor. If you go to out-of-network doctors the plan may not cover the services, but Medicare will pay its share for Medicare-covered services. When Medicare pays its share, you pay the Medicare Part B deductible and coinsurance.</p> <p>See page 30 for information about Doctor and Hospital Choice</p>	<p><b>In-Network</b> No referral required for network doctors, specialists, and hospitals.</p> <p><b>In and Out-of-Network</b> You can use any network doctor. If you go to out-of-network doctors the plan may not cover the services, but Medicare will pay its share for Medicare-covered services. When Medicare pays its share, you pay the Medicare Part B deductible and coinsurance.</p> <p>See page 30 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.

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**Section II – Summary of Benefits**

<b>Benefit</b>	<b>Original Medicare</b>	<b>Rocky Mountain Green Plan (Cost)</b>	<b>Rocky Mountain Thrifty Plan (Cost)</b>	<b>Rocky Mountain Standard Plan (Cost)</b>	<b>Rocky Mountain Plus Plan (Cost)</b>
<b>SUMMARY OF BENEFITS</b>					
<b>INPATIENT CARE</b>					
<b>3 – Inpatient Hospital Care</b> (includes Substance Abuse and Rehabilitation Services)	In 2011, the amounts for each benefit period are: Days 1 - 60: \$1,132 deductible Days 61 - 90: \$283 per day Days 91 - 150: \$566 per lifetime reserve day  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.  Lifetime reserve days can only be used once.  A "benefit period" starts the day you go into a hospital or skilled nursing facility.	<b>In-Network</b> Plan covers 90 days each benefit period.  For Medicare-covered hospital stays: Days 1 - 7: \$250 copay per day Days 8 - 90: \$0 copay per day  Plan covers 60 lifetime reserve days. Cost per lifetime reserve day: Days 1 - 7: \$250 copay per day Days 8 - 60: \$0 copay per day	<b>In-Network</b> Plan covers 90 days each benefit period.  For Medicare-covered hospital stays: Days 1 - 5: \$200 copay per day Days 6 - 90: \$0 copay per day  Plan covers 60 lifetime reserve days. Cost per lifetime reserve day: Days 1 - 5: \$200 copay per day Days 6 - 60: \$0 copay per day	<b>In-Network</b> Plan covers 90 days each benefit period.  \$600 copay for each Medicare-covered hospital stay	<b>In-Network</b> Plan covers 90 days each benefit period.  \$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 (Cost)</b>	<b>Rocky Mountain Thrifty Plan (Cost)</b>	<b>Rocky Mountain Standard Plan (Cost)</b>	<b>Rocky Mountain Plus Plan (Cost)</b>
	It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.				
<b>4 – Inpatient Mental Health Care</b>	Same deductible and copay as inpatient hospital care (see "Inpatient Hospital Care" above).  190 day lifetime limit in a Psychiatric Hospital.	<b>In-Network</b> You get up to 190 days in a Psychiatric Hospital in a lifetime.  For Medicare-covered hospital stays: Days 1 - 7: \$250 copay per day Days 8 - 90: \$0 copay per day  Plan covers 60 lifetime reserve days. Cost per	<b>In-Network</b> You get up to 190 days in a Psychiatric Hospital in a lifetime.  For Medicare-covered hospital stays: Days 1 - 5: \$200 copay per day Days 6 - 90: \$0 copay per day  Plan covers 60 lifetime reserve days. Cost per	<b>In-Network</b> You get up to 190 days in a Psychiatric Hospital in a lifetime.  \$600 copay for each Medicare-covered hospital stay.	<b>In-Network</b> You get up to 190 days in a Psychiatric Hospital in a lifetime.  \$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 (Cost)</b>	<b>Rocky Mountain Thrifty Plan (Cost)</b>	<b>Rocky Mountain Standard Plan (Cost)</b>	<b>Rocky Mountain Plus Plan (Cost)</b>
		lifetime reserve day: Days 1 - 7: \$250 copay per day Days 8 - 60: \$0 copay per day	lifetime reserve day: Days 1 - 5: \$200 copay per day Days 6 - 60: \$0 copay per day		
<b>5 – Skilled Nursing Facility (SNF)</b> (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: Days 1 - 20: \$0 per day Days 21 - 100: \$141.50 per day  100 days for each benefit period.  A "benefit period" starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the	<b>In-Network</b> Plan covers up to 100 days each benefit period  For Medicare-covered SNF stays: Days 1 - 20: \$0 copay per day Days 21 - 100: \$100 copay per day	<b>In-Network</b> Plan covers up to 100 days each benefit period  For Medicare-covered SNF stays: Days 1 - 20: \$0 copay per day Days 21 - 100: \$100 copay per day	<b>In-Network</b> Plan covers up to 100 days each benefit period  For Medicare-covered SNF stays: Days 1 - 20: \$0 copay per day Days 21 - 100: \$95 copay per day	<b>In-Network</b> Plan covers up to 100 days each benefit period  For Medicare-covered SNF stays: Days 1 - 20: \$0 copay per day 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.

