

Section I - Introduction to the Summary of Benefits for  
**Rocky Mountain Health Plans**  
**AB Basic Plan, B Basic Plan, and**  
**B Standard Plan**

**January 1, 2009 – December 31, 2009**  
**Colorado and select Wyoming Counties**

Rocky Mountain Health Plans is a Federally Qualified HMO with a Medicare contract.

Thank you for your interest in RMHP AB Basic Plan, B Basic Plan, and B Standard Plan. Our plans are offered by Rocky Mountain Health Plans, a Medicare Cost Managed Care Organization. This Summary of Benefits tells you some features of our plans. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call RMHP AB Basic Plan, B Basic Plan, and B Standard Plan and ask for the "Evidence of Coverage".

**YOU HAVE CHOICES IN YOUR HEALTH CARE**

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like RMHP AB Basic Plan, RMHP B Basic Plan, and RMHP B Standard Plan. You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

You may be able to join or leave a plan only at certain times. Please call RMHP AB Basic Plan, B Basic Plan, and B Standard Plan at the number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

**HOW CAN I COMPARE MY OPTIONS?**

You can compare RMHP AB Basic Plan, B Basic Plan, and B Standard Plan and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

AB Basic Plan Members receive all of the benefits that the Original Medicare Plan offers. B Basic and B Standard Plan Members receive all of the benefits that Medicare Part B offers. We also offer more benefits, which may change from year to year.

**WHERE ARE RMHP AB BASIC PLAN, B BASIC PLAN, AND B STANDARD PLAN AVAILABLE?**

The service area for these plans include: Adams, Alamosa, Arapahoe, Archuleta, Bent, Boulder, Broomfield, Chaffee, Cheyenne, Clear Creak, Conejos, Costilla, Crowley, Custer, Delta, Denver, Dolores, Douglas, Eagle, Elbert, El Paso, Fremont, Garfield, Gilpin, Grand, Gunnison, Hinsdale, Huerfano, Jackson, Jefferson, Kiowa, Kit Carson, Lake, La Plata, Larimer, Las Animas, Lincoln, Logan, Mesa, Mineral, Moffat, Montezuma, Montrose, Morgan, Otero, Ouray, Park, Phillips, Pitkin, Prowers, Pueblo, Rio Blanco, Rio Grande, Routt, Saguache, San Juan, San Miguel, Sedgwick, Summit, Teller, Washington, Weld, and Yuma, Counties in Colorado and Big Horn, Carbon, Goshen, Hot Springs, Laramie, Niobrara, Park, Platte, Uinta, and Washakie Counties in Wyoming. You must live in one of these areas to join these plans.

There is more than one plan listed in this Summary of Benefits. If you are enrolled in one plan and wish to switch to another plan, you may do so only during certain times of the year. Please call Customer Service at the number listed at the end of this introduction for more information.

## **WHO IS ELIGIBLE TO JOIN RMHP AB BASIC PLAN, B BASIC PLAN, AND B STANDARD PLAN?**

You can join RMHP AB Basic Plan, B Basic Plan, and B Standard Plan if you are entitled to Medicare Part A and enrolled in Part B or enrolled in Part B only and live in the service area. However, individuals with End Stage Renal Disease are generally not eligible to enroll in RMHP AB Basic Plan, B Basic Plan, or B Standard Plan unless they are Members of our organization and have been since their dialysis began.

## **CAN I CHOOSE MY DOCTORS?**

RMHP AB Basic Plan, B Basic Plan, and B Standard Plan have formed a network of doctors, specialists, and hospitals. You can use any doctor who is part of our network. You may also go to doctors outside of our network. The health providers in our network can change at any time. You can ask for a current Provider Directory or for an up-to-date list visit us at [www.rmhp.org](http://www.rmhp.org). Our customer service number is listed at the end of this introduction.

## **WHAT HAPPENS IF I GO TO A DOCTOR WHO'S NOT IN YOUR NETWORK?**

You can always choose to go to a doctor outside our network. We may not pay for the services you receive outside of our network, but Medicare will pay for its share of charges it approves. You will be responsible for Medicare Part B deductible and coinsurance.

## **DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?**

RMHP AB Basic Plan, B Basic Plan, and B Standard Plan do cover Medicare Part B prescription drugs. RMHP AB Basic Plan, B Basic Plan, and B Standard Plan do NOT cover Medicare Part D prescription drugs.

## **WHAT TYPES OF DRUGS MAY BE COVERED UNDER MEDICARE PART B?**

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact RMHP AB Basic Plan, B Basic Plan, and B Standard Plan for more details.

- Some Antigens: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- Osteoporosis Drugs: Injectable drugs for osteoporosis for certain women with Medicare.
- Erythropoietin (Epoetin alpha or Epogen®): By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia.
- Injectable Drugs: Most injectable drugs administered incident to a physician's service.
- Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- Some Oral Cancer Drugs: If the same drug is available in injectable form.
- Oral Anti-Nausea Drugs: If you are part of an anti-cancer chemotherapeutic regimen.
- Inhalation and infusion drugs provided through DME.

Please call Rocky Mountain Health Plans for more information about these plans.

Visit us at [www.rmhp.org](http://www.rmhp.org) or, call us:

Customer Service Hours:

Monday, Tuesday, Wednesday, Thursday, Friday, 8:00 a.m. – 5:00 p.m. Mountain Time.

Current and Prospective members should call toll-free 800-346-4643 for questions related to the RMHP Medicare Cost Plan. (TTY/TDD 800-704-6370).

Current and Prospective members should call locally 970-243-7050 for questions related to the RMHP Medicare Cost Plan. (TTY/TDD 970-248-5019).

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227).  
TTY users should call 877-486-2048. You can call 24 hours a day, 7 days a week.  
Or, visit [www.medicare.gov](http://www.medicare.gov) on the web.

If you have special needs, this document may be available in other formats.

