2018 RMHP MEDICARE SUMMARY OF BENEFITS JANUARY 1, 2018 - DECEMBER 31, 2018

This is a summary of health services covered by Rocky Mountain Health Plans (RMHP)
See pages 5 and 6 for additional information

Premiums and Benefits	Rocky Mountain Thrifty Plan (Cost)
Monthly Plan Premiums You must continue to pay your Medicare Part B premium To learn more about optional supplemental benefits, see page 5	**Medical Plan:** $49 per month **Optional Supplemental Benefits:** Vision: $12 per month Dental: $20 per month
Annual Plan Deductibles Deductibles are per calendar year To learn more about services subject to the medical plan deductible, see page 5	**Medical Plan:** $450 **Optional Supplemental Benefits:** Vision: No deductible Dental: $50
Maximum Out-of-Pocket (MOOP) To learn more about MOOP, see page 5	$6,700 for services you receive from in-network providers
Inpatient Hospital Coverage To learn more about Benefit Periods and Lifetime Reserve Days, see page 5	After deductible, you pay (per admission): $250 per day for days 1-7 Nothing for days 8-90 For Lifetime Reserve Days, you pay $250 per day for days 1-7
Outpatient Hospital Coverage[P] Includes outpatient diagnostic tests and procedures, outpatient surgery, and other outpatient services	You pay $0 to $450 depending on the service Deductible may apply
Doctor Visits[P] No referrals required	**Primary Care:** $20 copay per visit **Specialist:** $50 copay per visit
Preventive Care To learn more about Medicare covered preventive services, see page 5 Routine physical exam does not apply to MOOP	**Medicare covered:** You pay nothing **Routine physical exam:** You pay nothing

Premiums and Benefits	Rocky Mountain Thrifty Plan (Cost)
Emergency Care	You pay $75 per visit, worldwide If you are admitted to the hospital within 24 hours for the same condition, you pay nothing for emergency care
Urgently Needed Services	You pay $50 per visit, worldwide
Diagnostic Radiology Services[P] Includes MRI, PET scans, CT scans, ultrasounds, and nuclear medicine	**MRI/PET scan/nuclear medicine:** $200 copay **CT scan/ultrasound:** $150 copay
Lab Services[P]	You pay nothing
Outpatient X-Rays[P]	You pay $20 per visit
Hearing Exams Medicare covered services One routine hearing exam per calendar year provided by RMHP's audiology network (does not apply to MOOP)	**Medicare covered:** **Primary Care:** $20 copay **Specialist:** $50 copay **Routine:** $20 copay
Hearing Aids Two hearing aids per calendar year provided by the TruHearing network (does not apply to MOOP)	**Flyte Advanced:** You pay $599 per aid **Flyte Premium:** You pay $899 per aid Copay includes (per aid): 3 follow up doctor visits, 48 batteries, extended warranty, 45-day trial
Dental Services[P] Medicare covered services (does not include services in connection with care, treatment, filling, removal, or replacement of teeth)	You pay $20 to $1,750 depending on the service Deductible may apply
Vision Services Medicare covered services to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening) One routine vision exam per calendar year provided by RMHP's network (does not apply to MOOP)	**Glaucoma screening:** You pay nothing **Medicare covered:** **Primary Care:** $20 copay **Specialist:** $50 copay **Routine:** $20 copay
Inpatient Mental Health Care[P] To learn more about Benefit Periods and Lifetime Reserve Days, see page 5	After deductible, you pay (per admission): $250 per day for days 1-7 Nothing for days 8-90 For Lifetime Reserve Days, you pay $250 per day for days 1-7

Premiums and Benefits	Rocky Mountain Thrifty Plan (Cost)
Outpatient Mental Health Care[P] Includes group/individual therapy visits and partial hospitalization	**Group/Individual Therapy:** You pay $50 per visit **Partial Hospitalization:** You pay $50 per day
Skilled Nursing Facility (SNF) RMHP covers 100 days in a SNF	You pay nothing for days 1-20 You pay $164.50 per day for days 21-100
Rehabilitation Services Includes Occupational, Physical, and Speech/ Language therapy	You pay $20 per visit
Ambulance[P]	You pay $250 per trip, worldwide Deductible applies to non-emergent ambulance transport
Transportation	Not covered
Medicare Part B Drugs Chemotherapy/other Part B drugs	You pay 20% of the cost
Foot Care (Podiatry) Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions	You pay $50 per visit
Medical Equipment/Supplies[P] Includes durable medical equipment (DME), oxygen, disposable medical supplies, prosthetics, and diabetes supplies (monitoring supplies, diabetic therapeutic shoes/inserts)	After Part B Deductible, you pay 20% of the cost
Fitness Program Includes basic annual membership at participating fitness centers or (2) at-home fitness kits, and online tools, newsletters, at-home classes (does not apply to MOOP)	You pay nothing for online tools, newsletters, and at-home classes **Fitness center membership:** You pay $75 per calendar year **OR** **(2) at-home fitness kits:** You pay $10 per calendar year

2018 RMHP MEDICARE SUMMARY OF BENEFITS - OPTIONAL SUPPLEMENTAL BENEFITS

Package 1: Dental services[1]	
Premiums and Benefits	**Rocky Mountain Thrifty Plan (Cost)**
Monthly Dental Plan Premiums In addition, you must continue to pay your RMHP medical plan premium and Medicare Part B premium	$20 per month
Dental Plan Deductible Deductible is per calendar year	$50 per calendar year
Preventive Services Oral exams, prophylaxis (2 cleanings/2 periodontal cleanings per year) Fluoride treatment (approved for adults with specific conditions)	You pay 30% of the cost
Basic and Major Services Extractions, x-rays, palliative treatment, fillings, restorative services Endodontic and periodontic services	After the dental deductible: **Extractions, x-rays, palliative treatment, fillings, and restorative services:** You pay 50% of the cost **Endodontic/periodontic services:** You pay 70% of the cost
[1]Must use Delta Dental Providers. Crowns are not covered. Cost-sharing does not apply to MOOP.	

