



Medicare Advantage plan
with prescription drugs

Summary of benefits 2022

Rocky Mountain Health Plans DualCare Plus (HMO D-SNP)
H2582-002-000

Look inside to take advantage of the health services and drug coverages the plan provides.
Call Customer Service or go online for more information about the plan.



Toll-free **1-844-560-4944**, TTY **711**

8 a.m. - 8 p.m. local time, 7 days a week



www.rmhpDualCare.com

United
Healthcare


ROCKY MOUNTAIN
HEALTH PLANS®
A UnitedHealthcare Company

Summary of benefits

January 1st, 2022 - December 31st, 2022

The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. The Evidence of Coverage (EOC) provides a complete list of services we cover. You can see it online at www.rmhpDualCare.com or you can call Customer Service for help. When you enroll in the plan you will get information that tells you where you can go online to view your Evidence of Coverage.

About this plan.

Rocky Mountain Health Plans DualCare Plus (HMO D-SNP) is a Medicare Advantage HMO plan with a Medicare contract.

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live within our service area listed below, and be a United States citizen or lawfully present in the United States.

This plan is a Dual Eligible Special Needs Plan (D-SNP) for people who have both Medicare and Medicaid, and don't pay anything for covered medical services. How much Medicaid covers depends on your income, resources and other factors. Some people get full Medicaid benefits.

Your eligibility to enroll in this plan depends on your type of Medicaid.

You pay \$0 unless the service is not a Medicaid covered benefit or Medicaid Copays apply for any benefit referenced in this document.

If your category of Medicaid eligibility changes, your cost share may also increase or decrease. You must recertify your Medicaid enrollment to continue to receive your Medicare coverage.

Our service area includes these counties in:

Colorado: Archuleta, Delta, Eagle, Garfield, Gunnison, La Plata, Mesa, Moffat, Montezuma, Montrose, Pitkin, Rio Blanco, Routt, Summit.

Use network providers and pharmacies.

Rocky Mountain Health Plans DualCare Plus (HMO D-SNP) has a network of doctors, hospitals, pharmacies, and other providers. If you use providers or pharmacies that are not in our network, the plan may not pay for those services or drugs, or you may pay more than you pay at a network pharmacy.

You can go to www.rmhpDualCare.com to search for a network provider or pharmacy using the online directories. You can also view the plan Drug List (Formulary) to see what drugs are covered, and if there are any restrictions.

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

Premiums and Benefits

| | In-Network |
|---|---|
| Monthly Plan Premium | There is no monthly premium for this plan. |
| Annual Medical Deductible | This plan does not have a deductible. |
| Maximum Out-of-Pocket Amount (does not include prescription drugs) | \$0 annually for Medicare-covered services from in-network providers. |

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

Benefits

| | | In-Network |
|---------------------------------------|---|---|
| Inpatient Hospital² | | \$0 copay per stay Our plan covers an unlimited number of days for an inpatient hospital stay. |
| Outpatient Hospital | Ambulatory Surgical Center (ASC) ² | \$0 copay |
| | Outpatient Hospital, including surgery ² | \$0 copay |
| | Outpatient Hospital Observation Services ² | \$0 copay |
| Doctor Visits | Primary Care Provider | \$0 copay |
| | Specialists ² | \$0 copay |
| | Virtual Medical Visits | \$0 copay; Speak to network telehealth providers using your computer or mobile device. |
| Preventive Care | Medicare-covered | \$0 copay Abdominal aortic aneurysm screening Alcohol misuse counseling Annual "Wellness" visit Bone mass measurement Breast cancer screening (mammogram) Cardiovascular disease (behavioral therapy) Cardiovascular screening Cervical and vaginal cancer screening Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) Depression screening Diabetes screenings and monitoring Hepatitis C screening HIV screening |

Benefits

| | | In-Network |
|---|---|---|
| | | <p>Lung cancer with low dose computed tomography (LDCT) screening</p> <p>Medical nutrition therapy services</p> <p>Medicare Diabetes Prevention Program (MDPP)</p> <p>Obesity screenings and counseling</p> <p>Prostate cancer screenings (PSA)</p> <p>Sexually transmitted infections screenings and counseling</p> <p>Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</p> <p>Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19</p> <p>“Welcome to Medicare” preventive visit (one-time)</p> |
| | | <p>Any additional preventive services approved by Medicare during the contract year will be covered. This plan covers preventive care screenings and annual physical exams at 100% when you use in-network providers.</p> |
| | Routine physical | \$0 copay; 1 per year |
| Emergency Care | | <p>\$0 copay (worldwide) per visit</p> <p>If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency copay. See the “Inpatient Hospital” section of this booklet for other costs.</p> |
| Urgently Needed Services | | \$0 copay (worldwide) |
| Diagnostic Tests, Lab and Radiology Services, and X-Rays | Diagnostic radiology services (e.g. MRI) ² | \$0 copay |
| | Lab services ² | \$0 copay |
| | Diagnostic tests and procedures ² | \$0 copay |
| | Therapeutic Radiology ² | \$0 copay per service |
| | Outpatient X-rays ² | \$0 copay per service |

