

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

January 1, 2010 – December 31, 2010
COLORADO AND SELECT WYOMING COUNTIES

Thank you for your interest in Rocky Mountain Health Plans' AB Basic Plan (Cost), B Basic Plan (Cost), and B Standard Plan (Cost). Our plans are offered by Rocky Mountain Health Maintenance Organization known as 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 RMHP's AB Basic Plan (Cost), B Basic Plan (Cost), and B Standard Plan (Cost). You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

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

HOW CAN I COMPARE MY OPTIONS?

You can compare RMHP's AB Basic Plan (Cost), B Basic Plan (Cost), and B Standard Plan (Cost) and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plans cover and what the Original Medicare Plan covers.

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

WHERE ARE RMHP'S AB BASIC PLAN (COST), B BASIC PLAN (COST), AND B STANDARD PLAN (COST) AVAILABLE?

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

WHO IS ELIGIBLE TO JOIN RMHP'S AB BASIC PLAN (COST), B BASIC PLAN (COST), AND B STANDARD PLAN (COST)?

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

CAN I CHOOSE MY DOCTORS?

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

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

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

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

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

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

RMHP's AB Basic Plan (Cost), B Basic Plan (Cost), and B Standard Plan (Cost) do cover Medicare Part B prescription drugs. RMHP's AB Basic Plan (Cost), B Basic Plan (Cost), and B Standard Plan (Cost) do NOT cover Medicare Part D prescription drugs.

WHAT ARE MY PROTECTIONS IN THESE PLANS?

All Medicare Cost Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Cost Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 60 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of RMHP's Green Plan +Rx (Cost), Thrifty Plan +Rx (Cost), Standard Plan + Rx (Cost), and Gold 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, Colorado Foundation for Medical Care at 303-695-3333 or 800-727-7086 toll free. TTY users should call 877-486-2048 toll free.

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

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

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

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 “Compare Medicare Prescription Drug Plans” or “Compare Health Plans and Medigap Policies in Your Area” to compare the plan ratings for Medicare plans in your area. You can also call us directly at 888-282-1420 toll-free or 970-244-7912 to obtain a copy of the plan ratings for this plan. TTY users call 800-704-6370.

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

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

Customer Service Hours:

Monday, Tuesday, Wednesday, Thursday, Friday, 8:00 a.m. - 5:00 p.m. Mountain Time.

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

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

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

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

If you have any questions about these plans' benefits or costs, please contact RMHP Medicare Plan for details.

SECTION II – SUMMARY OF BENEFITS

Benefit	Original Medicare	AB Basic Plan (Cost)	B Basic Plan (Cost)	B Standard Plan (Cost)
IMPORTANT INFORMATION				
<p>1 – Premium and Other Important Information</p>	<p>In 2010 the monthly Part B Premium is \$96.40 and the yearly Part B deductible amount is \$155.</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, starting January 1, 2010, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples).</p> <p>For more information about Part B premiums based on income, call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p>	<p>General \$25.00 monthly plan premium in addition to your monthly Medicare Part B premium.</p>	<p>General \$5.00 monthly plan premium in addition to your monthly Medicare Part B premium.</p>	<p>General \$73.00 monthly plan premium in addition to your monthly Medicare Part B premium.</p>

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SECTION II – SUMMARY OF BENEFITS

Benefit	Original Medicare	AB Basic Plan (Cost)	B Basic Plan (Cost)	B Standard Plan (Cost)
<p>2 – Doctor and Hospital Choice (For more information, see Emergency – #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 29 for additional information about Doctor and Hospital Choice.</p>	<p>In-Network No referral required for network doctors and specialists.</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 29 for additional information about Doctor and Hospital Choice.</p>	<p>Out-of-Network Plan covers you when you travel in the U.S.</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 29 for additional information about Doctor and Hospital Choice.</p>

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SECTION II – SUMMARY OF BENEFITS

