

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

**January 1, 2010 – December 31, 2010**  
**DENVER/BOULDER METRO AREA**

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

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Thank you for your interest in Rocky Mountain Health Plans' Denver/Boulder Metro Colorado Cost Plans: Green Plan (Cost), Thrifty Plan (Cost), Standard Plan (Cost), and Gold 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 plan. 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 Green Plan (Cost), Thrifty Plan (Cost), Standard Plan (Cost), and Gold 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 Green Plan (Cost), Thrifty Plan (Cost), Standard Plan (Cost), and Gold 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 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'S GREEN PLAN (COST), THRIFTY PLAN (COST), STANDARD PLAN (COST), AND GOLD PLAN (COST) AVAILABLE?**

The service area for these plans includes: Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Jefferson Counties, CO. You must live in one of these counties to join the plan in the Denver/Boulder Metro area.

## **WHO IS ELIGIBLE TO JOIN RMHP'S GREEN PLAN (COST), THRIFTY PLAN (COST), STANDARD PLAN (COST), AND GOLD PLAN (COST)?**

You can join RMHP's Green Plan (Cost), Thrifty Plan (Cost), Standard Plan (Cost), and Gold Plan (Cost) if you are entitled to Medicare Part A and enrolled in Part B and live in the service area. However, individuals with End Stage Renal Disease generally are not eligible to enroll in RMHP's Green Plan (Cost), Thrifty Plan (Cost), Standard Plan (Cost), or Gold 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 Green Plan (Cost), Thrifty Plan (Cost), Standard Plan (Cost), and Gold Plan (Cost) do cover Medicare Part B prescription drugs. Green Plan (Cost), Thrifty Plan (Cost), Standard Plan (Cost), and Gold 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 (Cost), Thrifty Plan (Cost), Standard Plan (Cost), and Gold Plan (Cost), you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state, 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](http://www.medicare.gov) and select “Compare Medicare Prescription Drug Plans” or “Compare Health Plans and Medigap Policies in Your Area” to compare the plan ratings for Medicare plans in your area. You can also call us directly 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](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 888-282-1420 for questions related to the Medicare Cost Plan. (TTY/TDD 800-704-6370).

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

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

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

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

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

Benefit	Original Medicare	Green Plan (Cost)	Thrifty Plan (Cost)	Standard Plan (Cost)	Gold Plan (Cost)
<b>IMPORTANT INFORMATION</b>					
<p><b>1 – Premium and Other Important Information</b></p> <p>In 2009 the monthly Part B Premium was \$96.40 and will change for 2010 and the yearly Part B deductible amount was \$135 and will change for 2010.</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></p> <p>\$0.00 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p><b>In-Network</b></p> <p>\$500 yearly deductible. Contact the plan for services that apply.</p> <p>\$5,000 out-of-pocket limit.</p> <p>This limit includes only Medicare-covered services.</p>	<p><b>General</b></p> <p>\$14.00 monthly plan premium in addition to your monthly Medicare Part B premium.</p>	<p><b>General</b></p> <p>\$64.00 monthly plan premium in addition to your monthly Medicare Part B premium.</p>	<p><b>General</b></p> <p>\$156.00 monthly plan premium in addition to your monthly Medicare Part B premium.</p>	<p><b>General</b></p> <p>\$156.00 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	Green Plan (Cost)	Thrifty Plan (Cost)	Standard Plan (Cost)	Gold Plan (Cost)
<p><b>1 – Premium and Other Important Information, continued</b></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. (For 2009, this amount was \$85,000 for singles, \$170,000 for married couples. This amount may change for 2010.)</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>				

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SECTION II – SUMMARY OF BENEFITS