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**Section II – Summary of Benefits**

<b>Benefit</b>	<b>Original Medicare</b>	<b>Rocky Mountain Green Plan (Cost)</b>	<b>Rocky Mountain Thrifty Plan (Cost)</b>	<b>Rocky Mountain Standard Plan (Cost)</b>	<b>Rocky Mountain Plus Plan (Cost)</b>
	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> (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	\$0 copay.	<b>In Network</b> \$0 copay for Medicare-covered home health visits.	<b>In Network</b> \$0 copay for Medicare-covered home health visits.	<b>In Network</b> \$0 copay for Medicare-covered home health visits.	<b>In Network</b> \$0 copay for Medicare-covered home health visits.
<b>7 – Hospice</b>	You pay part of the cost for outpatient drugs and inpatient respite care.  You must get care from a Medicare-certified hospice.	<b>General</b> You must get care from a Medicare-certified hospice.  See page 30 for information about Hospice	<b>General</b> You must get care from a Medicare-certified hospice.  See page 30 for information about Hospice	<b>General</b> You must get care from a Medicare-certified hospice.  See page 30 for information about Hospice	<b>General</b> You must get care from a Medicare-certified hospice.  See page 30 for information about Hospice

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 (Cost)</b>	<b>Rocky Mountain Thrifty Plan (Cost)</b>	<b>Rocky Mountain Standard Plan (Cost)</b>	<b>Rocky Mountain Plus Plan (Cost)</b>
<b>OUTPATIENT CARE</b>					
<b>8 – Doctor Office Visits</b>	20% coinsurance	<p><b>General</b> See "Welcome to Medicare; and Annual Wellness Visit" for more information.</p> <p><b>In-Network</b> \$0 to \$15 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$35 copay for each in-area, network urgent care Medicare-covered visit.</p> <p>\$35 copay for each specialist visit for Medicare-covered benefits.</p> <p>See page 30 for information about Doctor Office Visits</p>	<p><b>General</b> See "Welcome to Medicare; and Annual Wellness Visit," for more information.</p> <p><b>In-Network</b> \$0 to \$20 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$40 copay for each in-area, network urgent care Medicare-covered visit.</p> <p>\$40 copay for each specialist visit for Medicare-covered benefits.</p> <p>See page 30 for information about Doctor Office Visits</p>	<p><b>General</b> See "Welcome to Medicare; and Annual Wellness Visit," for more information.</p> <p><b>In-Network</b> \$0 to \$15 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$45 copay for each in-area, network urgent care Medicare-covered visit.</p> <p>\$45 copay for each specialist visit for Medicare-covered benefits.</p> <p>See page 30 for information about Doctor Office Visits</p>	<p><b>General</b> See "Welcome to Medicare; and Annual Wellness Visit", for more information.</p> <p><b>In-Network</b> \$0 to \$15 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$35 copay for each in-area, network urgent care Medicare-covered visit.</p> <p>\$35 copay for each specialist visit for Medicare-covered benefits.</p> <p>See page 30 for information about Doctor Office Visits</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 (Cost)</b>	<b>Rocky Mountain Thrifty Plan (Cost)</b>	<b>Rocky Mountain Standard Plan (Cost)</b>	<b>Rocky Mountain Plus Plan (Cost)</b>
<b>9 – Chiropractic Services</b>	<p>Routine care not covered</p> <p>20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p>	<p><b>In-Network</b> 20% of the cost for each Medicare-covered visit.</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p> <p>See page 30 for information about Chiropractic Services</p>	<p><b>In-Network</b> 20% of the cost for each Medicare-covered visit.</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p> <p>See page 30 for information about Chiropractic Services</p>	<p><b>In-Network</b> 20% of the cost for each Medicare-covered visit.</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p> <p>See page 30 for information about Chiropractic Services</p>	<p><b>In-Network</b> 20% of the cost for each Medicare-covered visit.</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p> <p>See page 30 for information about Chiropractic Services</p>