If you have any questions about these plans' benefits or costs, please contact RMHP Medicare Plan for details.

SECTION II – SUMMARY OF BENEFITS

<b>Benefit</b>	<b>Original Medicare</b>	<b>RMHP AB Basic Plan</b>	<b>RMHP B Basic Plan</b>	<b>RMHP B Standard Plan</b>
<b>IMPORTANT INFORMATION</b>				
<p><b>1 – Premium and Other Important Information</b></p>	<p>In 2009 the monthly Part B Premium is \$96.40 and the yearly Part B deductible amount is \$135.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p>	<p><b>General</b> \$23.00 monthly plan premium in addition to your monthly Medicare Part B premium.</p>	<p><b>General</b> \$5.00 monthly plan premium in addition to your monthly Medicare Part B premium.</p>	<p><b>General</b> \$73.00 monthly plan premium in addition to your monthly Medicare Part B premium.</p>

(1) Each year, you pay a total of one \$135 deductible.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

If you have any questions about these plans' benefits or costs, please contact RMHP Medicare Plan for details.

SECTION II – SUMMARY OF BENEFITS

<b>Benefit</b>	<b>Original Medicare</b>	<b>RMHP AB Basic Plan</b>	<b>RMHP B Basic Plan</b>	<b>RMHP B Standard Plan</b>
<p><b>2 – Doctor and Hospital Choice</b> (For more information, see Emergency – #15 and Urgently Needed Care – #16.)</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p><b>In-Network</b> No referral required for network doctors, specialists, and hospitals.  You may have to pay a separate copay for certain doctor office visits.</p> <p><b>In- and Out-of-Network</b> You can use any network doctor. If you go to out-of-network doctors the plan may not cover the services, but Medicare will pay its share for Medicare-covered services. When Medicare pays its share, you pay the Medicare Part B deductible and coinsurance.  See Page 29 for additional information about Doctor and Hospital Choice.</p>	<p><b>In-Network</b> You may have to pay a separate copay for certain doctor office visits.</p> <p><b>In- and Out-of-Network</b> You can use any network doctor. If you go to out-of-network doctors the plan may not cover the services, but Medicare will pay its share for Medicare-covered services. When Medicare pays its share, you pay the Medicare Part B deductible and coinsurance.  See Page 29 for additional information about Doctor and Hospital Choice.</p>	<p><b>In-Network</b> You may have to pay a separate copay for certain doctor office visits.</p> <p><b>Out-of-Network</b> Plan covers you when you travel in the U.S.</p> <p><b>In- and Out-of-Network</b> You can use any network doctor. If you go to out-of-network doctors the plan may not cover the services, but Medicare will pay its share for Medicare-covered services. When Medicare pays its share, you pay the Medicare Part B deductible and coinsurance.  See Page 29 for additional information about Doctor and Hospital Choice.</p>

(1) Each year, you pay a total of one \$135 deductible.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

If you have any questions about these plans' benefits or costs, please contact RMHP Medicare Plan for details.

SECTION II – SUMMARY OF BENEFITS

Benefit	Original Medicare	RMHP AB Basic Plan	RMHP B Basic Plan	RMHP B Standard Plan
<b>SUMMARY OF BENEFITS</b>				
<b>INPATIENT CARE</b>				
<b>3 – Inpatient Hospital Care</b> (includes Substance Abuse and Rehabilitation Services)	In 2009 the amounts for each benefit Period (3) are: Days 1 - 60: \$1,068 deductible Days 61 - 90: \$267 per day Days 91 - 150: \$534 per lifetime reserve day Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days. (4) Lifetime reserve days can only be used once.	<b>In-Network</b> In 2009 the amounts for each benefit period are: Days 1 – 60: \$1,068 deductible Days 61 – 90: \$267 per day Days 91 – 150: \$534 per lifetime reserve day You will not be charged additional cost sharing for professional services. Plan covers 90 days each benefit period. (3)	<b>In-Network</b> You pay 100% for each hospital stay.	<b>In-Network</b> You pay 100% for each hospital stay.

(1) Each year, you pay a total of one \$135 deductible.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

(3) A “benefit period” begins the day you go to a hospital or skilled nursing facility. The benefit period ends when you have not received hospital or skilled nursing care for 60 days in a row. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.

(4) Lifetime reserve days can only be used once.

If you have any questions about these plans' benefits or costs, please contact RMHP Medicare Plan for details.

SECTION II – SUMMARY OF BENEFITS

Benefit	Original Medicare	RMHP AB Basic Plan	RMHP B Basic Plan	RMHP B Standard Plan
<p><b>3 – Inpatient Hospital Care continued</b></p>	<p>A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>			

(1) Each year, you pay a total of one \$135 deductible.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

(3) A benefit period begins the day you go to a hospital or skilled nursing facility. The benefit period ends when you have not received hospital or skilled nursing care for 60 days in a row. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.

(4) Lifetime reserve days can only be used once.

If you have any questions about these plans' benefits or costs, please contact RMHP Medicare Plan for details.

SECTION II – SUMMARY OF BENEFITS

<b>Benefit</b>	<b>Original Medicare</b>	<b>RMHP AB Basic Plan</b>	<b>RMHP B Basic Plan</b>	<b>RMHP B Standard Plan</b>
<p><b>4 – Inpatient Mental Health Care</b></p>	<p>Same deductible and copay as inpatient hospital care (see “Inpatient Hospital Care” above)  190 day limit in a Psychiatric Hospital.</p>	<p><b>In-Network</b> Same deductible and copay as inpatient hospital care (see “Inpatient Hospital Care” above)  You get up to 190 days in a Psychiatric Hospital in a lifetime.</p>	<p><b>In-Network</b> You pay 100% for each hospital stay.</p>	<p><b>In-Network</b> You pay 100% for each hospital stay.</p>
<p><b>5 – Skilled Nursing Facility</b> (in a Medicare-certified skilled nursing facility)</p>	<p>In 2009 the amounts for each benefit period after at least a 3-day covered hospital stay are: – Days 1 - 20: \$0 per day – Days 21 - 100: \$133.50 per day  100 days for each benefit period. (3)</p>	<p><b>In-Network</b> In 2009 the amounts for each benefit period after at least a 3-day covered hospital stay are: – Days 1 - 20: \$0 per day – Days 21 - 100: \$133.50 per day  You will not be charged additional cost sharing for professional services.  Plan covers up to 100 days each benefit period. (3)  3-day prior hospital stay is required.</p>	<p><b>In-Network</b> You pay 100% for each stay at a Skilled Nursing Facility.</p>	<p><b>In-Network</b> You pay 100% for each stay at a Skilled Nursing Facility.</p>

(1) Each year, you pay a total of one \$135 deductible.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

(3) A “benefit period” starts the day you go to a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.

