

Notice of Nondiscrimination

Rocky Mountain Health Plans (RMHP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. RMHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

RMHP takes reasonable steps to ensure meaningful access and effective communication is provided timely and free of charge:

- Provides free auxiliary aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters (remote interpreting service or on-site appearance)
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language assistance services to people whose primary language is not English, such as:
 - Qualified interpreters (remote or on-site)
 - Information written in other languages

If you need these services, contact the RMHP Member Concerns Coordinator at 800-346-4643, 970-243-7050, or TTY 970-248-5019, 800-704-6370, Relay 711; para asistencia en español llame al 800-346-4643.

If you believe that RMHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: the RMHP EEO Officer at 800-346-4643, 970-244-7760, ext. 7883, or TTY 970-248-5019, 800-704-6370, Relay 711; para asistencia en español llame al 800-346-4643, or eeoofficer@rmhp.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the RMHP EEO Officer is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

RMHP is a Medicare-approved Cost plan. Enrollment in RMHP depends on contract renewal.

Multi-Language Insert



English	ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-346-4643 (TTY: 711).
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-346-4643 (TTY: 711).
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-346-4643 (TTY: 711).
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-346-4643 (TTY: 711)。
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-346-4643 (TTY: 711)번으로 전화해 주십시오.
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-346-4643 (телетайп: 711).
Amharic	ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-800-346-4643 (መስማት ለተሳናቸው: 711)።
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-346-4643 (رقم هاتف الصم والبكم: 117).
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-346-4643 (TTY: 711).
French	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-346-4643 (ATS : 711).
Nepali	ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-800-346-4643 (टिटिवाइ: 711) ।
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-346-4643 (TTY: 711).
Japanese	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-346-4643 (TTY:711) まで、お電話にてご連絡ください。
Cushite/Oromo	XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-346-4643 (TTY: 711).
Persian	توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با - 3464-643-008-1 تماس بگیرید. (117:YTT)
Ibo/Igbo	Ige nti: O buru na asu Ibo asusu, enyemaka diri gi site na call 1-800-346-4643 (TTY: 711).
Kru-Bassa	Dè dɛ nià kɛ dyédé gbo: Ǿ jũ ké m̩ [ʔBàsóò-wùdù-po-nyò] jũ ní, níí, à wuɖu kà kò dò po-poò b̩éin m̩ gbo kpáa. Đá 1-800-346-4643 (TTY: 711)
Yoruba	AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi 1-800-346-4643 (TTY: 711).



Rocky Mountain Basic Plan (Cost) offered by Rocky Mountain Health Plans (RMHP)

Annual Notice of Changes for 2018

You are currently enrolled as a Member of Rocky Mountain Basic Plan (Cost). Next year, there will be some changes to the plan's costs and benefits. *This booklet tells about the changes.*



*If you wish to enroll in a Medicare Advantage health plan or Medicare prescription drug plan, you have from **October 15 until December 7** to make changes to your Medicare coverage for next year. If you decide other cost plan coverage better meeting your needs, you can switch cost plans anytime the cost plan is accepting members. You may also change to Original Medicare. For more information, see Section 3.2 of this document.*

What to do now

1. ASK: Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
 - It's important to review your coverage now to make sure it will meet your needs next year.
 - Do the changes affect the services you use?
 - Look in Section 1.3 for information about benefit and cost changes for our plan.
- Check to see if your doctors and other providers will be in our network next year.
 - Are your doctors in our network?
 - What about the hospitals or other providers you use?
 - Look in Section 1.2 for information about our Provider Directory.
- Think about your overall health care costs.
 - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
 - How much will you spend on your premium and deductibles?
 - How do your total plan costs compare to other Medicare coverage options?
- Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

- Check coverage and costs of plans in your area.
 - Use the personalized search feature on the Medicare Plan Finder at <https://www.medicare.gov> website. Click “Find health & drug plans.”
 - Review the list in the back of your Medicare & You handbook.
 - Look in Section 3.2 to learn more about your choices.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan’s website.

3. CHOOSE: Decide whether you want to change your plan

- If you want to **keep** Rocky Mountain Basic Plan, you don’t need to do anything. You will stay in Rocky Mountain Basic Plan.
- To change to a **different plan** that may better meet your needs, you can switch plans between October 15 and December 7.

4. ENROLL: To change plans, join a plan between October 15 and December 7, 2017

- If you **don’t join by December 7, 2017**, you will stay in Rocky Mountain Basic Plan.
- If you join by December 7, 2017, your new coverage will start on January 1, 2018.