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

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<b>Benefit</b>	<b>Original Medicare</b>	<b>Rocky Mountain Green Plan (Cost)</b>	<b>Rocky Mountain Thrifty Plan (Cost)</b>	<b>Rocky Mountain Standard Plan (Cost)</b>	<b>Rocky Mountain Plus Plan (Cost)</b>
<b>10 – Podiatry Services</b>	Routine care not covered.  20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.	<b>In-Network</b> \$35 copay for each Medicare-covered visit.  Medicare-covered podiatry benefits are for medically-necessary foot care.	<b>In-Network</b> \$40 copay for each Medicare-covered visit.  Medicare-covered podiatry benefits are for medically-necessary foot care.	<b>In-Network</b> \$45 copay for each Medicare-covered visit.  Medicare-covered podiatry benefits are for medically-necessary foot care.	<b>In-Network</b> \$35 copay for each Medicare-covered visit.  Medicare-covered podiatry benefits are for medically-necessary foot care.
<b>11 – Outpatient Mental Health Care</b>	45% coinsurance for most outpatient mental health services.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> \$35 copay for each Medicare-covered individual or group therapy visit.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> \$40 copay for each Medicare-covered individual or group therapy visit.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> \$45 copay for each Medicare-covered individual or group therapy visit.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> \$35 copay for each Medicare-covered individual or group therapy visit.
<b>12 – Outpatient Substance Abuse Care</b>	20% coinsurance	<b>General</b> Authorization rules may apply.  <b>In-Network</b> \$35 copay for Medicare-covered individual or group visits.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> \$40 copay for Medicare-covered individual or group visits.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> \$45 copay for Medicare-covered individual or group visits.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> \$35 copay for Medicare-covered individual or group 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 (Cost)</b>	<b>Rocky Mountain Thrifty Plan (Cost)</b>	<b>Rocky Mountain Standard Plan (Cost)</b>	<b>Rocky Mountain Plus Plan (Cost)</b>
<b>13 – Outpatient Services/ Surgery</b>	<p>20% coinsurance for the doctor</p> <p>Specified copayment for outpatient hospital facility charges. Copay cannot exceed Part A inpatient hospital deductible.</p> <p>20% copayment for ambulatory surgical center facility charges</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$350 copay for each Medicare-covered ambulatory surgical center visit.</p> <p>\$350 copay for each Medicare-covered outpatient hospital facility visit.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$350 copay for each Medicare-covered ambulatory surgical center visit.</p> <p>\$350 copay for each Medicare-covered outpatient hospital facility visit.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$350 copay for each Medicare-covered ambulatory surgical center visit.</p> <p>\$350 copay for each Medicare-covered outpatient hospital facility visit.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$250 copay for each Medicare-covered ambulatory surgical center visit.</p> <p>\$250 copay for each Medicare-covered outpatient hospital facility visit.</p>
<b>14 – Ambulance Services</b> (medically necessary ambulance services)	20% coinsurance	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$150 copay for Medicare-covered ambulance benefits.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$150 copay for Medicare-covered ambulance benefits.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$100 copay for Medicare-covered ambulance benefits.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$100 copay for Medicare-covered ambulance benefits.</p>
<b>15 – Emergency Care</b> (You may go to any emergency room if you	<p>20% coinsurance for the doctor</p> <p>Specified copayment for outpatient hospital emergency room (ER)</p>	<p><b>General</b> \$50 copay for Medicare-covered emergency room visits.</p> <p>Worldwide coverage.</p>	<p><b>General</b> \$50 copay for Medicare-covered emergency room visits.</p> <p>Not covered outside</p>	<p><b>General</b> \$50 copay for Medicare-covered emergency room visits.</p> <p>Worldwide coverage.</p>	<p><b>General</b> \$50 copay for Medicare-covered emergency room visits.</p> <p>Worldwide coverage.</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 (Cost)</b>	<b>Rocky Mountain Thrifty Plan (Cost)</b>	<b>Rocky Mountain Standard Plan (Cost)</b>	<b>Rocky Mountain Plus Plan (Cost)</b>
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.  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 more details.  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> (This is NOT emergency care, and in most cases, is out of the service area.)	20% coinsurance, or a set copay  NOT covered outside the U.S. except under limited circumstances.	<b>General</b> \$35 copay for Medicare-covered urgently needed care visits.  See page 30 for information about Urgently Needed Care	<b>General</b> \$40 copay for Medicare-covered urgently needed care visits.	<b>General</b> \$45 copay for Medicare-covered urgently needed care visits.  See page 30 for information about Urgently Needed Care	<b>General</b> \$35 copay for Medicare-covered urgently needed care visits.  See page 30 for information about Urgently Needed Care
<b>17 – Outpatient Rehabilitation Services</b> (Occupational	20% coinsurance	<b>In-Network</b> There may be limits on physical therapy, occupational therapy, and speech and	<b>In-Network</b> There may be limits on physical therapy, occupational therapy, and speech and	<b>In-Network</b> There may be limits on physical therapy, occupational therapy, and speech and	<b>In-Network</b> There may be limits on physical therapy, occupational therapy, and speech and

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 (Cost)</b>	<b>Rocky Mountain Thrifty Plan (Cost)</b>	<b>Rocky Mountain Standard Plan (Cost)</b>	<b>Rocky Mountain Plus Plan (Cost)</b>
Therapy, Physical Therapy, Speech and Language Therapy, Respiratory Therapy Services, Social/Psychological Services, and more)		language pathology services. If so, there may be exceptions to these limits.  \$15 copay for Medicare-covered Occupational Therapy visits.  \$15 copay for Medicare-covered Physical and/or Speech and Language Therapy visits.  \$0 copay for Medicare-covered Cardiac Rehab services.  See page 30 for information about Outpatient Rehabilitation Services	language pathology services. If so, there may be exceptions to these limits.  \$15 copay for Medicare-covered Occupational Therapy visits.  \$15 copay for Medicare-covered Physical and/or Speech and Language Therapy visits.  \$0 copay for Medicare-covered Cardiac Rehab services.  See page 30 for information about Outpatient Rehabilitation Services	language pathology services. If so, there may be exceptions to these limits.  \$15 copay for Medicare-covered Occupational Therapy visits.  \$15 copay for Medicare-covered Physical and/or Speech and Language Therapy visits.  \$0 copay for Medicare-covered Cardiac Rehab services.  See page 30 for information about Outpatient Rehabilitation Services	language pathology services. If so, there may be exceptions to these limits.  \$15 copay for Medicare-covered Occupational Therapy visits.  \$15 copay for Medicare-covered Physical and/or Speech and Language Therapy visits.  \$0 copay for Medicare-covered Cardiac Rehab services.  See page 30 for information about Outpatient Rehabilitation Services
<b>OUTPATIENT MEDICAL SERVICES AND SUPPLIES</b>					
<b>18 – Durable Medical Equipment</b>	20% coinsurance	<b>General</b> Authorization rules may apply.	<b>General</b> Authorization rules may apply.	<b>General</b> Authorization rules may apply.	<b>General</b> Authorization rules may apply.

