

Summary of Benefits

January 1, 2012 – December 31, 2012



Western Slope Colorado

Rocky Mountain Green Plan+Rx (Cost)

Rocky Mountain Thrifty Plan+Rx (Cost)

Rocky Mountain Standard Plan+Rx (Cost)

Rocky Mountain Plus Plan+Rx (Cost)

(H0602)

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, 2012 – December 31, 2012

WESTERN SLOPE COLORADO

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: 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.

There is more than one plan listed in this Summary of Benefits. If you are enrolled in one plan and wish to switch to another plan, you may do so only during certain times of the year. Please call Customer Service for more information.

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?

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

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

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

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

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. 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.

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

As a member of Rocky Mountain Green Plan+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 administered 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 and select "Health and Drug Plans" then "Compare Drug and Health Plans" to compare the plan ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for these plans. Our customer service number is listed below.

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

Visit us at www.rmhpmedicare.org or, call us:

Customer Service Hours:

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

Current and Prospective members should call toll-free (888)-282-1420 for questions related to the Medicare Cost Plan and Medicare Part D Prescription Drug program.
(TTY/TDD (711))

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 (711))

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227).
TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week.
Or, visit www.medicare.gov on the web.

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

| Benefit Category | 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) |
|--|--|---|---|--|--|
| IMPORTANT INFORMATION | | | | | |
| <p>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.</p> | | | | | |
| <p>1 – Premium and Other Important Information</p> | <p>In 2011 the monthly Part B Premium was \$96.40 and may change for 2012 and the annual Part B deductible amount was \$162 and may change for 2012.</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).</p> | <p>General \$48.10 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) (24 hours a day/7 days a</p> | <p>General \$74.20 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) (24 hours a day/7 days a</p> | <p>General \$120.80 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) (24 hours a day/7 days a</p> | <p>General \$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) (24 hours a day/7 days a</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.

| Benefit Category | 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>for married couples). For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227) (24 hours a day/7 days a week). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p> | <p>week). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p> <p>In-Network \$500 annual deductible. Contact the plan for services that apply.</p> <p>\$6,700 out-of-pocket limit for Medicare-covered services.</p> <p>See page 51 for information about Premium and Other Important Information.</p> | <p>week). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p> <p>In-Network \$500 annual deductible. Contact the plan for services that apply.</p> <p>See page 51 for information about Premium and Other Important Information.</p> | <p>week). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p> | <p>week). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p> |

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.

| Benefit Category | 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>2 – Doctor and Hospital Choice (For more information, see Emergency Care - #15 and Urgently Needed Care - #16.)</p> | <p>You may go to any doctor, specialist or hospital that accepts Medicare.</p> | <p>In-Network No referral required for network doctors, specialists, and hospitals.</p> <p>In and Out-of-Network You can use any network doctor. If you go to out-of-network doctors the plan may not cover the services, but Medicare will pay its share for Medicare-covered services. When Medicare pays its share, you pay the Medicare Part B deductible and coinsurance.</p> <p>See page 51 for information about Doctor and Hospital Choice.</p> | <p>In-Network No referral required for network doctors, specialists, and hospitals.</p> <p>In and Out-of-Network You can use any network doctor. If you go to out-of-network doctors the plan may not cover the services, but Medicare will pay its share for Medicare-covered services. When Medicare pays its share, you pay the Medicare Part B deductible and coinsurance.</p> <p>See page 51 for information about Doctor and Hospital Choice.</p> | <p>In-Network No referral required for network doctors, specialists, and hospitals.</p> <p>In and Out-of-Network You can use any network doctor. If you go to out-of-network doctors the plan may not cover the services, but Medicare will pay its share for Medicare-covered services. When Medicare pays its share, you pay the Medicare Part B deductible and coinsurance.</p> <p>See page 51 for information about Doctor and Hospital Choice.</p> | <p>In-Network No referral required for network doctors, specialists, and hospitals.</p> <p>In and Out-of-Network You can use any network doctor. If you go to out-of-network doctors the plan may not cover the services, but Medicare will pay its share for Medicare-covered services. When Medicare pays its share, you pay the Medicare Part B deductible and coinsurance.</p> <p>See page 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.

| Benefit Category | 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) |
|--|---|--|--|--|--|
| SUMMARY OF BENEFITS | | | | | |
| INPATIENT CARE | | | | | |
| <p>3 – Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)</p> | <p>In 2011 the amounts for each benefit period were: Days 1 - 60: \$1132 deductible Days 61 - 90: \$283 per day Days 91 - 150: \$566 per lifetime reserve day These amounts may change for 2012.</p> <p>Call 1-800-MEDICARE (1-800-633-4227) (24 hours a day/7 days a week) for information about lifetime reserve days. TTY users should call 1-877-486-2048.</p> <p>Lifetime reserve days can only be used once.</p> <p>A "benefit period" starts the day you go into a hospital or</p> | <p>In-Network Plan covers 90 days each benefit period.</p> <p>For Medicare-covered hospital stays: - Days 1 - 7: \$250 copay per day - Days 8 - 90: \$0 copay per day</p> <p>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</p> | <p>In-Network Plan covers 90 days each benefit period.</p> <p>For Medicare-covered hospital stays: Days 1 - 5: \$200 copay per day Days 6 - 90: \$0 copay per day</p> <p>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</p> | <p>In-Network Plan covers 90 days each benefit period.</p> <p>\$600 copay for each Medicare-covered hospital stay</p> <p>Plan covers 60 lifetime reserve days. \$0 copay per lifetime reserve day.</p> | <p>In-Network Plan covers 90 days each benefit period.</p> <p>\$450 copay for each Medicare-covered hospital stay</p> <p>Plan covers 60 lifetime reserve days. \$0 copay per lifetime reserve day.</p> |

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.

| Benefit Category | 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) |
|---|--|--|--|--|--|
| | 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. | | | | |
| 4 – Inpatient Mental Health Care | In 2011 the amounts for each benefit period were: Days 1 - 60: \$1132 deductible Days 61 - 90: \$283 per day Days 91 - 150: \$566 per lifetime reserve day These amounts may change for 2012. You get up to 190 days of inpatient | In-Network You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital. | In-Network You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital. | In-Network You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital. | In-Network You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital. |

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.

| Benefit Category | 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>psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p> | <p>For Medicare-covered hospital stays: - Days 1 - 5: \$250 copay per day - Days 6 - 90: \$0 copay per day</p> <p>Plan covers 60 lifetime reserve days. Cost per lifetime reserve day: - Days 1 - 5: \$250 copay per day - Days 6 - 60: \$0 copay per day</p> | <p>For Medicare-covered hospital stays: Days 1 - 5: \$200 copay per day Days 6 - 90: \$0 copay per day</p> <p>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</p> | <p>\$600 copay for each Medicare-covered hospital stay.</p> | <p>\$450 copay for each Medicare-covered hospital stay.</p> |
| <p>5 – Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)</p> | <p>In 2011 the amounts for each benefit period after at least a 3-day covered hospital stay were: Days 1 - 20: \$0 per day Days 21 - 100: \$141.50 per day These amounts may change for 2012.</p> <p>100 days for each benefit period.</p> <p>A "benefit period"</p> | <p>In-Network Plan covers up to 100 days each benefit period.</p> <p>For Medicare-covered SNF stays: - Days 1 - 20: \$0 copay per day - Days 21 - 100: \$100 copay per day</p> | <p>In-Network Plan covers up to 100 days each benefit period</p> <p>For Medicare-covered SNF stays: Days 1 - 20: \$0 copay per day Days 21 - 100: \$100 copay per day</p> | <p>In-Network Plan covers up to 100 days each benefit period</p> <p>For Medicare-covered SNF stays: Days 1 - 20: \$0 copay per day Days 21 - 100: \$95 copay per day</p> | <p>In-Network Plan covers up to 100 days each benefit period</p> <p>For Medicare-covered SNF stays: Days 1 - 20: \$0 copay per day Days 21 - 100: \$95 copay per 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.