Additional Resources

- Please contact our Customer Service number at 888-282-1420 (TTY dial 711) for additional information. Hours are 8am - 8pm, 7 days/week, Oct.1–Feb.14, and 8am - 8pm, M-F, Feb.15–Sept.30.
- Customer Service has free language interpreter services available for non-English speakers (phone numbers are in Section 7.1 of this booklet).
- This information is available in Braille, in large print, or other alternate formats if you need it.

About Rocky Mountain Basic Plan

- RMHP is a Medicare-approved Cost plan. Enrollment in RMHP depends on contract renewal.
- When this booklet says “we,” “us,” or “our,” it means RMHP. When it says “plan” or “our plan,” it means Rocky Mountain Basic Plan.

Summary of Important Costs for 2018

The table below compares the 2017 costs and 2018 costs for Rocky Mountain Basic Plan in several important areas. **Please note this is only a summary of changes. It is important to read the rest of this *Annual Notice of Changes* and review the attached *Evidence of Coverage* to see if other benefit or cost changes affect you.**

Cost	2017 (this year)	2018 (next year)
Monthly plan premium* (You must continue to pay your Medicare Part B premium.)	\$10	\$10
Deductible	Part A deductible - \$1,316 Part B deductible - \$183	Part A - \$1,340 Part B - \$183
Doctor office visits	20% of the cost	20% of the cost
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day.	<p>You pay an initial Part A inpatient hospital deductible of \$1,316 per benefit period.</p> <p>After paying your initial Part A deductible, you pay:</p> <ul style="list-style-type: none"> • \$0 copayment for days 1-60 of a benefit period. • \$329 copayment each day for days 61-90 of a benefit period. • \$658 copayment for each lifetime reserve day. 	<p>You pay an initial Part A inpatient hospital deductible of \$1,340 per benefit period.</p> <p>After paying your initial Part A deductible, you pay:</p> <ul style="list-style-type: none"> • \$0 copayment for days 1-60 of a benefit period. • \$335 copayment each day for days 61-90 of a benefit period. • \$670 copayment for each lifetime reserve day.

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SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2017 (this year)	2018 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	\$10	\$10

Section 1.2 – Changes to the Provider Network

There are changes to our network of providers for next year.

An updated **Provider Directory** is located on our website at www.rmhpMedicare.org. You may also call Customer Service for updated provider information or to ask us to mail you a **Provider Directory**. **Please review the 2018 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) that are part of your plan during the year. There are a number of reasons why your provider might leave your plan but if your doctor or specialist does leave your plan you have certain rights and protections summarized below:

- Even though our network of providers may change during the year, Medicare requires that we furnish you with uninterrupted access to qualified doctors and specialists.
- We will make a good faith effort to provide you with at least 30 days' notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan please contact us so we can assist you in finding a new provider and managing your care.

Section 1.3 – Changes to Benefits and Costs for Medical Services

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, *Medical Benefits Chart (what is covered and what you pay)*, in your **2018 Evidence of Coverage**.

Cost	2017 (this year)	2018 (next year)
Deductible	Part A deductible - \$1,316 Part B deductible - \$183	Part A deductible - \$1,340 Part B deductible - \$183
Inpatient hospital stays, Inpatient mental health care	<p>You pay an initial Part A inpatient hospital deductible of \$1,316 per benefit period.</p> <p>After paying your initial Part A deductible, you pay:</p> <ul style="list-style-type: none"> • \$0 copayment for days 1-60 of a benefit period. • \$329 copayment each day for days 61-90 of a benefit period. • \$658 copayment for each lifetime reserve day. 	<p>You pay an initial Part A inpatient hospital deductible of \$1,340 per benefit period.</p> <p>After paying your initial Part A deductible, you pay:</p> <ul style="list-style-type: none"> • \$0 copayment for days 1-60 of a benefit period. • \$335 copayment each day for days 61-90 of a benefit period. • \$670 copayment for each lifetime reserve day.
Medicare Diabetes Prevention Program (MDPP) f1ZZYWj Y(#/#% L	Not covered	You pay no coinsurance, copayment, or deductible for a structured health behavior change intervention that provides practical training in long-term dietary change, increased physical activity, and problem-solving strategies for overcoming challenges to sustaining weight loss and a healthy lifestyle.
Partial hospitalization services	You pay 20% of the cost. Coinsurance cannot exceed the Part A inpatient hospital deductible of \$1,316.	You pay 20% of the cost. Coinsurance cannot exceed the Part A inpatient hospital deductible of \$1,316. This is the amount for 2017 and may change in 2018. RMHP will provide updated rates as soon as Medicare releases them.