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 (Cost)</b>	<b>Rocky Mountain Thrifty Plan (Cost)</b>	<b>Rocky Mountain Standard Plan (Cost)</b>	<b>Rocky Mountain Plus Plan (Cost)</b>
(includes wheelchairs, oxygen, etc.)		<b>In-Network</b> 20% of the cost for Medicare-covered items.	<b>In-Network</b> 20% of the cost for Medicare-covered items.	<b>In-Network</b> 20% of the cost for Medicare-covered items.	<b>In-Network</b> 20% of the cost for Medicare-covered items.
<b>19 – Prosthetic Devices</b> (includes braces, artificial limbs and eyes, etc.).	20% coinsurance	<b>General</b> Authorization rules may apply.  <b>In-Network</b> 20% of the cost for Medicare-covered items.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> 20% of the cost for Medicare-covered items.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> 20% of the cost for Medicare-covered items.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> 20% of the cost for Medicare-covered items.
<b>20 – Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies</b> (includes coverage for glucose monitors, test strips, lancets, screening tests, self-management training, retinal exam/glaucoma	20% coinsurance  Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.	<b>In-Network</b> \$0 copay for Diabetes self-monitoring training.  \$0 copay for Nutrition Therapy for Diabetes.  20% of the cost for Diabetes supplies.	<b>In-Network</b> \$0 copay for Diabetes self-monitoring training.  \$0 copay for Nutrition Therapy for Diabetes.  20% of the cost for Diabetes supplies.	<b>In-Network</b> \$0 copay for Diabetes self-monitoring training.  \$0 copay for Nutrition Therapy for Diabetes.  20% of the cost for Diabetes supplies.	<b>In-Network</b> \$0 copay for Diabetes self-monitoring training.  \$0 copay for Nutrition Therapy for Diabetes.  20% of the cost for Diabetes supplies.

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**Section II – Summary of Benefits**

<b>Benefit</b>	<b>Original Medicare</b>	<b>Rocky Mountain Green Plan (Cost)</b>	<b>Rocky Mountain Thrifty Plan (Cost)</b>	<b>Rocky Mountain Standard Plan (Cost)</b>	<b>Rocky Mountain Plus Plan (Cost)</b>
test, and foot exam/therapeutic soft shoes)					
<b>21 – Diagnostic Tests, X-Rays, Lab Services, and Radiology Services</b>	<p>20% coinsurance for diagnostic tests and x-rays</p> <p>\$0 copay for Medicare-covered lab services</p> <p>Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for Medicare-covered lab services.</p> <p>\$0 to \$350 copay [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 services (not including x-rays).</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for Medicare-covered lab services.</p> <p>\$0 to \$350 copay for Medicare-covered diagnostic procedures and tests.</p> <p>\$0 copay for Medicare-covered X-rays.</p> <p>\$0 to \$150 copay for Medicare-covered diagnostic radiology services (not including x-rays).</p> <p>20% of the cost for Medicare-covered</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for Medicare-covered lab services.</p> <p>\$0 to \$350 copay for Medicare-covered diagnostic procedures and tests.</p> <p>\$0 copay for Medicare-covered X-rays.</p> <p>\$0 to \$150 copay for Medicare-covered diagnostic radiology services (not including x-rays).</p> <p>20% of the cost for Medicare-covered</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for Medicare-covered lab services.</p> <p>\$0 to \$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> <p>20% of the cost for Medicare-covered</p>

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**Section II – Summary of Benefits**

<b>Benefit</b>	<b>Original Medicare</b>	<b>Rocky Mountain Green Plan (Cost)</b>	<b>Rocky Mountain Thrifty Plan (Cost)</b>	<b>Rocky Mountain Standard Plan (Cost)</b>	<b>Rocky Mountain Plus Plan (Cost)</b>
	suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol.	20% of the cost for Medicare-covered therapeutic radiology services.  Separate Office Visit cost sharing of \$15 to \$35 may apply for Outpatient Diagnostic Procedures, Tests and Lab Services.  See page 31 for information about Diagnostic Tests, X-Rays, Lab Services, and Radiology Services	therapeutic radiology services.  Separate Office Visit cost sharing of \$20 to \$40 may apply for Outpatient Diagnostic Procedures, Tests and Lab Services.  See page 31 for information about Diagnostic Tests, X-Rays, Lab Services, and Radiology Services	therapeutic radiology services.  Separate Office Visit cost sharing of \$15 to \$45 may apply for Outpatient Diagnostic Procedures, Tests and Lab Services.  See page 31 for information about Diagnostic Tests, X-Rays, Lab Services, and Radiology Services	therapeutic radiology services.  Separate Office Visit cost sharing of \$15 to \$35 may apply for Outpatient Diagnostic Procedures, Tests and Lab Services.  See page 31 for information about Diagnostic Tests, X-Rays, Lab Services, and Radiology Services
<b>PREVENTIVE SERVICES</b>					
<b>22 – Bone Mass Measurement</b> (for people with Medicare who are at risk)	No coinsurance, copayment or deductible.  Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.	<b>In-Network</b> \$0 copay for Medicare-covered bone mass measurement  See page 31 for information about Bone Mass Measurement	<b>In-Network</b> \$0 copay for Medicare-covered bone mass measurement  See page 31 for information about Bone Mass Measurement	<b>In-Network</b> \$0 copay for Medicare-covered bone mass measurement  See page 31 for information about Bone Mass Measurement	<b>In-Network</b> \$0 copay for Medicare-covered bone mass measurement  See page 31 for information about Bone Mass Measurement
<b>23 –</b>	No coinsurance,	<b>In-Network</b>	<b>In-Network</b>	<b>In-Network</b>	<b>In-Network</b>