Benefit	Original Medicare	AB Basic Plan (Cost)	B Basic Plan (Cost)	B Standard Plan (Cost)
SUMMARY OF BENEFITS				
INPATIENT CARE				
3 – Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)	In 2010 the amounts for each benefit period are: Days 1 - 60: \$1,100 deductible Days 61 - 90: \$275 per day Days 91 - 150: \$550 per lifetime reserve day Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days. Lifetime reserve days can only be used once.	In-Network In 2010 the amounts for each benefit period are: Days 1 - 60: \$1,100 deductible Days 61 - 90: \$275 per day Days 91 - 150: \$550 per lifetime reserve day You will not be charged additional cost sharing for professional services. Plan covers 90 days each benefit period.	In-Network You pay 100% for each hospital stay.	In-Network You pay 100% for each hospital stay.

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SECTION II – SUMMARY OF BENEFITS

Benefit	Original Medicare	AB Basic Plan (Cost)	B Basic Plan (Cost)	B Standard Plan (Cost)
<p>3 – Inpatient Hospital Care, continued</p>	<p>A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care.</p> <p>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.</p> <p>There is no limit to the number of benefit periods you can have.</p>			

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SECTION II – SUMMARY OF BENEFITS

Benefit	Original Medicare	AB Basic Plan (Cost)	B Basic Plan (Cost)	B Standard Plan (Cost)
<p>4 – Inpatient Mental Health Care</p>	<p>Same deductible and copay as inpatient hospital care (see "Inpatient Hospital Care" above). 190 day lifetime limit in a Psychiatric Hospital.</p>	<p>In-Network Same deductible and copay as inpatient hospital care (see "Inpatient Hospital Care") You get up to 190 days in a Psychiatric Hospital in a lifetime.</p>	<p>In-Network You pay 100% for each hospital stay.</p>	<p>In-Network You pay 100% for each hospital stay.</p>
<p>5 – Skilled Nursing Facility (in a Medicare-certified skilled nursing facility)</p>	<p>In 2010 the amounts for each benefit period after at least a 3-day covered hospital stay are: Days 1 - 20: \$0 per day Days 21 - 100: \$137.50 per day 100 days for each benefit period.</p>	<p>In-Network In 2010 the amounts for each benefit period after at least a 3-day covered hospital stay are: Days 1 - 20: \$0 per day Days 21 - 100: \$137.50 per day You will not be charged additional cost sharing for professional services. Plan covers up to 100 days each benefit period 3-day prior hospital stay is required.</p>	<p>In-Network You pay 100% for each stay at a Skilled Nursing Facility.</p>	<p>In-Network You pay 100% for each stay at a Skilled Nursing Facility.</p>

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SECTION II – SUMMARY OF BENEFITS

Benefit	Original Medicare	AB Basic Plan (Cost)	B Basic Plan (Cost)	B Standard Plan (Cost)
<p>5 – Skilled Nursing Facility, continued</p>	<p>A "benefit period" starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins.</p> <p>You must pay the inpatient hospital deductible for each benefit period.</p> <p>There is no limit to the number of benefit periods you can have.</p>			

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SECTION II – SUMMARY OF BENEFITS

Benefit	Original Medicare	AB Basic Plan (Cost)	B Basic Plan (Cost)	B Standard Plan (Cost)
6 – Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	\$0 copay.	In-Network \$0 copay for Medicare-covered home health visits.	In-Network \$0 copay for Medicare-covered home health visits.	In-Network \$0 copay for Medicare-covered home health visits.
7 – Hospice	You pay part of the cost for outpatient drugs and inpatient respite care. You must get care from a Medicare-certified hospice.	General You must get care from a Medicare-certified hospice.	General You pay 100% for Hospice care.	General You pay 100% for Hospice care.