Package 2: Vision services[2]	
Premiums and Benefits	**Rocky Mountain Thrifty Plan (Cost)**
Monthly Vision Plan Premiums In addition, you must continue to pay your RMHP medical plan premium and Medicare Part B premium	$12 per month
Vision Plan Deductible	No deductible
Annual Eye Exam	You pay nothing
Lenses One set of single-vision, lined bifocal, or lined trifocal lenses per year	You pay nothing
Frames or Contact Lenses One set of frames OR contact lenses per year (not both)	$130 allowance per calendar year
[2]Must use VSP Providers. Cost-sharing does not apply to MOOP.	

Additional information

Benefit Period - A benefit period begins the day you are admitted as an inpatient and ends when you have not received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. There's no limit to the number of benefit periods.

Extended Absence Benefit – RMHP offers a supplemental extended absence program, which will allow you to remain enrolled in our plan when you are outside of our service area for a period of six months or less (within the United States). If you receive prior authorization from RMHP for routine Medicare-covered services while you are out-of-area, the services would be covered under the plan benefits and you would be responsible for your plan defined deductible/copayment/coinsurance.

Lifetime Reserve Days - RMHP covers 60 "lifetime reserve days." These are "extra" days that we cover if your hospital stay is longer than 90 days. Once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.

Medical Plan Deductible – The medical plan deductible applies to certain services including, but not limited to, hospital/SNF stays, some outpatient hospital services, DME, prosthetics, disposable medical supplies, oxygen, radiation therapy, rehab therapies (PT, OT, ST, cardiac, pulmonary), and Medicare-covered eyeglasses/contacts.

Medical Plan Maximum Out-of-Pocket (MOOP) - The most you pay for Medicare covered services during a calendar year. Cost-sharing paid for out-of-network services (unless prior-authorized) and supplemental benefits (such as annual physicals, routine hearing and vision exams, and optional dental and vision plans) do not count toward the MOOP.

Optional Supplemental Benefits - RMHP offers optional dental, and vision packages. You must pay an extra premium each month for these benefits. Enrollment in these benefit packages is voluntary.

Out-of-Network Providers – You can use Medicare providers that are not in the RMHP network. Except for emergent or urgently needed care, or care that is prior authorized, you will have to pay Original Medicare cost-sharing.

Prior Authorization^{P} - Approval in advance to get services. Services that may require prior authorization are indicated with a **"P"**. For more information, contact our Customer Service at 888-282-1420 (TTY dial 711).

Preventive Care – Original Medicare and RMHP cover many preventive services. Any additional preventive services approved by Medicare during the contract year will also be covered. Please refer to the Evidence of Coverage for information about specific criteria and limitations on preventive services. Covered preventive services include:

- Abdominal aortic aneurysm screening
- Alcohol misuse screenings & counseling
- Bone mass measurements (bone density)
- Cardiovascular disease screenings & therapy
- Cervical & vaginal cancer screening
- Colorectal cancer screenings
- Depression screenings
- Diabetes screenings & self-management training
- Glaucoma tests
- Hepatitis C screening test
- HIV screening
- Lung cancer screening
- Mammograms (screening)
- Medicare Diabetes Prevention Program (MDPP)
- Nutrition therapy services
- Obesity screenings & counseling
- Prostate cancer screenings
- Routine physical, vision & hearing exams
- Sexually transmitted infection screening/counseling
- Shots: Flu, Hepatitis B, & Pneumococcal
- Tobacco use cessation counseling
- "Welcome to Medicare" initial visit
- Yearly "Wellness" visit

Important information about the RMHP Summary of Benefits

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or every limitation or exclusion. To get a complete list of services we cover, please request the Evidence of Coverage online at www.rmhpMedicare.org or by calling Customer Service.

To join RMHP, you must be enrolled in Medicare Part B (or have both Medicare Part A and Medicare Part B), and live in our service area. Our service area includes the following counties in Colorado: Alamosa, Archuleta, Bent, Chaffee, Cheyenne, Clear Creek, Conejos, Costilla, Crowley, Custer, Delta, Dolores, Eagle, Elbert, Garfield, Gilpin, Grand, Gunnison, Hinsdale, Huerfano, Jackson, Kiowa, Kit Carson, La Plata, Lake, Las Animas, Lincoln, Logan, Mesa, Mineral, Moffat, Montezuma, Montrose, Morgan, Otero, Ouray, Park, Phillips, Pitkin, Prowers, Rio Blanco, Rio Grande, Routt, Saguache, San Juan, San Miguel, Sedgwick, Summit, Washington, and Yuma.

RMHP has a network of doctors, hospitals, and other providers. If you use providers that are not in our network, RMHP may not pay for the services. You can access a copy of RMHP's provider directory online www.rmhpMedicare.org or by calling Customer Service 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. The provider network may change at any time. You will receive notice when necessary.

Our plan Members get all of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare. For others, you may pay less. If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at http://www.medicare.gov or get a copy 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.

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

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums, and copays/coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium.

If you have questions, please contact us at 888-251-1330 (TTY dial 711). Calling this number will connect you with a licensed RMHP Medicare Salesperson. Hours are 8am - 8pm, 7 days/week, Oct.1–Feb.14, and 8am - 8pm, M-F, Feb.15–Sept.30. RMHP has free language interpreter services available for non-English speakers. This information is available in Braille, in large print, or other alternate formats if you need it.