

# MEDICARE PLAN COMPARISON

## Benefit Comparison Highlights 2019

For help with enrolling or for more information about our plans, please call our licensed RMHP Medicare Salesperson at 888-251-1330 (TTY: 711).

Medicare Covered Benefit	Rocky Mountain Green Plan (Cost)	Rocky Mountain Thrifty Plan (Cost)	Rocky Mountain Standard Plan (Cost)	Rocky Mountain Plus Plan (Cost)
<b>Monthly Premium</b>	\$35.00	\$55.00	\$95.00	\$185.00
<b>Medical Deductible</b>	\$700 per calendar year (annual deductible). Applies to Hospital Stays, Outpatient Surgery, DME, Radiation Therapy, Occupational, Speech and Physical Therapy.	\$450 per calendar year (annual deductible). Applies to Hospital Stays, Outpatient Surgery, DME, Radiation Therapy, Occupational, Speech and Physical Therapy.	None	None
<b>Medical Maximum Out-of-Pocket</b>	\$6,700 per calendar year. Amounts you pay for RMHP deductibles, copays and coinsurance for Medicare-covered services count toward the maximum out-of-pocket amount.	\$6,700 per calendar year. Amounts you pay for RMHP deductibles, copays and coinsurance for Medicare-covered services count toward the maximum out-of-pocket amount.	\$6,700 per calendar year. Amounts you pay for RMHP deductibles, copays and coinsurance for Medicare-covered services count toward the maximum out-of-pocket amount.	\$4,500 per calendar year. Amounts you pay for RMHP deductibles, copays and coinsurance for Medicare-covered services count toward the maximum out-of-pocket amount.
<b>Inpatient Hospital Copayment</b>	\$350 copay per day up to 10 days per admission	\$300 copay per day up to 7 days per admission	\$250 copay per day up to 5 days per admission	\$500 per admission
<b>Outpatient Surgery</b>	25% coinsurance	\$450 per visit	\$400 per visit	\$300 per visit
<b>Primary Care Office Visit</b>	\$25 per visit	\$20 per visit	\$20 per visit	\$15 per visit

<b>Copayment</b>				
<b>Specialist Care Office Visit Copayment</b>	\$55 per visit	\$50 per visit	\$45 per visit	\$40 per visit
<b>Preventive Screening and Lab Services</b>	\$0	\$0	\$0	\$0
<b>Annual Routine Physical</b>	\$0 As an alternative to the Yearly "Wellness" visit, RMHP also covers a routine physical exam once every calendar year.	\$0 As an alternative to the Yearly "Wellness" visit, RMHP also covers a routine physical exam once every calendar year.	\$0 As an alternative to the Yearly "Wellness" visit, RMHP also covers a routine physical exam once every calendar year.	\$0 As an alternative to the Yearly "Wellness" visit, RMHP also covers a routine physical exam once every calendar year.
<b>Emergency Room</b>	\$125 per visit Worldwide	\$100 per visit Worldwide	\$75 per visit Worldwide	\$50 per visit Worldwide
<b>Urgent Care</b>	\$55 per visit Worldwide	\$50 per visit Worldwide	\$45 per visit Worldwide	\$40 per visit Worldwide
<b>Diagnostic Tests</b>	MRI/PET Scan/Nuclear Medicine: 20% CT/Ultrasound: 20% X-ray: \$55	MRI/PET Scan/Nuclear Medicine: \$200 CT/Ultrasound: \$150 X-ray: \$50	MRI/PET Scan/Nuclear Medicine: \$150 CT/Ultrasound: \$100 X-ray: \$45	MRI/PET Scan/Nuclear Medicine: \$150 CT/Ultrasound: \$75 X-ray: \$40
<b>Hearing Aid Benefit</b>	\$499 copay per aid for Advanced Technology \$799 copay per aid for Premier Technology	\$499 copay per aid for Advanced Technology \$799 copay per aid for Premier Technology	\$499 copay per aid for Advanced Technology \$799 copay per aid for Premier Technology	\$499 copay per aid for Advanced Technology \$799 copay per aid for Premier Technology
<b>Skilled Nursing Facility</b>	\$0 per day- days 1-20 \$172 per day- days 21-100	\$0 per day- days 1-20 \$172 per day- days 21-100	\$0 per day- days 1-20 \$172 per day- days 21-100	\$0 per day- days 1-20 \$172 per day- days 21-100
<b>Ambulance</b>	\$250 per trip worldwide	\$250 per trip worldwide	\$200 per trip worldwide	\$100 per trip worldwide
<b>Durable Medical Equipment</b>	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
<b>Silver&amp;Fit Exercise &amp; Healthy Aging Program</b>	Not Offered	A basic fitness center membership at participating fitness centers for a \$75 yearly copay (Paid directly to the fitness	A basic fitness center membership at participating fitness centers for a \$75 yearly copay (Paid directly to the fitness	A basic fitness center membership at participating fitness centers for a \$75 yearly

		center) Or Two at-home fitness kits for a yearly \$10 copay	center) Or Two at-home fitness kits for a yearly \$10 copay	copay (Paid directly to the fitness center) Or Two at-home fitness kits for a yearly \$10 copay
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[www.rmhpMedicare.org](http://www.rmhpMedicare.org)

This information is not a complete description of benefits. Call RMHP Customer Service at 888-282-1420 (TTY dial 711) for more information. Hours are 8am – 8pm, 7 days/week, October 1-March 31, and 8am – 8pm, M-F, April 1-September 30.

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

## 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, sexual orientation, or gender identity. RMHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex, sexual orientation, or gender identity.

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, sexual orientation, or gender identity, 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>.

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# 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 ሊያገለግሉት 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 - 3464-643-008-1 تماس بگیرید. (117:YTT)
<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: ɔ jũ ké m̩ [Bàsóò-wùdù-po-nyò] jũ ní, níí, à wuɖu kà kò dò po-poò bɛ́in m̩ gbo kpáa. Ɖá 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).