

Section I - Introduction to the Summary of Benefits for  
**Rocky Mountain Health Plans**  
**Thrifty Plan – FR, Standard Plan – FR, and Gold Plan – FR**

**January 1, 2009 – December 31, 2009**  
**Front Range Colorado**

Rocky Mountain Health Plans is a Federally Qualified HMO with a Medicare contract.

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Thank you for your interest in RMHP Thrifty Plan – FR, Standard Plan – FR, and Gold Plan – FR. Our plans are offered by 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 RMHP Thrifty Plan – FR, Standard Plan – FR, and Gold Plan – FR 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 Thrifty Plan – FR, Standard Plan – FR, and Gold Plan – FR. 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 Thrifty Plan – FR, Standard Plan – FR, and Gold Plan – FR at the number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY 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 Thrifty Plan – FR, Standard Plan – FR, and Gold Plan – FR 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 plan covers 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 THRIFTY PLAN – FR, STANDARD PLAN – FR, AND GOLD PLAN – FR AVAILABLE?**

The service area for these plans include: Bent, Cheyenne, Clear Creek, Crowley, Custer, El Paso, Elbert, Fremont, Gilpin, Huerfano, Kiowa, Kit Carson, Las Animas, Larimer, Lincoln, Logan, Morgan, Otero, Park, Phillips, Prowers, Pueblo, Sedgwick, Teller, Washington, Weld, Yuma Counties, CO. You must live in one of these areas to join these plans.

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 at the number listed at the end of this introduction for more information.

## **WHO IS ELIGIBLE TO JOIN RMHP THRIFTY PLAN – FR, STANDARD PLAN – FR, AND GOLD PLAN – FR?**

You can join RMHP Thrifty Plan – FR, Standard Plan – FR, and Gold Plan – FR 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 are generally not eligible to enroll in RMHP Thrifty Plan – FR, Standard Plan – FR, and Gold Plan – FR unless they are Members of our organization and have been since their dialysis began.

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

RMHP Thrifty Plan – FR, Standard Plan – FR, and Gold Plan – FR 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 or for an up-to-date list visit us at [www.rmhp.org](http://www.rmhp.org). 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 coinsurance.

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

RMHP Thrifty Plan – FR, Standard Plan – FR, and Gold Plan – FR do cover Medicare Part B prescription drugs. Thrifty Plan - FR, Standard Plan - FR, and Gold Plan - FR do NOT cover Medicare Part D prescription drugs.

## **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 Thrifty Plan – FR, Standard Plan – FR, and Gold Plan – FR 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 alpha 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.

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

Visit us at [www.rmhp.org](http://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 800-346-4643 for questions related to the RMHP Medicare Cost Plan. (TTY/TDD 800-704-6370).

Current and Prospective Members should call locally 970-243-7050 for questions related to the RMHP 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 877-486-2048. You can call 24 hours a day, 7 days a week. Or, visit [www.medicare.gov](http://www.medicare.gov) on the web.

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

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

SECTION II – SUMMARY OF BENEFITS

<b>Benefit</b>	<b>Original Medicare</b>	<b>RMHP Thrifty Plan – FR</b>	<b>RMHP Standard Plan – FR</b>	<b>RMHP Gold Plan – FR</b>
<b>IMPORTANT INFORMATION</b>				
<p><b>1 – Premium and Other Important Information</b></p>	<p>In 2009 the monthly Part B Premium is \$96.40 and the yearly Part B deductible amount is \$135.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p>	<p><b>General</b> \$29 monthly plan premium in addition to your monthly Medicare Part B premium.</p>	<p><b>General</b> \$46 monthly plan premium in addition to your monthly Medicare Part B premium.</p>	<p><b>General</b> \$172 monthly plan premium in addition to your monthly Medicare Part B premium.</p>

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Benefit	Original Medicare	RMHP Thrifty Plan – FR	RMHP Standard Plan – FR	RMHP Gold Plan – FR
<p><b>2 – Doctor and Hospital Choice</b> (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><b>In-Network</b> No referral required for network doctors, specialists, and hospitals.  You may have to pay a separate copay for certain doctor office visits.</p> <p><b>Out-of-Network</b> Plan covers you when you travel in the U.S.</p> <p><b>In- and Out-of-Network</b> You can use any network doctor. If you go to out-of-network doctors the plan may not cover the services, but Medicare will pay its share for Medicare-covered services. When Medicare pays its share, you pay the Medicare Part B deductible and coinsurance.  See Page 32 for additional information about Doctor and Hospital Choice.</p>	<p><b>In-Network</b> No referral required for network doctors, specialists, and hospitals.  You may have to pay a separate copay for certain doctor office visits.</p> <p><b>Out-of-Network</b> Plan covers you when you travel in the U.S.</p> <p><b>In- and Out-of-Network</b> You can use any network doctor. If you go to out-of-network doctors the plan may not cover the services, but Medicare will pay its share for Medicare-covered services. When Medicare pays its share, you pay the Medicare Part B deductible and coinsurance.  See Page 32 for additional information about Doctor and Hospital Choice.</p>	<p><b>In-Network</b> No referral required for network doctors, specialists, and hospitals.  You may have to pay a separate copay for certain doctor office visits.</p> <p><b>Out-of-Network</b> Plan covers you when you travel in the U.S.</p> <p><b>In- and Out-of-Network</b> You can use any network doctor. If you go to out-of-network doctors the plan may not cover the services, but Medicare will pay its share for Medicare-covered services. When Medicare pays its share, you pay the Medicare Part B deductible and coinsurance.  See Page 32 for additional information about Doctor and Hospital Choice.</p>