| Benefit Category | 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>starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p> | | | | |
| <p>6 – Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</p> | <p>\$0 copay.</p> | <p>In Network \$0 copay for Medicare-covered home health visits.</p> | <p>In Network \$0 copay for Medicare-covered home health visits.</p> | <p>In Network \$0 copay for Medicare-covered home health visits.</p> | <p>In Network \$0 copay for Medicare-covered home health visits.</p> |

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.

| Benefit Category | 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) |
|---------------------------------|--|--|--|--|--|
| 7 – Hospice | <p>You pay part of the cost for outpatient drugs and inpatient respite care.</p> <p>You must get care from a Medicare-certified hospice.</p> | <p>General You must get care from a Medicare-certified hospice.</p> <p>Your plan will pay for a consultative visit before you select hospice.</p> <p>See page 51 for information about Hospice.</p> | <p>General You must get care from a Medicare-certified hospice.</p> <p>Your plan will pay for a consultative visit before you select hospice.</p> <p>See page 51 for information about Hospice.</p> | <p>General You must get care from a Medicare-certified hospice.</p> <p>Your plan will pay for a consultative visit before you select hospice.</p> <p>See page 51 for information about Hospice.</p> | <p>General You must get care from a Medicare-certified hospice.</p> <p>Your plan will pay for a consultative visit before you select hospice.</p> <p>See page 51 for information about Hospice.</p> |
| OUTPATIENT CARE | | | | | |
| 8 – Doctor Office Visits | <p>20% coinsurance</p> | <p>In-Network \$15 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>In-Network \$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 specialist visit for Medicare-covered benefits.</p> | <p>In-Network \$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>In-Network \$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> |

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.

| Benefit Category | 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) |
|----------------------------------|---|--|--|--|--|
| | | See page 51 for information about Doctor Office Visits. | See page 51 for information about Doctor Office Visits. | See page 51 for information about Doctor Office Visits. | See page 51 for information about Doctor Office Visits. |
| 9 – Chiropractic Services | Supplemental routine care not covered 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. | In-Network 20% of the cost for each Medicare-covered visit. 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. See page 51 for information about Chiropractic Services. | In-Network 20% of the cost for each Medicare-covered visit. 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. See page 51 for information about Chiropractic Services. | In-Network 20% of the cost for each Medicare-covered visit. 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. See page 51 for information about Chiropractic Services. | In-Network 20% of the cost for each Medicare-covered visit. 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. See page 51 for information about Chiropractic Services. |
| 10 – Podiatry Services | Supplemental routine care not covered. 20% coinsurance for medically necessary | In-Network \$40 copay for each Medicare-covered visit. Medicare-covered | In-Network \$50 copay for each Medicare-covered visit. Medicare-covered | In-Network \$45 copay for each Medicare-covered visit. Medicare-covered | In-Network \$35 copay for each Medicare-covered visit. Medicare-covered |

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| Benefit Category | 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) |
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| | foot care, including care for medical conditions affecting the lower limbs. | podiatry benefits are for medically-necessary foot care. | podiatry benefits are for medically-necessary foot care. | podiatry benefits are for medically-necessary foot care. | podiatry benefits are for medically-necessary foot care. |
| 11 – Outpatient Mental Health Care | <p>40% coinsurance for most outpatient mental health services.</p> <p>Specified copayment for outpatient partial hospitalization program services furnished by a hospital or community mental health center (CMHC). Copay cannot exceed the Part A inpatient hospital deductible.</p> <p>"Partial hospitalization program" is a structured program of active outpatient psychiatric treatment that is more intense than the care received in your doctor's or</p> | <p>General Authorization rules may apply.</p> <p>In-Network \$40 copay for each Medicare-covered individual therapy visit.</p> <p>\$40 copay for each Medicare-covered group therapy visit.</p> <p>\$40 copay for each Medicare-covered individual therapy visit with a psychiatrist.</p> <p>\$40 copay for each Medicare-covered group therapy visit with a psychiatrist.</p> <p>\$40 copay for Medicare-covered partial hospitalization</p> | <p>General Authorization rules may apply.</p> <p>In-Network \$40 copay for each Medicare-covered individual therapy visit.</p> <p>\$40 copay for each Medicare-covered group therapy visit.</p> <p>\$40 copay for each Medicare-covered individual therapy visit with a psychiatrist.</p> <p>\$40 copay for each Medicare-covered group therapy visit with a psychiatrist.</p> <p>\$40 copay for Medicare-covered partial hospitalization</p> | <p>General Authorization rules may apply.</p> <p>In-Network \$40 copay for each Medicare-covered individual therapy visit.</p> <p>\$40 copay for each Medicare-covered group therapy visit.</p> <p>\$40 copay for each Medicare-covered individual therapy visit with a psychiatrist.</p> <p>\$40 copay for each Medicare-covered group therapy visit with a psychiatrist.</p> <p>\$40 copay for Medicare-covered partial hospitalization</p> | <p>General Authorization rules may apply.</p> <p>In-Network \$35 copay for each Medicare-covered individual therapy visit.</p> <p>\$35 copay for each Medicare-covered group therapy visit.</p> <p>\$35 copay for each Medicare-covered individual therapy visit with a psychiatrist.</p> <p>\$35 copay for each Medicare-covered group therapy visit with a psychiatrist.</p> <p>\$35 copay for Medicare-covered partial hospitalization</p> |

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| Benefit Category | 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) |
|---|--|--|--|--|--|
| | therapist's office and is an alternative to inpatient hospitalization. | program services. | program services. | program services. | program services. |
| 12 – Outpatient Substance Abuse Care | 20% coinsurance | <p>General Authorization rules may apply.</p> <p>In-Network \$40 copay for Medicare-covered individual visits.</p> <p>\$40 copay for Medicare-covered group visits.</p> | <p>General Authorization rules may apply.</p> <p>In-Network \$40 copay for Medicare-covered individual visits.</p> <p>\$40 copay for Medicare-covered group visits.</p> | <p>General Authorization rules may apply.</p> <p>In-Network \$40 copay for Medicare-covered individual visits.</p> <p>\$40 copay for Medicare-covered group visits.</p> | <p>General Authorization rules may apply.</p> <p>In-Network \$35 copay for Medicare-covered individual visits.</p> <p>\$35 copay for Medicare-covered group visits.</p> |
| 13 – Outpatient Services/ Surgery | <p>20% coinsurance for the doctor's services</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 services.</p> | <p>General Authorization rules may apply.</p> <p>In-Network \$400 copay for each Medicare-covered ambulatory surgical center visit.</p> <p>\$400 copay for each Medicare-covered outpatient hospital facility visit.</p> | <p>General Authorization rules may apply.</p> <p>In-Network \$400 copay for each Medicare-covered ambulatory surgical center visit.</p> <p>\$400 copay for each Medicare-covered outpatient hospital facility visit.</p> | <p>General Authorization rules may apply.</p> <p>In-Network \$350 copay for each Medicare-covered ambulatory surgical center visit.</p> <p>\$350 copay for each Medicare-covered outpatient hospital facility visit.</p> | <p>General Authorization rules may apply.</p> <p>In-Network \$250 copay for each Medicare-covered ambulatory surgical center visit.</p> <p>\$250 copay for each Medicare-covered outpatient hospital facility visit.</p> |