If you have any questions about these plans' benefits or costs, please contact RMHP Medicare Plan for details.

SECTION II – SUMMARY OF BENEFITS

Benefit	Original Medicare	RMHP AB Basic Plan	RMHP B Basic Plan	RMHP B Standard Plan
<p><b>5 – Skilled Nursing Facility continued</b></p>	<p>A "benefit period" starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>			

(1) Each year, you pay a total of one \$135 deductible.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

(3) A “benefit period” starts the day you go to a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.

If you have any questions about these plans' benefits or costs, please contact RMHP Medicare Plan for details.

SECTION II – SUMMARY OF BENEFITS

Benefit	Original Medicare	RMHP AB Basic Plan	RMHP B Basic Plan	RMHP B Standard Plan
<b>6 – Home Health Care</b> (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	\$0 copay.	<b>In-Network</b> \$0 copay for Medicare-covered home health visits.	<b>In-Network</b> \$0 copay for Medicare-covered home health visits.	<b>In-Network</b> \$0 copay for Medicare-covered home health visits.
<b>7 – Hospice</b>	You pay part of the cost for outpatient drugs and inpatient respite care.  You must get care from a Medicare-certified hospice.	<b>General</b> You must get care from a Medicare-certified hospice.	<b>General</b> You pay 100% for Hospice care.	<b>General</b> You pay 100% for Hospice care.

(1) Each year, you pay a total of one \$135 deductible.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

If you have any questions about these plans' benefits or costs, please contact RMHP Medicare Plan for details.

SECTION II – SUMMARY OF BENEFITS

Benefit	Original Medicare	RMHP AB Basic Plan	RMHP B Basic Plan	RMHP B Standard Plan
<b>SUMMARY OF BENEFITS</b>				
<b>OUTPATIENT CARE</b>				
<b>8 – Doctor Office Visits</b>	20% coinsurance (1)(2)	<p><b>In-Network</b> 20% of the cost for each primary care doctor visit for Medicare-covered benefits.</p> <p>20% of the cost for each in-area, network urgent care Medicare-covered visit.</p> <p>20% of the cost for each specialist visit for Medicare-covered benefits.</p>	<p><b>In-Network</b> 20% of the cost for each primary care doctor visit for Medicare-covered benefits.</p> <p>20% of the cost for each in-area, network urgent care Medicare-covered visit.</p> <p>20% of the cost for each specialist visit for Medicare-covered benefits.</p>	<p><b>General</b> See “Physical Exams,” for more information.</p> <p><b>In-Network</b> \$15 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$35 copay for each in-area, network urgent care Medicare-covered visit.</p> <p>\$35 copay for each specialist visit for Medicare-covered benefits.</p>

(1) Each year, you pay a total of one \$135 deductible.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

If you have any questions about these plans' benefits or costs, please contact RMHP Medicare Plan for details.

SECTION II – SUMMARY OF BENEFITS

Benefit	Original Medicare	RMHP AB Basic Plan	RMHP B Basic Plan	RMHP B Standard Plan
<p><b>9 – Chiropractic Services</b></p>	<p>Routine care not covered. 20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers. (1)(2)</p>	<p><b>In-Network</b> 20% of the cost for Medicare-covered visits. Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.</p>	<p><b>In-Network</b> 20% of the cost for Medicare-covered visits. Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.</p>	<p><b>In-Network</b> \$10 copay for Medicare-covered visits. Medicare-covered chiropractic visits are for manual manipulation of the spine to correct displacement or misalignment of a joint or body part.</p>
<p><b>10 – Podiatry Services</b></p>	<p>Routine care not covered. 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs. (1)(2)</p>	<p><b>In-Network</b> 20% of the cost for each Medicare-covered visit. Medicare-covered podiatry benefits are for medically-necessary foot care.</p>	<p><b>In-Network</b> 20% of the cost for each Medicare-covered visit. Medicare-covered podiatry benefits are for medically-necessary foot care.</p>	<p><b>In-Network</b> \$35 copay for each Medicare-covered visit. Medicare-covered podiatry benefits are for medically-necessary foot care.</p>

(1) Each year, you pay a total of one \$135 deductible.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

If you have any questions about these plans' benefits or costs, please contact RMHP Medicare Plan for details.