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SECTION II – SUMMARY OF BENEFITS

Benefit	Original Medicare	RMHP Thrifty Plan – FR	RMHP Standard Plan – FR	RMHP Gold Plan – FR
<b>SUMMARY OF BENEFITS</b>				
<b>INPATIENT CARE</b>				
<b>3 – Inpatient Hospital Care</b> (includes Substance Abuse and Rehabilitation Services)	In 2009 the amounts for each benefit period (3) are: Days 1 - 60: \$1,068 deductible Days 61 - 90: \$267 per day Days 91 - 150: \$534 per lifetime reserve day Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days. (4) Lifetime reserve days can only be used once.	<b>In-Network</b> For Medicare-covered hospital stays: Days 1 – 90: \$200 copay per day Plan covers 60 lifetime reserve days. Cost per lifetime reserve day: Days 1 – 60: \$200 copay per day \$1,000 out of pocket limit every stay. Plan covers 90 days each benefit period. (3)	<b>In-Network</b> \$550 copay for each Medicare-covered hospital stay Plan covers 90 days each benefit period. (3)	<b>In-Network</b> \$450 copay for each Medicare-covered hospital stay Plan covers 90 days each benefit period. (3)

(1) Each year, you pay a total of one \$135 deductible.

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(3) A “benefit period” begins the day you go to a hospital or skilled nursing facility. The benefit period ends when you have not received hospital or skilled nursing care for 60 days in a row. 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) Lifetime reserve days can only be used once.

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SECTION II – SUMMARY OF BENEFITS

Benefit	Original Medicare	RMHP Thrifty Plan – FR	RMHP Standard Plan – FR	RMHP Gold Plan – FR
<p><b>3 – Inpatient Hospital Care continued</b></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. 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>			

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(4) Lifetime reserve days can only be used once.

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SECTION II – SUMMARY OF BENEFITS

Benefit	Original Medicare	RMHP Thrifty Plan – FR	RMHP Standard Plan – FR	RMHP Gold Plan – FR
<p><b>4 – Inpatient Mental Health Care</b></p>	<p>Same deductible and copay as inpatient hospital care (see “Inpatient Hospital Care” above)</p> <p>190 day limit in a Psychiatric Hospital.</p>	<p><b>In-Network</b>                      For hospital stays:                      Days 1 – 90: \$200 copay per day                      Plan covers 60 lifetime reserve days. Cost per lifetime reserve day:                      Days 1 – 60: \$200 copay per day                      \$1,000 out of pocket limit every stay.                      You get up to 190 days in a Psychiatric Hospital in a lifetime.</p>	<p><b>In-Network</b>                      \$550 copay for each Medicare-covered hospital stay.                      You get up to 190 days in a Psychiatric Hospital in a lifetime.</p>	<p><b>In-Network</b>                      \$450 copay for each Medicare-covered hospital stay.                      You get up to 190 days in a Psychiatric Hospital in a lifetime.</p>

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(3) A “benefit period” starts the day you go to a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.

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SECTION II – SUMMARY OF BENEFITS

<b>Benefit</b>	<b>Original Medicare</b>	<b>RMHP Thrifty Plan – FR</b>	<b>RMHP Standard Plan – FR</b>	<b>RMHP Gold Plan – FR</b>
<p><b>5 – Skilled Nursing Facility</b> (in a Medicare-certified skilled nursing facility)</p>	<p>In 2009 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: \$133.50 per day                      100 days for each benefit period. (3)</p>	<p><b>In-Network</b>                      For Medicare-covered SNF stays:                      Days 1 – 20: \$0 copay per day                      Days 21 – 100: \$100 copay per day                      Plan covers up to 100 days each benefit period. (3)                      3-day prior hospital stay is required.</p>	<p><b>In-Network</b>                      For Medicare-covered SNF stays:                      – Days 1 – 20: \$0 copay per day                      – Days 21 – 100: \$50 copay per day                      Plan covers up to 100 days each benefit period. (3)                      3-day prior hospital stay is required.</p>	<p><b>In-Network</b>                      For Medicare-covered SNF stays:                      – Days 1 – 20: \$0 copay per day                      – Days 21 – 100: \$50 copay per day                      Plan covers up to 100 days each benefit period. (3)                      3-day prior hospital stay is required.</p>

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(3) A “benefit period” starts the day you go to a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.