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| Benefit Category | 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) |
|---|--|--|--|--|--|
| 14 – Ambulance Services (medically necessary ambulance services) | 20% coinsurance | General Authorization rules may apply. In-Network \$150 copay for Medicare-covered ambulance benefits. | General Authorization rules may apply. In-Network \$200 copay for Medicare-covered ambulance benefits. | General Authorization rules may apply. In-Network \$100 copay for Medicare-covered ambulance benefits. | General Authorization rules may apply. In-Network \$100 copay for Medicare-covered ambulance benefits. |
| 15 – Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.) | 20% coinsurance for the doctor’s services. Specified copayment for outpatient hospital facility emergency services. Emergency services copay cannot exceed Part A inpatient hospital deductible for each service provided by the hospital. You don't have to pay the emergency room copay if you are admitted to the hospital as an inpatient for the same condition within 3 days of the emergency | General \$65 copay for Medicare-covered emergency room visits. Worldwide coverage. If you are admitted to the hospital within 24-hours for the same condition, you pay \$0 for the emergency room visit. | General \$50 copay for Medicare-covered emergency room visits. Not covered outside the U.S. except under limited circumstances. Contact the plan for more details. If you are admitted to the hospital within 24-hours for the same condition, you pay \$0 for the emergency room visit. | General \$50 copay for Medicare-covered emergency room visits. Worldwide coverage. If you are admitted to the hospital within 24-hours for the same condition, you pay \$0 for the emergency room visit. | General \$50 copay for Medicare-covered emergency room visits. Worldwide coverage. If you are admitted to the hospital within 24-hours for the same condition, you pay \$0 for the emergency room visit. |

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

| Benefit Category | 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) |
|---|---|--|--|--|--|
| | room visit. Not covered outside the U.S. except under limited circumstances. | | | | |
| 16 – Urgently Needed Care (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. | General \$40 copay for Medicare-covered urgently-needed-care visits. See page 51 for information about Urgently Needed Care. | General \$50 copay for Medicare-covered urgently-needed-care visits. | General \$45 copay for Medicare-covered urgently-needed-care visits. See page 51 for information about Urgently Needed Care. | General \$35 copay for Medicare-covered urgently-needed-care visits. See page 51 for information about Urgently Needed Care. |
| 17 – Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy) | 20% coinsurance | In-Network There may be limits on physical therapy, occupational therapy, and speech and language pathology services. If so, there may be exceptions to these limits. \$15 copay for Medicare-covered Occupational Therapy visits. \$15 copay for Medicare-covered | In-Network There may be limits on physical therapy, occupational therapy, and speech and language pathology services. If so, there may be exceptions to these limits. \$15 copay for Medicare-covered Occupational Therapy visits. \$15 copay for Medicare-covered | In-Network There may be limits on physical therapy, occupational therapy, and speech and language pathology services. If so, there may be exceptions to these limits. \$15 copay for Medicare-covered Occupational Therapy visits. \$15 copay for Medicare-covered | In-Network There may be limits on physical therapy, occupational therapy, and speech and language pathology services. If so, there may be exceptions to these limits. \$15 copay for Medicare-covered Occupational Therapy visits. \$15 copay for Medicare-covered |

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.

| Benefit Category | 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) |
|---|---|--|--|--|--|
| | | Physical and/or Speech and Language Therapy visits. See page 51 for information about Outpatient Rehabilitation Services. | Physical and/or Speech and Language Therapy visits. See page 51 for information about Outpatient Rehabilitation Services. | Physical and/or Speech and Language Therapy visits. See page 51 for information about Outpatient Rehabilitation Services. | Physical and/or Speech and Language Therapy visits. See page 51 for information about Outpatient Rehabilitation Services. |
| OUTPATIENT MEDICAL SERVICES AND SUPPLIES | | | | | |
| 18 – Durable Medical Equipment (includes wheelchairs, oxygen, etc.) | 20% coinsurance | General Authorization rules may apply. In-Network 20% of the cost for Medicare-covered items. | General Authorization rules may apply. In-Network 20% of the cost for Medicare-covered items. | General Authorization rules may apply. In-Network 20% of the cost for Medicare-covered items. | General Authorization rules may apply. In-Network 20% of the cost for Medicare-covered items. |
| 19 – Prosthetic Devices (includes braces, artificial limbs and eyes, etc.). | 20% coinsurance | General Authorization rules may apply. In-Network 20% of the cost for Medicare-covered items. | General Authorization rules may apply. In-Network 20% of the cost for Medicare-covered items. | General Authorization rules may apply. In-Network 20% of the cost for Medicare-covered items. | General Authorization rules may apply. In-Network 20% of the cost for Medicare-covered items. |
| 20 – Diabetes Programs and Supplies | 20% coinsurance for diabetes self-management training 20% coinsurance for diabetes supplies. | In-Network \$0 copay for Diabetes self-management training. 20% of the cost for | In-Network \$0 copay for Diabetes self-management training. 20% of the cost for | In-Network \$0 copay for Diabetes self-management training. 20% of the cost for | In-Network \$0 copay for Diabetes self-management training. 20% 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.

| Benefit Category | 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) |
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| | 20% coinsurance for diabetic therapeutic shoes or inserts. | Diabetes monitoring supplies. 20% of the cost for Therapeutic shoes or inserts. | Diabetes monitoring supplies. 20% of the cost for Therapeutic shoes or inserts. | Diabetes monitoring supplies. 20% of the cost for Therapeutic shoes or inserts. | Diabetes monitoring supplies. 20% of the cost for Therapeutic shoes or inserts. |
| 21 – Diagnostic Tests, X-Rays, Lab Services, and Radiology Services | 20% coinsurance for diagnostic tests and x-rays \$0 copay for Medicare-covered lab services 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 | General Authorization rules may apply. In-Network \$0 copay for Medicare-covered lab services. \$0 to \$400 copay [or 0% to 20% of the cost] for Medicare-covered diagnostic procedures and tests. 20% of the cost for Medicare-covered X-rays. 20% of the cost for Medicare-covered diagnostic radiology services (not including x-rays). 20% of the cost for | General Authorization rules may apply. In-Network \$0 copay for Medicare-covered lab services. \$0 to \$400 copay for Medicare-covered diagnostic procedures and tests. 20% of the cost for Medicare-covered X-rays. \$75 to \$150 copay for Medicare-covered diagnostic radiology services (not including x-rays). 20% of the cost for Medicare-covered | General Authorization rules may apply. In-Network \$0 copay for Medicare-covered lab services. \$0 to \$350 copay for Medicare-covered diagnostic procedures and tests. \$0 copay for Medicare-covered X-rays. \$75 to \$150 copay for Medicare-covered diagnostic radiology services (not including x-rays). 20% of the cost for Medicare-covered therapeutic radiology | General Authorization rules may apply. In-Network \$0 copay for Medicare-covered lab services. \$0 to \$250 copay for Medicare-covered diagnostic procedures and tests. \$0 copay for Medicare-covered X-rays. \$75 to \$150 copay for Medicare-covered diagnostic radiology services (not including x-rays). 20% of the cost for Medicare-covered therapeutic radiology |

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| Benefit Category | 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>suspected illness or condition. Medicare does not cover most supplemental routine screening tests, like checking your cholesterol.</p> <p>20% coinsurance for digital rectal exam and other related services.</p> <p>Covered once a year for all men with Medicare over age 50.</p> | <p>Medicare-covered therapeutic radiology services.</p> <p>If the doctor provides you services in addition to Outpatient Diagnostic Procedures, Tests and Lab Services, separate cost sharing of \$15 to \$40 may apply.</p> <p>See page 52 for information about Diagnostic Tests, X-Rays, Lab Services, and Radiology Services.</p> | <p>therapeutic radiology services.</p> <p>If the doctor provides you services in addition to Outpatient Diagnostic Procedures, Tests and Lab Services, separate cost sharing of \$20 to \$50 may apply.</p> <p>See page 52 for information about Diagnostic Tests, X-Rays, Lab Services, and Radiology Services.</p> | <p>services.</p> <p>If the doctor provides you services in addition to Outpatient Diagnostic Procedures, Tests and Lab Services, separate cost sharing of \$15 to \$45 may apply.</p> <p>See page 52 for information about Diagnostic Tests, X-Rays, Lab Services, and Radiology Services.</p> | <p>services.</p> <p>If the doctor provides you services in addition to Outpatient Diagnostic Procedures, Tests and Lab Services, separate cost sharing of \$15 to \$35 may apply.</p> <p>See page 52 for information about Diagnostic Tests, X-Rays, Lab Services, and Radiology Services.</p> |
| 22 – Cardiac and Pulmonary Rehabilitation Services | <p>20% coinsurance Cardiac Rehabilitation services.</p> <p>20% coinsurance for Pulmonary Rehabilitation services.</p> <p>20% coinsurance for Intensive Cardiac Rehabilitation services.</p> | <p>In-Network \$0 copay for:</p> <ul style="list-style-type: none"> -Medicare-covered Cardiac Rehabilitation Services -Medicare-covered Intensive Cardiac Rehabilitation Services -Medicare-covered Pulmonary | <p>In-Network \$0 copay for:</p> <ul style="list-style-type: none"> -Medicare-covered Cardiac Rehabilitation Services -Medicare-covered Intensive Cardiac Rehabilitation Services -Medicare-covered Pulmonary | <p>In-Network \$0 copay for:</p> <ul style="list-style-type: none"> -Medicare-covered Cardiac Rehabilitation Services -Medicare-covered Intensive Cardiac Rehabilitation Services -Medicare-covered Pulmonary | <p>In-Network \$0 copay for:</p> <ul style="list-style-type: none"> -Medicare-covered Cardiac Rehabilitation Services -Medicare-covered Intensive Cardiac Rehabilitation Services -Medicare-covered Pulmonary |