<b>Benefit</b>	<b>Original Medicare</b>	<b>Green Plan (Cost)</b>	<b>Thrifty Plan (Cost)</b>	<b>Standard Plan (Cost)</b>	<b>Gold Plan (Cost)</b>
<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. <b>Out-of-Network</b> Plan covers you when you travel in the U.S. <b>In- and Out-of-Network</b> You can use any network doctor. If you go to out-of-network doctors the plan may not cover the services, but Medicare will pay its share for Medicare-covered services. When Medicare pays its share, you pay the Medicare Part B deductible and coinsurance.</p>	<p><b>In-Network</b> No referral required for network doctors, specialists, and hospitals. <b>Out-of-Network</b> Plan covers you when you travel in the U.S. <b>In- and Out-of-Network</b> You can use any network doctor. If you go to out-of-network doctors the plan may not cover the services, but Medicare will pay its share for Medicare-covered services. When Medicare pays its share, you pay the Medicare Part B deductible and coinsurance.</p>	<p><b>In-Network</b> No referral required for network doctors, specialists, and hospitals. <b>Out-of-Network</b> Plan covers you when you travel in the U.S. <b>In- and Out-of-Network</b> You can use any network doctor. If you go to out-of-network doctors the plan may not cover the services, but Medicare will pay its share for Medicare-covered services. When Medicare pays its share, you pay the Medicare Part B deductible and coinsurance.</p>	<p><b>In-Network</b> No referral required for network doctors, specialists, and hospitals. <b>Out-of-Network</b> Plan covers you when you travel in the U.S. <b>In- and Out-of-Network</b> You can use any network doctor. If you go to out-of-network doctors the plan may not cover the services, but Medicare will pay its share for Medicare-covered services. When Medicare pays its share, you pay the Medicare Part B deductible and coinsurance.</p>

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SECTION II – SUMMARY OF BENEFITS

<b>Benefit</b>	<b>Original Medicare</b>	<b>Green Plan (Cost)</b>	<b>Thrifty Plan (Cost)</b>	<b>Standard Plan (Cost)</b>	<b>Gold Plan (Cost)</b>
<b>2 – Doctor and Hospital Choice, continued</b>		See Page 39 for additional information about Doctor and Hospital Choice.	See Page 39 for additional information about Doctor and Hospital Choice.	See Page 39 for additional information about Doctor and Hospital Choice.	See Page 39 for additional information about Doctor and Hospital Choice.

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SECTION II – SUMMARY OF BENEFITS

Benefit	Original Medicare	Green Plan (Cost)	Thrifty Plan (Cost)	Standard Plan (Cost)	Gold Plan (Cost)
<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 were: Days 1 - 60: \$1068 deductible Days 61 - 90: \$267 per day Days 91 - 150: \$534 per lifetime reserve day These amounts will change for 2010. Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.	<b>In-Network</b> For Medicare-covered hospital stays: Days 1 - 7: \$210 copay per day Days 8 - 90: \$0 copay per day Plan covers 60 lifetime reserve days. Cost per lifetime reserve day: Days 1 - 7: \$210 copay per day Days 8 - 60: \$0 copay per day Plan covers 90 days each benefit period.	<b>In-Network</b> For Medicare-covered hospital stays: Days 1 - 5: \$200 copay per day Days 6 - 90: \$0 copay per day Plan covers 60 lifetime reserve days. Cost per lifetime reserve day: Days 1 - 5: \$200 copay per day Days 6 - 60: \$0 copay per day Plan covers 90 days each benefit period.	<b>In-Network</b> \$550 copay for each Medicare-covered hospital stay. Plan covers 60 lifetime reserve days. Plan covers 90 days each benefit period.	<b>In-Network</b> \$450 copay for each Medicare-covered hospital stay. Plan covers 60 lifetime reserve days. Plan covers 90 days each benefit period.

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SECTION II – SUMMARY OF BENEFITS

Benefit	Original Medicare	Green Plan (Cost)	Thrifty Plan (Cost)	Standard Plan (Cost)	Gold Plan (Cost)
<b>SUMMARY OF BENEFITS</b>					
<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.</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

<b>Benefit</b>	<b>Original Medicare</b>	<b>Green Plan (Cost)</b>	<b>Thrifty Plan (Cost)</b>	<b>Standard Plan (Cost)</b>	<b>Gold Plan (Cost)</b>
<p><b>4 – Inpatient Mental Health Care</b></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><b>In-Network</b> For Medicare-covered hospital stays: Days 1 - 7: \$210 copay per day Days 8 - 90: \$0 copay per day Plan covers 60 lifetime reserve days. Cost per lifetime reserve day: Days 1 - 7: \$210 copay per day Days 8 - 60: \$0 copay per day You get up to 190 days in a Psychiatric Hospital in a lifetime.</p>	<p><b>In-Network</b> For Medicare-covered hospital stays: Days 1 - 5: \$200 copay per day Days 6 - 90: \$0 copay per day Plan covers 60 lifetime reserve days. Cost per lifetime reserve day: Days 1 - 5: \$200 copay per day Days 6 - 60: \$0 copay per day 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.  Plan covers 60 lifetime reserve days.  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.  Plan covers 60 lifetime reserve days.  You get up to 190 days in a Psychiatric Hospital in a lifetime.</p>