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SECTION II – SUMMARY OF BENEFITS

Benefit	Original Medicare	AB Basic Plan (Cost)	B Basic Plan (Cost)	B Standard Plan (Cost)
SUMMARY OF BENEFITS				
OUTPATIENT CARE				
8 – Doctor Office Visits	20% coinsurance.	<p>In-Network 20% of the cost for each primary care doctor visit for Medicare-covered benefits.</p> <p>20% of the cost for each in-area, network urgent care Medicare-covered visit.</p> <p>20% of the cost for each specialist visit for Medicare-covered benefits.</p>	<p>In-Network 20% of the cost for each primary care doctor visit for Medicare-covered benefits.</p> <p>20% of the cost for each in-area, network urgent care Medicare-covered visit.</p> <p>20% of the cost for each specialist visit for Medicare-covered benefits.</p>	<p>General See "Physical Exams," for more information.</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>

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SECTION II – SUMMARY OF BENEFITS

Benefit	Original Medicare	AB Basic Plan (Cost)	B Basic Plan (Cost)	B Standard Plan (Cost)
<p>9 – Chiropractic Services</p>	<p>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.</p>	<p>General Authorization rules may apply.</p> <p>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.</p>	<p>General Authorization rules may apply.</p> <p>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.</p>	<p>General Authorization rules may apply.</p> <p>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.</p>
<p>10 – Podiatry Services</p>	<p>Routine care not covered. 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p>	<p>In-Network 20% of the cost for each Medicare-covered visit. Medicare-covered podiatry benefits are for medically-necessary foot care.</p>	<p>In-Network 20% of the cost for each Medicare-covered visit. Medicare-covered podiatry benefits are for medically-necessary foot care.</p>	<p>In-Network \$35 copay for each Medicare-covered visit. Medicare-covered podiatry benefits are for medically-necessary foot care.</p>

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SECTION II – SUMMARY OF BENEFITS

Benefit	Original Medicare	AB Basic Plan (Cost)	B Basic Plan (Cost)	B Standard Plan (Cost)
11 – Outpatient Mental Health Care	45% coinsurance for most outpatient mental health services.	<p>General Authorization rules may apply.</p> <p>In-Network 20% of the cost for each Medicare-covered individual or group therapy visit.</p>	<p>General Authorization rules may apply.</p> <p>In-Network 20% of the cost for each Medicare-covered individual or group therapy visit.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$35 copay for each Medicare-covered individual or group therapy visit.</p>
12 – Outpatient Substance Abuse Care	20% coinsurance.	<p>General Authorization rules may apply.</p> <p>In-Network 20% of the cost for Medicare-covered individual or group visits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network 20% of the cost for Medicare-covered individual or group visits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$35 copay for Medicare-covered individual or group visits.</p>
13 – Outpatient Services/ Surgery	20% coinsurance for the doctor. 20% of outpatient facility charges.	<p>General Authorization rules may apply.</p>	<p>General Authorization rules may apply.</p>	<p>General Authorization rules may apply.</p>

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SECTION II – SUMMARY OF BENEFITS

Benefit	Original Medicare	AB Basic Plan (Cost)	B Basic Plan (Cost)	B Standard Plan (Cost)
13 – Outpatient Services/ Surgery, continued		<p>In-Network 20% of the cost for each Medicare-covered ambulatory surgical center visit.</p> <p>20% of the cost for each Medicare-covered outpatient hospital facility visit.</p>	<p>In-Network 20% of the cost for each Medicare-covered ambulatory surgical center visit.</p> <p>20% of the cost for each Medicare-covered outpatient hospital facility visit.</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>
14 – Ambulance Services (medically necessary ambulance services)	20% coinsurance.	<p>General Authorization rules may apply.</p> <p>In-Network 20% of the cost for Medicare-covered ambulance benefits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network 20% of the cost for Medicare-covered ambulance benefits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$100 copay for Medicare-covered ambulance benefits.</p>

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SECTION II – SUMMARY OF BENEFITS