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| Benefit Category | 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) |
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| | This applies to program services provided in a doctor's office. Specified cost sharing for program services provided by hospital outpatient departments. | Rehabilitation Services | Rehabilitation Services | Rehabilitation Services | Rehabilitation Services |
| PREVENTIVE SERVICES | | | | | |
| 23 – Preventive Services and Wellness/ Education Programs | No coinsurance, copayment or deductible for the following: <ul style="list-style-type: none"> Abdominal Aortic Aneurysm Screening Bone Mass Measurement. Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions. Cardiovascular Screening Cervical and | \$0 copay for all preventive services covered under Original Medicare at zero cost sharing: <ul style="list-style-type: none"> Abdominal Aortic Aneurysm screening Bone Mass Measurement Cardiovascular Screening Cervical and Vaginal Cancer Screening (Pap Test and Pelvic Exam) Colorectal Cancer Screening Diabetes Screening Influenza Vaccine | \$0 copay for all preventive services covered under Original Medicare at zero cost sharing: <ul style="list-style-type: none"> Abdominal Aortic Aneurysm screening Bone Mass Measurement Cardiovascular Screening Cervical and Vaginal Cancer Screening (Pap Test and Pelvic Exam) Colorectal Cancer Screening Diabetes Screening Influenza Vaccine | \$0 copay for all preventive services covered under Original Medicare at zero cost sharing: <ul style="list-style-type: none"> Abdominal Aortic Aneurysm screening Bone Mass Measurement Cardiovascular Screening Cervical and Vaginal Cancer Screening (Pap Test and Pelvic Exam) Colorectal Cancer Screening Diabetes Screening Influenza Vaccine | \$0 copay for all preventive services covered under Original Medicare at zero cost sharing: <ul style="list-style-type: none"> Abdominal Aortic Aneurysm screening Bone Mass Measurement Cardiovascular Screening Cervical and Vaginal Cancer Screening (Pap Test and Pelvic Exam) Colorectal Cancer Screening Diabetes Screening Influenza Vaccine |

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| Benefit Category | 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>Vaginal Cancer Screening. Covered once every 2 years. Covered once a year for women with Medicare at high risk.</p> <ul style="list-style-type: none"> • Colorectal Cancer Screening • Diabetes Screening • Influenza Vaccine • Hepatitis B Vaccine for people with Medicare who are at risk. • HIV Screening. \$0 copay for the HIV screening, but you generally pay 20% of the Medicare-approved amount for the doctor's visit. HIV screening is covered for people with Medicare who are pregnant and people at | <ul style="list-style-type: none"> • Hepatitis B Vaccine • HIV Screening • Breast Cancer Screening (Mammogram) • Medical Nutrition Therapy Services • Personalized Prevention Plan Services (Annual Wellness Visits) • Pneumococcal Vaccine • Prostate Cancer Screening (Prostate Specific Antigen (PSA) test only) • Smoking Cessation (counseling to stop smoking) • Welcome to Medicare Physical Exam (Initial Preventive Physical Exam) <p>HIV screening is covered for people with Medicare who are pregnant and people at</p> | <ul style="list-style-type: none"> • Hepatitis B Vaccine • HIV Screening • Breast Cancer Screening (Mammogram) • Medical Nutrition Therapy Services • Personalized Prevention Plan Services (Annual Wellness Visits) • Pneumococcal Vaccine • Prostate Cancer Screening (Prostate Specific Antigen (PSA) test only) • Smoking Cessation (counseling to stop smoking) • Welcome to Medicare Physical Exam (Initial Preventive Physical Exam) <p>HIV screening is covered for people with Medicare who are pregnant and people at</p> | <ul style="list-style-type: none"> • Hepatitis B Vaccine • HIV Screening • Breast Cancer Screening (Mammogram) • Medical Nutrition Therapy Services • Personalized Prevention Plan Services (Annual Wellness Visits) • Pneumococcal Vaccine • Prostate Cancer Screening (Prostate Specific Antigen (PSA) test only) • Smoking Cessation (counseling to stop smoking) • Welcome to Medicare Physical Exam (Initial Preventive Physical Exam) <p>HIV screening is covered for people with Medicare who are pregnant and people at</p> | <ul style="list-style-type: none"> • Hepatitis B Vaccine • HIV Screening • Breast Cancer Screening (Mammogram) • Medical Nutrition Therapy Services • Personalized Prevention Plan Services (Annual Wellness Visits) • Pneumococcal Vaccine • Prostate Cancer Screening (Prostate Specific Antigen (PSA) test only) • Smoking Cessation (counseling to stop smoking) • Welcome to Medicare Physical Exam (Initial Preventive Physical Exam) <p>HIV screening is covered for people with Medicare who are pregnant and people at</p> |

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| Benefit Category | 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>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> <ul style="list-style-type: none"> • Breast Cancer Screening (Mammogram). Medicare covers screening mammograms once every 12 months for all women with Medicare age 40 and older. Medicare covers one baseline mammogram for women between ages 35-39. • Medical Nutrition Therapy Services. Nutrition therapy is for people who have diabetes or | <p>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. Please contact plan for details.</p> <p>In-Network The plan covers the following supplemental education/wellness programs:</p> <ul style="list-style-type: none"> • Written health education materials, including Newsletters <p>See page 53 for information about Preventive Services and Wellness/ Education Programs.</p> | <p>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. Please contact plan for details.</p> <p>In-Network The plan covers the following supplemental education/wellness programs:</p> <ul style="list-style-type: none"> • Written health education materials, including Newsletters <p>See page 53 for information about Preventive Services and Wellness/ Education Programs.</p> | <p>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. Please contact plan for details.</p> <p>In-Network The plan covers the following supplemental education/wellness programs:</p> <ul style="list-style-type: none"> • Written health education materials, including Newsletters <p>See page 53 for information about Preventive Services and Wellness/ Education Programs.</p> | <p>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. Please contact plan for details.</p> <p>In-Network The plan covers the following supplemental education/wellness programs:</p> <ul style="list-style-type: none"> • Written health education materials, including Newsletters <p>See page 53 for information about Preventive Services and Wellness/ Education Programs.</p> |

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| Benefit Category | 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) |
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| | <p>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 and may include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p> <ul style="list-style-type: none"> • Personalized Prevention Plan Services (Annual Wellness Visits) • Pneumococcal Vaccine. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information. • Prostate Cancer Screening | | | | |

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.