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Section II – Summary of Benefits

<b>Benefit</b>	<b>Original Medicare</b>	<b>Green Plan (Cost)</b>	<b>Thrifty Plan (Cost)</b>	<b>Standard Plan (Cost)</b>	<b>Gold Plan (Cost)</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 were: Days 1 - 20: \$0 per day Days 21 - 100: \$133.50 per day These amounts will change for 2010. 100 days for each benefit period. A "benefit period" starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins.</p>	<p><b>In-Network</b> For Medicare-covered SNF stays: Days 1 - 7: \$0 copay per day Days 8 - 100: \$100 copay per day Plan covers up to 100 days each benefit period 3-day prior hospital stay is required.</p>	<p><b>In-Network</b> For Medicare-covered SNF stays: Days 1 - 10: \$0 copay per day Days 11 - 100: \$100 copay per day Plan covers up to 100 days each benefit period 3-day prior hospital stay is required.</p>	<p><b>In-Network</b> For Medicare-covered SNF stays: Days 1 - 14: \$0 copay per day Days 15 - 100: \$95 copay per day Plan covers up to 100 days each benefit period 3-day prior hospital stay is required.</p>	<p><b>In-Network</b> For Medicare-covered SNF stays: Days 1 - 14: \$0 copay per day Days 15 - 100: \$95 copay per day Plan covers up to 100 days each benefit period. 3-day prior hospital stay is required.</p>

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Section II – Summary of Benefits

<b>Benefit</b>	<b>Original Medicare</b>	<b>Green Plan (Cost)</b>	<b>Thrifty Plan (Cost)</b>	<b>Standard Plan (Cost)</b>	<b>Gold Plan (Cost)</b>
<b>5 – Skilled Nursing Facility continued</b>	<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

<b>Benefit</b>	<b>Original Medicare</b>	<b>Green Plan (Cost)</b>	<b>Thrifty Plan (Cost)</b>	<b>Standard Plan (Cost)</b>	<b>Gold Plan (Cost)</b>
<p><b>6 – Home Health Care</b> (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</p>	<p>\$0 copay</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered home health visits.</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered home health visits.</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered home health visits.</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered home health visits.</p>
<p><b>7 – Hospice</b></p>	<p>You pay part of the cost for outpatient drugs and inpatient respite care.  You must get care from a Medicare-certified hospice.</p>	<p><b>General</b> You must get care from a Medicare-certified hospice.  See Page 39 for additional information about Hospice.</p>	<p><b>General</b> You must get care from a Medicare-certified hospice.  See Page 39 for additional information about Hospice.</p>	<p><b>General</b> You must get care from a Medicare-certified hospice.  See Page 39 for additional information about Hospice.</p>	<p><b>General</b> You must get care from a Medicare-certified hospice.  See Page 39 for additional information about Hospice.</p>

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Section II – Summary of Benefits

Benefit	Original Medicare	Green Plan (Cost)	Thrifty Plan (Cost)	Standard Plan (Cost)	Gold Plan (Cost)
<b>SUMMARY OF BENEFITS</b>					
<b>OUTPATIENT CARE</b>					
<b>8 – Doctor Office Visits</b>	20% coinsurance	<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. \$30 copay for each in-area, network urgent care Medicare-covered visit. \$30 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. \$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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Section II – Summary of Benefits

<b>Benefit</b>	<b>Original Medicare</b>	<b>Green Plan (Cost)</b>	<b>Thrifty Plan (Cost)</b>	<b>Standard Plan (Cost)</b>	<b>Gold Plan (Cost)</b>
<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.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> 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><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> 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><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> 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><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> 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>

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Section II – Summary of Benefits