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SECTION II – SUMMARY OF BENEFITS

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

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(3) A “benefit period” starts the day you go to a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.

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SECTION II – SUMMARY OF BENEFITS

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

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SECTION II – SUMMARY OF BENEFITS

Benefit	Original Medicare	RMHP Thrifty Plan – FR	RMHP Standard Plan – FR	RMHP Gold Plan – FR
<b>SUMMARY OF BENEFITS</b>				
<b>OUTPATIENT CARE</b>				
<b>8 – Doctor Office Visits</b>	20% coinsurance (1)(2)	<p><b>General</b> See “Physical Exams,” for more information.</p> <p><b>In-Network</b> \$20 copay for each primary care doctor visit for Medicare-covered benefits. \$50 copay for each in-area, network urgent care Medicare-covered visit. \$50 copay for each specialist visit for Medicare-covered benefits.</p>	<p><b>General</b> See “Physical Exams,” for more information.</p> <p><b>In-Network</b> \$20 copay for each primary care doctor visit for Medicare-covered benefits. \$40 copay for each in-area, network urgent care Medicare-covered visit. \$40 copay for each specialist visit for Medicare-covered benefits.</p>	<p><b>General</b> See “Physical Exams,” for more information.</p> <p><b>In-Network</b> \$15 copay for each primary care doctor visit for Medicare-covered benefits. \$35 copay for each in-area, network urgent care Medicare-covered visit. \$35 copay for each specialist visit for Medicare-covered benefits.</p>

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Benefit	Original Medicare	RMHP Thrifty Plan – FR	RMHP Standard Plan – FR	RMHP Gold Plan – FR
<p><b>9 – Chiropractic Services</b></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. (1)(2)</p>	<p><b>In-Network</b> \$10 copay for Medicare-covered visits.  Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.</p>	<p><b>In-Network</b> \$10 copay for Medicare-covered visits.  Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.</p>	<p><b>In-Network</b> \$10 copay for Medicare-covered visits.  Medicare-covered chiropractic visits are for manual manipulation of the spine to correct displacement or misalignment of a joint or body part.</p>
<p><b>10 – Podiatry Services</b></p>	<p>Routine care not covered. 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs. (1)(2)</p>	<p><b>In-Network</b> \$50 copay for each Medicare-covered visit.  Medicare-covered podiatry benefits are for medically necessary foot care.</p>	<p><b>In-Network</b> \$40 copay for each Medicare-covered visit.  Medicare-covered podiatry benefits are for medically necessary foot care.</p>	<p><b>In-Network</b> \$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	RMHP Thrifty Plan – FR	RMHP Standard Plan – FR	RMHP Gold Plan – FR
<b>11 – Outpatient Mental Health Care</b>	50% coinsurance for most outpatient mental health services. (1)(2)	<b>In-Network</b> \$50 copay for each Medicare-covered individual or group therapy visit.	<b>In-Network</b> \$40 copay for each Medicare-covered individual or group therapy visit.	<b>In-Network</b> \$35 copay for each Medicare-covered individual or group therapy visit.
<b>12 – Outpatient Substance Abuse Care</b>	20% coinsurance (1)(2)	<b>In-Network</b> \$50 copay for Medicare-covered individual or group visits.	<b>In-Network</b> \$40 copay for Medicare-covered individual or group visits.	<b>In-Network</b> \$35 copay for Medicare-covered individual or group visits.
<b>13 – Outpatient Services/Surgery</b>	20% coinsurance for the doctor. (1)(2) 20% of outpatient facility charges. (1)(2)	<b>In-Network</b> \$400 copay for each Medicare-covered ambulatory surgical center visit. \$400 copay for each Medicare-covered outpatient hospital facility visit.	<b>In-Network</b> \$300 copay for each Medicare-covered ambulatory surgical center visit. \$300 copay for each Medicare-covered outpatient hospital facility visit.	<b>In-Network</b> \$250 copay for each Medicare-covered ambulatory surgical center visit. \$250 copay for each Medicare-covered outpatient hospital facility visit.
<b>14 – Ambulance Services</b> (medically necessary ambulance services)	20% coinsurance (1)(2)	<b>In-Network</b> \$150 copay for Medicare-covered ambulance benefits.	<b>In-Network</b> \$100 copay for Medicare-covered ambulance benefits.	<b>In-Network</b> \$100 copay for Medicare-covered ambulance benefits.