| Benefit Category | 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) |
|-------------------------|---|--|--|---|---|
| | <ul style="list-style-type: none"> • Prostate Specific Antigen (PSA) test only. Covered once a year for all men with Medicare over age 50. • Smoking Cessation (counseling to stop smoking). Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period. Each counseling attempt includes up to four face-to-face visits. • Welcome to Medicare Physical Exam (initial preventive physical exam). When you join Medicare Part B, then you are eligible as follows: <ul style="list-style-type: none"> ▪ During the first | | | | |

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| Benefit Category | 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>12 months of your new Part B coverage, you can get either a Welcome to Medicare Physical Exam or an Annual Wellness Visit.</p> <ul style="list-style-type: none"> ▪ After your first 12 months, you can get one Annual Wellness Visit every 12 months. | | | | |
| <p>24 – Kidney Disease and Conditions</p> | <p>20% coinsurance for renal dialysis.</p> <p>20% coinsurance for kidney disease education services.</p> | <p>General Cost plan members pay Fee-for-Service cost sharing for out-of-area dialysis.</p> <p>In-Network 20% of the cost for renal dialysis.</p> <p>\$0 copay for kidney disease education services.</p> | <p>General Cost plan members pay Fee-for-Service cost sharing for out-of-area dialysis.</p> <p>In-Network 20% of the cost for renal dialysis.</p> <p>\$0 copay for kidney disease education services.</p> | <p>General Cost plan members pay Fee-for-Service cost sharing for out-of-area dialysis.</p> <p>In-Network 20% of the cost for renal dialysis.</p> <p>\$0 copay for kidney disease education services.</p> | <p>General Cost plan members pay Fee-for-Service cost sharing for out-of-area dialysis.</p> <p>In-Network 20% of the cost for renal dialysis.</p> <p>\$0 copay for kidney disease education 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.

| Benefit Category | 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>25 – Outpatient Prescription Drugs</p> | <p>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> | <p>Drugs covered under Medicare Part B</p> <p>General 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> <p>Drugs covered under Medicare Part D</p> <p>General This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.mhpmedicare.org on the web.</p> <p>Different out-of-pocket costs may apply for people who -have limited incomes, -live in long term care</p> | <p>Drugs covered under Medicare Part B</p> <p>General 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> <p>Drugs covered under Medicare Part D</p> <p>General This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.mhpmedicare.org on the web.</p> <p>Different out-of-pocket costs may apply for people who -have limited incomes, -live in long term care</p> | <p>Drugs covered under Medicare Part B</p> <p>General 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> <p>Drugs covered under Medicare Part D</p> <p>General This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.mhpmedicare.org on the web.</p> <p>Different out-of-pocket costs may apply for people who -have limited incomes, -live in long term care</p> | <p>Drugs covered under Medicare Part B</p> <p>General 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> <p>Drugs covered under Medicare Part D</p> <p>General This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.mhpmedicare.org on the web.</p> <p>Different out-of-pocket costs may apply for people who -have limited incomes, -live in long term care</p> |

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

| Benefit Category | 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>facilities, or -have access to Indian/Tribal/Urban (Indian Health Service) providers.</p> <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and the District of Columbia). 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>Total yearly drug costs are the total drug costs paid by both you and a Part D plan.</p> <p>The plan may require you to first try one drug to treat your condition</p> | <p>facilities, or -have access to Indian/Tribal/Urban (Indian Health Service) providers.</p> <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and the District of Columbia). 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>Total yearly drug costs are the total drug costs paid by both you and a Part D plan.</p> <p>The plan may require you to first try one drug to treat your condition</p> | <p>facilities, or -have access to Indian/Tribal/Urban (Indian Health Service) providers.</p> <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and the District of Columbia). 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>Total yearly drug costs are the total drug costs paid by both you and a Part D plan.</p> <p>The plan may require you to first try one drug to treat your condition</p> | <p>facilities, or -have access to Indian/Tribal/Urban (Indian Health Service) providers.</p> <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and the District of Columbia). 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>Total yearly drug costs are the total drug costs paid by both you and a Part D plan.</p> <p>The plan may require you to first try one drug to treat your condition</p> |

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| Benefit Category | 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>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 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>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 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>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 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>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 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> |

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.

| Benefit Category | 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>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 Drugs cost sharing for that drug.</p> <p>In-Network \$125 deductible on all drugs except Tier 1: Preferred Generic Drugs, Tier 2: Non-Preferred Generic Drugs.</p> <p>Initial Coverage After you pay your yearly deductible, you</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 pay Tier 3: Preferred Brand Drugs cost sharing for that drug.</p> <p>In-Network \$0 deductible.</p> <p>Initial Coverage You pay the following until total yearly drug costs reach \$2,930:</p> <p>Retail Pharmacy Tier 1: Preferred Generic Drugs</p> | <p>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, you will pay Tier 3: Preferred Brand Drugs cost sharing for that drug.</p> <p>In-Network \$0 deductible.</p> <p>Initial Coverage You pay the following until total yearly drug costs reach \$2,930:</p> <p>Retail Pharmacy Tier 1: Preferred</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 Drugs cost sharing for that drug.</p> <p>In-Network \$0 deductible.</p> <p>Initial Coverage You pay the following until total yearly drug costs reach \$2,930:</p> <p>Retail Pharmacy Tier 1: Preferred Generic 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.

| Benefit Category | 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>pay the following until total yearly drug costs reach \$2,930:</p> <p>Retail Pharmacy Tier 1: Preferred Generic Drugs - \$2 copay for a one-month (30-day) supply of drugs in this tier - \$6 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 2: Non-Preferred Generic Drugs - \$13 copay for a one-month (30-day) supply of drugs in this tier - \$39 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 3: Preferred Brand Drugs - \$45 copay for a one-month (30-day) supply of drugs in this tier - \$135 copay for a three-month (90-day) supply of drugs in this</p> | <p>- \$3 copay for a one-month (30-day) supply of drugs in this tier - \$9 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 2: Non-Preferred Generic Drugs - \$12 copay for a one-month (30-day) supply of drugs in this tier - \$36 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 3: Preferred Brand Drugs - \$45 copay for a one-month (30-day) supply of drugs in this tier - \$135 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 4: Non-Preferred Brand Drugs - \$90 copay for a one-month (30-day) supply of drugs in this tier</p> | <p>Generic Drugs - \$10 copay for a one-month (30-day) supply of drugs in this tier - \$30 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 2: Non-Preferred Generic Drugs - \$10 copay for a one-month (30-day) supply of drugs in this tier - \$30 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 3: Preferred Brand Drugs - \$40 copay for a one-month (30-day) supply of drugs in this tier - \$120 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 4: Non-Preferred Brand Drugs - \$60 copay for a one-month (30-day) supply</p> | <p>- \$8.50 copay for a one-month (30-day) supply of drugs in this tier - \$25.50 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 2: Non-Preferred Generic Drugs - \$8.50 copay for a one-month (30-day) supply of drugs in this tier - \$25.50 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 3: Preferred Brand Drugs - \$38 copay for a one-month (30-day) supply of drugs in this tier - \$114 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 4: Non-Preferred</p> |

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| Benefit Category | 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>tier</p> <p>Tier 4: Non-Preferred Brand Drugs - \$87 copay for a one-month (30-day) supply of drugs in this tier - \$261 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 5: Specialty Tier Drugs - 30% coinsurance for a one-month (30-day) supply of drugs in this tier - 30% coinsurance for a three-month (90-day) supply of drugs in this tier</p> <p>Long Term Care Pharmacy Tier 1: Preferred Generic Drugs - \$2 copay for a one-month (31-day) supply of drugs in this tier</p> | <p>- \$270 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 5: Specialty Tier Drugs - 33% coinsurance for a one-month (30-day) supply of drugs in this tier - 33% coinsurance for a three-month (90-day) supply of drugs in this tier</p> <p>Long Term Care Pharmacy Tier 1: Preferred Generic Drugs - \$3 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Tier 2: Non-Preferred Generic Drugs - \$12 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Tier 3: Preferred Brand</p> | <p>of drugs in this tier - \$180 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 5: Specialty Tier Drugs - 33% coinsurance for a one-month (30-day) supply of drugs in this tier - 33% coinsurance for a three-month (90-day) supply of drugs in this tier</p> <p>Long Term Care Pharmacy Tier 1: Preferred Generic Drugs - \$10 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Tier 2: Non-Preferred Generic Drugs - \$10 copay for a one-month (31-day) supply of drugs in this tier</p> | <p>Brand Drugs - \$58 copay for a one-month (30-day) supply of drugs in this tier - \$174 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 5: Specialty Tier Drugs - 33% coinsurance for a one-month (30-day) supply of drugs in this tier - 33% coinsurance for a three-month (90-day) supply of drugs in this tier</p> <p>Long Term Care Pharmacy Tier 1: Preferred Generic Drugs - \$8.50 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Tier 2: Non-Preferred Generic Drugs</p> |