<b>Benefit</b>	<b>Original Medicare</b>	<b>Green Plan (Cost)</b>	<b>Thrifty Plan (Cost)</b>	<b>Standard Plan (Cost)</b>	<b>Gold Plan (Cost)</b>
<b>10 – Podiatry Services</b>	Routine care not covered. 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.	<b>In-Network</b> \$30 copay for each Medicare-covered visit. Medicare-covered podiatry benefits are for medically-necessary foot care.	<b>In-Network</b> \$50 copay for each Medicare-covered visit. Medicare-covered podiatry benefits are for medically-necessary foot care.	<b>In-Network</b> \$40 copay for each Medicare-covered visit. Medicare-covered podiatry benefits are for medically-necessary foot care.	<b>In-Network</b> \$35 copay for each Medicare-covered visit. Medicare-covered podiatry benefits are for medically-necessary foot care.
<b>11 – Outpatient Mental Health Care</b>	45% coinsurance for most outpatient mental health services.	<b>General</b> Authorization rules may apply.  <b>In-Network</b> \$30 copay for each Medicare-covered individual or group therapy visit.	<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> \$35 copay for each Medicare-covered individual or group therapy visit.

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Section II – Summary of Benefits

Benefit	Original Medicare	Green Plan (Cost)	Thrifty Plan (Cost)	Standard Plan (Cost)	Gold Plan (Cost)
<b>12 – Outpatient Substance Abuse Care</b>	20% coinsurance	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$30 copay for each Medicare-covered individual or group visits.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$50 copay for Medicare-covered individual or group visits.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$40 copay for Medicare-covered individual or group visits.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$35 copay for Medicare-covered individual or group visits.</p>
<b>13 – Outpatient Services/ Surgery</b>	20% coinsurance for the doctor. 20% of outpatient facility charges.	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$350 copay for each Medicare-covered ambulatory surgical center visit. \$350 copay for each Medicare-covered outpatient hospital facility visit.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$400 copay for each Medicare-covered ambulatory surgical center visit. \$400 copay for each Medicare-covered outpatient hospital facility visit.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$300 copay for each Medicare-covered ambulatory surgical center visit. \$300 copay for each Medicare-covered outpatient hospital facility visit.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$250 copay for each Medicare-covered ambulatory surgical center visit. \$250 copay for each Medicare-covered outpatient hospital facility visit.</p>

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Section II – Summary of Benefits

<b>Benefit</b>	<b>Original Medicare</b>	<b>Green Plan (Cost)</b>	<b>Thrifty Plan (Cost)</b>	<b>Standard Plan (Cost)</b>	<b>Gold Plan (Cost)</b>
<p><b>14 – Ambulance Services</b> (medically necessary ambulance services)</p>	<p>20% coinsurance</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$150 copay for Medicare-covered ambulance benefits.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$150 copay for Medicare-covered ambulance benefits.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$100 copay for Medicare-covered ambulance benefits.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$100 copay for Medicare-covered ambulance benefits.</p>
<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. 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.</p>	<p><b>General</b> \$50 copay for Medicare-covered emergency room visits. Worldwide coverage.</p> <p>If you are admitted to the hospital within 24-hours for the same condition, you pay \$0 for the emergency room visit.</p>	<p><b>General</b> \$50 copay for Medicare-covered emergency room visits. Not covered outside the U.S. except under limited circumstances. Contact the plan for more details.</p> <p>If you are admitted to the hospital within 24-hours for the same condition, you pay \$0 for the emergency room visit.</p>	<p><b>General</b> \$50 copay for Medicare-covered emergency room visits. Not covered outside the U.S. except under limited circumstances. Contact the plan for more details.</p> <p>If you are admitted to the hospital within 24-hours for the same condition, you pay \$0 for the emergency room visit.</p>	<p><b>General</b> \$50 copay for Medicare-covered emergency room visits. Worldwide coverage.</p> <p>If you are admitted to the hospital within 24-hours for the same condition, you pay \$0 for the emergency room visit.</p>

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

Section II – Summary of Benefits

Benefit	Original Medicare	Green Plan (Cost)	Thrifty Plan (Cost)	Standard Plan (Cost)	Gold Plan (Cost)
<b>15 – Emergency Care, continued</b>	NOT covered outside the U.S. except under limited circumstances.				
<b>16 – Urgently Needed Care</b> (This is NOT emergency care, and in most cases, is out of the service area.)	20% coinsurance, or a set copay. NOT covered outside the U.S. except under limited circumstances.	<b>General</b> \$30 copay for Medicare-covered urgently needed care visits. See Page 39 for additional information about Urgently Needed Care.	<b>General</b> \$50 copay for Medicare-covered urgently needed care visits.	<b>General</b> \$40 copay for Medicare-covered urgently needed care visits.	<b>General</b> \$35 copay for Medicare-covered urgently needed care visits. See Page 39 for additional information about Urgently Needed Care.