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SECTION II – SUMMARY OF BENEFITS

Benefit	Original Medicare	RMHP Thrifty Plan – FR	RMHP Standard Plan – FR	RMHP Gold Plan – FR
<p><b>15 – Emergency Care</b> (You may go to any emergency room if you reasonably believe you need emergency care.)</p>	<p>20% coinsurance for the doctor. (1)(2) 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. (1)(2) NOT covered outside the U.S. except under limited circumstances.</p>	<p><b>In-Network</b> \$50 copay for Medicare-covered emergency room visits. <b>Out-of-Network</b> Not covered outside the U.S. except under limited circumstances. Contact the plan for more details.</p>	<p><b>In-Network</b> \$50 copay for Medicare-covered emergency room visits. <b>Out-of-Network</b> Not covered outside the U.S. except under limited circumstances. Contact the plan for more details.</p>	<p><b>In-Network</b> \$50 copay for Medicare-covered emergency room visits. <b>Out-of-Network</b> Worldwide coverage.</p>
<p><b>16 – Urgently Needed Care</b> (This is NOT emergency care, and in most cases, is out of the service area.)</p>	<p>20% coinsurance, or a set copay. (1)(2) NOT covered outside the U.S. except under limited circumstances.</p>	<p><b>In- and Out-of-Network</b> If you are admitted to the hospital within 24-hours for the same condition, you pay \$0 for the emergency room visit. <b>General</b> \$50 copay for Medicare-covered urgently needed care visits.</p>	<p><b>In- and Out-of-Network</b> If you are admitted to the hospital within 24-hours for the same condition, you pay \$0 for the emergency room visit. <b>General</b> \$40 copay for Medicare-covered urgently needed care visits.</p>	<p><b>In- and Out-of-Network</b> If you are admitted to the hospital within 24-hours for the same condition, you pay \$0 for the emergency room visit. <b>General</b> \$35 copay for Medicare-covered urgently needed care visits. See Page 32 for additional information about Urgently Needed Care.</p>

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<b>Benefit</b>	<b>Original Medicare</b>	<b>RMHP Thrifty Plan – FR</b>	<b>RMHP Standard Plan – FR</b>	<b>RMHP Gold Plan – FR</b>
<b>17 – Outpatient Rehabilitation Services</b> (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	20% coinsurance (1)(2)	<p><b>In-Network</b>                      \$10 copay for Medicare-covered Occupational Therapy visits.                      \$10 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.                      See Page 32 for additional information about Outpatient Rehabilitation Services.</p>	<p><b>In-Network</b>                      \$10 copay for Medicare-covered Occupational Therapy visits.                      \$10 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.                      See Page 32 for additional information about Outpatient Rehabilitation Services.</p>	<p><b>In-Network</b>                      \$10 copay for each Medicare-covered Occupational Therapy visits.                      \$10 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.                      See Page 32 for additional information about Outpatient Rehabilitation Services.</p>

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<b>SUMMARY OF BENEFITS</b>				
<b>OUTPATIENT MEDICAL SERVICES AND SUPPLIES</b>				
<b>18 – Durable Medical Equipment</b> (includes wheelchairs, oxygen, etc.)	20% coinsurance (1)(2)	<b>General</b> Authorization rules may apply.	<b>General</b> Authorization rules may apply.	<b>General</b> Authorization rules may apply.
		<b>In-Network</b> 20% of the cost for Medicare-covered items.	<b>In-Network</b> 20% of the cost for Medicare-covered items.	<b>In-Network</b> 20% of the cost for Medicare-covered items.
<b>19 – Prosthetic Devices</b> (includes braces, artificial limbs and eyes, etc.)	20% coinsurance (1)(2)	<b>General</b> Authorization rules may apply.	<b>General</b> Authorization rules may apply.	<b>General</b> Authorization rules may apply.
		<b>In-Network</b> 20 % of the cost for Medicare-covered items.	<b>In-Network</b> 20% of the cost for Medicare-covered items.	<b>In-Network</b> 20% of the cost for Medicare-covered items.

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SECTION II – SUMMARY OF BENEFITS

<b>Benefit</b>	<b>Original Medicare</b>	<b>RMHP Thrifty Plan – FR</b>	<b>RMHP Standard Plan – FR</b>	<b>RMHP Gold Plan – FR</b>
<p><b>20 – Diabetes Self-Monitoring Training, Nutrition Therapy and Supplies</b> (includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)</p>	<p>20% coinsurance (1)(2) Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p>	<p><b>In-Network</b> \$0 copay for Diabetes self-monitoring training. \$0 copay for Nutrition Therapy for Diabetes. 20% of the cost for Diabetes supplies.</p>	<p><b>In-Network</b> \$0 copay for Diabetes self-monitoring training. \$0 copay for Nutrition Therapy for Diabetes. 20% of the cost for Diabetes supplies.</p>	<p><b>In-Network</b> \$0 copay for Diabetes self-monitoring training. \$0 copay for Nutrition Therapy for Diabetes. 20% of the cost for Diabetes supplies.</p>

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(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

