



## **ANNUAL NOTICE OF CHANGES (ANOC)**

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

# Rocky Mountain Plus Plan (Cost) offered by Rocky Mountain Health Plans (RMHP)

## Annual Notice of Changes for 2020

You are currently enrolled as a Member of Rocky Mountain Plus 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 meets 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.*

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### 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 1.4 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, including specialists you see regularly, in our network?
  - What about the hospitals or other providers you use?
  - Look in Section 1.3 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 Plus Plan, you don’t need to do anything. You will stay in Rocky Mountain Plus Plan.
- To change to a Medicare Advantage health plan or Medicare prescription drug plan, you can switch plans between **October 15** and **December 7**.

## 4. ENROLL: To change to a Medicare Advantage health plan or Medicare prescription drug plan, join a plan between **October 15** and **December 7, 2019**

- If you don’t join another plan by **December 7, 2019**, you will stay in Rocky Mountain Plus Plan.
- If you join another plan by **December 7, 2019**, your new coverage will start on **January 1, 2020**.

## 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, October 1–March 31 and 8am - 8pm, M-F, April 1–September 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 other alternate formats.

## About Rocky Mountain Plus 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 Plus Plan.

## Summary of Important Costs for 2020

The table below compares the 2019 costs and 2020 costs for Rocky Mountain Basic Plan in several important areas. **Please note this is only a summary of changes** A copy of the **Evidence of Coverage** is located on our website at [www.rmhpMedicare.org](http://www.rmhpMedicare.org). You may also call Customer Service to ask us to mail you an **Evidence of Coverage**.

Cost	2019 (this year)	2020 (next year)
<b>Monthly plan premium*</b> (You must continue to pay your Medicare Part B premium)	\$185	\$189
<b>Maximum out-of-pocket amount</b> This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services (See Section 1.2 for details)	\$4,500 per year	\$4,500 per year
<b>Doctor office visits</b>	Primary care visits: \$15 per visit  Specialist visits: \$40 per visit	Primary care visits: \$15 per visit  Specialist visits: \$40 per visit
<b>Inpatient hospital stays</b> 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	Days 1-90: \$500 per admission	Days 1-90: \$500 per admission

## Annual Notice of Changes for 2020 Table of Contents

<b>Summary of Important Costs for 2020 .....</b>	<b>1</b>
<b>SECTION 1 Changes to Benefits and Costs for Next Year.....</b>	<b>3</b>
Section 1.1 – Changes to the Monthly Premium .....	3
Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount.....	3
Section 1.3 – Changes to the Provider Network.....	3
Section 1.4 – Changes to Benefits and Costs for Medical Services .....	5
<b>SECTION 2 Administrative Changes.....</b>	<b>6</b>
<b>SECTION 3 Deciding Which Plan to Choose.....</b>	<b>7</b>
Section 3.1 – If you want to stay in Rocky Mountain Plus Plan .....	7
Section 3.2 – If you want to change plans .....	7
<b>SECTION 4 Deadline for Changing Plans .....</b>	<b>8</b>
<b>SECTION 5 Programs That Offer Free Counseling about Medicare.....</b>	<b>8</b>
<b>SECTION 6 Programs That Help Pay for Prescription Drugs .....</b>	<b>9</b>
<b>SECTION 7 Questions? .....</b>	<b>10</b>
Section 7.1 – Getting Help from RMHP.....	10
Section 7.2 – Getting Help from Medicare.....	10

## SECTION 1 Changes to Benefits and Costs for Next Year

### Section 1.1 – Changes to the Monthly Premium

Cost	2019 (this year)	2020 (next year)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium)	\$185	\$189

### Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount

To protect you, Medicare requires all health plans to limit how much you pay “out-of-pocket” during the year. This limit is called the “maximum out-of-pocket amount.” Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2018 (this year)	2019 (next year)
<b>Maximum out-of-pocket amount</b> Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your plan premium does not count toward your maximum out-of-pocket amount.	\$4,500	\$4,500  Once you have paid \$4,500 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year

### Section 1.3 – 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](http://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 2020 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, we must 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 1.4 – 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 the **2020 Evidence of Coverage**.