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>Green Plan (Cost)</b>	<b>Thrifty Plan (Cost)</b>	<b>Standard Plan (Cost)</b>	<b>Gold Plan (Cost)</b>
<b>17 – Outpatient Rehabilitation Services</b> (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	20% coinsurance	<b>In-Network</b> \$15 copay for Medicare-covered Occupational Therapy visits.  \$15 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.  See Page 39 for additional information about Outpatient Rehabilitation Services.	<b>In-Network</b> \$15 copay for Medicare-covered Occupational Therapy visits.  \$15 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.  See Page 39 for additional information about Outpatient Rehabilitation Services.	<b>In-Network</b> \$15 copay for Medicare-covered Occupational Therapy visits.  \$15 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.  See Page 39 for additional information about Outpatient Rehabilitation Services.	<b>In-Network</b> \$15 copay for Medicare-covered Occupational Therapy visits.  \$15 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.  See Page 39 for additional information about Outpatient Rehabilitation Services.

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

Section II – Summary of Benefits

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

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>Green Plan (Cost)</b>	<b>Thrifty Plan (Cost)</b>	<b>Standard Plan (Cost)</b>	<b>Gold Plan (Cost)</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                      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>	<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>

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>Green Plan (Cost)</b>	<b>Thrifty Plan (Cost)</b>	<b>Standard Plan (Cost)</b>	<b>Gold Plan (Cost)</b>
<p><b>21 – Diagnostic Tests, X-Rays, and Lab Services</b></p>	<p>20% coinsurance for diagnostic tests and x-rays</p> <p>\$0 copay for Medicare-covered lab services.</p> <p>Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for Medicare-covered lab services. \$0 to \$350 copay [or 0% to 20% of the cost] for Medicare-covered diagnostic procedures and tests. 20% of the cost for Medicare-covered X-rays. 20% of the cost for Medicare-covered diagnostic radiology services.</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.</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.</p>	<p><b>General</b> Authorization rule 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.</p>

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>Green Plan (Cost)</b>	<b>Thrifty Plan (Cost)</b>	<b>Standard Plan (Cost)</b>	<b>Gold Plan (Cost)</b>
<p><b>21 – Diagnostic Tests, X-Rays, and Lab Services, continued</b></p>	<p>Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition.</p> <p>Medicare does not cover most routine screening tests, like checking your cholesterol.</p>	<p>20% of the cost for Medicare-covered therapeutic radiology services.</p> <p>Separate Office Visit cost sharing of \$15 to \$30 may apply.</p> <p>See Page 39–40 for additional information about Diagnostic Tests, X-Rays, and Lab Services.</p>	<p>20% of the cost for Medicare-covered therapeutic radiology services.</p> <p>Separate Office Visit cost sharing of \$20 to \$50 may apply.</p> <p>See Page 39–40 for additional information about Diagnostic Tests, X-Rays, and Lab Services.</p>	<p>20% of the cost for Medicare-covered therapeutic radiology services.</p> <p>Separate Office Visit cost sharing of \$20 to \$40 may apply.</p> <p>See Page 39–40 for additional information about Diagnostic Tests, X-Rays, and Lab Services.</p>	<p>20% of the cost for Medicare-covered therapeutic radiology services.</p> <p>Separate Office Visit cost sharing of \$15 to \$35 may apply.</p> <p>See Page 39–40 for additional information about Diagnostic Tests, X-Rays, and Lab Services.</p>

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

Section II – Summary of Benefits

Benefit	Original Medicare	Green Plan (Cost)	Thrifty Plan (Cost)	Standard Plan (Cost)	Gold Plan (Cost)
<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 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>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 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 40 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 40 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 40 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 40 for additional information about Colorectal Screening Exams.