Benefit	Original Medicare	AB Basic Plan (Cost)	B Basic Plan (Cost)	B Standard Plan (Cost)
<p>15 – Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)</p>	<p>20% coinsurance for the doctor. 20% of facility charge, or a set copay per emergency room visit. You don't have to pay the emergency room copay if you are admitted to the hospital for the same condition within 3 days of the emergency room visit. NOT covered outside the U.S. except under limited circumstances.</p>	<p>General 20% of the cost 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 immediately admitted to the hospital, you pay \$0 for the emergency room visit. If you are admitted to the hospital within 3-days for the same condition, you pay \$0 for the emergency room visit.</p>	<p>General 20% of the cost 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 immediately admitted to the hospital, you pay \$0 for the emergency room visit. If you are admitted to the hospital within 3-days for the same condition, you pay \$0 for the emergency room visit.</p>	<p>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.</p>

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SECTION II – SUMMARY OF BENEFITS

Benefit	Original Medicare	AB Basic Plan (Cost)	B Basic Plan (Cost)	B Standard Plan (Cost)
<p>16 – Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)</p>	<p>20% coinsurance, or a set copay. NOT covered outside the U.S. except under limited circumstances.</p>	<p>General 20% of the cost for Medicare-covered urgently needed care visits.</p>	<p>General 20% of the cost for Medicare-covered urgently needed care visits.</p>	<p>General \$35 copay for Medicare-covered urgently needed care visits.</p>
<p>17 – Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)</p>	<p>20% coinsurance.</p>	<p>In-Network 20% of the cost for Medicare-covered Occupational Therapy visits. 20% of the cost for Medicare-covered Physical and/or Speech/Language Therapy visits. See Page 29 for additional information about Outpatient Rehabilitation Services.</p>	<p>In-Network 20% of the cost for Medicare-covered Occupational Therapy visits. 20% of the cost for Medicare-covered Physical and/or Speech/Language Therapy visits. See Page 29 for additional information about Outpatient Rehabilitation Services.</p>	<p>In-Network \$15 copay for Medicare-covered Occupational Therapy visits. \$15 copay for Medicare-covered Physical and/or Speech/Language Therapy visits. See Page 29 for additional information about Outpatient Rehabilitation Services.</p>

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SECTION II – SUMMARY OF BENEFITS

Benefit	Original Medicare	AB Basic Plan (Cost)	B Basic Plan (Cost)	B Standard Plan (Cost)		
SUMMARY OF BENEFITS						
OUTPATIENT MEDICAL SERVICES AND SUPPLIES						
18 – Durable Medical Equipment (includes wheelchairs, oxygen, etc.)	20% coinsurance.	In-Network 20% of the cost for Medicare-covered items.	In-Network 20% of the cost for Medicare-covered items.	<table border="1"> <tr> <td data-bbox="535 77 654 506">General Authorization rules may apply.</td> </tr> <tr> <td data-bbox="654 77 787 506">In-Network 20% of the cost for Medicare-covered items.</td> </tr> </table>	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.	In-Network 20% of the cost for Medicare-covered items.	In-Network 20% of the cost for Medicare-covered items.	<table border="1"> <tr> <td data-bbox="787 77 906 506">General Authorization rules may apply.</td> </tr> <tr> <td data-bbox="906 77 1039 506">In-Network 20% of the cost for Medicare-covered items.</td> </tr> </table>	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.						

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SECTION II – SUMMARY OF BENEFITS

Benefit	Original Medicare	AB Basic Plan (Cost)	B Basic Plan (Cost)	B Standard Plan (Cost)
<p>20 – Diabetes Self-Monitoring Training, Nutrition Therapy and Supplies (includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)</p>	<p>20% coinsurance. Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p>	<p>In-Network 20% of the cost for Diabetes self-monitoring training. 20% of the cost for Nutrition Therapy for Diabetes. 20% of the cost for Diabetes supplies. Separate Office Visit cost sharing of 20% of the cost may apply.</p>	<p>In-Network 20% of the cost for Diabetes self-monitoring training. 20% of the cost for Nutrition Therapy for Diabetes. 20% of the cost for Diabetes supplies. Separate Office Visit cost sharing of 20% of the cost may apply.</p>	<p>In-Network \$0 copay for Diabetes self-monitoring training. \$0 copay for Nutrition Therapy for Diabetes. 20% of the cost for Diabetes supplies.</p>