Cost	2019 (this year)	2020 (next year)
<p><b>Opioid treatment services</b></p> <p>Opioid use disorder treatment services are covered under Part B of Original Medicare. Members of our plan receive coverage for these services through our plan. Covered services include:</p> <ul style="list-style-type: none"> <li>• FDA-approved opioid agonist and antagonist treatment medications and the dispensing and administration of such medications, if applicable</li> <li>• Substance use counseling</li> <li>• Individual and group therapy</li> <li>• Toxicology testing</li> </ul>	N/A	<p>You pay 20% of the cost for FDA-approved medications covered by <u>Medicare Part B</u></p> <p>FDA-approved medications covered by <u>Medicare Part D</u> are not covered on this plan</p> <p>You pay a \$15 copayment for each office visit to a PCP type provider or a \$40 copayment for each office visit to a specialist for substance abuse counseling</p> <p>You pay a \$40 copayment for each individual or group therapy visit</p> <p>You pay a \$40 copayment per day for partial hospitalization</p> <p>There is no coinsurance or copayment for toxicology testing</p>



## SECTION 2 Administrative Changes

Process	2019 (this year)	2020 (next year)
<p><b>Timeframes for giving you our decision regarding a coverage request, Level 1 appeal, or Level 2 appeal for a Medicare Part B prescription drug</b></p>	<p>For a <b>“standard coverage decision”</b> on a request for a Medicare Part B prescription drug, RMHP will give you an answer within 14 calendar days of receiving your request.</p> <p>For a <b>“fast coverage decision”</b> on a request for a Medicare Part B prescription drug, RMHP will give you an answer within 72 hours of receiving your request.</p> <p>For a <b>“standard Level 1 appeal”</b> on a Medicare Part B prescription drug, RMHP will give you an answer within 30 calendar days of receiving your appeal.</p> <p>For a <b>“standard Level 2 appeal”</b> on a Medicare Part B prescription drug, the Independent Review Organization (IRE) will give you an answer within 30 calendar days of receiving your appeal.</p> <p>If the IRE says yes to part or all of your <b>“standard or fast Level 2 appeal”</b> for a Medicare Part B prescription drug, RMHP must authorize or provide the Medicare Part B prescription drug under dispute within 14 calendar days from the date RMHP receives the IRE’s decision for a standard appeal or within 72 hours from the date RMHP receives the IRE’s decision for a fast appeal.</p> <p>RMHP or the IRE can take up to 14 extra calendar days to make a coverage decision, Level 1 appeal decision, or Level 2 appeal decision (IRE only) regarding a Medicare Part B prescription drug if you ask for more time or if we need more information that might benefit you.</p>	<p>For a <b>“standard coverage decision”</b> on a request for a Medicare Part B prescription drug, RMHP will give you an answer within 72 hours of receiving your request.</p> <p>For a <b>“fast coverage decision”</b> on a request for a Medicare Part B prescription drug, RMHP will give you an answer within 24 hours of receiving your request.</p> <p>For a <b>“standard Level 1 appeal”</b> on a request for a Medicare Part B prescription drug, RMHP will give you an answer within 7 calendar days of receiving your appeal.</p> <p>For a <b>“standard Level 2 appeal”</b> on a Medicare Part B prescription drug, the Independent Review Organization (IRE) will give you an answer within 7 calendar days of receiving your appeal.</p> <p>If the IRE says yes to part or all of your <b>“standard or fast Level 2 appeal”</b> for a Medicare Part B prescription drug, RMHP must authorize or provide the Medicare Part B prescription drug under dispute within 72 hours from the date RMHP receives the IRE’s decision for a standard appeal or within 24 hours from the date RMHP receives the IRE’s decision for a fast appeal.</p> <p>RMHP or the IRE cannot take extra time to make a coverage decision, Level 1 appeal decision, or Level 2 appeal decision (IRE only) regarding a Medicare Part B prescription drug.</p>