Benefits

| | | In-Network |
|--------------------------------|--|--|
| Hearing Services | Exam to diagnose and treat hearing and balance issues ² | \$0 copay |
| | Routine hearing exam | \$0 copay; 1 per year |
| | Hearing aid ² | <p>\$2,500 allowance for hearing aids, up to 2 hearing aids every year through UnitedHealthcare Hearing.</p> <p>Includes hearing aids delivered directly to you with virtual follow-up care through Right2You (select models), through UnitedHealthcare Hearing.</p> |
| Routine Dental Benefits | Preventive | \$0 copay for exams, cleanings, x-rays, and fluoride |
| | Comprehensive ² | \$0 copay for comprehensive dental services |
| | Benefit limit | \$1,000 limit on all covered dental services |
| Vision Services | Exam to diagnose and treat diseases and conditions of the eye ² | \$0 copay |
| | Eyewear after cataract surgery | \$0 copay |
| | Routine eye exam | \$0 copay; 1 every year |
| | Routine eyewear | <p>\$0 copay; up to \$300 every year for frames or contact lenses through UnitedHealthcare Vision. Standard single, bifocal, trifocal, or progressive lenses are covered in full.</p> <p>Home delivered eyewear available nationwide through UnitedHealthcare Vision (select products only).</p> |

Benefits

| | | In-Network |
|--|---|--|
| Mental Health | Inpatient visit ² | \$0 copay per stay Our plan covers 90 days for an inpatient hospital stay. |
| | Outpatient group therapy visit ² | \$0 copay |
| | Outpatient individual therapy visit ² | \$0 copay |
| | Virtual Mental Health Visits | \$0 copay; Speak to network telehealth providers using your computer or mobile device. |
| | Skilled Nursing Facility (SNF)² | \$0 copay per day: days 1-20 \$0 copay per day: for days 21-100 Our plan covers up to 100 days in a SNF. |
| Physical therapy and speech and language therapy visit² | \$0 copay | |
| Ambulance² Your provider must obtain prior authorization for non-emergency transportation. | \$0 copay for ground \$0 copay for air | |
| Routine Transportation | \$0 copay for 24 one-way trips to or from approved locations, such as medically related appointments, gyms and pharmacies | |
| Medicare Part B Prescription Drugs Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details. | Chemotherapy drugs ² | \$0 copay |
| | Other Part B drugs ² | \$0 copay |

Prescription Drugs

| | |
|--|--|
| Annual Prescription Deductible | \$0 |
| 30-day or 100-day supply from retail network pharmacy | |
| All Covered Drugs | \$0 copay Some covered drugs limited to a 30-day supply |

Additional Benefits

| | | In-Network |
|---|---|---|
| Chiropractic Care | Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) ² | \$0 copay |
| Diabetes Management | Diabetes monitoring supplies ² | <p>\$0 copay</p> <p>We only cover Accu-Chek® and OneTouch® brands.</p> <p>Covered glucose monitors include: OneTouch Verio Flex®, OneTouch Verio Reflect®, OneTouch® Verio, OneTouch®Ultra 2, Accu-Chek® Guide Me, and Accu-Chek® Guide.</p> <p>Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView.</p> <p>Other brands are not covered by your plan.</p> |
| | Diabetes Self-management training | \$0 copay |
| | Therapeutic shoes or inserts ² | \$0 copay |
| Durable Medical Equipment (DME) and Related Supplies | Durable Medical Equipment (e.g., wheelchairs, oxygen) ² | \$0 copay |
| | Prosthetics (e.g., braces, artificial limbs) ² | \$0 copay |
| Fitness program | | Renew Active provides a standard gym membership to an extensive network of fitness locations nationwide, plus a personalized fitness plan, online fitness classes, and an online brain health program all at no cost to you. |