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SECTION II – SUMMARY OF BENEFITS

Benefit	Original Medicare	AB Basic Plan (Cost)	B Basic Plan (Cost)	B Standard Plan (Cost)
<p>21 – Diagnostic Tests, X-Rays, and Lab Services</p>	<p>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 suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol.</p>	<p>General Authorization rules may apply.</p> <p>In-Network 0% of the cost for Medicare-covered lab services. 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. 20% of the cost for Medicare-covered therapeutic radiology services. Separate Office Visit cost sharing of 20% of the cost may apply. See Page 29–30 for additional information about Diagnostic Tests, X-Rays, and Lab Services.</p>	<p>General Authorization rules may apply.</p> <p>In-Network 0% of the cost for Medicare-covered lab services. 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. 20% of the cost for Medicare-covered therapeutic radiology services. Separate Office Visit cost sharing of 20% of the cost may apply. See Page 29–30 for additional information about Diagnostic Tests, X-Rays, and Lab Services.</p>	<p>General Authorization rules may apply.</p> <p>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. \$0 to \$150 copay for Medicare-covered diagnostic radiology services. 20% of the cost for Medicare-covered therapeutic radiology services. Separate Office Visit cost sharing of \$15 to \$35 may apply. See Page 29–30 for additional information about Diagnostic Tests, X-Rays, and Lab Services.</p>

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SECTION II – SUMMARY OF BENEFITS

Benefit	Original Medicare	AB Basic Plan (Cost)	B Basic Plan (Cost)	B Standard Plan (Cost)
SUMMARY OF BENEFITS				
PREVENTIVE SERVICES				
22 – Bone Mass Measurement (for people with Medicare who are at risk)	20% coinsurance. Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.	In-Network 20% of the cost for Medicare-covered bone mass measurement. Separate Office Visit cost sharing of 20% of the cost may apply.	In-Network 20% of the cost for Medicare-covered bone mass measurement. Separate Office Visit cost sharing of 20% of the cost may apply.	In-Network \$0 copay for Medicare-covered bone mass measurement.
23 – Colorectal Screening Exams (for people with Medicare age 50 and older)	20% coinsurance. Covered when you are high risk or when you are age 50 and older.	In-Network 20% of the cost for Medicare-covered colorectal screenings. Separate Office Visit cost sharing of 20% of the cost may apply.	In-Network 20% of the cost for Medicare-covered colorectal screenings. Separate Office Visit cost sharing of 20% of the cost may apply.	In-Network \$0 copay for Medicare-covered colorectal screenings – up to 1 additional screening See Page 30 for additional information about Colorectal Screening Exams.

If you have any questions about these plans' benefits or costs, please contact RMHP Medicare Plan for details.

SECTION II – SUMMARY OF BENEFITS

Benefit	Original Medicare	AB Basic Plan (Cost)	B Basic Plan (Cost)	B Standard Plan (Cost)
<p>24 – Immunizations (Flu vaccine, Hepatitis B vaccine – for people with Medicare who are at risk, Pneumonia vaccine)</p>	<p>\$0 copay for Flu and Pneumonia vaccines. 20% coinsurance for Hepatitis B vaccine. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.</p>	<p>In-Network \$0 copay for Flu and Pneumonia vaccines. \$0 copay for Hepatitis B vaccine. No referral needed for Flu and pneumonia vaccines.</p>	<p>In-Network \$0 copay for Flu and Pneumonia vaccines. \$0 copay for Hepatitis B vaccine. No referral needed for Flu and pneumonia vaccines.</p>	<p>In-Network \$0 copay for Flu and Pneumonia vaccines. \$0 copay for Hepatitis B vaccine. No referral needed for Flu and pneumonia vaccines.</p>
<p>25 – Mammograms (Annual Screening) (for women with Medicare age 40 and older)</p>	<p>20% coinsurance. No referral needed. Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39.</p>	<p>In-Network 20% of the cost for Medicare-covered screening mammograms. Separate Office Visit cost sharing of 20% of the cost may apply.</p>	<p>In-Network 20% of the cost for Medicare-covered screening mammograms. Separate Office Visit cost sharing of 20% of the cost may apply.</p>	<p>In-Network \$0 copay for – Medicare-covered screening mammograms – up to 1 additional screening mammogram See Page 30 for additional information about Mammograms.</p>

If you have any questions about these plans' benefits or costs, please contact RMHP Medicare Plan for details.