SECTION II – SUMMARY OF BENEFITS

<b>Benefit</b>	<b>Original Medicare</b>	<b>RMHP AB Basic Plan</b>	<b>RMHP B Basic Plan</b>	<b>RMHP B Standard Plan</b>
<b>11 – Outpatient Mental Health Care</b>	50% coinsurance for most outpatient mental health services. (1)(2)	<b>In-Network</b> 20% of the cost for each Medicare-covered individual or group therapy visit.	<b>In-Network</b> 20% of the cost for each Medicare-covered individual or group therapy visit.	<b>In-Network</b> \$35 copay for each Medicare-covered individual or group therapy visit.
<b>12 – Outpatient Substance Abuse Care</b>	20% coinsurance (1)(2)	<b>In-Network</b> 20% of the cost for Medicare-covered individual or group visits. Additional facility charges apply.	<b>In-Network</b> 20% of the cost for Medicare-covered individual or group visits. Additional facility charges apply.	<b>In-Network</b> \$35 copay for Medicare-covered individual or group visits.
<b>13 – Outpatient Services/ Surgery</b>	20% coinsurance for the doctor. (1)(2) 20% of outpatient facility charges. (1)(2)	<b>In-Network</b> 20% of the cost for each Medicare-covered ambulatory surgical center visit. 20% of the cost for each Medicare-covered outpatient hospital facility visit. Additional facility charges apply.	<b>In-Network</b> 20% of the cost for each Medicare-covered ambulatory surgical center visit. 20% of the cost for each Medicare-covered outpatient hospital facility visit. Additional facility charges apply.	<b>In-Network</b> \$250 copay for each Medicare-covered ambulatory surgical center visit. \$250 copay for each Medicare-covered outpatient hospital facility visit.

(1) Each year, you pay a total of one \$135 deductible.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

If you have any questions about these plans' benefits or costs, please contact RMHP Medicare Plan for details.

SECTION II – SUMMARY OF BENEFITS

<b>Benefit</b>	<b>Original Medicare</b>	<b>RMHP AB Basic Plan</b>	<b>RMHP B Basic Plan</b>	<b>RMHP B Standard Plan</b>
<p><b>14 – Ambulance Services</b> (medically necessary ambulance services)</p>	<p>20% coinsurance (1)(2)</p>	<p><b>In-Network</b> 20% of the cost for Medicare-covered ambulance benefits.</p>	<p><b>In-Network</b> 20% of the cost for Medicare-covered ambulance benefits.</p>	<p><b>In-Network</b> \$100 copay for Medicare-covered ambulance benefits.</p>
<p><b>15 – Emergency Care</b> (You may go to any emergency room if you reasonably believe you need emergency care.)</p>	<p>20% coinsurance for the doctor. (1)(2) 20% of facility charge, or a set copay per emergency room visit. You don't have to pay the emergency room copay if you are admitted to the hospital for the same condition within 3 days of the emergency room visit. (1)(2)</p>	<p><b>In-Network</b> 20% of the cost for Medicare-covered emergency room visits.</p>	<p><b>In-Network</b> 20% of the cost for Medicare-covered emergency room visits.</p>	<p><b>In-Network</b> \$50 copay for Medicare-covered emergency room visits.</p>
		<p><b>Out-of-Network</b> Not covered outside the U.S. except under limited circumstances. Contact the plan for more details.</p>	<p><b>Out-of-Network</b> Not covered outside the U.S. except under limited circumstances. Contact the plan for more details.</p>	<p><b>Out-of-Network</b> Not covered outside the U.S. except under limited circumstances. Contact the plan for more details.</p>

(1) Each year, you pay a total of one \$135 deductible.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

If you have any questions about these plans' benefits or costs, please contact RMHP Medicare Plan for details.

SECTION II – SUMMARY OF BENEFITS

<b>Benefit</b>	<b>Original Medicare</b>	<b>RMHP AB Basic Plan</b>	<b>RMHP B Basic Plan</b>	<b>RMHP B Standard Plan</b>
<b>15 – Emergency Care – continued</b>	NOT covered outside the U.S. except under limited circumstances.	<p><b>In- and Out-of-Network</b> If you are immediately admitted to the hospital, you pay \$0 for the emergency room visit.</p> <p>If you are admitted to the hospital within 3-days for the same condition, you pay \$0 for the emergency room visit.</p>	<p><b>In- and Out-of-Network</b> If you are immediately admitted to the hospital, you pay \$0 for the emergency room visit.</p> <p>If you are admitted to the hospital within 3-days for the same condition, you pay \$0 for the emergency room visit.</p>	<p><b>In- and Out-of-Network</b> If you are admitted to the hospital within 24-hours for the same condition, you pay \$0 for the emergency room visit.</p>

(1) Each year, you pay a total of one \$135 deductible.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

If you have any questions about these plans' benefits or costs, please contact RMHP Medicare Plan for details.

SECTION II – SUMMARY OF BENEFITS

<b>Benefit</b>	<b>Original Medicare</b>	<b>RMHP AB Basic Plan</b>	<b>RMHP B Basic Plan</b>	<b>RMHP B Standard Plan</b>
<b>16 – Urgently Needed Care</b> (This is NOT emergency care, and in most cases, is out of the service area.)	20% coinsurance, or a set copay. (1)(2) NOT covered outside the U.S. except under limited circumstances.	<b>General</b> 20% of the cost for Medicare-covered urgently needed care visits.	<b>General</b> 20% of the cost for Medicare-covered urgently needed care visits.	<b>General</b> \$35 copay for Medicare-covered urgently needed care visits.
<b>17 – Outpatient Rehabilitation Services</b> (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	20% coinsurance (1)(2)	<b>In-Network</b> 20% of the cost for Medicare-covered Occupational Therapy visits. 20% of the cost for Medicare-covered Physical and/or Speech/Language Therapy visits. Additional facility charges apply. See Page 29 for additional information about Outpatient Rehabilitation Services.	<b>In-Network</b> 20% of the cost for Medicare-covered Occupational Therapy visits. 20% of the cost for Medicare-covered Physical and/or Speech/Language Therapy visits. Additional facility charges apply. See Page 29 for additional information about Outpatient Rehabilitation Services.	<b>In-Network</b> \$10 copay for Medicare-covered Occupational Therapy visits. \$10 copay for Medicare-covered Physical and/or Speech/Language Therapy visits. See Page 29 for additional information about Outpatient Rehabilitation Services.

(1) Each year, you pay a total of one \$135 deductible.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

If you have any questions about these plans' benefits or costs, please contact RMHP Medicare Plan for details.

