

Denver Health Medicare Choice (HMO SNP)

Summary of Benefits

January 1, 2019 - December 31, 2019

This information is not a complete description of benefits. Contact the plan for more information. Benefits, premiums, and copayments/coinsurance may change on January 1 of each year. To get a complete list of services we cover, call us and ask for the “Evidence of Coverage.”

SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

You have choices about how to get your Medicare benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan (such as **Denver Health Medicare Choice (HMO SNP)**)

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **Denver Health Medicare Choice (HMO SNP)** covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare [Plan Finder on https://www.medicare.gov](https://www.medicare.gov).
- 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 <https://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.

Sections in this booklet

- Things to Know About **Denver Health Medicare Choice (HMO SNP)**
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits

This information is available in other formats such as Braille and large print.

If you speak Spanish, language assistance services, free of charge are available to you. Please call our customer service number at 1-877-956-2111. TTY/TDD should call 711. Our hours of operation are 8:00 am - 8:00 pm, 7 days a week.

Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Para obtener más información llámenos al 1-877-956-2111. TTY/TDD 711. Los usuarios de TTY/TDD deben llamar al 711. Nuestro horario de atención es de 8 a.m. a 8 p.m. los siete días de la semana.

Things to Know About Denver Health Medicare Choice (HMO SNP)

Denver Health Medical Plan, Inc. is a Medicare-approved HMO plan. Enrollment in a Denver Health Medical Plan depends on contract renewal. The plan also has a written agreement with the Colorado Medicaid Program to coordinate your Medicaid benefits.

Denver Health Medicare Choice (HMO SNP) has been approved by the National Committee for Quality Assurance (NCQA) to operate as a Special Needs Plan (SNP) until 2020 based on a review of Denver Health Medicare Choice HMO SNP Model of Care.

Hours of Operation

- From October 1 to March 31 you can call us 7 days a week from 8 a.m. to 8 p.m., Mountain time.
- From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. Mountain time.

Denver Health Medicare Choice (HMO SNP) Phone Numbers and Website

- If you are a current or non-member we can be reached at toll-free 1-877-956-2111. TTY/TDD users should call 711.
- Our website is: www.denverhealthmedicalplan.org

Who can join?

This plan is available to anyone who has both Medical Assistance from the State and Medicare and resides in our service area.

Our service area includes the following county in Colorado: **Denver**

Which doctors, hospitals, and pharmacies can I use?

Denver Health Medicare Choice (HMO SNP) has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services. You must generally use the network pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plan's *Provider/Pharmacy Directory* at our website www.denverhealthmedicalplan.org.

Or, call us and we will send you a copy of the provider and pharmacy directories.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers - and *more*.

- **Our plan members get *all* of the benefits covered by Original Medicare.**
- **Our plan members also get *more than what is* covered by Original Medicare.** Some of the extra benefits are outlined in this booklet.
- **You are covered by both Medicare and Medicaid. Medicare covers health care and prescription drugs. Medicaid covers your cost-sharing for Medicare services, including copays and coinsurance. You do not pay anything for the services listed in the Benefits Chart, as long as you remain eligible for both Medicare and Medicaid.**

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

SECTION II - SUMMARY OF BENEFITS**How will I determine my drug costs?**

The amount you pay for drugs depends on the drug you are taking and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur after you meet your deductible: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services

How much is the monthly premium?	\$0 or \$32.00 per month. In addition, you must keep paying your Medicare Part B premium.
How much is the deductible?	<p>This plan has deductibles for some hospital and medical services, and Part D prescription drugs.</p> <p>The deductible for 2019 in Part B is \$185.</p> <p>\$0 or \$185 per year for in-network services, depending on your level of Medicaid eligibility.</p> <p>\$0 to \$415 per year for Part D prescription drugs.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, your deductibles will be paid for you by Medicaid. You do not pay anything for the services.</p>
Is there any limit on how much I will pay for my covered services?	<p>Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>In this plan, you may pay nothing for Medicare-covered services, depending on your level of Medicaid eligibility.</p> <p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> • \$6,700 for services you receive from in-network providers <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. Refer to the “Medicare & You” handbook for Medicare-covered services. For Medicaid-covered services, refer to the Medicaid Coverage section in this document.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>
Is there a limit on how much the plan will pay?	Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.

Covered Medical And Hospital Benefits

Note:

Premium, co-pays, co-insurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums, and copayments/coinsurance may change on January 1 of each year.

- Services with a 1 may require prior authorization.
- Services with a 2 may require a referral from your doctor.

SECTION II - SUMMARY OF BENEFITS

Inpatient Hospital Care ^{1,2}

The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.

Our plan covers 90 days for an inpatient hospital stay.

Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra days, your inpatient hospital coverage will be limited to 90 days per benefit period.

In 2019, the amount for each benefit period is \$0 or:

\$1,364 deductible for each benefit period.

- Days 1 – 60: \$0 copay per day of each benefit period
- Days 61 – 90: \$341 copay per day of each benefit period
- Days 91 – and beyond: \$682 copay per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime).

If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.

You will not be charged additional cost sharing for professional services.

Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.

SECTION II - SUMMARY OF BENEFITS

Outpatient Hospital service
1,2

We cover medically-necessary services you get in the outpatient department of a hospital for diagnosis or treatment of an illness or injury.