Additional Benefits

| | | In-Network |
|--|--|---|
| Foot Care (podiatry services) | Foot exams and treatment ² | \$0 copay |
| | Routine foot care | \$0 copay; for each visit up to 4 visits every year |
| Meal Benefit² | | \$0 copay; Meals provided 1 time per calendar year immediately after an inpatient hospital or skilled nursing facility stay. |
| Home Health Care² | | \$0 copay |
| Hospice | | You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan. |
| Occupational Therapy Visit² | | \$0 copay |
| Opioid Treatment Program Services² | | \$0 copay |
| Outpatient Substance Abuse | Outpatient group therapy visit ² | \$0 copay |
| | Outpatient individual therapy visit ² | \$0 copay |
| Over-the-Counter (OTC) + Healthy Food Card | | \$80 credit every month on a prepaid card to purchase approved health products or healthy groceries from network retail locations. Get home delivery options when you order online, by phone or by mail. Credit is loaded the first of each month and expires the last day of each month. |
| Personal Emergency Response System | | Help is only a button press away. A PERS monitoring device that can help provide you with the confidence of knowing that in any emergency situation you can get help quickly, 24 hours a day at no additional cost. |
| Renal Dialysis² | | \$0 copay |

Services with a 2 may require your provider to obtain prior authorization from the plan.

Medicaid Benefits

Information for people with Medicare and Medicaid. Your services are paid first by Medicare and then by Medicaid.

The benefits described below are covered by Medicaid. You can see what Colorado Department of Health Care Policy and Financing covers and what our plan covers. If a benefit is used up or not covered by Medicare, then Medicaid may provide coverage. This depends on your type of Medicaid coverage.

Coverage of the benefits described below depends upon your level of Medicaid eligibility. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call Health First Colorado (Colorado's Medicaid Program), 1-800-221-3943.

Medicaid may pay your Medicare cost sharing amount, but it will depend on your Medicaid eligibility level. If Medicare doesn't cover a service or a benefit has run out, Medicaid may help, but you may have to pay a cost share. Please see your Medicaid Member Handbook for details on the cost sharing and additional benefits covered.

Benefits

| | Medicaid | Rocky Mountain Health Plans DualCare Plus (HMO D-SNP) |
|---|--------------------------|---|
| Inpatient Hospital Care | Covered | Covered |
| Doctor Office Visits | Covered | Covered |
| Preventive Care | Covered | Covered |
| Emergency Care | Covered | Covered |
| Urgently Needed Services | Covered | Covered |
| Diagnostic Tests Lab and Radiology Services and X-Rays | Covered | Covered |
| Hearing Services | Covered | Covered |
| Dental Services | Covered | Covered |
| Vision Services | Covered with Limitations | Covered |
| Inpatient Mental Health Care | Covered | Covered |
| Mental Health Care | Covered | Covered |
| Skilled Nursing Facility (SNF) | Covered with Limitations | Covered |
| Ambulance | Covered | Covered |
| Transportation (Routine) | Covered | Covered |

Benefits

| | Medicaid | Rocky Mountain Health Plans DualCare Plus (HMO D-SNP) |
|---------------------------------------|-------------|---|
| Prescription Drug Benefits | Covered | Covered |
| Chiropractic Care | Not Covered | Covered - Limited |
| Diabetes Supplies and Services | Covered | Covered |
| Durable Medical Equipment | Covered | Covered |
| Foot Care | Covered | Covered |
| Home Health Care | Covered | Covered |
| Hospice | Covered | Covered |
| Outpatient Hospital Services | Covered | Covered |
| Renal Dialysis | Covered | Covered |
| Prosthetic Devices | Covered | Covered |

Required Information

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.

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

UnitedHealthcare provides free services to help you communicate with us such as letters in other languages, Braille, large print, audio, or you can ask for an interpreter. Please contact our Customer Service number at 1-833-420-2075 for additional information (TTY users should call 711). Hours are 8am-8pm: 7 Days Oct-Mar; M-F Apr-Sept.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique con nosotros. Por ejemplo, cartas en otros idiomas, braille, letra grande, audio o bien, usted puede pedir un intérprete. Comuníquese con nuestro número de Servicio al Cliente al 1-833-420-2075, para obtener información adicional (los usuarios de TTY deben comunicarse al 711). Los horarios de atención son de 8 a.m. a 8 p.m.: los 7 días de la semana, de octubre a marzo; de lunes a viernes, de abril a septiembre.

Benefits, features and/or devices vary by plan/area. Limitations and exclusions may apply.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

OptumRx is an affiliate of UnitedHealthcare Insurance Company. You are not required to use OptumRx home delivery for a 100 day supply of your maintenance medication.

If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within ten business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-877-266-4832, TTY 711.

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 and other offerings. Fitness membership, equipment, classes, personalized fitness plans, caregiver access and events may vary by location. Certain services, classes, events and online fitness offerings are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in these third-party services are subject to your acceptance of their respective terms and policies. AARP® Staying Sharp is the registered trademark of AARP. UnitedHealthcare 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. Access to gym and fitness location network may vary by location and plan.