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Section II – Summary of Benefits

<b>Benefit</b>	<b>Original Medicare</b>	<b>Green Plan (Cost)</b>	<b>Thrifty Plan (Cost)</b>	<b>Standard Plan (Cost)</b>	<b>Gold Plan (Cost)</b>
<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. 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>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 No referral needed.</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered screening mammograms – up to 1 additional screening mammogram</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered screening mammograms – up to 1 additional screening mammogram</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered screening mammograms – up to 1 additional screening mammogram</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered screening mammograms – up to 1 additional screening mammogram</p>

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Section II – Summary of Benefits

Benefit	Original Medicare	Green Plan (Cost)	Thrifty Plan (Cost)	Standard Plan (Cost)	Gold Plan (Cost)
<p><b>25 – Mammograms, continued</b></p>	<p>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>See Page 40 for additional information about Mammograms.</p>	<p>See Page 40 for additional information about Mammograms.</p>	<p>See Page 40 for additional information about Mammograms.</p>	<p>See Page 40 for additional information about Mammograms.</p>
<p><b>26 – Pap Smears and Pelvic Exams (for women with Medicare)</b></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><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 40 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 40 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 40 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 40 for additional information about Pap Smears and Pelvic Exams.</p>

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Section II – Summary of Benefits

Benefit	Original Medicare	Green Plan (Cost)	Thrifty Plan (Cost)	Standard Plan (Cost)	Gold Plan (Cost)
<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. \$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 40 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 40 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 40 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 40 for additional information about Prostate Cancer Screening Exams.</p>
<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.</p>	<p><b>General</b> Cost plan members pay Fee-for-Service cost sharing for out-of-area dialysis.</p>	<p><b>General</b> Cost plan members pay Fee-for-Service cost sharing for out-of-area dialysis.</p>	<p><b>General</b> Cost plan members pay Fee-for-Service cost sharing for out-of-area dialysis.</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>In-Network</b> \$0 copay for renal dialysis \$0 copay for Nutrition Therapy for End-Stage Renal Disease.</p>	<p><b>In-Network</b> \$0 copay for renal dialysis \$0 copay for Nutrition Therapy for End-Stage Renal Disease.</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

Benefit	Original Medicare	Green Plan (Cost)	Thrifty Plan (Cost)	Standard Plan (Cost)	Gold Plan (Cost)
<p><b>28 – End-Stage Renal Disease, continued</b></p>	<p>Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor.                      These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p>				

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Section II – Summary of Benefits

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

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Section II – Summary of Benefits

<b>Benefit</b>	<b>Original Medicare</b>	<b>Green Plan (Cost)</b>	<b>Thrifty Plan (Cost)</b>	<b>Standard Plan (Cost)</b>	<b>Gold Plan (Cost)</b>
<b>30 – Dental Services</b>	Preventive dental services (such as cleaning) not covered.	<p><b>In-Network</b></p> <p>In general, preventive dental benefits (such as cleaning) not covered. However, this plan covers preventive dental benefits for an extra cost (see "Optional Benefits").</p> <p>\$0 to \$1,470 copay [or 0% to 20% of the cost] for Medicare-covered dental benefits.</p> <p>See Page 40 for additional information about Dental Services.</p>	<p><b>In-Network</b></p> <p>In general, preventive dental benefits (such as cleaning) not covered. However, this plan covers preventive dental benefits for an extra cost (see "Optional Benefits").</p> <p>\$0 to \$1,000 copay [or 0% to 20% of the cost] for Medicare-covered dental benefits.</p> <p>See Page 40 for additional information about Dental Services.</p>	<p><b>In-Network</b></p> <p>In general, preventive dental benefits (such as cleaning) not covered. However, this plan covers preventive dental benefits for an extra cost (see "Optional Benefits").</p> <p>\$0 to \$550 copay [or 0% to 20% of the cost] for Medicare-covered dental benefits.</p> <p>See Page 40 for additional information about Dental Services.</p>	<p><b>In-Network</b></p> <p>In general, preventive dental benefits (such as cleaning) not covered. However, this plan covers preventive dental benefits for an extra cost (see "Optional Benefits").</p> <p>\$0 to \$450 copay [or 0% to 20% of the cost] for Medicare-covered dental benefits.</p> <p>See Page 40 for additional information about Dental Services.</p>
<b>31 – Hearing Services</b>	<p>Routine hearing exams and hearing aids not covered.</p> <p>20% coinsurance for diagnostic hearing exams.</p>	<p><b>In-Network</b></p> <p>Hearing aids not covered.</p> <p>– \$30 copay for Medicare-covered diagnostic hearing exams.</p>	<p><b>In-Network</b></p> <p>Hearing aids not covered.</p> <p>– \$50 copay for Medicare-covered diagnostic hearing exams.</p>	<p><b>In-Network</b></p> <p>Hearing aids not covered.</p> <p>– \$40 copay for Medicare-covered diagnostic hearing exams.</p>	<p><b>In-Network</b></p> <p>Hearing aids not covered.</p> <p>– \$35 copay for Medicare-covered diagnostic hearing exams.</p>

