



**2021 PLAN
INFORMATION**

	Rocky Mountain Health Plans CareAdvantage Value (HMO)	Rocky Mountain Health Plans CareAdvantage Enhanced (HMO)	Rocky Mountain Health Plans DualCare Plus (HMO D-SNP)
Plan Benefits			
Monthly Plan Premium	\$0	\$39	\$0
Annual Medical Deductible	\$0	\$0	\$0
Primary Care Provider Visit	\$0 copay	\$0 copay	\$0 copay
Specialist Visit	\$45 copay	\$35 copay	\$0 copay
Specialist Referral Required?	No referral required	No referral required	No referral required
Preventive Services	\$0 copay	\$0 copay	\$0 copay
Inpatient Hospital Care	\$285 copay per day for days 1–6; no copay for days 7–90 No copay for unlimited inpatient days per benefit period starting at day 91 No coinsurance or copay for lifetime reserve days	\$225 copay per day for days 1–6; no copay for days 7–90 No copay for unlimited inpatient days per benefit period starting at day 91 No coinsurance or copay for lifetime reserve days	\$0 for unlimited days
Inpatient Mental Health	\$285 copay per day for days 1–6; no copay for days 7–90 No coinsurance or copay for lifetime reserve days	\$225 copay per day for days 1–6; no copay for days 7–90 No coinsurance or copay for lifetime reserve days	\$0 copay
Skilled Nursing Facility	Days 1–20: \$0 copay per day Days 21–57: \$184 copay per day Days 58–100: \$0 copay per day	Days 1–20: \$0 copay per day Days 21–53: \$184 copay per day Days 54–100: \$0 copay per day	Days 1–100: \$0 copay
Outpatient Hospital, Including Surgery	\$250 copay per visit	\$200 copay per visit	\$0 copay
Diabetes Monitoring Supplies	\$0 copay for covered brands	\$0 copay for covered brands	\$0 copay for covered brands
Home Health Care	\$0 copay	\$0 copay	\$0 copay
Diagnostic Radiology Services	\$105 copay per visit	\$105 copay per visit	\$0 copay
Diagnostic Tests and Procedures	\$25 copay per visit	\$25 copay per visit	\$0 copay
Lab Services	\$0 copay	\$0 copay	\$0 copay
Outpatient Mental Health	Group therapy: \$15 copay per visit Individual therapy: \$25 copay per visit	Group therapy: \$15 copay per visit Individual therapy: \$25 copay per visit	Group therapy: \$0 copay per visit Individual therapy: \$0 copay per visit
Outpatient X-Rays	\$15 copay per visit	\$15 copay per visit	\$0 copay
Ambulance (Ground and Air)	Within the U.S.: \$250 copay per trip Worldwide coverage: \$0 copay per trip	Within the U.S.: \$250 copay per trip Worldwide coverage: \$0 copay per trip	\$0 copay Worldwide Coverage
Emergency Care	Within the U.S.: \$90 copay per visit Worldwide coverage: \$0 copay per visit	Within the U.S.: \$90 copay per visit Worldwide coverage: \$0 copay per visit	\$0 copay Worldwide Coverage
Urgent Care	Within the U.S.: In-network Urgent Care: \$30 copay per visit Other Urgent Care: \$40 copay per visit Worldwide coverage: \$0 copay per visit	Within the U.S.: In-network Urgent Care: \$30 copay per visit Other Urgent Care: \$40 copay per visit Worldwide coverage: \$0 copay per visit	\$0 copay Worldwide Coverage
Annual Out-Of-Pocket Maximum	\$6,700 annually for Medicare-covered services from in-network providers	\$5,900 annually for Medicare-covered services from in-network providers	\$7,550 annually for Medicare-covered services from in-network providers
Additional Benefits			
Dental	Available as an optional supplemental benefit for an additional premium	Available as an optional supplemental benefit for an additional premium	\$0 copay for up to \$500 per year for covered preventive and comprehensive dental services
Health Products Benefit	\$0 copay for \$40 quarterly benefit credit that can be used to purchase Medicare-approved over-the-counter items from a catalog Unused amount expires at the end of each quarter	\$0 copay for \$80 quarterly benefit credit that can be used to purchase Medicare-approved over-the-counter items from a catalog Unused amount expires at the end of each quarter	\$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