SECTION II – SUMMARY OF BENEFITS

Benefit	Original Medicare	AB Basic Plan (Cost)	B Basic Plan (Cost)	B Standard Plan (Cost)
<p>26 – Pap Smears and Pelvic Exams (for women with Medicare)</p>	<p>\$0 copay for Pap smears. Covered once every 2 years. Covered once a year for women with Medicare at high risk. 20% coinsurance for Pelvic Exams.</p>	<p>In-Network 0% of the cost for Medicare-covered pap smears. 20% of the cost for Medicare-covered pelvic exams. Separate Office Visit cost sharing of 20% of the cost may apply.</p>	<p>In-Network 0% of the cost for Medicare-covered pap smears. 20% of the cost for Medicare-covered pelvic exams. Separate Office Visit cost sharing of 20% of the cost may apply.</p>	<p>In-Network \$0 copay for Medicare-covered pap smears and pelvic exams – up to 1 additional pap smear and pelvic exam See Page 30 for additional information about Pap Smears and Pelvic Exams.</p>
<p>27 – Prostate Cancer Screening Exams (for men with Medicare age 50 and older)</p>	<p>20% coinsurance for the digital rectal exam. \$0 for the PSA test; 20% coinsurance for other related services. Covered once a year for all men with Medicare over age 50.</p>	<p>In-Network 20% of the cost for Medicare-covered prostate cancer screening. Separate Office Visit cost sharing of 20% of the cost may apply.</p>	<p>In-Network 20% of the cost for Medicare-covered prostate cancer screening. Separate Office Visit cost sharing of 20% of the cost may apply.</p>	<p>In-Network \$0 copay for – Medicare-covered prostate cancer screening – up to 1 additional screening See Page 30 for additional information about Prostate Cancer Screening Exams.</p>

If you have any questions about these plans' benefits or costs, please contact RMHP Medicare Plan for details.

SECTION II – SUMMARY OF BENEFITS

Benefit	Original Medicare	AB Basic Plan (Cost)	B Basic Plan (Cost)	B Standard Plan (Cost)
<p>28 – End-Stage Renal Disease</p>	<p>20% coinsurance for renal dialysis. 20% coinsurance for Nutrition Therapy for End-Stage Renal Disease. Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p>	<p>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. 20% of the cost for Nutrition Therapy for End-Stage Renal Disease.</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. 20% of the cost for Nutrition Therapy for End-Stage Renal Disease.</p>	<p>General Cost plan members pay Fee-for-Service cost sharing for out-of-area dialysis.</p> <p>In-Network \$0 copay for renal dialysis. \$0 copay for Nutrition Therapy for End-Stage Renal Disease.</p>

If you have any questions about these plans' benefits or costs, please contact RMHP Medicare Plan for details.

SECTION II – SUMMARY OF BENEFITS

Benefit	Original Medicare	AB Basic Plan (Cost)	B Basic Plan (Cost)	B Standard Plan (Cost)
<p>29 – 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 General 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p>	<p>Drugs covered under Medicare Part B General 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p>	<p>Drugs covered under Medicare Part B 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 General This plan does not offer prescription drug coverage. Most drugs not covered.</p>	<p>Drugs covered under Medicare Part D General This plan does not offer prescription drug coverage. Most drugs not covered.</p>	<p>Drugs covered under Medicare Part D General This plan does not offer prescription drug coverage. Most drugs not covered.</p>

If you have any questions about these plans' benefits or costs, please contact RMHP Medicare Plan for details.