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**Section II – Summary of Benefits**

<b>Benefit</b>	<b>Original Medicare</b>	<b>Rocky Mountain Green Plan (Cost)</b>	<b>Rocky Mountain Thrifty Plan (Cost)</b>	<b>Rocky Mountain Standard Plan (Cost)</b>	<b>Rocky Mountain Plus Plan (Cost)</b>
<b>Colorectal Screening Exams</b> (for people with Medicare age 50 and older)	copayment or deductible for screening colonoscopy or screening flexible sigmoidoscopy.  Covered when you are high risk or when you are age 50 and older.	\$0 copay for - Medicare-covered colorectal screenings - up to 1 additional screening every year  See page 31 for information about Colorectal Screening Exams	\$0 copay for - Medicare-covered colorectal screenings - up to 1 additional screening every year  See page 31 for information about Colorectal Screening Exams	\$0 copay for - Medicare-covered colorectal screenings - up to 1 additional screening every year  See page 31 for information about Colorectal Screening Exams	\$0 copay for - Medicare-covered colorectal screenings - up to 1 additional screening every year  See page 31 for information about Colorectal Screening Exams
<b>24 – Immunizations</b> (Flu vaccine, Hepatitis B vaccine -for people with Medicare who are at risk, Pneumonia vaccine)	\$0 copay for Flu, Pneumonia and Hepatitis B vaccines  You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.	<b>In-Network</b> \$0 copay for Flu and Pneumonia vaccines.  \$0 copay for Hepatitis B vaccine.  No referral needed for Flu and pneumonia vaccines.	<b>In-Network</b> \$0 copay for Flu and Pneumonia vaccines.  \$0 copay for Hepatitis B vaccine.  No referral needed for Flu and pneumonia vaccines.	<b>In-Network</b> \$0 copay for Flu and Pneumonia vaccines.  \$0 copay for Hepatitis B vaccine.  No referral needed for Flu and pneumonia vaccines.	<b>In-Network</b> \$0 copay for Flu and Pneumonia vaccines.  \$0 copay for Hepatitis B vaccine.  No referral needed for Flu and pneumonia vaccines.
<b>25 – Mammograms (Annual Screening)</b> (for women with Medicare age 40 and older)	No coinsurance, copayment or deductible.  No referral needed.  Covered once a year for all women with Medicare age 40 and	<b>In-Network</b> \$0 copay for - Medicare-covered screening mammograms - up to 1 additional screening mammogram every year	<b>In-Network</b> \$0 copay for - Medicare-covered screening mammograms - up to 1 additional screening mammogram every year	<b>In-Network</b> \$0 copay for - Medicare-covered screening mammograms - up to 1 additional screening mammogram every year	<b>In-Network</b> \$0 copay for - Medicare-covered screening mammograms - up to 1 additional screening mammogram 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.

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**Section II – Summary of Benefits**

<b>Benefit</b>	<b>Original Medicare</b>	<b>Rocky Mountain Green Plan (Cost)</b>	<b>Rocky Mountain Thrifty Plan (Cost)</b>	<b>Rocky Mountain Standard Plan (Cost)</b>	<b>Rocky Mountain Plus Plan (Cost)</b>
	older. One baseline mammogram covered for women with Medicare between age 35 and 39.	See page 32 for information about Mammograms (Annual Screening)	See page 32 for information about Mammograms (Annual Screening)	See page 32 for information about Mammograms (Annual Screening)	See page 32 for information about Mammograms (Annual Screening)
<b>26 – Pap Smears and Pelvic Exams</b> (for women with Medicare)	No coinsurance, copayment or deductible for Pap smears.  No coinsurance, copayment or deductible for Pelvic and clinical breast exams.  Covered once every 2 years. Covered once a year for women with Medicare at high risk.	<b>In-Network</b> \$0 copay for Medicare-covered pap smears and pelvic exams - up to 1 additional pap smear and pelvic exam every year  See page 32 for information about Pap Smears and Pelvic Exams	<b>In-Network</b> \$0 copay for Medicare-covered pap smears and pelvic exams - up to 1 additional pap smear and pelvic exam every year  See page 32 for information about Pap Smears and Pelvic Exams	<b>In-Network</b> \$0 copay for Medicare-covered pap smears and pelvic exams - up to 1 additional pap smear and pelvic exam every year  See page 32 for information about Pap Smears and Pelvic Exams	<b>In-Network</b> \$0 copay for Medicare-covered pap smears and pelvic exams - up to 1 additional pap smear and pelvic exam every year  See page 32 for information about Pap Smears and Pelvic Exams
<b>27 – Prostate Cancer Screening Exams</b> (for men with Medicare age 50)	20% coinsurance for the digital rectal exam.  \$0 for the PSA test; 20% coinsurance for other related services.	<b>In-Network</b> \$0 copay for - Medicare-covered prostate cancer screening - up to 1 additional screening every year	<b>In-Network</b> \$0 copay for - Medicare-covered prostate cancer screening - up to 1 additional screening every year	<b>In-Network</b> \$0 copay for - Medicare-covered prostate cancer screening - up to 1 additional screening every year	<b>In-Network</b> \$0 copay for - Medicare-covered prostate cancer screening - up to 1 additional screening every year