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| Benefit Category | 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>Tier 2: Non-Preferred Generic Drugs - \$13 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Tier 3: Preferred Brand Drugs - \$45 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Tier 4: Non-Preferred Brand Drugs - \$87 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Tier 5: Specialty Tier Drugs - 30% coinsurance for a one-month (31-day) supply of drugs in this tier</p> <p>Mail Order Tier 1: Preferred Generic Drugs - \$6 copay for a three-month (90-day) supply of drugs in this tier</p> | <p>Drugs - \$45 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Tier 4: Non-Preferred Brand Drugs - \$90 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Tier 5: Specialty Tier Drugs - 33% coinsurance for a one-month (31-day) supply of drugs in this tier</p> <p>Mail Order Tier 1: Preferred Generic Drugs - \$7.50 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 2: Non-Preferred Generic Drugs - \$30 copay for a three-month (90-day) supply of drugs in this tier</p> | <p>Tier 3: Preferred Brand Drugs - \$40 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Tier 4: Non-Preferred Brand Drugs - \$60 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Tier 5: Specialty Tier Drugs - 33% coinsurance for a one-month (31-day) supply of drugs in this tier</p> <p>Mail Order Tier 1: Preferred Generic Drugs - \$25 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 2: Non-Preferred Generic Drugs - \$25 copay for a three-month (90-day) supply of drugs in this tier</p> | <p>- \$8.50 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Tier 3: Preferred Brand Drugs - \$38 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Tier 4: Non-Preferred Brand Drugs - \$58 copay for a one-month (31-day) supply of drugs in this tier</p> <p>Tier 5: Specialty Tier Drugs - 33% coinsurance for a one-month (31-day) supply of drugs in this tier</p> <p>Mail Order Tier 1: Preferred Generic Drugs - \$21.25 copay for a three-month (90-day) supply of drugs in this tier</p> |

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| Benefit Category | 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>Tier 2: Non-Preferred Generic Drugs - \$39 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 3: Preferred Brand Drugs - \$135 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 4: Non-Preferred Brand Drugs - \$261 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 5: Specialty Tier Drugs - 30% coinsurance for a three-month (90-day) supply of drugs in this tier</p> <p>Coverage Gap After your total yearly drug costs reach</p> | <p>Tier 3: Preferred Brand Drugs - \$112.50 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 4: Non-Preferred Brand Drugs - \$225 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 5: Specialty Tier Drugs - 33% coinsurance for a three-month (90-day) supply of drugs in this tier</p> <p>Coverage Gap After your total yearly drug costs reach \$2,930, you receive a discount on brand name drugs and pay 86% of the plan's costs for all generic drugs, until your yearly out-of-</p> | <p>Tier 3: Preferred Brand Drugs - \$100 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 4: Non-Preferred Brand Drugs - \$150 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 5: Specialty Tier Drugs - 33% coinsurance for a three-month (90-day) supply of drugs in this tier</p> <p>Coverage Gap After your total yearly drug costs reach \$2,930, you receive a discount on brand name drugs and pay 86% of the plan's costs for all generic drugs, until your yearly out-of-</p> | <p>Tier 2: Non-Preferred Generic Drugs - \$21.25 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 3: Preferred Brand Drugs - \$95 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 4: Non-Preferred Brand Drugs - \$145 copay for a three-month (90-day) supply of drugs in this tier</p> <p>Tier 5: Specialty Tier Drugs - 33% coinsurance for a three-month (90-day) supply of drugs in this tier</p> <p>Additional Coverage Gap You pay the following:</p> |

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|------------------|-------------------|--|---|---|--|
| | | <p>\$2,930, you receive a discount on brand name drugs and pay 86% of the plan's costs for all generic drugs, until your yearly out-of-pocket drug costs reach \$4,700.</p> <p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,700, you pay the greater of: - 5% coinsurance, or - \$2.60 copay for generic (including brand drugs treated as generic) and a \$6.50 copay for all other drugs.</p> <p>Out-of-Network Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no</p> | <p>pocket drug costs reach \$4,700.</p> <p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,700, you pay the greater of: - 5% coinsurance, or - \$2.60 copay for generic (including brand drugs treated as generic) and a \$6.50 copay for all other drugs.</p> <p>Out-of-Network 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</p> | <p>pocket drug costs reach \$4,700.</p> <p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,700, you pay the greater of: - 5% coinsurance, or - \$2.60 copay for generic (including brand drugs treated as generic) and a \$6.50 copay for all other drugs.</p> <p>Out-of-Network 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</p> | <p>Retail Pharmacy Tier 1: Preferred Generic Drugs - \$8.50 copay for a one-month (30-day) supply of all drugs covered in this tier - \$25.50 copay for a three-month (90-day) supply of all drugs covered in this tier</p> <p>Tier 2: Non-Preferred Generic Drugs - \$8.50 copay for a one-month (30-day) supply of all drugs covered in this tier - \$25.50 copay for a three-month (90-day) supply of all drugs covered in this tier</p> <p>Long Term Care Pharmacy Tier 1: Preferred Generic Drugs - \$8.50 copay for a one-month (31-day) supply of all drugs</p> |

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| Benefit Category | 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>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 Plan+Rx (Cost).</p> <p>Out-of-Network Initial Coverage After you pay your yearly deductible, you will be reimbursed up to the plan's cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,930:</p> <p>Tier 1: Preferred Generic Drugs - \$3 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Tier 2: Non-Preferred Generic Drugs</p> | <p>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 Thrifty Plan+Rx (Cost).</p> <p>Out-of-Network Initial Coverage You will be reimbursed up to the plan's cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,930:</p> <p>Tier 1: Preferred Generic Drugs - \$3 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Tier 2: Non-Preferred Generic Drugs</p> | <p>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 Standard Plan+Rx (Cost).</p> <p>Out-of-Network Initial Coverage You will be reimbursed up to the plan's cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,930:</p> <p>Tier 1: Preferred Generic Drugs - \$10 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Tier 2: Non-Preferred Generic Drugs</p> | <p>covered in this tier</p> <p>Tier 2: Non-Preferred Generic Drugs - \$8.50 copay for a one-month (31-day) supply of all drugs covered in this tier</p> <p>Mail Order Tier 1: Preferred Generic Drugs - \$21.25 copay for a three-month (90-day) supply of all drugs covered in this tier</p> <p>Tier 2: Non-Preferred Generic Drugs - \$21.25 copay for a three-month (90-day) supply of all drugs covered in this tier</p> <p>After your total yearly drug costs reach \$2,930, you receive limited coverage by the plan on certain drugs. You will also receive a discount on brand name</p> |

