

# Benefit Highlights

## Rocky Mountain Health Plans DualCare Plus (HMO D-SNP)

This is a short description of your 2020 plan benefits. The values shown represent a range based upon the amount of the Medicare Parts A and B cost sharing covered by the state. For complete information and for costs for those without Medicare Parts A and B cost sharing covered by the state, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions and restrictions may apply.

### Plan Costs

**If you have full Medicaid benefits or are a Qualified Medicare Beneficiary, you will pay \$0 for your Medicare-covered services.** You may have small copays for your Part D prescription drugs. If your eligibility for Medicaid or “Extra Help” changes, your cost sharing and premium may change.

Monthly plan premium	\$0 with full “Extra Help”	Up to \$31.30, depending on your level of “Extra Help”
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### Medical Benefits

Your plan has a deductible that applies to certain medical benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage.

	With Medicaid Cost Share Assistance	Without Medicaid Cost Share Assistance
Part B Deductible	\$0 for Medicare Part B Services with Medicaid cost-share assistance	\$198 for Medicare Part B services without Medicaid cost-share assistance.
Annual out-of-pocket maximum (The most you may pay in a year for medical care covered by the plan)	\$0	\$6,700
Doctor’s office visit	Primary Care Provider: \$0 copay	Primary Care Provider: 20% coinsurance
	Specialist: \$0 copay (no referral needed)	Specialist: 20% coinsurance (no referral needed)
Preventive services	\$0 copay	\$0 copay
Inpatient hospital care	\$0 copay per stay for unlimited days	\$1,408 deductible for days 1 to 60; \$352 copay each day for days 61 to 90; \$0 copay per day for unlimited days after that
Skilled nursing facility (SNF)	\$0 copay per day: days 1-100	\$0 copay per day: days 1-20 \$176 copay per day: days 21-100

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	With Medicaid Cost Share Assistance	Without Medicaid Cost Share Assistance
Outpatient hospital, including surgery	\$0 copay	\$0 copay - 20% coinsurance Cost sharing for additional plan covered services will apply.
Diabetes monitoring supplies	\$0 copay for covered brands	\$0 copay for covered brands
Home health care	\$0 copay	\$0 copay
Diagnostic radiology services (such as MRIs, CT scans)	\$0 copay	20% coinsurance
Diagnostic tests and procedures (non-radiological)	\$0 copay	20% coinsurance
Lab services	\$0 copay	\$0 copay
Outpatient x-rays	\$0 copay	20% coinsurance
Ambulance	\$0 copay for ground \$0 copay for air	20% coinsurance for ground 20% coinsurance for air
Emergency care	\$0 copay (worldwide)	\$90 copay (\$0 copay for worldwide coverage)
Urgently needed services	\$0 copay (worldwide)	\$65 copay (\$0 copay for worldwide coverage)

## Benefits and Services Beyond Original Medicare

	Your Cost
Routine physical	\$0 copay; 1 per year
Vision - routine eye exams	\$0 copay; 1 every year
Vision - eyewear	\$0 copay every 2 years; up to \$200 for frames and contact lenses. Standard (single, bifocal, trifocal, or progressive) lenses are covered in full.
Dental - preventive	\$0 copay for exams, cleanings, x-rays, and fluoride
Dental - comprehensive	\$0 copay for comprehensive dental services
Dental - benefit limit	\$500 limit on all covered dental services
Hearing - routine exam	\$0 copay; 1 per year
Hearing aids	\$2,000 credit for hearing aids, up to 2 hearing aids every 2 years.

	Your Cost
Fitness program through Renew Active™	Standard membership to participating fitness locations with access to group fitness classes – depending on availability. Programs such as: online brain exercises, activities and an in-person fitness orientation at no cost to you. For the complete details about the program, please visit <a href="http://www.UHCRenewActive.com">www.UHCRenewActive.com</a> , and click the link in the footer entitled Terms and Conditions.
Personal Emergency Response System	With the Personal Emergency Response System (PERS) help is only a button away. You can have peace of mind knowing that in any emergency situation the PERS in-home monitoring device can get you help quickly, 24 hours a day at no additional cost. The device is a lightweight button that can be worn on your wrist or as a pendant and may automatically detect falls depending on the model chosen. You must have a working landline and/or cellular phone coverage to take part in this benefit.
Foot care - routine	\$0 copay; 4 visits per year
Health Products Benefit	\$50 credit per quarter to use on approved health products.

## Prescription Drugs

If you qualify for Low-Income Subsidy (LIS) you pay:

	Your Cost
Annual prescription deductible	\$0 or \$89, depending on the level of “Extra Help” you receive
<b>30-day supply from retail network pharmacy</b>	
Generic (including brand drugs treated as generic)	\$0, \$1.30, \$3.60 copay, or 15% coinsurance
All other drugs	\$0, \$3.90, \$8.95 copay, or 15% coinsurance

If you don't qualify for Low-Income Subsidy (LIS), you pay:

	Your Cost	
Annual prescription deductible	\$435	
Cost-Sharing for Covered Drugs	<b>Standard Retail (30-day)</b>	<b>Mail Order (90-day)</b>
Initial coverage stage	25% coinsurance	25% coinsurance
Coverage gap stage	After your total drug costs reach \$4,020, you will pay no more than 25% coinsurance for generic drugs or 25% coinsurance for brand name drugs, for any drug tier during the coverage gap	

If you don't qualify for Low-Income Subsidy (LIS), you pay:

	<b>Your Cost</b>
Catastrophic coverage stage	After your total out-of-pocket costs reach \$6,350, you will pay the greater of \$3.60 copay for generic (Including brand drugs treated as generic), \$8.95 copay for all other drugs, or 5% coinsurance



Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a contract with the State Medicaid Program. Enrollment in the plan depends on the plan's contract renewal with Medicare. This plan is available to individuals who have Medicare and receive Medical Assistance from the State. Contact the plan for more details on eligibility. Premiums, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details. This information is not a complete description of benefits. Contact the plan for more information.