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**Section II – Summary of Benefits**

<b>Benefit</b>	<b>Original Medicare</b>	<b>Rocky Mountain Green Plan (Cost)</b>	<b>Rocky Mountain Thrifty Plan (Cost)</b>	<b>Rocky Mountain Standard Plan (Cost)</b>	<b>Rocky Mountain Plus Plan (Cost)</b>
and older)	Covered once a year for all men with Medicare over age 50.	See page 32 for information about Prostate Cancer Screening Exams	See page 32 for information about Prostate Cancer Screening Exams	See page 32 for information about Prostate Cancer Screening Exams	See page 32 for information about Prostate Cancer Screening Exams
<b>28 – End-Stage Renal Disease</b>	<p>20% coinsurance for renal dialysis</p> <p>20% coinsurance for Nutrition Therapy for End-Stage Renal Disease</p> <p>Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p>	<p><b>General</b> Cost plan members pay Fee-for-Service cost sharing for out-of-area dialysis.</p> <p><b>In-Network</b> 20% of the cost for renal dialysis</p> <p>\$0 copay for Nutrition Therapy for End-Stage Renal Disease</p>	<p><b>General</b> Cost plan members pay Fee-for-Service cost sharing for out-of-area dialysis.</p> <p><b>In-Network</b> 20% of the cost for renal dialysis</p> <p>\$0 copay for Nutrition Therapy for End-Stage Renal Disease</p>	<p><b>General</b> Cost plan members pay Fee-for-Service cost sharing for out-of-area dialysis.</p> <p><b>In-Network</b> 20% of the cost for renal dialysis</p> <p>\$0 copay for Nutrition Therapy for End-Stage Renal Disease</p>	<p><b>General</b> Cost plan members pay Fee-for-Service cost sharing for out-of-area dialysis.</p> <p><b>In-Network</b> 20% of the cost for renal dialysis</p> <p>\$0 copay for Nutrition Therapy for End-Stage Renal Disease</p>

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**Section II – Summary of Benefits**

<b>Benefit</b>	<b>Original Medicare</b>	<b>Rocky Mountain Green Plan (Cost)</b>	<b>Rocky Mountain Thrifty Plan (Cost)</b>	<b>Rocky Mountain Standard Plan (Cost)</b>	<b>Rocky Mountain Plus Plan (Cost)</b>
<b>29 – Prescription Drugs</b>	Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.	<p><b>Drugs covered under Medicare Part B</b></p> <p><b>General</b> Most drugs are not covered.</p> <p>20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> <p><b>Drugs Covered under Medicare Part D</b></p> <p><b>General</b> This plan does not offer prescription drug coverage.</p>	<p><b>Drugs covered under Medicare Part B</b></p> <p><b>General</b> Most drugs are not covered.</p> <p>20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> <p><b>Drugs Covered under Medicare Part D</b></p> <p><b>General</b> This plan does not offer prescription drug coverage.</p>	<p><b>Drugs covered under Medicare Part B</b></p> <p><b>General</b> Most drugs are not covered.</p> <p>20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> <p><b>Drugs Covered under Medicare Part D</b></p> <p><b>General</b> This plan does not offer prescription drug coverage.</p>	<p><b>Drugs covered under Medicare Part B</b></p> <p><b>General</b> Most drugs are not covered.</p> <p>20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> <p><b>Drugs Covered under Medicare Part D</b></p> <p><b>General</b> This plan does not offer prescription drug coverage.</p>
<b>30 – Dental Services</b>	Preventive dental services (such as cleaning) not covered.	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> In general, preventive dental benefits (such as cleaning) not covered.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> In general, preventive dental benefits (such as cleaning) not covered.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> In general, preventive dental benefits (such as cleaning) not covered.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> In general, preventive dental benefits (such as cleaning) not covered.</p>

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**Section II – Summary of Benefits**