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Section II – Summary of Benefits

<b>Benefit</b>	<b>Original Medicare</b>	<b>Green Plan (Cost)</b>	<b>Thrifty Plan (Cost)</b>	<b>Standard Plan (Cost)</b>	<b>Gold Plan (Cost)</b>
<b>31 – Hearing Services, continued</b>		<p>– \$20 copay for up to 1 routine hearing test every year</p> <p>See Page 40 for additional information about Hearing Services.</p>	<p>– \$20 copay for up to 1 routine hearing test every year</p> <p>See Page 40 for additional information about Hearing Services.</p>	<p>– \$20 copay for up to 1 routine hearing test every year</p> <p>See Page 40 for additional information about Hearing Services.</p>	<p>– \$20 copay for up to 1 routine hearing test every year</p> <p>See Page 40 for additional information about Hearing Services.</p>
<b>32 – Vision Services</b>	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Routine eye exams and glasses not covered.</p>	<p><b>In-Network</b></p> <p>\$0 copay for</p> <ul style="list-style-type: none"> <li>– one pair of eyeglasses or contact lenses after cataract surgery</li> <li>– \$15 to \$30 copay for exams to diagnose and treat diseases and conditions of the eye.</li> </ul>	<p><b>In-Network</b></p> <p>\$0 copay for</p> <ul style="list-style-type: none"> <li>– one pair of eyeglasses or contact lenses after cataract surgery</li> <li>– \$20 to \$50 copay for exams to diagnose and treat diseases and conditions of the eye.</li> </ul>	<p><b>In-Network</b></p> <p>\$0 copay for</p> <ul style="list-style-type: none"> <li>– one pair of eyeglasses or contact lenses after cataract surgery</li> <li>– \$20 to \$40 copay for exams to diagnose and treat diseases and conditions of the eye.</li> </ul>	<p><b>In-Network</b></p> <p>\$0 copay for</p> <ul style="list-style-type: none"> <li>– one pair of eyeglasses or contact lenses after cataract surgery</li> <li>– \$15 to \$35 copay for exams to diagnose and treat diseases and conditions of the eye.</li> </ul>

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Section II – Summary of Benefits

<b>Benefit</b>	<b>Original Medicare</b>	<b>Green Plan (Cost)</b>	<b>Thrifty Plan (Cost)</b>	<b>Standard Plan (Cost)</b>	<b>Gold Plan (Cost)</b>
<b>32 – Vision Services, continued</b>	<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>– \$0 copay for up to 1 routine eye exam every year</p>	<p>Non-Medicare-covered eye exams and glasses not covered.</p>	<p>Non-Medicare-covered eye exams and glasses not covered.</p>	<p>– \$15 copay for up to 1 routine eye exam every year</p>
<b>33 – Physical Exams</b>	<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><b>In-Network</b>                      \$0 copay for routine exams.                      Limited to 1 exam every year.                      See Page 41 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 41 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 41 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 41 for additional information about Physical Exams.</p>

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Section II – Summary of Benefits

<b>Benefit</b>	<b>Original Medicare</b>	<b>Green Plan (Cost)</b>	<b>Thrifty Plan (Cost)</b>	<b>Standard Plan (Cost)</b>	<b>Gold Plan (Cost)</b>
<p><b>34 – Health/Wellness Education</b></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.</p> <p>You pay coinsurance, and Part B deductible applies.</p>	<p><b>In-Network</b> 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><b>In-Network</b> 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><b>In-Network</b> 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><b>In-Network</b> 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>

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>Green Plan (Cost)</b>	<b>Thrifty Plan (Cost)</b>	<b>Standard Plan (Cost)</b>	<b>Gold Plan (Cost)</b>
<b>Transportation (Routine)</b>	Not covered.	<b>In-Network</b> This plan does not cover routine transportation.	<b>In-Network</b> This plan does not cover routine transportation.	<b>In-Network</b> This plan does not cover routine transportation.	<b>In-Network</b> This plan does not cover routine transportation.
<b>Acupuncture</b>	Not covered.	<b>In-Network</b> This plan does not cover Acupuncture.	<b>In-Network</b> This plan does not cover Acupuncture.	<b>In-Network</b> This plan does not cover Acupuncture.	<b>In-Network</b> This plan does not cover Acupuncture.

