

MEDICARE PLAN COMPARISON

Benefit Comparison Highlights 2020

Medicare Covered Benefit	Rocky Mountain Green Plan (Cost)	Rocky Mountain Thrifty Plan (Cost)	Rocky Mountain Standard Plan (Cost)	Rocky Mountain Plus Plan (Cost)
Monthly Premium	\$35.00	\$59.00	\$99.00	\$189.00
Medical Deductible	\$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
Medical Maximum Out-of-Pocket	\$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.
Inpatient Hospital Copayment	\$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
Outpatient Surgery	25% coinsurance	\$450 per visit	\$400 per visit	\$300 per visit
Primary Care Office Visit Copayment	\$25 per visit	\$20 per visit	\$20 per visit	\$15 per visit

Specialist Care Office Visit Copayment	\$55 per visit	\$50 per visit	\$45 per visit	\$40 per visit
Preventive Screening and Lab Services	\$0	\$0	\$0	\$0
Annual Routine Physical	\$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.
Emergency Room	\$125 per visit Worldwide	\$100 per visit Worldwide	\$75 per visit Worldwide	\$50 per visit Worldwide
Urgent Care	\$55 per visit Worldwide	\$50 per visit Worldwide	\$45 per visit Worldwide	\$40 per visit Worldwide
Diagnostic Tests	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
Hearing Aid Benefit	\$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
Skilled Nursing Facility	\$0 per day- days 1-20 \$170.50 per day-days 21-100	\$0 per day- days 1-20 \$170.50 per day-days 21-100	\$0 per day- days 1-20 \$172.00 per day-days 21-100	\$0 per day- days 1-20 \$170.50 per day-days 21-100
Ambulance	\$250 per trip worldwide	\$250 per trip worldwide	\$200 per trip worldwide	\$100 per trip worldwide
Durable Medical Equipment	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Silver&Fit Exercise & Healthy Aging Program	Not Offered	A basic fitness center membership at participating fitness centers for a \$75 yearly copay	A basic fitness center membership at participating fitness centers for a \$75 yearly copay	A basic fitness center membership at participating fitness centers for a \$75 yearly copay

		Or Two at-home fitness kits for a yearly \$10 copay	Or Two at-home fitness kits for a yearly \$10 copay	Or Two at-home fitness kits for a yearly \$10 copay
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www.rmhpMedicare.org

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