<b>Benefit</b>	<b>Original Medicare</b>	<b>Rocky Mountain Green Plan (Cost)</b>	<b>Rocky Mountain Thrifty Plan (Cost)</b>	<b>Rocky Mountain Standard Plan (Cost)</b>	<b>Rocky Mountain Plus Plan (Cost)</b>
		<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 32 for information on Dental Services</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 32 for information on Dental Services</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 32 for information on Dental Services</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 32 for information on Dental Services</p>
<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> Hearing aids not covered.</p> <p>- \$15 to \$35 copay for Medicare-covered diagnostic hearing exams - \$20 copay for up to 1 routine hearing test every year</p> <p>See page 32 for information on Hearing Services</p>	<p><b>In-Network</b> Hearing aids not covered.</p> <p>- \$20 to \$40 copay for Medicare-covered diagnostic hearing exams - \$20 copay for up to 1 routine hearing test every year</p> <p>See page 32 for information on Hearing Services</p>	<p><b>In-Network</b> Hearing aids not covered.</p> <p>- \$15 to \$45 copay for Medicare-covered diagnostic hearing exams - \$20 copay for up to 1 routine hearing test every year</p> <p>See page 32 for information on Hearing Services</p>	<p><b>In-Network</b> Hearing aids not covered.</p> <p>- \$15 to \$35 copay for Medicare-covered diagnostic hearing exams - \$20 copay for up to 1 routine hearing test every year</p> <p>See page 32 for information on Hearing Services</p>

If you go to a provider outside of RMHP's network who accepts Medicare patients, you're covered under Original Medicare. You would pay the 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 (Cost)</b>	<b>Rocky Mountain Thrifty Plan (Cost)</b>	<b>Rocky Mountain Standard Plan (Cost)</b>	<b>Rocky Mountain Plus Plan (Cost)</b>
<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>Annual glaucoma screenings covered for people at risk.</p>	<p><b>In-Network</b> \$0 copay for - 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.</p> <p>- \$0 copay for up to 1 routine eye exam every year</p>	<p><b>In-Network</b> Non-Medicare-covered eye exams and glasses not covered.</p> <p>\$0 copay for - one pair of eyeglasses or contact lenses after cataract surgery - \$0 to \$40 copay for exams to diagnose and treat diseases and conditions of the eye.</p>	<p><b>In-Network</b> Non-Medicare-covered eye exams and glasses not covered.</p> <p>\$0 copay for - one pair of eyeglasses or contact lenses after cataract surgery - \$0 to \$45 copay for exams to diagnose and treat diseases and conditions of the eye.</p>	<p><b>In-Network</b> \$0 copay for - one pair of eyeglasses or contact lenses after cataract surgery - \$0 to \$35 copay for exams to diagnose and treat diseases and conditions of the eye. - \$15 copay for up to 1 routine eye exam every year</p>
<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><b>In-Network</b> \$0 copay for routine exams. Limited to 1 exam every year.</p>	<p><b>In-Network</b> \$0 copay for routine exams. Limited to 1 exam every year.</p>	<p><b>In-Network</b> \$0 copay for routine exams. Limited to 1 exam every year.</p>	<p><b>In-Network</b> \$0 copay for routine exams. Limited to 1 exam every year.</p>

If you go to a provider outside of RMHP's network who accepts Medicare patients, you're covered under Original Medicare. You would pay the 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 (Cost)</b>	<b>Rocky Mountain Thrifty Plan (Cost)</b>	<b>Rocky Mountain Standard Plan (Cost)</b>	<b>Rocky Mountain Plus Plan (Cost)</b>
	<p>After your first 12 months, you can get one Annual Wellness visit every 12 months.</p> <p>There is no coinsurance, copayment or deductible for either the Welcome to Medicare exam or the Annual Wellness visit.</p> <p>The Welcome to Medicare exam does not include lab tests.</p>				
<b>34 – Health/Wellness Education</b>	<p>Smoking Cessation: Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period if you are diagnosed with a smoking-related illness or are taking medicine that may be affected by tobacco. Each counseling attempt</p>	<p><b>In-Network</b> The plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> <li>- Written health education materials, including Newsletters</li> <li>-\$0 copay for each Medicare-covered</li> </ul>	<p><b>In-Network</b> The plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> <li>- Written health education materials, including Newsletters</li> <li>-\$0 copay for each Medicare-covered</li> </ul>	<p><b>In-Network</b> The plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> <li>- Written health education materials, including Newsletters</li> <li>-\$0 copay for each Medicare-covered</li> </ul>	<p><b>In-Network</b> The plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> <li>- Written health education materials, including Newsletters</li> <li>\$0 copay for each Medicare-covered</li> </ul>

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 (Cost)</b>	<b>Rocky Mountain Thrifty Plan (Cost)</b>	<b>Rocky Mountain Standard Plan (Cost)</b>	<b>Rocky Mountain Plus Plan (Cost)</b>
	<p>includes up to four face-to-face visits. You pay coinsurance, and Part B deductible applies.</p> <p>\$0 copay for the HIV screening, but you generally pay 20% of the Medicare approved amount for the doctor's visit. HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy.</p>	<p>smoking cessation counseling session.</p> <p>-\$0 copay for each Medicare-covered HIV screening.</p> <p>HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy.</p>	<p>smoking cessation counseling session.</p> <p>-\$0 copay for each Medicare-covered HIV screening.</p> <p>HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy.</p>	<p>smoking cessation counseling session.</p> <p>-\$0 copay for each Medicare-covered HIV screening.</p> <p>HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy.</p>	<p>smoking cessation counseling session.</p> <p>\$0 copay for each Medicare-covered HIV screening.</p> <p>HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy.</p>
<b>Transportation (Routine)</b>	Not covered.	<b>In-Network</b> This plan does not cover routine transportation.	<b>In-Network</b> This plan does not cover routine transportation.	<b>In-Network</b> This plan does not cover routine transportation.	<b>In-Network</b> This plan does not cover routine transportation.