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Healthy Foods Benefit	Not covered	Not covered	\$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.
Hearing Exams	\$0 copay for 1 routine hearing exam every calendar year from in-network providers	\$0 copay for 1 routine hearing exam every calendar year from in-network providers	\$0 copay for 1 routine hearing exam every calendar year from in-network providers
Hearing Aids	\$375–\$2,075 copay per device depending features and style for 2 hearing aids every 2 calendar years UHC Hearing providers	\$175–\$1,875 copay per device depending features and style for 2 hearing aids every 2 calendar years from UHC Hearing providers	\$0 copay for 2 hearing aids every 2 calendar years up to \$2,000 maximum from UHC Hearing providers
Home-Delivered Meals	\$0 copay for up to 42 meals for 21 days following a qualified inpatient or SNF stay one time per calendar year	\$0 copay for up to 42 meals for 21 days following a qualified inpatient or SNF stay one time per calendar year	Not covered
Nurseline	\$0 copay for access to 24/7 OptumHealth Nurseline	\$0 copay for access to 24/7 OptumHealth Nurseline	Not covered
Personal Emergency Response System (PERS)	Not covered	Not covered	\$0 copay for a monitored Personal Emergency Response System
Renew Active Fitness Program	\$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	\$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	\$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
Routine Physical	\$0 copay for 1 routine physical every calendar year from in-network providers	\$0 copay for 1 routine physical every calendar year from in-network providers	\$0 copay for 1 routine physical every calendar year from in-network providers
Routine Foot Care	\$45 copay per visit for up to 6 routine foot care visits per year	\$35 copay per visit for up to 6 routine foot care visits per year	\$0 copay per visit for up to 4 routine foot care visits per year
Telehealth	\$0 copay for covered telehealth visits with an in-network provider	\$0 copay for covered telehealth visits with an in-network provider	\$0 copay for covered telehealth visits with an in-network provider
Vision	\$0 copay for 1 routine vision exam every calendar year from UHC Vision providers \$0 copay for \$100 combined allowance for contact lenses and eyeglasses (lenses/frames) once every calendar year	\$0 copay for 1 routine vision exam every calendar year from UHC Vision providers \$0 copay for \$200 combined allowance for contact lenses and eyeglasses (lenses/frames) once every calendar year	\$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 — Standard Retail (30-day); Preferred Mail Order (90-day)			
Annual Prescription Deductible	\$195 for tiers 3–5	\$150 for tiers 3–5	\$0 or \$92, depending on LIS level
Tier 1 — Preferred Generic Drugs	30-day: \$0 copay; 90-day: \$0 copay	30-day: \$0 copay; 90-day: \$0 copay	\$0 copay
Tier 2 — Generic Drugs	30-day: \$10 copay; 90-day: \$0 copay	30-day: \$8 copay; 90-day: \$0 copay	\$0 copay
Tier 3 — Preferred Brand Drugs	30-day: \$47 copay; 90-day: \$131 copay	30-day: \$45 copay; 90-day: \$125 copay	\$0 copay
Tier 4 — Non-Preferred Drugs	30-day: \$100 copay; 90-day: 290 copay	30-day: \$95 copay; 90-day: \$275 copay	\$0 copay
Tier 5 — Specialty Tier Drugs	30-day: 29% of the cost	30-day: 30% of the cost	\$0 copay
Insulin Senior Savings Program	30-day: \$35 copay	30-day: \$35 copay	Not covered

D-SNP plan shows cost sharing for beneficiaries who have both Medicare and Medicaid. If your Medicaid eligibility changes, your cost share may increase. Benefit limitations and exclusions apply. Please see Evidence of Coverage for complete details.

The 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.rmhpMedicare.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 Insulin Senior Savings Program offers lower, stable, and predictable out of pocket costs for insulin through the different Part D benefit coverage stages. 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.