SECTION II – SUMMARY OF BENEFITS

Benefit	Original Medicare	AB Basic Plan (Cost)	B Basic Plan (Cost)	B Standard Plan (Cost)
30 – Dental Services	Preventive dental services (such as cleaning) not covered.	<p>In-Network In general, preventive dental benefits (such as cleaning) not covered. 20% of the cost for Medicare-covered dental benefits. See Page 30 for additional information about Dental Services.</p>	<p>In-Network In general, preventive dental benefits (such as cleaning) not covered. 20% of the cost for Medicare-covered dental benefits. See Page 30 for additional information about Dental Services.</p>	<p>In-Network In general, preventive dental benefits (such as cleaning) not covered. \$0 to \$250 copay [or 0% to 20% of the cost] for Medicare-covered dental benefits. See Page 30 for additional information about Dental Services.</p>
31 – Hearing Services	Routine hearing exams and hearing aids not covered. 20% coinsurance for diagnostic hearing exams.	<p>In-Network In general, routine hearing exams and hearing aids not covered. – 20% of the cost for Medicare-covered diagnostic hearing exams</p>	<p>In-Network In general, routine hearing exams and hearing aids not covered. – 20% of the cost for Medicare-covered diagnostic hearing exams</p>	<p>In-Network In general, routine hearing exams and hearing aids not covered. – \$35 copay for Medicare-covered diagnostic hearing exams</p>

If you have any questions about these plans' benefits or costs, please contact RMHP Medicare Plan for details.

SECTION II – SUMMARY OF BENEFITS

Benefit	Original Medicare	AB Basic Plan (Cost)	B Basic Plan (Cost)	B Standard Plan (Cost)
32 – Vision Services	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Routine eye exams and glasses not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>Annual glaucoma screenings covered for people at risk.</p>	<p>In-Network Non-Medicare-covered eye exams and glasses not covered.</p> <p>\$0 copay for</p> <ul style="list-style-type: none"> – one pair of eyeglasses or contact lenses after cataract surgery – 20% of the cost for exams to diagnose and treat diseases and conditions of the eye. <p>Separate Office Visit cost sharing of 20% of the cost may apply.</p>	<p>In-Network Non-Medicare-covered eye exams and glasses not covered.</p> <p>\$0 copay for</p> <ul style="list-style-type: none"> – one pair of eyeglasses or contact lenses after cataract surgery – 20% of the cost for exams to diagnose and treat diseases and conditions of the eye. <p>Separate Office Visit cost sharing of 20% of the cost may apply.</p>	<p>In-Network Non-Medicare-covered eye exams and glasses not covered.</p> <p>\$0 copay for</p> <ul style="list-style-type: none"> – one pair of eyeglasses or contact lenses after cataract surgery – \$15 to \$35 copay for exams to diagnose and treat diseases and conditions of the eye.
33 – Physical Exams	<p>20% coinsurance for one exam within the first 12 months of your new Medicare Part B coverage.</p> <p>When you get Medicare Part B, you can get a one time physical exam within the first 12 months of your new Part B coverage. The coverage does not include lab tests.</p>	<p>In-Network When you get Medicare Part B, you can get a one-time physical within the first 12 months of your new Part B coverage. The coverage does not include lab tests.</p> <p>Routine exams not covered.</p> <p>20% of the cost for Medicare-covered benefits.</p>	<p>In-Network When you get Medicare Part B, you can get a one-time physical within the first 12 months of your new Part B coverage. The coverage does not include lab tests.</p> <p>Routine exams not covered.</p> <p>20% of the cost for Medicare-covered benefits.</p>	<p>In-Network \$0 copay for routine exams.</p> <p>Limited to 1 exam every year.</p> <p>See Page 30 for additional information about Physical Exams.</p>

If you have any questions about these plans' benefits or costs, please contact RMHP Medicare Plan for details.