SECTION II – SUMMARY OF BENEFITS

Benefit	Original Medicare	RMHP AB Basic Plan	RMHP B Basic Plan	RMHP B Standard Plan		
<b>SUMMARY OF BENEFITS</b>						
<b>OUTPATIENT MEDICAL SERVICES AND SUPPLIES</b>						
<b>18 – Durable Medical Equipment</b> (includes wheelchairs, oxygen, etc.)	20% coinsurance (1)(2)	<b>In-Network</b> 20% of the cost for Medicare-covered items.	<b>In-Network</b> 20% of the cost for Medicare-covered items.	<table border="1"> <tr> <td data-bbox="500 79 630 504"><b>General</b> Authorization rules may apply.</td> </tr> <tr> <td data-bbox="630 79 756 504"><b>In-Network</b> 20% of the cost for Medicare-covered items.</td> </tr> </table>	<b>General</b> Authorization rules may apply.	<b>In-Network</b> 20% of the cost for Medicare-covered items.
<b>General</b> Authorization rules may apply.						
<b>In-Network</b> 20% of the cost for Medicare-covered items.						
<b>19 – Prosthetic Devices</b> (includes braces, artificial limbs and eyes, etc.)	20% coinsurance (1)(2)	<b>In-Network</b> 20% of the cost for Medicare-covered items.	<b>In-Network</b> 20% of the cost for Medicare-covered items.	<table border="1"> <tr> <td data-bbox="756 79 870 504"><b>General</b> Authorization rules may apply.</td> </tr> <tr> <td data-bbox="870 79 1006 504"><b>In-Network</b> 20% of the cost for Medicare-covered items.</td> </tr> </table>	<b>General</b> Authorization rules may apply.	<b>In-Network</b> 20% of the cost for Medicare-covered items.
<b>General</b> Authorization rules may apply.						
<b>In-Network</b> 20% of the cost for Medicare-covered items.						

(1) Each year, you pay a total of one \$135 deductible.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

If you have any questions about these plans' benefits or costs, please contact RMHP Medicare Plan for details.

SECTION II – SUMMARY OF BENEFITS

Benefit	Original Medicare	RMHP AB Basic Plan	RMHP B Basic Plan	RMHP B Standard Plan
<p><b>20 – Diabetes Self-Monitoring, Nutrition Therapy and Supplies</b> (includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)</p>	<p>20% coinsurance (1)(2) Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p>	<p><b>In-Network</b> 20% of the cost for Diabetes self-monitoring training. 20% of the cost for Nutrition Therapy for Diabetes. 20% of the cost for Diabetes supplies.</p>	<p><b>In-Network</b> 20% of the cost for Diabetes self-monitoring training. 20% of the cost for Nutrition Therapy for Diabetes. 20% of the cost for Diabetes supplies.</p>	<p><b>In-Network</b> \$0 copay for Diabetes self-monitoring training. \$0 copay for Nutrition Therapy for Diabetes. 20% of the cost for Diabetes supplies.</p>

(1) Each year, you pay a total of one \$135 deductible.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

If you have any questions about these plans' benefits or costs, please contact RMHP Medicare Plan for details.

SECTION II – SUMMARY OF BENEFITS

Benefit	Original Medicare	RMHP AB Basic Plan	RMHP B Basic Plan	RMHP B Standard Plan
<p><b>21 – Diagnostic Tests, X-Rays, and Lab Services</b></p>	<p>20% coinsurance for diagnostic tests and x-rays. (1)(2)                      \$0 copay for Medicare-covered lab services.                      Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare.                      Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol.</p>	<p><b>General</b>                      Authorization rules may apply.</p> <p><b>In-Network</b>                      0% of the cost for Medicare-covered lab services.                      20% of the cost for Medicare-covered diagnostic procedures and tests.                      20% of the cost for Medicare-covered X-rays.                      20% of the cost for Medicare-covered diagnostic radiology services.                      20% of the cost for Medicare-covered therapeutic radiology services.                      Additional facility charges apply.                      See Page 29 – 30 for additional information about Diagnostic Tests, X-Rays, and Lab Services.</p>	<p><b>General</b>                      Authorization rules may apply.</p> <p><b>In-Network</b>                      0% of the cost for Medicare-covered lab services.                      20% of the cost for Medicare-covered diagnostic procedures and tests.                      20% of the cost for Medicare-covered X-rays.                      20% of the cost for Medicare-covered diagnostic radiology services.                      20% of the cost for Medicare-covered therapeutic radiology services.                      Additional facility charges apply.                      See Page 29 – 30 for additional information about Diagnostic Tests, X-Rays, and Lab Services.</p>	<p><b>General</b>                      Authorization rules may apply.</p> <p><b>In-Network</b>                      \$0 copay for Medicare-covered lab services.                      \$0 to \$250 copay for Medicare-covered diagnostic procedures and tests.                      \$0 copay for Medicare-covered X-rays.                      \$0 to \$150 copay for Medicare-covered diagnostic radiology services.                      20% of the cost for Medicare-covered therapeutic radiology services.                      See Page 29 – 30 for additional information about Diagnostic Tests, X-Rays, and Lab Services.</p>

(1) Each year, you pay a total of one \$135 deductible.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

If you have any questions about these plans' benefits or costs, please contact RMHP Medicare Plan for details.

SECTION II – SUMMARY OF BENEFITS

Benefit	Original Medicare	RMHP AB Basic Plan	RMHP B Basic Plan	RMHP B Standard Plan
<b>SUMMARY OF BENEFITS</b>				
<b>PREVENTIVE SERVICES</b>				
<b>22 – Bone Mass Measurement</b> (for people with Medicare who are at risk)	20% coinsurance (1)(2) Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.	<b>In-Network</b> 20% of the cost for Medicare-covered bone mass measurement. Additional facility charges apply.	<b>In-Network</b> 20% of the cost for Medicare-covered bone mass measurement. Additional facility charges apply.	<b>In-Network</b> \$0 copay for Medicare-covered bone mass measurement.
<b>23 – Colorectal Screening Exams</b> (for people with Medicare age 50 and older)	20% coinsurance (1)(2) Covered when you are high risk or when you are age 50 and older.	<b>In-Network</b> 20% of the cost for Medicare-covered colorectal screenings. Additional facility charges apply.	<b>In-Network</b> 20% of the cost for Medicare-covered colorectal screenings. Additional facility charges apply.	<b>In-Network</b> \$0 copay for – Medicare-covered colorectal screenings, – up to 1 additional screening See Page 30 for additional information about Colorectal Screening Exams

(1) Each year, you pay a total of one \$135 deductible.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

If you have any questions about these plans' benefits or costs, please contact RMHP Medicare Plan.

