

## 2021 DUAL SPECIAL NEEDS PLAN INFORMATION

Rocky Mountain Health Plans DualCare Pus (HMO D-SNP)

H2582-002

Plan Benefits	
Monthly Plan Premium	\$0
Annual Medical Deductible	\$0
Primary Care Provider Visit	\$0 copay
Specialist Visit	\$0 copay
Specialist Referral Required?	No referral required
Preventive Services	\$0 copay
Inpatient Hospital Care	\$0 copay for unlimited days
Inpatient Mental Health	\$0 copay
Skilled Nursing Facility	Days 1–100: \$0 copay
Outpatient Hospital, Including Surgery	\$0 copay
Diabetes Monitoring Supplies	\$0 copay for covered brands
Home Health Care	\$0 copay
Diagnostic Radiology Services	\$0 copay
Diagnostic Tests and Procedures	\$0 copay
Lab Services	\$0 copay
Outpatient Mental Health	Group therapy: \$0 copay per visit Individual therapy: \$0 copay per visit
Outpatient X-Rays	\$0 copay
Ambulance (Ground and Air)	\$0 copay Worldwide Coverage
Emergency Care	\$0 copay Worldwide Coverage
Urgent Care	\$0 copay Worldwide Coverage
Annual Out-Of-Pocket Maximum	\$7,550 annually for Medicare-covered services from in-network providers

Take advantage of everything Rocky Mountain Health Plans has to offer.



### Compassionate Care

More access. Personalized guidance. Convenient Care.



### Distinctive Benefits

Plans that go beyond basic coverage and are truly beneficial for your health.



### Total Wellness

Experiences for your body and mind that are designed to help you live healthier every day.

Additional Benefits	
<b>Dental</b>	\$0 copay for up to \$500 per year for covered preventive and comprehensive dental services
<b>Health Products Benefit</b>	\$0 copay for \$100 quarterly benefit credit that can be used to purchase Medicare-approved over-the-counter items from a catalog or participating network retail locations  Unused amount carries over from quarter to quarter, but expires at the end of the plan year
<b>Healthy Foods Benefit</b>	\$0 copay for \$30 monthly benefit on a retail debit card to purchase covered food items from participating retail stores nationwide. Unused amount expires at the end of each month.
<b>Hearing Exams</b>	\$0 copay for 1 routine hearing exam every calendar year from in-network providers
<b>Hearing Aids</b>	\$0 copay for 2 hearing aids every 2 calendar years up to \$2,000 maximum from UHC Hearing providers
<b>Personal Emergency Response System (PERS)</b>	\$0 copay for a monitored Personal Emergency Response System
<b>Renew Active Fitness Program</b>	\$0 copay for a standard membership to participating fitness locations, educational materials to promote physical activity in the home or other setting for members who do not wish to visit a participating gym, community-based experiences, and online cognitive health programs
<b>Routine Physical</b>	\$0 copay for 1 routine physical every calendar year from in-network providers
<b>Routine Foot Care</b>	\$0 copay per visit for up to 4 routine foot care visits per year
<b>Telehealth</b>	\$0 copay for covered telehealth visits with an in-network provider
<b>Vision</b>	\$0 copay for 1 routine vision exam every calendar year from RMHP in-network Vision providers or UHC Vision providers  \$0 copay for \$200 combined allowance for contact lenses and eyeglasses (lenses/frames) once every calendar year
Prescription Drugs	
<b>Annual Prescription Deductible</b>	\$0 or \$92, depending on LIS level
<b>Tier 1 — Preferred Generic Drugs</b>	\$0 copay
<b>Tier 2 — Generic Drugs</b>	\$0 copay
<b>Tier 3 — Preferred Brand Drugs</b>	\$0 copay
<b>Tier 4 — Non-Preferred Drugs</b>	\$0 copay
<b>Tier 5 — Specialty Tier Drugs</b>	\$0 copay

The Rocky Mountain Health Plans listed on this document are available in Delta, La Plata, Mesa, and Montezuma counties.

Get help finding the right plan for you. Simply ask your licensed sales agent for more information.

[www.rmhpDualCare.org](http://www.rmhpDualCare.org)

If you receive Medicare Extra Help, your premium and prescription drug costs may be lower. The most you may pay in a year for medical care covered by the plan. Network exclusions may apply. Copay listed is for Preferred Retail locations only. The device you use must be webcam-enabled. Video chat feature not available in some areas. Exclusions may apply. Networks vary by market. This information is not a complete description of benefits. Call 888-282-1420, TTY 711 for more information. Participation in the Renew Active™ program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Renew Active includes standard fitness membership. Equipment, classes, personalized fitness plans, and events may vary by location. Services, classes and events are provided by affiliates of RMHP or other third parties not affiliated with RMHP. RMHP is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor. The Renew Active program varies by plan/area. Rewards are offered for participation in walking program or other approved activity for members with limited mobility. \$0 Tier 2 copay restricted to preferred mail order pharmacy. Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare. ©2020 Rocky Mountain Health Plans. All rights reserved.