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| Benefit Category | 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>- \$2 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Tier 2: Non-Preferred Generic Drugs - \$13 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Tier 3: Preferred Brand Drugs - \$45 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Tier 4: Non-Preferred Brand Drugs - \$87 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Tier 5: Specialty Tier Drugs - 30% coinsurance for a one-month (30-day) supply of drugs in this tier</p> <p>You will not be reimbursed for the</p> | <p>- \$12 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Tier 3: Preferred Brand Drugs - \$45 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Tier 4: Non-Preferred Brand Drugs - \$90 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Tier 5: Specialty Tier Drugs - 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>- \$10 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Tier 3: Preferred Brand Drugs - \$40 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Tier 4: Non-Preferred Brand Drugs - \$60 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Tier 5: Specialty Tier Drugs - 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 and generally pay no more than 86% of the plan's costs for generic drugs until your yearly out-of-pocket drug costs reach \$4,700.</p> <p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,700, you pay the greater of: - 5% coinsurance, or - \$2.60 copay for generic (including brand drugs treated as generic) and a \$6.50 copay for all other drugs.</p> <p>Out-of-Network 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.</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.

| Benefit Category | 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>difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</p> <p>Out-of-Network Coverage Gap You will be reimbursed up to 14% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700.</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 \$4,700.</p> <p>You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and</p> | <p>Out-of-Network Coverage Gap You will be reimbursed up to 14% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700.</p> <p>You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700.</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>Out-of-Network Catastrophic</p> | <p>Out-of-Network Coverage Gap You will be reimbursed up to 14% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700.</p> <p>You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700.</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>Out-of-Network</p> | <p>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 Plan+Rx (Cost).</p> <p>Out-of-Network Initial Coverage You will be reimbursed up to the plan's cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,930:</p> <p>Tier 1: Preferred Generic Drugs - \$8.50 copay for a one-month (30-day) supply of drugs in this</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.

| Benefit Category | 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>the plan's In-Network allowable amount.</p> <p>Out-of-Network Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,700, you will be reimbursed for drugs purchased out-of-network up to the plan's cost of the drug minus your cost share, which is the greater of: - 5% coinsurance, or - \$2.60 copay for generic (including brand drugs treated as generic) and a \$6.50 copay for all other drugs.</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>Coverage After your yearly out-of-pocket drug costs reach \$4,700, you will be reimbursed for drugs purchased out-of-network up to the plan's cost of the drug minus your cost share, which is the greater of: - 5% coinsurance, or - \$2.60 copay for generic (including brand drugs treated as generic) and a \$6.50 copay for all other drugs.</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>See page 53 for information about Outpatient Prescription Drugs.</p> | <p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,700, you will be reimbursed for drugs purchased out-of-network up to the plan's cost of the drug minus your cost share, which is the greater of: - 5% coinsurance, or - \$2.60 copay for generic (including brand drugs treated as generic) and a \$6.50 copay for all other drugs.</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>See page 53 for information about Outpatient Prescription Drugs.</p> | <p>tier</p> <p>Tier 2: Non-Preferred Generic Drugs - \$8.50 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Tier 3: Preferred Brand Drugs - \$38 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Tier 4: Non-Preferred Brand Drugs - \$58 copay for a one-month (30-day) supply of drugs in this tier</p> <p>Tier 5: Specialty Tier Drugs - 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</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.

| Benefit Category | 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) |
|------------------|-------------------|--|---------------------------------------|--|---|
| | | See page 53 for information about Outpatient Prescription Drugs. | | | <p>Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</p> <p>Additional Out-of-Network Coverage Gap You will be reimbursed for these drugs purchased out-of-network up to the plan's cost of the drug minus the following:</p> <p>Tier 1: Preferred Generic Drugs - \$8.50 copay for a one-month (30-day) supply of all drugs covered in this tier</p> <p>Tier 2: Non-Preferred Generic Drugs - \$8.50 copay for a one-month (30-day) supply of all drugs covered in this tier</p> <p>Tier 3: Preferred 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.

| Benefit Category | 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>You will be reimbursed up to 14% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700.</p> <p>You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700.</p> <p>Tier 4: Non-Preferred Brand Drugs</p> <p>You will be reimbursed up to 14% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach</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.

| Benefit Category | 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>\$4,700.</p> <p>You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700.</p> <p>Tier 5: Specialty Tier Drugs</p> <p>You will be reimbursed up to 14% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700.</p> <p>You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until total yearly out-of-pocket drug costs reach</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.

| Benefit Category | 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>\$4,700.</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>Out-of-Network Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,700, you will be reimbursed for drugs purchased out-of-network up to the plan's cost of the drug minus your cost share, which is the greater of:</p> <ul style="list-style-type: none"> - 5% coinsurance, or - \$2.60 copay for generic (including brand drugs treated as generic) and a \$6.50 copay for all other drugs. <p>You will not be</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.

| Benefit Category | 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>reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</p> <p>See page 53 for information about Outpatient Prescription Drugs.</p> |
| <p>26 – Dental Services</p> | <p>Preventive dental services (such as cleaning) not covered.</p> | <p>General Authorization rules may apply.</p> <p>In-Network 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>General Authorization rules may apply.</p> <p>In-Network 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>General Authorization rules may apply.</p> <p>In-Network 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>General Authorization rules may apply.</p> <p>In-Network 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> |

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.

| Benefit Category | 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) |
|------------------------------|--|---|---|---|---|
| | | See page 53 for information on Dental Services. | See page 53 for information on Dental Services. | See page 53 for information on Dental Services. | See page 53 for information on Dental Services. |
| 27 – Hearing Services | Supplemental routine hearing exams and hearing aids not covered. 20% coinsurance for diagnostic hearing exams. | In-Network Hearing aids not covered. - \$15 to \$40 copay for Medicare-covered diagnostic hearing exams - \$20 copay for up to 1 supplemental routine hearing exam every year See page 53 for information on Hearing Services. | In-Network Hearing aids not covered. - \$20 to \$50 copay for Medicare-covered diagnostic hearing exams - \$20 copay for up to 1 supplemental routine hearing exam every year See page 53 for information on Hearing Services. | In-Network Hearing aids not covered. - \$15 to \$45 copay for Medicare-covered diagnostic hearing exams - \$20 copay for up to 1 supplemental routine hearing exam every year See page 53 for information on Hearing Services. | In-Network Hearing aids not covered. - \$15 to \$35 copay for Medicare-covered diagnostic hearing exams - \$20 copay for up to 1 supplemental routine hearing exam every year See page 53 for information on Hearing Services. |
| 28 – Vision Services | 20% coinsurance for diagnosis and treatment of diseases and conditions of the eye. Supplemental routine eye exams and glasses not covered. Medicare pays for one pair of eyeglasses or | In-Network \$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. - \$0 copay for up to 1 | In-Network In general, supplemental routine eye exams and eye wear not covered. However, this plan covers some vision benefit for an extra cost (see “Optional Benefits”). \$0 copay for | In-Network In general, supplemental routine eye exams and eye wear not covered. However, this plan covers some vision benefit for an extra cost (see “Optional Benefits”). \$0 copay for | In-Network \$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 |

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.

| Benefit Category | 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) |
|--|--|---|---|---|---|
| | contact lenses after cataract surgery. Annual glaucoma screenings covered for people at risk. | supplemental routine eye exam every year. See page 53 for information about Vision Services. | - one pair of eyeglasses or contact lenses after cataract surgery. - \$0 to \$50 copay for exams to diagnose and treat diseases and conditions of the eye. See page 53 for information about Vision Services. | - 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. See page 53 for information about Vision Services. | supplemental routine eye exam every year. See page 53 for information about Vision Services. |
| Over-the-Counter Items | Not covered. | General This plan does not cover Over-the-Counter Items. | General This plan does not cover Over-the-Counter Items. | General This plan does not cover Over-the-Counter Items. | General This plan does not cover Over-the-Counter Items. |
| Transportation (Routine) | Not covered. | In-Network This plan does not cover routine transportation. | In-Network This plan does not cover routine transportation. | In-Network This plan does not cover routine transportation. | In-Network This plan does not cover routine transportation. |
| Acupuncture | Not covered. | In-Network This plan does not cover Acupuncture. | In-Network This plan does not cover Acupuncture. | In-Network This plan does not cover Acupuncture. | In-Network This plan does not cover Acupuncture. |
| OPTIONAL BENEFITS | | | | | |
| OPTIONAL SUPPLEMENTAL PACKAGE #1 | | | | | |
| Premium and Other Important Information | | General Package: 1 - Dental Services: \$18 monthly premium, | General Package: 1 - Dental Services: \$18 monthly premium, | General Package: 1 - Dental Services: \$18 monthly premium, | General Package: 1 - Dental Services: \$18 monthly premium, |