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

SECTION II – SUMMARY OF BENEFITS

Benefit	Original Medicare	RMHP Thrifty Plan – FR	RMHP Standard Plan – FR	RMHP Gold Plan – FR
<p><b>21 – Diagnostic Tests, X-Rays, and Lab Services</b></p>	<p>20% coinsurance for diagnostic tests and x-rays. (1)(2)                      \$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.</p>	<p><b>General</b>                      Authorization rules may apply.</p> <p><b>In-Network</b>                      \$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.                      \$0 to \$150 copay for Medicare-covered diagnostic radiology services.                      20% of the cost for Medicare-covered therapeutic radiology services.                      See Page 32 for additional information about Diagnostic Tests, X-Rays, and Lab Services.</p>	<p><b>General</b>                      Authorization rules may apply.</p> <p><b>In-Network</b>                      \$0 copay for Medicare-covered lab services.                      \$0 to \$300 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.                      See Page 32 for additional information about Diagnostic Tests, X-Rays, and Lab Services.</p>	<p><b>General</b>                      Authorization rules may apply.</p> <p><b>In-Network</b>                      \$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.                      See Page 32 for additional information about Diagnostic Tests, X-Rays, and Lab Services.</p>

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SECTION II – SUMMARY OF BENEFITS

Benefit	Original Medicare	RMHP Thrifty Plan – FR	RMHP Standard Plan – FR	RMHP Gold Plan – FR
<b>21 – Diagnostic Tests, X-Rays, and Lab Services continued</b>	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.			

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SECTION II – SUMMARY OF BENEFITS

Benefit	Original Medicare	RMHP Thrifty Plan – FR	RMHP Standard Plan – FR	RMHP Gold Plan – FR
<b>SUMMARY OF BENEFITS</b>				
<b>PREVENTIVE SERVICES</b>				
<b>22 – Bone Mass Measurement</b> (for people with Medicare who are at risk)	20% coinsurance (1)(2) Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.	<b>In-Network</b> \$0 copay for Medicare-covered bone mass measurement.	<b>In-Network</b> \$0 copay for Medicare-covered bone mass measurement.	<b>In-Network</b> \$0 copay for Medicare-covered bone mass measurement.
<b>23 – Colorectal Screening Exams</b> (for people with Medicare age 50 and older)	20% coinsurance (1)(2) Covered when you are high risk or when you are age 50 and older.	<b>In-Network</b> \$0 copay for – Medicare-covered colorectal screenings, – up to 1 additional screening See Page 33 for additional information about Colorectal Screening Exams	<b>In-Network</b> \$0 copay for – Medicare-covered colorectal screenings, – up to 1 additional screening See Page 33 for additional information about Colorectal Screening Exams	<b>In-Network</b> \$0 copay for – Medicare-covered colorectal screenings, – up to 1 additional screening See Page 33 for additional information about Colorectal Screening Exams

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SECTION II – SUMMARY OF BENEFITS

Benefit	Original Medicare	RMHP Thrifty Plan – FR	RMHP Standard Plan – FR	RMHP Gold Plan – FR
<p><b>24 – Immunizations</b> (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. (1)(2) You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.</p>	<p><b>In-Network</b> \$0 copay for Flu and Pneumonia vaccines. \$0 copay for Hepatitis B vaccine. No referral needed for Flu and pneumonia vaccines.</p>	<p><b>In-Network</b> \$0 copay for Flu and Pneumonia vaccines. \$0 copay for Hepatitis B vaccine. No referral needed for Flu and pneumonia vaccines.</p>	<p><b>In-Network</b> \$0 copay for Flu and Pneumonia vaccines. \$0 copay for Hepatitis B vaccine. No referral needed for Flu and pneumonia vaccines.</p>
<p><b>25 – Mammograms</b> (Annual Screening) (for women with Medicare age 40 and older)</p>	<p>20% coinsurance (2) 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><b>In-Network</b> \$0 copay for – Medicare-covered screening mammograms, – up to 1 additional screening mammogram. See Page 33 for additional information about Mammograms</p>	<p><b>In-Network</b> \$0 copay for – Medicare-covered screening mammograms, – up to 1 additional screening mammogram. See Page 33 for additional information about Mammograms</p>	<p><b>In-Network</b> \$0 copay for – Medicare-covered screening mammograms, – up to 1 additional screening mammogram. See Page 33 for additional information about Mammograms</p>

(1) Each year, you pay a total of one \$135 deductible.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

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SECTION II – SUMMARY OF BENEFITS