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 (Cost)</b>	<b>Rocky Mountain Thrifty Plan (Cost)</b>	<b>Rocky Mountain Standard Plan (Cost)</b>	<b>Rocky Mountain Plus Plan (Cost)</b>
<b>Acupuncture</b>	Not covered.	<b>In-Network</b> This plan does not cover Acupuncture.	<b>In-Network</b> This plan does not cover Acupuncture.	<b>In-Network</b> This plan does not cover Acupuncture.	<b>In-Network</b> This plan does not cover Acupuncture.
<b>OPTIONAL SUPPLEMENTAL PACKAGE #1</b>					
<b>Premium and Other Important Information</b>		<b>General</b> Package: 1 - Dental Services: \$16 monthly premium, in addition to your \$7 monthly plan premium and the monthly Medicare Part B premium, for the following optional benefits: - Preventive Dental - Comprehensive Dental  \$1,500 plan coverage limit every year for these benefits.	<b>General</b> Package: 1 - Dental Services: \$16 monthly premium, in addition to your \$45 monthly plan premium and the monthly Medicare Part B premium, for the following optional benefits: - Preventive Dental - Comprehensive Dental  \$1,500 plan coverage limit every year for these benefits.	<b>General</b> Package: 1 - Dental Services: \$16 monthly premium, in addition to your \$74 monthly plan premium and the monthly Medicare Part B premium, for the following optional benefits: - Preventive Dental - Comprehensive Dental  \$1,500 plan coverage limit every year for these benefits.	<b>General</b> Package: 1 - Dental Services: \$16 monthly premium, in addition to your \$160 monthly plan premium and the monthly Medicare Part B premium, for the following optional benefits: - Preventive Dental - Comprehensive Dental  \$1,500 plan coverage limit every year for these benefits.
<b>Dental Services</b>		<b>General</b> Plan offers additional comprehensive dental benefits.  <b>In-Network</b>	<b>General</b> Plan offers additional comprehensive dental benefits.  <b>In-Network</b>	<b>General</b> Plan offers additional comprehensive dental benefits.  <b>In-Network</b>	<b>General</b> Plan offers additional comprehensive dental benefits.  <b>In-Network</b>

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 (Cost)</b>	<b>Rocky Mountain Thrifty Plan (Cost)</b>	<b>Rocky Mountain Standard Plan (Cost)</b>	<b>Rocky Mountain Plus Plan (Cost)</b>
		- 30% of the cost for up to 2 cleaning(s) every year - 30% of the cost for fluoride treatments - 30% of the cost for up to 2 oral exam(s) every year - 50% of the cost for dental x-rays  \$1,500 plan coverage limit for dental benefits every year.	- 30% of the cost for up to 2 cleaning(s) every year - 30% of the cost for fluoride treatments - 30% of the cost for up to 2 oral exam(s) every year - 50% of the cost for dental x-rays  \$1,500 plan coverage limit for dental benefits every year.	- 30% of the cost for up to 2 cleaning(s) every year - 30% of the cost for fluoride treatments - 30% of the cost for up to 2 oral exam(s) every year - 50% of the cost for dental x-rays  \$1,500 plan coverage limit for dental benefits every year.	- 30% of the cost for up to 2 cleanings every year - 30% of the cost for fluoride treatments - 30% of the cost for up to 2 oral exams every year - 50% of the cost for dental x-rays  \$1,500 plan coverage limit for dental benefits every year.

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 (Cost) and Rocky Mountain Thrifty Plan (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 (Cost), Rocky Mountain Standard Plan (Cost) and Rocky Mountain Plus Plan (Cost) only:

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

### **17 – Outpatient Rehabilitation Services**

Original Medicare imposes a financial limit of \$1,860 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 (Cost)	Rocky Mountain Thrifty Plan Cost)	Rocky Mountain Standard Plan (Cost)	Rocky Mountain Plus Plan (Cost)
Clinical and Diagnostic Lab Services	You pay \$0.	You pay \$0.	You pay \$0.	You pay \$0.
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. You pay the applicable office visit copayment for diagnostic procedures and tests in a doctor's office. You pay \$0 for diagnostic colonoscopy.	You pay \$350 for most diagnostic procedures and tests in an outpatient facility. You pay the applicable office visit copayment for diagnostic procedures and tests in a doctor's office. You pay \$0 for diagnostic colonoscopy.	You pay \$350 for most diagnostic procedures and tests in an outpatient facility. You pay the applicable office visit copayment for diagnostic procedures and tests in a doctor's office. You pay \$0 for diagnostic colonoscopy.	You pay \$150 for most diagnostic procedures and tests in an outpatient facility. You pay the applicable office visit copayment for diagnostic procedures and tests in a doctor's office. You pay \$0 for diagnostic colonoscopy.

## 22 – Bone Mass Measurement

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

## 23 – Colorectal Screening Exams

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

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

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

- No additional out-of-pocket expenses beyond member coinsurance

- No billing for services that may exceed Delta allowed fees

**Choose an out-of-network dentist**

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

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.