SECTION II – SUMMARY OF BENEFITS

<b>Benefit</b>	<b>Original Medicare</b>	<b>RMHP AB Basic Plan</b>	<b>RMHP B Basic Plan</b>	<b>RMHP B Standard Plan</b>
<p><b>24 – Immunizations</b> (Flu vaccine, Hepatitis B vaccine – for people with Medicare who are at risk, Pneumonia vaccine)</p>	<p>\$0 copay for Flu and Pneumonia vaccines. 20% coinsurance for Hepatitis B vaccine. (1)(2) You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.</p>	<p><b>In-Network</b> \$0 copay for Flu and Pneumonia vaccines. \$0 copay for Hepatitis B vaccine. No referral needed for Flu and pneumonia vaccines.</p>	<p><b>In-Network</b> \$0 copay for Flu and Pneumonia vaccines. \$0 copay for Hepatitis B vaccine. No referral needed for Flu and pneumonia vaccines.</p>	<p><b>In-Network</b> \$0 copay for Flu and Pneumonia vaccines. \$0 copay for Hepatitis B vaccine. No referral needed for Flu and pneumonia vaccines.</p>
<p><b>25 – Mammograms</b> (Annual Screening) (for women with Medicare age 40 and older)</p>	<p>20% coinsurance (2) No referral needed. Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39.</p>	<p><b>In-Network</b> 20% of the cost for Medicare-covered screening mammograms. Additional facility charges apply.</p>	<p><b>In-Network</b> 20% of the cost for Medicare-covered screening mammograms. Additional facility charges apply.</p>	<p><b>In-Network</b> \$0 copay for – Medicare-covered screening mammograms, – up to 1 additional screening mammogram. See Page 30 for additional information about Mammograms</p>

(1) Each year, you pay a total of one \$135 deductible.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

If you have any questions about these plans' benefits or costs, please contact RMHP Medicare Plan for details.

SECTION II – SUMMARY OF BENEFITS

Benefit	Original Medicare	RMHP AB Basic Plan	RMHP B Basic Plan	RMHP B Standard Plan
<p><b>26 – Pap Smears and Pelvic Exams</b> (for women with Medicare)</p>	<p>\$0 copay for a Pap smears Covered once every 2 years. Covered once a year for women with Medicare at high risk. (2) 20% coinsurance for Pelvic Exams. (2)</p>	<p><b>In-Network</b> 0% of the cost for Medicare-covered pap smears. 20% of the cost for Medicare-covered pelvic exams Additional facility charges apply.</p>	<p><b>In-Network</b> 0% of the cost for Medicare-covered pap smears. 20% of the cost for Medicare-covered pelvic exams Additional facility charges apply.</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered pap smears and pelvic exams, – up to 1 additional pap smear and pelvic exam. See Page 30 for additional information about Pap Smears and Pelvic Exams</p>
<p><b>27 – Prostate Cancer Screening Exams</b> (for men with Medicare age 50 and older)</p>	<p>20% coinsurance for the digital rectal exam. (1)(2) \$0 for the PSA test; 20% coinsurance for other related services. Covered once a year for all men with Medicare over age 50.</p>	<p><b>In-Network</b> 20% of the cost for Medicare-covered prostate cancer screening. Additional facility charges apply.</p>	<p><b>In-Network</b> 20% of the cost for Medicare-covered prostate cancer screening. Additional facility charges apply.</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered prostate cancer screening. – up to 1 additional screening. See Page 30 for additional information about Prostate Cancer Screening Exams</p>

(1) Each year, you pay a total of one \$135 deductible.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

If you have any questions about these plans' benefits or costs, please contact RMHP Medicare Plan for details.

SECTION II – SUMMARY OF BENEFITS

<b>Benefit</b>	<b>Original Medicare</b>	<b>RMHP AB Basic Plan</b>	<b>RMHP B Basic Plan</b>	<b>RMHP B Standard Plan</b>
<p><b>28 – End-Stage Renal Disease</b></p>	<p>20% coinsurance for renal dialysis.            20% coinsurance for Nutrition Therapy for End-Stage Renal Disease.            Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p>	<p><b>General</b>            Cost plan members pay Fee-for-Service cost sharing for out-of-area dialysis.</p> <p><b>In-Network</b>            20% of the cost for renal dialysis.            20% of the cost for Nutrition Therapy for End-Stage Renal Disease.</p>	<p><b>General</b>            Cost plan members pay Fee-for-Service cost sharing for out-of-area dialysis.</p> <p><b>In-Network</b>            20% of the cost for renal dialysis.            20% of the cost for Nutrition Therapy for End-Stage Renal Disease.</p>	<p><b>General</b>            Cost plan members pay Fee-for-Service cost sharing for out-of-area dialysis.</p> <p><b>In-Network</b>            \$0 copay for renal dialysis.            \$0 copay for Nutrition Therapy for End-Stage Renal Disease.</p>

(1) Each year, you pay a total of one \$135 deductible.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

If you have any questions about these plans' benefits or costs, please contact RMHP Medicare Plan for details.