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.

| Benefit Category | 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>in addition to your \$48.10 monthly plan premium and the monthly Medicare Part B premium, for the following optional benefits:</p> <ul style="list-style-type: none"> - Preventive Dental - Comprehensive Dental <p>\$1,500 plan coverage limit every year for these benefits.</p> | <p>in addition to your \$74.20 monthly plan premium and the monthly Medicare Part B premium, for the following optional benefits:</p> <ul style="list-style-type: none"> - Preventive Dental - Comprehensive Dental <p>\$1,500 plan coverage limit every year for these benefits.</p> | <p>in addition to your \$120.80 monthly plan premium and the monthly Medicare Part B premium, for the following optional benefits:</p> <ul style="list-style-type: none"> - Preventive Dental - Comprehensive Dental <p>\$1,500 plan coverage limit every year for these benefits.</p> | <p>in addition to your \$246.20 monthly plan premium and the monthly Medicare Part B premium, for the following optional benefits:</p> <ul style="list-style-type: none"> - Preventive Dental - Comprehensive Dental <p>\$1,500 plan coverage limit every year for these benefits.</p> |
| Dental Services | | <p>General Plan offers additional comprehensive dental benefits.</p> <p>In-Network</p> <ul style="list-style-type: none"> - 30% of the cost for up to 2 cleanings every year - 30% of the cost for fluoride treatments - 30% of the cost for up to 2 oral exams every year - 50% of the cost for dental x-rays | <p>General Plan offers additional comprehensive dental benefits.</p> <p>In-Network</p> <ul style="list-style-type: none"> - 30% of the cost for up to 2 cleanings every year - 30% of the cost for fluoride treatments - 30% of the cost for up to 2 oral exams every year - 50% of the cost for dental x-rays | <p>General Plan offers additional comprehensive dental benefits.</p> <p>In-Network</p> <ul style="list-style-type: none"> - 30% of the cost for up to 2 cleanings every year - 30% of the cost for fluoride treatments - 30% of the cost for up to 2 oral exams every year - 50% of the cost for dental x-rays | <p>General Plan offers additional comprehensive dental benefits.</p> <p>In-Network</p> <ul style="list-style-type: none"> - 30% of the cost for up to 2 cleanings every year - 30% of the cost for fluoride treatments - 30% of the cost for up to 2 oral exams every year - 50% of the cost for dental x-rays |

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.

| Benefit Category | 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) |
|--|--------------------------|---|--|---|--|
| | | \$1,500 plan coverage limit for dental benefits every year. | \$1,500 plan coverage limit for dental benefits every year. | \$1,500 plan coverage limit for dental benefits every year. | \$1,500 plan coverage limit for dental benefits every year. |
| OPTIONAL SUPPLEMENTAL PACKAGE #2 | | | | | |
| Premium and Other Important Information | | General Package: 2 - Vision Services: \$12 monthly premium, in addition to your \$48.10 monthly plan premium and the monthly Medicare Part B premium, for the following optional benefits: - Eye Wear | General Package: 2 - Vision Services: \$12 monthly premium, in addition to your \$74.20 monthly plan premium and the monthly Medicare Part B premium, for the following optional benefits: - Eye Exams - Eye Wear | General Package: 2 - Vision Services: \$12 monthly premium, in addition to your \$120.80 monthly plan premium and the monthly Medicare Part B premium, for the following optional benefits: - Eye Exams - Eye Wear | General Package: 2 - Vision Services: \$12 monthly premium, in addition to your \$246.20 monthly plan premium and the monthly Medicare Part B premium, for the following optional benefits: - Eye Wear |
| Vision Services | | In-Network \$0 copay for: - up to 1 pair of contacts every year. - up to 1 pair of lenses every year. - up to 1 frame every year. | In-Network \$0 copay for: - up to 1 pair of contacts every year. - up to 1 pair of lenses every year. - up to 1 frame every year. | In-Network \$0 copay for: - up to 1 pair of contacts every year. - up to 1 pair of lenses every year. - up to 1 frame every year. | In-Network \$0 copay for: - up to 1 pair of contacts every year. - up to 1 pair of lenses every year. - up to 1 frame 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

1 – Premium and Other Important Information

For Rocky Mountain Green Plan+Rx (Cost) and Rocky Mountain Thrifty Plan+Rx (Cost) ONLY:

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

2 – Doctor and Hospital Choice

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

7 – Hospice

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

8 – Doctor Office Visits

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

9 – Chiropractic Services

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

16 – Urgently Needed Care

For Rocky Mountain Green Plan+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 \$1,870 (This is the amount for 2011 and may change for 2012) 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

| 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. |
| X-rays | You pay 20%. | You pay 20%. | 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 | <p>You pay \$400 for most diagnostic procedures and tests in an outpatient facility.</p> <p>You pay the applicable office visit copayment for diagnostic procedures and tests in a doctor’s office.</p> <p>You pay \$0 for diagnostic colonoscopy.</p> <p>You pay \$0 for digital rectal exam.</p> | <p>You pay \$400 for most diagnostic procedures and tests in an outpatient facility.</p> <p>You pay the applicable office visit copayment for diagnostic procedures and tests in a doctor’s office.</p> <p>You pay \$0 for diagnostic colonoscopy.</p> <p>You pay \$0 for digital rectal exam.</p> | <p>You pay \$350 for most diagnostic procedures and tests in an outpatient facility.</p> <p>You pay the applicable office visit copayment for diagnostic procedures and tests in a doctor’s office.</p> <p>You pay \$0 for diagnostic colonoscopy.</p> <p>You pay \$0 for digital rectal exam.</p> | <p>You pay \$250 for most diagnostic procedures and tests in an outpatient facility.</p> <p>You pay the applicable office visit copayment for diagnostic procedures and tests in a doctor’s office.</p> <p>You pay \$0 for diagnostic colonoscopy.</p> <p>You pay \$0 for digital rectal exam.</p> |

Lab Services and Screenings Provided at a Health Fair

Effective January 1, 2012, RMHP will NOT pay for routine lab tests or screenings provided at a health fair. Covered routine lab tests and preventive screenings are available through the RMHP provider network for \$0 copayment.

23– Preventive Services and Wellness/Education Programs

Cardiovascular Screening

The plan covers one cardiovascular screening every year, regardless of age or risk factors.

Cervical and Vaginal Cancer Screening (Pap Test and Pelvic Exam)

The plan covers one screening pap test and pelvic exam every year, regardless of age or risk factors.

Colorectal Cancer Screening

The plan covers one Colorectal Screening Exam every year, regardless of age or risk factors.

Breast Cancer Screening (Mammogram)

The plan covers one screening Mammogram every year, regardless of age or risk factors.

Prostate Cancer Screening

The plan covers one Prostate Screening Exam every year, regardless of age or risk factors. You pay \$0 copayment for either the Prostate Specific Antigen (PSA) test or a Digital Rectal Exam.

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

Authorization rules may apply.

26 – Dental Services

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

27 – Hearing Services

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

28 – Vision Services

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

Optional Benefits

Optional 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.

| Service | Copayment |
|---|-----------|
| 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 for reimbursement.

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

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

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

Optional Supplemental Package #2 - Vision Services through Vision Service Plan (VSP)

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

There is no annual deductible that must be met.

| Service | Copayment |
|----------------------------|---|
| Annual Routine Vision Exam | \$0 |
| Annual Lenses | \$0 |
| Eyeglass Frames | You pay discounted price above \$130 allowance. |
| Contact Lenses | You pay discounted price above \$130 allowance. |

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

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

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