Benefit	Original Medicare	RMHP Thrifty Plan – FR	RMHP Standard Plan – FR	RMHP Gold Plan – FR
<p><b>26 – Pap Smears and Pelvic Exams</b> (for women with Medicare)</p>	<p>\$0 copay for a Pap smears Covered once every 2 years. Covered once a year for women with Medicare at high risk. (2) 20% coinsurance for Pelvic Exams. (2)</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered pap smears and pelvic exams, – up to 1 additional pap smear and pelvic exam. See Page 33 for additional information about Pap Smears and Pelvic Exams</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered pap smears and pelvic exams, – up to 1 additional pap smear and pelvic exam. See Page 33 for additional information about Pap Smears and Pelvic Exams</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered pap smears and pelvic exams, – up to 1 additional pap smear and pelvic exam. See Page 33 for additional information about Pap Smears and Pelvic Exams</p>
<p><b>27 – Prostate Cancer Screening Exams</b> (for men with Medicare age 50 and older)</p>	<p>20% coinsurance for the digital rectal exam. (1)(2) \$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><b>In-Network</b> \$0 copay for Medicare-covered prostate cancer screening. – up to 1 additional screening. See Page 33 for additional information about Prostate Cancer Screening Exams</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered prostate cancer screening. – up to 1 additional screening. See Page 33 for additional information about Prostate Cancer Screening Exams</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered prostate cancer screening. – up to 1 additional screening. See Page 33 for additional information about Prostate Cancer Screening Exams</p>

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SECTION II – SUMMARY OF BENEFITS

Benefit	Original Medicare	RMHP Thrifty Plan – FR	RMHP Standard Plan – FR	RMHP Gold Plan – FR
<p><b>28 – End-Stage Renal Disease</b></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><b>General</b>                      Cost plan Members pay Fee-for-Service cost sharing for out-of-area dialysis.</p> <p><b>In-Network</b>                      \$0 copay for renal dialysis.                      \$0 copay for Nutrition Therapy for End-Stage Renal Disease.</p>	<p><b>General</b>                      Cost plan Members pay Fee-for-Service cost sharing for out-of-area dialysis.</p> <p><b>In-Network</b>                      \$0 copay for renal dialysis.                      \$0 copay for Nutrition Therapy for End-Stage Renal Disease.</p>	<p><b>General</b>                      Cost plan Members pay Fee-for-Service cost sharing for out-of-area dialysis.</p> <p><b>In-Network</b>                      \$0 copay for renal dialysis.                      \$0 copay for Nutrition Therapy for End-Stage Renal Disease.</p>

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SECTION II – SUMMARY OF BENEFITS

<b>Benefit</b>	<b>Original Medicare</b>	<b>RMHP Thrifty Plan – FR</b>	<b>RMHP Standard Plan – FR</b>	<b>RMHP Gold Plan – FR</b>
<b>29 – Prescription Drugs</b>	<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><b>Drugs covered under Medicare Part B General</b> Most drugs not covered.</p> <p><b>Drugs covered under Medicare Part D General</b> This plan does not offer prescription drug coverage. See Page 33 for additional information about Prescription Drugs.</p>	<p><b>Drugs covered under Medicare Part B General</b> Most drugs not covered.</p> <p><b>Drugs covered under Medicare Part D General</b> This plan does not offer prescription drug coverage. See Page 33 for additional information about Prescription Drugs.</p>	<p><b>Drugs covered under Medicare Part B General</b> Most drugs not covered.</p> <p><b>Drugs covered under Medicare Part D General</b> This plan does not offer prescription drug coverage. See Page 33 for additional information about Prescription Drugs.</p>

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SECTION II – SUMMARY OF BENEFITS

<b>Benefit</b>	<b>Original Medicare</b>	<b>RMHP Thrifty Plan – FR</b>	<b>RMHP Standard Plan – FR</b>	<b>RMHP Gold Plan – FR</b>
<b>30 – Dental Services</b>	Preventive dental services (such as cleaning) not covered.	<p><b>In-Network</b> In general, preventive dental benefits (such as cleaning) not covered. \$0 to \$1,000 copay [or 0% to 20% of the cost] for Medicare-covered dental benefits. See Page 34 for additional information about Dental Services.</p>	<p><b>In-Network</b> In general, preventive dental benefits (such as cleaning) not covered. However, this plan covers preventive dental benefits for an extra cost (see "Optional Benefits.") \$0 to \$550 copay [or 0% to 20% of the cost] for Medicare-covered dental benefits. See Page 34 for additional information about Dental Services.</p>	<p><b>In-Network</b> In general, preventive dental benefits (such as cleaning) not covered. However, this plan covers preventive dental benefits for an extra cost (see "Optional Benefits.") \$0 to \$450 copay [or 0% to 20% of the cost] for Medicare-covered dental benefits. See Page 34 for additional information about Dental Services.</p>
<b>31 – Hearing Services</b>	Routine hearing exams and hearing aids not covered. 20% coinsurance for diagnostic hearing exams. (1)(2)	<p><b>In-Network</b> In general, routine hearing exams and hearing aids not covered. – \$20 to \$50 copay for Medicare-covered diagnostic hearing exams.</p>	<p><b>In-Network</b> In general, routine hearing exams and hearing aids not covered. – \$20 to \$40 copay for Medicare-covered diagnostic hearing exams.</p>	<p><b>In-Network</b> In general, routine hearing exams and hearing aids not covered. – \$15 to \$35 copay for Medicare-covered diagnostic hearing exams.</p>