SECTION II – SUMMARY OF BENEFITS

<b>Benefit</b>	<b>Original Medicare</b>	<b>RMHP AB Basic Plan</b>	<b>RMHP B Basic Plan</b>	<b>RMHP B Standard Plan</b>
<b>29 – Prescription Drugs</b>	<p>Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.</p>	<p><b>Drugs covered under Medicare Part B</b> <b>General</b> Most drugs not covered.</p>	<p><b>Drugs covered under Medicare Part B</b> <b>General</b> Most drugs not covered.</p>	<p><b>Drugs covered under Medicare Part B</b> <b>General</b> Most drugs not covered.</p>
		<p><b>Drugs covered under Medicare Part D</b> <b>General</b> This plan does not offer prescription drug coverage. See Page 31 for additional information about Prescription Drugs.</p>	<p><b>Drugs covered under Medicare Part D</b> <b>General</b> This plan does not offer prescription drug coverage. See Page 31 for additional information about Prescription Drugs.</p>	<p><b>Drugs covered under Medicare Part D</b> <b>General</b> This plan does not offer prescription drug coverage. See Page 31 for additional information about Prescription Drugs.</p>

(1) Each year, you pay a total of one \$135 deductible.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

If you have any questions about these plans' benefits or costs, please contact RMHP Medicare Plan for details.

SECTION II – SUMMARY OF BENEFITS

Benefit	Original Medicare	RMHP AB Basic Plan	RMHP B Basic Plan	RMHP B Standard Plan
<b>30 – Dental Services</b>	Preventive dental services (such as cleaning) not covered.	<p><b>In-Network</b> In general, preventive dental benefits (such as cleaning) not covered. 0% to 20% of the cost for Medicare-covered dental benefits. See Page 31 for additional information about Dental Services.</p>	<p><b>In-Network</b> In general, preventive dental benefits (such as cleaning) not covered. 0% to 20% of the cost for Medicare-covered dental benefits. See Page 31 for additional information about Dental Services.</p>	<p><b>In-Network</b> In general, preventive dental benefits (such as cleaning) not covered. \$0 to \$250 copay [or 0% to 20% of the cost] for Medicare-covered dental benefits. See Page 31 for additional information about Dental Services.</p>
<b>31 – Hearing Services</b>	Routine hearing exams and hearing aids not covered. 20% coinsurance for diagnostic hearing exams. (1)(2)	<p><b>In-Network</b> In general, routine hearing exams and hearing aids not covered. – 20% of the cost for Medicare-covered diagnostic hearing exams.</p>	<p><b>In-Network</b> In general, routine hearing exams and hearing aids not covered. – 20% of the cost for Medicare-covered diagnostic hearing exams.</p>	<p><b>In-Network</b> In general, routine hearing exams and hearing aids not covered. – \$15 to \$35 copay for Medicare-covered diagnostic hearing exams.</p>

(1) Each year, you pay a total of one \$135 deductible.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

If you have any questions about these plans' benefits or costs, please contact RMHP Medicare Plan for details.

SECTION II – SUMMARY OF BENEFITS

<b>Benefit</b>	<b>Original Medicare</b>	<b>RMHP AB Basic Plan</b>	<b>RMHP B Basic Plan</b>	<b>RMHP B Standard Plan</b>
<p><b>32 – Vision Services</b></p>	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye. Routine eye exams and glasses not covered. Medicare pays for one pair of eyeglasses or contact lenses after each cataract surgery. (1)(2) Annual glaucoma screenings covered for people at risk. (1)(2)</p>	<p><b>In-Network</b> Non-Medicare-covered eye exams and glasses not covered. \$0 copay for – one pair of eyeglasses or contact lenses after each cataract surgery – 20% of the cost for exams to diagnose and treat diseases and conditions of the eye.</p>	<p><b>In-Network</b> Non-Medicare-covered eye exams and glasses not covered. \$0 copay for – one pair of eyeglasses or contact lenses after each cataract surgery – 20% of the cost for exams to diagnose and treat diseases and conditions of the eye.</p>	<p><b>In-Network</b> Non-Medicare-covered eye exams and glasses not covered. \$0 copay for – one pair of eyeglasses or contact lenses after each cataract surgery – \$15 to \$35 copay for exams to diagnose and treat diseases and conditions of the eye.</p>
<p><b>33 – Physical Exams</b></p>	<p>20% coinsurance for one exam within the first 6 months of your new Medicare Part B coverage. (1)(2)</p>	<p><b>In-Network</b> When you get Medicare Part B, you can get a one-time physical exam within the first 6 months of your new Part B coverage. The coverage does not include lab tests. Routine exams not covered. 20% of the cost for Medicare-covered benefits.</p>	<p><b>In-Network</b> When you get Medicare Part B, you can get a one-time physical exam within the first 6 months of your new Part B coverage. The coverage does not include lab tests. Routine exams not covered. 20% of the cost for Medicare-covered benefits.</p>	<p><b>In-Network</b> \$0 copay for routine exams. Limited to 1 exam every year. See Page 31 for additional information about Physical Exams.</p>

(1) Each year, you pay a total of one \$135 deductible.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

If you have any questions about these plans' benefits or costs, please contact RMHP Medicare Plan for details.

SECTION II – SUMMARY OF BENEFITS

<b>Benefit</b>	<b>Original Medicare</b>	<b>RMHP AB Basic Plan</b>	<b>RMHP B Basic Plan</b>	<b>RMHP B Standard Plan</b>
<b>33 – Physical Exams – continued</b>	When you get Medicare Part B, you can get a one time physical exam within the first 6 months of your new Part B coverage. The coverage does not include lab tests.			
<b>Health/Wellness Education</b>	Smoking Cessation: Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period if you are diagnosed with a smoking-related illness or are taking medicine that may be affected by tobacco. Each counseling attempt includes up to four face-to-face visits. You pay coinsurance, and Part B deductible applies.	<b>In-Network</b> This plan covers the following health/wellness education benefits: – Written health education materials, including Newsletters – Other Wellness Benefits	<b>In-Network</b> This plan covers the following health/wellness education benefits: – Written health education materials, including Newsletters – Other Wellness Benefits	<b>In-Network</b> This plan covers the following health/wellness education benefits: – Written health education materials, including Newsletters – Other Wellness Benefits

(1) Each year, you pay a total of one \$135 deductible.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

If you have any questions about these plans' benefits or costs, please contact RMHP Medicare Plan for details.