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

Section II – Summary of Benefits

Benefit	Original Medicare	Green Plan (Cost)	Thrifty Plan (Cost)	Standard Plan (Cost)	Gold Plan (Cost)
<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 \$0 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 \$14 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 \$64 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 \$156 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>

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

Section II – Summary of Benefits

Benefit	Original Medicare	Green Plan (Cost)	Thrifty Plan (Cost)	Standard Plan (Cost)	Gold Plan (Cost)
<b>OPTIONAL SUPPLEMENTAL PACKAGE #1</b>					
<b>Dental Services</b>		<p><b>General</b> Plan offers additional comprehensive dental benefits.</p>	<p><b>General</b> Plan offers additional comprehensive dental benefits.</p>	<p><b>General</b> Plan offers additional comprehensive dental benefits.</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 every years – 30% of the cost for fluoride treatments – 30% of the cost for up to 2 oral exam every years – 50% of the cost for dental x-rays \$1,500 limit for dental benefits every year See Page 41–42 for additional information about optional Dental Services.</p>	<p><b>In-Network</b> – 30% of the cost for up to 2 cleaning every years – 30% of the cost for fluoride treatments – 30% of the cost for up to 2 oral exam every years – 50% of the cost for dental x-rays \$1,500 limit for dental benefits every year See Page 41–42 for additional information about optional Dental Services.</p>	<p><b>In-Network</b> – 30% of the cost for up to 2 cleaning every years – 30% of the cost for fluoride treatments – 30% of the cost for up to 2 oral exam every years – 50% of the cost for dental x-rays \$1,500 limit for dental benefits every year See Page 41–42 for additional information about optional Dental Services.</p>	<p><b>In-Network</b> – 30% of the cost for up to 2 cleaning every years – 30% of the cost for fluoride treatments – 30% of the cost for up to 2 oral exam every years – 50% of the cost for dental x-rays \$1,500 limit for dental benefits every year See Page 41–42 for additional information about optional Dental Services.</p>

## 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. Call RMHP for details about out of service area care.

### 7 – Hospice

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

### 16 – Urgently Needed Care

For Green Plan (Cost) and Gold Plan (Cost) only:

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

### 17 – Outpatient Rehabilitation Services

Original Medicare imposes a financial limit of \$1,840 on the amount of care you can receive from independently practicing physical, speech and occupational therapists. RMHP will limit therapy coverage in a similar manner. However, under both original Medicare and RMHP, you are permitted to get the therapy you need from an outpatient hospital department without financial limitation.

### 21 – Diagnostic Texts, 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	Green Plan (Cost)	Thrifty Plan (Cost)	Standard Plan (Cost)	Gold Plan (Cost)
Clinical and Diagnostic Lab Services	You pay nothing.	You pay nothing.	You pay nothing.	You pay nothing.

<b>Medicare-covered service</b>	<b>Green Plan (Cost)</b>	<b>Thrifty Plan (Cost)</b>	<b>Standard Plan (Cost)</b>	<b>Gold Plan (Cost)</b>
MRI/PET scans	You pay 20% coinsurance per visit.	You pay \$150 per visit.	You pay \$150 per visit.	You pay \$150 per visit.
CT scans	You pay 20% coinsurance per visit.	You pay \$75 per visit.	You pay \$75 per visit.	You pay \$75 per visit.
Diagnostic procedures and tests	You pay \$350 for 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 \$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, regardless of age or risk factors.

### **25 – Mammograms**

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

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

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

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

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

### **30 – Dental Services**

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

### **31 – Hearing Services**

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

### 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 per Member/per calendar year.

### Optional Supplemental Benefits

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 for Basic and Major Services. Preventive services are not subject to the deductible.

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

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

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

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

- No additional out-of-pocket expenses beyond member coinsurance
- No billing for services that may exceed Delta allowed fees

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

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

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

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

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