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SECTION II – SUMMARY OF BENEFITS

Benefit	Original Medicare	RMHP Thrifty Plan – FR	RMHP Standard Plan – FR	RMHP Gold Plan – FR
<p><b>32 – Vision Services</b></p>	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye. Routine eye exams and glasses not covered. Medicare pays for one pair of eyeglasses or contact lenses after each cataract surgery. (1)(2) Annual glaucoma screenings covered for people at risk. (1)(2)</p>	<p><b>In-Network</b> Non-Medicare-covered eye exams and glasses not covered. \$0 copay for – one pair of eyeglasses or contact lenses after each cataract surgery – \$20 to \$50 copay for exams to diagnose and treat diseases and conditions of the eye.</p>	<p><b>In-Network</b> Non-Medicare-covered eye exams and glasses not covered. \$0 copay for – one pair of eyeglasses or contact lenses after each cataract surgery – \$20 to \$40 copay for exams to diagnose and treat diseases and conditions of the eye.</p>	<p><b>In-Network</b> \$0 copay for – one pair of eyeglasses or contact lenses after each cataract surgery – \$15 to \$35 copay for exams to diagnose and treat diseases and conditions of the eye. – \$15 copay for up to 1 routine eye exam every year.</p>
<p><b>33 – Physical Exams</b></p>	<p>20% coinsurance for one exam within the first 12 months of your new Medicare Part B coverage. (1)(2)</p>	<p><b>In-Network</b> \$0 copay for routine exams. Limited to 1 exam every year. See Page 34 for additional information about Physical Exams.</p>	<p><b>In-Network</b> \$0 copay for routine exams. Limited to 1 exam every year. See Page 34 for additional information about Physical Exams.</p>	<p><b>In-Network</b> \$0 copay for routine exams. Limited to 1 exam every year. See Page 34 for additional information about Physical Exams.</p>

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SECTION II – SUMMARY OF BENEFITS

Benefit	Original Medicare	RMHP Thrifty Plan – FR	RMHP Standard Plan – FR	RMHP Gold Plan – FR
<b>33 – Physical Exams continued</b>	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.			
<b>Health/Wellness Education</b>	Smoking Cessation: Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period if you are diagnosed with a smoking-related illness or are taking medicine that may be affected by tobacco. Each counseling attempt includes up to four face-to-face visits. You pay coinsurance, and Part B deductible applies.	<b>In-Network</b> This plan covers health/wellness education benefits: – Written health education materials, including Newsletters – Other Wellness Benefits	<b>In-Network</b> This plan covers health/wellness education benefits: – Written health education materials, including Newsletters – Other Wellness Benefits	<b>In-Network</b> This plan covers health/wellness education benefits: – Written health education materials, including Newsletters – Other Wellness Benefits

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SECTION II – SUMMARY OF BENEFITS

Benefit	Original Medicare	RMHP Thrifty Plan – FR	RMHP Standard Plan – FR	RMHP Gold Plan – FR
<b>Transportation (Routine)</b>	Not covered.	<b>In-Network</b> This plan does not cover routine transportation.	<b>In-Network</b> This plan does not cover routine transportation.	<b>In-Network</b> This plan does not cover routine transportation.
<b>Acupuncture</b>	Not covered.	<b>In-Network</b> This plan does not cover Acupuncture.	<b>In-Network</b> This plan does not cover Acupuncture.	<b>In-Network</b> This plan does not cover Acupuncture.

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SECTION II – SUMMARY OF BENEFITS

Benefit	Original Medicare	RMHP Thrifty Plan – FR	RMHP Standard Plan – FR	RMHP Gold Plan – FR
<b>OPTIONAL SUPPLEMENTAL PACKAGE #1</b>				
<b>Premium and Other Important Information</b>			<p><b>General</b>            Package: 1 – Dental Services:            \$15.50 monthly premium, in addition to your \$46 monthly plan premium and the monthly Medicare Part B premium, for the following optional benefits:            – Dental Services            \$1,500 limit every year for these benefits.</p>	<p><b>General</b>            Package: 1 – Dental Services:            \$15.50 monthly premium, in addition to your \$172 monthly plan premium and the monthly Medicare Part B premium, for the following optional benefits:            – Dental Services            \$1,500 limit every year for these benefits.</p>

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SECTION II – SUMMARY OF BENEFITS