## SECTION 3 Deciding Which Plan to Choose

### Section 3.1 – If you want to stay in Rocky Mountain Plus 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 2020.

### 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 2020 follow these steps:

#### Step 1: Learn about and compare your choices

- You can join a different Medicare health plan timely,
- -- 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 2020**, 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 Plus 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 Plus Plan. Enrolling in the new drug plan will not automatically disenroll you from Rocky Mountain Plus Plan. To disenroll from Rocky Mountain Plus 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, 2020.

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, 2020.

### 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 may be 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 1-888-696-7213.

## 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 711.) Hours are 8am - 8pm, 7 days/week, October 1–March 31 and 8am - 8pm, M-F, April 1–September 30. Calls to these numbers are free.

#### **Read your 2020 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 2020. For details, look in the **2020 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 located on our website at [www.rmhpMedicare.org](http://www.rmhpMedicare.org). You may also call Customer Service to ask us to mail you an **Evidence of Coverage**.

#### **Visit our Website**

You can also visit our website at [www.rmhpMedicare.org](http://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 2020**

You can read **Medicare & You 2020 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.



## IMPORTANT NOTICES FROM RMHP

If you have questions about these notices, please contact RMHP Customer Service at 888-282-1420 (TTY 711). Hours are 8am - 8pm, 7 days/week, Oct. 1–Mar.31, and 8am - 8pm, M-F, Apr.1–Sept.30.

### How You Receive Your Evidence of Coverage

RMHP will no longer automatically send printed copies of the **Evidence of Coverage (EOC)**.

- If you have already opted in to receive plan documents electronically, you will receive an email notification when the EOC is available. If you would like to opt in to receive documents electronically, follow the simple steps listed in the *Go Green with RMHP* section below.
- If you have not opted in for electronic documents, you will be able to access the EOC on our website beginning October 15, 2019. Visit [www.rmhpMedicare.org](http://www.rmhpMedicare.org), then select *Our Medicare Plans* and choose *2020 Medicare Costs Plans*.
- If you would like a printed EOC mailed to you, please call 888-282-1420 (TTY 711) or email [customer\\_service@rmhp.org](mailto:customer_service@rmhp.org).

### Options to Receive Your Annual Notice of Change

RMHP will continue to provide a printed copy of the **Annual Notice of Change (ANOC)** unless you have opted in to receive the ANOC electronically. ANOCs will be mailed in late September 2019.

- If you have already opted in to receive plan documents electronically, you will receive an email notification when the ANOC is available. No further action is required.
- If you would like to opt in to receive documents electronically, follow the simple steps listed in the *Go Green with RMHP* section below. When you opt in, you will no longer receive a printed ANOC unless you specifically request a hard copy.
- If you live in a household with other RMHP Medicare Members and would like to receive one shared copy of the ANOC, please use the *Medicare Document Delivery Preferences Request Form* located at [www.rmhpMedicare.org](http://www.rmhpMedicare.org). Choose *Learning Center*, then select *Commonly Used Forms*. You may also call 888-282-1420 (TTY: 711) to request the form. This form must be signed by each household Member and returned to RMHP at the address on the form.

### Go Green with RMHP

Opt in to receive select documents electronically.

- **Step 1.** Visit [www.rmhpMedicare.org](http://www.rmhpMedicare.org) and select the *MyRMHP* link at the top of the page.
- **Step 2.** If you're already registered for your secure Member portal, log in with your email and password; otherwise, create an account.
- **Step 3.** Locate the opt in information section next to the green leaf icon and follow the instructions.

### Access the RMHP Provider Directory

If you need help finding a network provider, please call 888-282-1420 (TTY 711) or visit [www.rmhpMedicare.org](http://www.rmhpMedicare.org) to access our online searchable directory. If you would like a provider directory mailed to you, you may call the number above, request one at the website link provided above, or email [customer\\_service@rmhp.org](mailto:customer_service@rmhp.org).