SECTION II – SUMMARY OF BENEFITS

Benefit	Original Medicare	AB Basic Plan (Cost)	B Basic Plan (Cost)	B Standard Plan (Cost)
<p>34 – Health/Wellness Education</p>	<p>Smoking Cessation: Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period if you are diagnosed with a smoking-related illness or are taking medicine that may be affected by tobacco. Each counseling attempt includes up to four face-to-face visits. You pay coinsurance, and Part B deductible applies.</p>	<p>In-Network The plan covers the following health/wellness education benefits: – Written health education materials, including Newsletters – \$0 copay for each Medicare-covered smoking cessation counseling session.</p>	<p>In-Network The plan covers the following health/wellness education benefits: – Written health education materials, including Newsletters – \$0 copay for each Medicare-covered smoking cessation counseling session.</p>	<p>In-Network The plan covers the following health/wellness education benefits: – Written health education materials, including Newsletters – \$0 copay for each Medicare-covered smoking cessation counseling session.</p>
<p>Transportation (Routine)</p>	<p>Not covered.</p>	<p>In-Network This plan does not cover routine transportation.</p>	<p>In-Network This plan does not cover routine transportation.</p>	<p>In-Network This plan does not cover routine transportation.</p>
<p>Acupuncture</p>	<p>Not covered.</p>	<p>In-Network This plan does not cover Acupuncture.</p>	<p>In-Network This plan does not cover Acupuncture.</p>	<p>In-Network This plan does not cover Acupuncture.</p>

Additional Information Regarding RMHP Medicare Plans

Percentage copayments are based on the allowed amount of the primary payor (either the plan or Medicare) and can vary depending on service and provider.

2 – Doctor and Hospital Choice

Visitor/Travel Program:

You can be out of the RMHP Medicare Plan service area for up to six months per calendar year and remain eligible for benefits. Services when you are in a continuous course of treatment are covered when pre-approved by the plan. Call Customer Service for details about out of service area care.

17 – Outpatient Rehabilitation Services

Original Medicare imposes a financial limit of about \$1,840 on the amount of care you can receive from independently practicing physical, speech and occupational therapists. The plan 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 and Lab Services

Lab Services:

Medicare covers medically necessary diagnostic lab services done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, including those received at a health fair, like checking your cholesterol.

Medicare-covered service	AB Basic Plan (Cost)	B Basic Plan (Cost)	B Standard Plan (Cost)
Clinical and Diagnostic Lab Services	You pay nothing.	You pay nothing.	You pay nothing.
MRI/PET scans	You pay 20% per visit.	You pay 20% per visit.	You pay \$150 per visit.
CT scans	You pay 20% per visit.	You pay 20% per visit.	You pay \$75 per visit.

Medicare-covered service	AB Basic Plan (Cost)	B Basic Plan (Cost)	B Standard Plan (Cost)
Diagnostic procedures and tests	You pay 20% for diagnostic procedures and tests in an outpatient facility or in a doctor's office.	You pay 20% for diagnostic procedures and tests in an outpatient facility or in a doctor's office.	You pay \$250 for diagnostic procedures and tests in an outpatient facility. You pay the applicable office visit copayment for diagnostic procedures and tests in a doctor's office.

23 – Colorectal Screening Exams

FOR B STANDARD PLAN (COST) ONLY:

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

25 – Mammograms

FOR B STANDARD PLAN (COST) ONLY:

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

26 – Pap Smears and Pelvic Exams

FOR B STANDARD PLAN (COST) ONLY:

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

27 – Prostate Cancer Screening Exams

FOR B STANDARD PLAN (COST) ONLY:

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

30 – Dental Services

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

33 – Physical Exams

FOR B STANDARD PLAN (COST) ONLY:

You are covered for one Physical Exam every calendar year. This exam includes the following services:

- Bone Mass Measurement tests for Members at risk;
- Cardiovascular Screening;
- Colorectal Screening Exams*;
- Diabetes screening for Members at risk;
- For women: Mammogram*, Pap Smears*, Pelvic Exam*;
- For men: Prostate Cancer Screening Exam*

*Limited to one per Member/per calendar year.