Benefit	Original Medicare	RMHP Thrifty Plan – FR	RMHP Standard Plan – FR	RMHP Gold Plan – FR
<b>Dental Services</b>			<p><b>General</b> Plan offers additional comprehensive dental benefits.</p> <p><b>In-Network</b>                      – 30% of the cost for up to 2 cleaning(s) every year.                      – 30% of the cost for fluoride treatments.                      – 30% of the cost for up to 2 oral exam(s) every year.                      – 50% of the cost for dental x-rays.                      \$1,500 limit for dental benefits every year.                      See Page 34 for additional information about Dental Services.</p>	<p><b>General</b> Plan offers additional comprehensive dental benefits.</p> <p><b>In-Network</b>                      – 30% of the cost for up to 2 cleaning(s) every year.                      – 30% of the cost for fluoride treatments.                      – 30% of the cost for up to 2 oral exam(s) every year.                      – 50% of the cost for dental x-rays.                      \$1,500 limit for dental benefits every year.                      See Page 34 for additional information about Dental Services.</p>

(1) Each year, you pay a total of one \$135 deductible.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

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

**Percentage copayments are based on the allowed amount of the primary payor (either RMHP 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 service area for up to six months per calendar year and remain eligible for benefits. Services when you are in a continuous course of treatment are covered when pre-approved by RMHP. We may not pay for other 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 coinsurance. Call RMHP for details about out of service area care.

### **16 – Urgently Needed Care**

FOR RMHP GOLD PLAN – FR ONLY:

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

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

Original Medicare limits how much it covers for medically-necessary outpatient physical therapy, speech-language therapy, and occupational therapy. The limit is about \$1,810 for physical therapy and speech language therapy combined, and for occupational therapy. RMHP will limit therapy coverage in the same manner.

There is no copayment for Medicare-covered Occupational, Physical, and/or Speech/Language Therapy visits received at a network Comprehensive Outpatient Rehabilitation Facility.

There is no copayment for Medicare-covered Cardiac Rehabilitation visits.

### **21 – Diagnostic Tests, X-Rays and 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, including those received at a health fair, like checking your cholesterol.

Medicare-covered service	RMHP Thrifty Plan – FR	RMHP Standard Plan – FR	RMHP Gold Plan – FR
Clinical and Diagnostic Lab Services	You pay nothing.	You pay nothing.	You pay nothing.
MRI/PET scans	You pay \$150 per visit.	You pay \$150 per visit.	You pay \$150 per visit.
CT scans	You pay \$75 per visit.	You pay \$75 per visit.	You pay \$75 per visit.
Diagnostic procedures and tests	You pay \$400 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.	You pay \$300 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.	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**

You are covered for one annual Colorectal Screening Exam every year, including any exam covered by Medicare.

**25 – Mammograms**

You are covered for one annual screening Mammogram every year, including any exam covered by Medicare.

**26 – Pap Smears and Pelvic Exams**

You are covered for one annual screening pap smear and pelvic every year, including any exam covered by Medicare.

**27 – Prostate Cancer Screening Exams**

You are covered for one annual Prostate Screening Exam every year, including any exam covered by Medicare.

**29 – Outpatient Prescription Drugs**

**Drugs covered under Medicare Part B (Original Medicare):**

Each time you receive Medicare Part B drugs in an outpatient facility, provider’s office, or from a pharmacy, you pay 20% of the cost for the drug.

### **Drugs covered under Part D:**

Part D drugs are not covered. This includes Part D immunizations and the associated administration costs. You can purchase RMHP formulary drugs at the RMHP discount rate if you show your RMHP Member ID card at a plan pharmacy. Discounts are only available at the time of purchase. You can find pharmacies in the service area by going to [www.rmhp.org](http://www.rmhp.org) or calling RMHP Customer Service. If you are interested in using the mail order pharmacy, please see the mail order form contained in your Health Plan Guide or request a form by contacting Customer Service at 970-243-7050 or 800-346-4643, 8:00 a.m. to 5:00 p.m., Mountain Time, Monday through Friday. If you are hearing impaired and use TTY equipment, call 800-704-6370. Para asistencia en español llame al 800-346-4643.

### **30 – Dental Services**

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

### **33 – Physical Exams**

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 type of service per Member/per calendar year, Medicare-covered annual screening included.

### **Optional Supplemental Benefits**

FOR RMHP STANDARD PLAN AND GOLD PLAN ONLY:

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

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

The annual deductible for dental services is \$50 per Member per calendar year. Preventive services are not subject to the deductible.

The maximum amount paid by the plan per Member per calendar year is \$1,500.

<b>Service</b>	<b>Copayment</b>
Type I – Preventive Services Oral exams, prophylaxis (2 cleanings + 2 periodontal cleanings per year), fluoride treatments (approved for adults with specific conditions)	30%
Type II – Basic Services X-rays, simple extractions, palliative treatment, fillings	50%

Type III – Endodontal and periodontal services	70%
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The level of coverage for dental care varies depending on the dentist you see. 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 dentists' actual charge. See the plan summary for Delta Dental benefits in your Member materials for details on enrollment, benefits, and network providers.