## How to Report Fraud, Waste, & Abuse or Compliance Concerns

If you need to report any of these items, you may choose any of the following methods:

- Call the RMHP Compliance/Fraud Hotline(You can remain anonymous via this method):  
888-237-1179 or 970-248-5101
- Write the RMHP Internal Audit Manager:  
Rocky Mountain Health Plans  
ATTN: Internal Audit Manager  
PO Box 10600  
Grand Junction CO 81502-5600
- Email: [fraudauditor@rmhp.org](mailto:fraudauditor@rmhp.org)

## About Our Care Management Team

RMHP's Care Management team is made up of skilled nurses, doctors and other health professionals. This team provides support to Members and manages their care, including the prior authorization process. RMHP's Care Management staff base their care management decisions only on the appropriateness of care and services. RMHP does not pay our network providers to deny care and services, nor does it offer incentives to employees or others that encourage the denial of care.

## Understanding Advance Directives

Under Colorado law you have the right to make medical treatment decisions, including the right to accept or refuse any medical or surgical treatment and the right to formulate advance directives regarding said decisions. "Advance directives" include any written or oral instructions recognized under a state's law concerning the making of medical treatment decisions on behalf of or the provision of medical care for the person who provided the instructions in the event such person becomes incapacitated. Advance directives include, but are not limited to, medical durable powers of attorney, durable powers of attorney, or living wills. For more information about your rights in regards to Advanced Directives, please see your Evidence of Coverage or contact Customer Service to get copies of these forms.

## Evaluating New Technologies

RMHP uses a systematic approach to evaluate and address new developments in medical technologies or new applications of existing technologies, including medical procedures, behavioral health procedures, pharmaceuticals, and devices for inclusion in benefit plans. The evaluation includes a review of information from appropriate government regulatory bodies, published scientific evidence and/or input from specialists and professionals with experience in the new technology.

## Privacy Notice & HIPAA Notice of Privacy Practices

A copy of the RMHP Privacy Notice and RMHP HIPAA Notice of Privacy Practices is available at [rmhp.org/legal/notice-of-privacy-practices](http://rmhp.org/legal/notice-of-privacy-practices).



**ROCKY MOUNTAIN**  
**HEALTH PLANS®**

## 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](mailto: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



<b>English</b>	ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-346-4643 (TTY: 711).
<b>Spanish</b>	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-346-4643 (TTY: 711).
<b>Vietnamese</b>	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).
<b>Chinese</b>	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)。
<b>Korean</b>	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-346-4643 (TTY: 711)번으로 전화해 주십시오.
<b>Russian</b>	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-346-4643 (телетайп: 711).
<b>Amharic</b>	ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-800-346-4643 (መስማት ለተሳናቸው: 711)።
<b>Arabic</b>	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-346-4643 (رقم هاتف الصم والبكم: 117).
<b>German</b>	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-346-4643 (TTY: 711).
<b>French</b>	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-346-4643 (ATS : 711).
<b>Nepali</b>	ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-800-346-4643 (टिटिवाइ: 711) ।
<b>Tagalog</b>	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).
<b>Japanese</b>	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。
<b>Cushite/Oromo</b>	XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-346-4643 (TTY: 711).
<b>Persian</b>	توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با - 1 (117:YTT) 3464-643-008 تماس بگیرید.
<b>Ibo/Igbo</b>	Ige nti: O buru na asu Ibo asusu, enyemaka diri gi site na call 1-800-346-4643 (TTY: 711).
<b>Kru-Bassa</b>	Dè dɛ nià kɛ dyédé gbo: Ǿ jũ ké m̩ [ʔBàsɔ̀ò-wùdù-po-nyò] jũ ní, níí, à wuɖu kà kò dò po-poò b̩éin m̩ gbo kpáa. Đá 1-800-346-4643 (TTY: 711)
<b>Yoruba</b>	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).



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