SECTION II – SUMMARY OF BENEFITS

Benefit	Original Medicare	RMHP AB Basic Plan	RMHP B Basic Plan	RMHP B Standard Plan
<b>Transportation (Routine)</b>	Not covered.	<b>In-Network</b> This plan does not cover routine transportation.	<b>In-Network</b> This plan does not cover routine transportation.	<b>In-Network</b> This plan does not cover routine transportation.
<b>Acupuncture</b>	Not covered.	<b>In-Network</b> This plan does not cover Acupuncture.	<b>In-Network</b> This plan does not cover Acupuncture.	<b>In-Network</b> This plan does not cover Acupuncture.

(1) Each year, you pay a total of one \$135 deductible.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

## Additional Information Regarding RMHP Medicare Plans

Percentage copayments are based on the allowed amount of the primary payor (either the plan or Medicare) and can vary depending on service and provider.

### 2 – Doctor and Hospital Choice

Visitor/Travel Program:

You can be out of the RMHP Medicare Plan service area for up to six months per calendar year and remain eligible for benefits. Services when you are in a continuous course of treatment are covered when pre-approved by the plan. We may not pay for other services you receive outside of our network, but Medicare will pay for its share of charges it approves. You will be responsible for Medicare Part B deductible and coinsurance. Call Customer Service for details about out of service area care.

### 17 – Outpatient Rehabilitation Services

Original Medicare limits how much it covers for medically-necessary outpatient physical therapy, speech-language therapy, and occupational therapy. The limit is about \$1,810 for physical therapy and speech language therapy combined, and for occupational therapy. RMHP will limit therapy coverage in a similar manner.

FOR RMHP AB BASIC PLAN AND B BASIC PLANS ONLY:

You pay 20% for each Medicare-covered Occupational, Physical, and/or Speech/Language Therapy visit received from a network doctor or specialist.

You pay 20% for each Medicare-covered Cardiac Rehabilitation visit.

FOR RMHP B STANDARD PLAN ONLY:

You pay \$10 for each Medicare-covered Occupational, Physical, and/or Speech/Language Therapy visit received from a network doctor or specialist.

There is no copayment for Medicare-covered Cardiac Rehabilitation visits.

### 21 – Diagnostic Tests, X-Rays and Lab Services

Lab Services:

Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, including those received at a health fair, like checking your cholesterol.

Medicare-covered service	RMHP AB Basic Plan	RMHP B Basic Plan	RMHP B Standard Plan
Clinical and Diagnostic Lab Services	You pay nothing.	You pay nothing.	You pay nothing.

Medicare-covered service	RMHP AB Basic Plan	RMHP B Basic Plan	RMHP B Standard Plan
MRI/PET scans	You pay 20% per visit.	You pay 20% per visit.	You pay \$150 per visit.
CT scans	You pay 20% per visit.	You pay 20% per visit.	You pay \$75 per visit.
Diagnostic procedures and tests	You pay 20% for diagnostic procedures and tests in an outpatient facility.	You pay 20% for diagnostic procedures and tests in an outpatient facility.	You pay \$250 for diagnostic procedures and tests in an outpatient facility. You pay the applicable office visit copayment for diagnostic procedures and tests in a doctor's office.

**23 – Colorectal Screening Exams**

FOR RMHP B STANDARD PLAN ONLY:

You are covered for one annual Colorectal Screening Exam every year, including any exam covered by Medicare.

**25 – Mammograms**

FOR RMHP B STANDARD PLAN ONLY:

You are covered for one annual screening Mammogram every year, including any exam covered by Medicare.

**26 – Pap Smears and Pelvic Exams**

FOR RMHP B STANDARD PLAN ONLY:

You are covered for one annual screening pap smear and pelvic every year, including any exam covered by Medicare.

**27 – Prostate Cancer Screening Exams**

FOR RMHP B STANDARD PLAN ONLY:

You are covered for one annual Prostate Screening Exam every year, including any exam covered by Medicare.

## **29 – Outpatient Prescription Drugs**

### **Drugs covered under Medicare Part B (Original Medicare):**

Each time you receive Medicare Part B drugs in an outpatient facility, provider's office, or from a pharmacy, you pay 20% of the cost for the drug.

### **Drugs covered under Part D:**

Part D drugs are not covered. This includes Part D immunizations and the associated administration costs. You can purchase RMHP formulary drugs at the RMHP discount rate if you show your RMHP Member ID card at a plan pharmacy. Discounts are only available at the time of purchase. You can find pharmacies in the service area by going to [www.rmhp.org](http://www.rmhp.org) or calling RMHP Customer Service. If you are interested in using the mail order pharmacy, please see the mail order form contained in your Health Plan Guide or request a form by contacting Customer Service at 970-243-7050 or 800-346-4643, 8:00 a.m. to 5:00 p.m., Mountain Time, Monday through Friday. If you are hearing impaired and use TTY equipment, call 800-704-6370. Para asistencia en español llame al 800-346-4643.

## **30 – Dental Services**

For Medicare-covered dental services, you pay the applicable copayment or coinsurance for the type of service.

## **33 – Physical Exams**

### **FOR RMHP B STANDARD PLAN ONLY:**

You are covered for one Physical Exam every calendar year. This exam includes the following services:

- Bone Mass Measurement tests for Members at risk;
- Cardiovascular Screening;
- Colorectal Screening Exams\*;
- Diabetes screening for Members at risk;
- For women: Mammogram\*, Pap Smears\*, Pelvic Exam\*;
- For men: Prostate Cancer Screening Exam\*

\*Limited to one type of service per Member/per calendar year, Medicare-covered annual screening included.