Cost	2017 (this year)	2018 (next year)
Skilled nursing facility (SNF) care	For days 1-20: \$0 copayment per day.	For days 1-20: \$0 copayment per day.
	For days 21-100: \$164.50 copayment per day.	For days 21-100: \$167.50 copayment per day.

SECTION 2 Administrative Changes

Process	2017 (this year)	2018 (next year)
Options for paying the monthly plan premium (See Chapter 1, Section 4.2 of the Evidence of Coverage)	You can have your premiums automatically charged to a credit or debit card each month	<p>Automatic credit or debit card payments are no longer available.</p> <p>Premium payments can be made:</p> <ul style="list-style-type: none"> • By check, • Using www.rmhp.org's one-time bill pay feature from your checking or savings account. • By automatic withdrawal from a checking or savings account. <p>In addition, you can have the premium taken directly out of your monthly Social Security check.</p> <p>See Chapter 1, Section 4.2 of the Evidence of Coverage for more information on available payment options.</p>

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in Rocky Mountain Basic Plan

To stay in our plan you don't need to do anything. If you do not sign up for a different cost plan or change to Original Medicare by December 31, you will automatically stay enrolled as a Member of our plan for 2018.

Section 3.2 – If you want to change plans

We hope to keep you as a Member next year but if you want to change for 2018 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- -- *OR*-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan, if you don't already have one.

To learn more about Original Medicare and the different types of Medicare plans, read ***Medicare & You 2018***, call your State Health Insurance Assistance Program (see Section 5, or call Medicare (see Section 7.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to <http://www.medicare.gov> and click "Find health & drug plans." **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

As a reminder, RMHP offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To change **to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Rocky Mountain Basic Plan.
- To **add a Medicare prescription drug plan or change to a different drug plan**, enroll in the new drug plan. You will continue to receive your medical benefits from RMHP.
- To **change to Original Medicare with a prescription drug plan**, you must enroll in the new drug plan and ask to be disenrolled from Rocky Mountain Basic Plan. Enrolling in the new drug plan will not automatically disenroll you from Rocky Mountain Basic Plan. To disenroll from Rocky Mountain Basic Plan you must *either*:
 - Send us a written request to disenroll. Contact Customer Service if you need more information on how to do this (phone numbers are in Section 7.1 of this booklet).

- – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Customer Service if you need more information on how to do this (phone numbers are in Section 7.1 of this booklet).
 - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 4 Deadline for Changing Plans

If you want to change to a different type of plan, like a Medicare Advantage plan, or make a change to your prescription drug coverage for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2018.

If you want to change to a different cost plan, you can do so anytime the plan is accepting Members. The new plan will let you know when the change will take effect.

If you want to disenroll from our plan and have Original Medicare for next year, you can make the change up to December 31. The change will take effect on January 1, 2018.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. For example, people with Medicaid, those who get “Extra Help” paying for their drugs, and those who move out of the service area are allowed to make a change at other times of the year. For more information, see Chapter 8, Section 2.1 of the *Evidence of Coverage*.

SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In Colorado, the SHIP is called Senior Health Insurance Assistance Program.

Senior Health Insurance Assistance Program is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Senior Health Insurance Assistance Program counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call Senior Health Insurance Assistance Program at 888-696-7213.

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay for up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify, will not have a coverage gap or late enrollment penalty. Many people who are eligible and don’t even know it. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week.
 - The Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call, 1-800-325-0778 (applications);
 - Your State Medicaid Office (applications).
- **Help from your state’s pharmaceutical assistance program.** Colorado has a program called Bridging the Gap, Colorado: Assistance for People with HIV/AIDS that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (the name and phone numbers for this organization are in Section 5 of this booklet).
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Colorado AIDS Drug Assistance Program. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call the Colorado AIDS Drug Assistance Program Help Desk at 303-692-2716.

SECTION 7 Questions?

Section 7.1 – Getting Help from RMHP

Questions? We’re here to help. Please call Customer Service at 888-282-1420. (TTY only, call 711.) We are available for phone calls 8am - 8pm, 7 days/week, Oct.1–Feb.14, and 8am - 8pm, M-F, Feb.15–Sept.30. Calls to these numbers are free.

Read your 2018 Evidence of Coverage (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2018. For details, look in the *2018 Evidence of Coverage* for Rocky Mountain Basic Plan. The

Evidence of Coverage is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is included in this booklet.

Visit our Website

You can also visit our website at www.rmhpMedicare.org. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*).

Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

You can visit the Medicare website (<http://www.medicare.gov>). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to <http://www.medicare.gov> and click on “Find health & drug plans.”)

Read *Medicare & You 2018*

You can read *Medicare & You 2018 Handbook*. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (<http://www.medicare.gov>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.