\$0 or 20% of the cost for each Medicare-covered outpatient hospital facility visit

- Services in an emergency department or outpatient clinic, such as observation services or outpatient surgery
- Laboratory and diagnostic tests billed by the hospital
- Mental health care, including care in a partial-hospitalization program, if a doctor certifies that inpatient treatment would be required without it
- X-rays and other radiology services billed by the hospital
- Medical supplies such as splints and casts
- Certain drugs and biologicals that you can't give yourself

If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.

Unless the provider has written an order to admit you as an inpatient to the hospital, you are an outpatient and pay the cost-sharing amounts for outpatient hospital services. Even if you stay in the hospital overnight, you might still be considered an "outpatient." If you are not sure if you are an outpatient, you should ask the hospital staff

Doctor's Office Visits 1,2

Primary care physician visit: 0% or 20% of the cost
Specialist visit 1,2: 0% or 20% of the cost

If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.

SECTION II - SUMMARY OF BENEFITS

Preventive Care	<p>You pay nothing</p> <p>Our plan covers many preventive services, including</p> <ul style="list-style-type: none">• Abdominal aortic aneurysm screening• Alcohol misuse counseling and screening• Bone mass measurement• Breast cancer screening (mammogram)• Cardiovascular disease (behavioral therapy)• Cardiovascular screenings• Cervical and vaginal cancer screening• Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy)• Depression screening• Diabetes screenings• Diabetes self-management training• Health and wellness education programs• HIV screening• Immunizations, including Flu shots, Hepatitis B shots, Pneumococcal shots• Lung cancer screening (LDCT)• Medical nutrition therapy services• Obesity screening and counseling• Prostate cancer screenings (PSA)• Sexually transmitted infections screening and counseling• Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)• “Welcome to Medicare” preventive visit (one-time)• Yearly “Wellness” visit <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>
Emergency Care	<p>0% or 20% of the cost (up to \$90)</p> <p>If you are admitted to the hospital within 3 days, you do not have to pay your share of the cost for emergency care. See the “Inpatient Hospital Care” section of this booklet for other costs.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>
Urgently Needed Services	<p>0% or 20% of the cost (up to \$65)</p> <p>If you are admitted to the hospital within 3 days, you do not have to pay your share of the cost for urgently needed services. See the “Inpatient Hospital Care” section of this booklet for other costs.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>

SECTION II - SUMMARY OF BENEFITS

Diagnostic Tests, Lab and Radiology Services, and X-Rays (<i>Costs for these services may be different if received in an outpatient surgery setting</i>) ^{1,2}	Diagnostic radiology services (such as MRIs, CT scans): 0% or 20% of the cost Diagnostic tests and procedures: 0% or 20% of the cost Lab services: \$0 of the cost Outpatient x-rays: 0% or 20% of the cost Therapeutic radiology services (such as radiation treatment for cancer): 0% or 20% of the cost If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.
Hearing Services ²	Exam to diagnose and treat hearing and balance issues: 0% or 20% of the cost Routine Hearing exam (for up to 1 every three years): \$0 copay Hearing aid fitting/evaluation (for up to 1 every three years): \$0 copay Hearing aid: \$0 copay Our plan pays up to \$1,500 every three years for hearing aids.
Dental Services	In general, preventive dental services (such as cleaning, routine dental exams, and dental x-rays) are not covered by Original Medicare. We cover limited dental services, subject to Delta Dental Processing Policies, limitations, and exclusions. All claims are subject to dental consultant review: This information is not a complete description of the benefits. Limitations, copayments, and restrictions may apply. Please see the EOC, Chapter 4, pages 49 -89 for complete description of the benefits. The Maximum Plan Benefit Coverage amount will be \$1,500 per year.
Vision Services	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening) ^{1,2} : 0% or 20% of the cost Routine eye exam (for up to 1 every year): \$0 copay Contact lenses: \$0 copay Eyeglasses (frames and lenses) (for up to 1 every year): \$0 copay Eyeglasses or contact lenses after cataract surgery: \$0 copay Our plan pays up to \$400 every year for contact lenses and eyeglasses (frames and lenses).

SECTION II - SUMMARY OF BENEFITS

Mental Health Care ^{1,2}	<p>Inpatient Visit Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital. The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.</p> <p>Our plan covers 90 days for an inpatient hospital stay</p> <p>Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <p>In 2019 the amounts for each benefit period are \$0 or</p> <ul style="list-style-type: none">• \$1,364 deductible for each benefit period• \$0 coinsurance for days 1-60• \$341 copay per day for days 61 through 90• \$682 copay per day for 60 lifetime reserve days <p>Outpatient group therapy visit: 0% or 20% of the cost Outpatient individual therapy visit: 0% or 20% of the cost</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>
Skilled Nursing Facility (SNF) ^{1,2}	<p>Our plan covers up to 100 days in a SNF In 2019, the amounts for each benefit period are \$0 or:</p> <ul style="list-style-type: none">• You pay nothing for days 1 through 20• \$170.50 copay per day for days 21 through 100 <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>
Outpatient Rehabilitation ^{1,2}	<p>Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): 0% or 20% of the cost Occupational therapy visit: 0% or 20% of the cost Physical therapy and speech and language therapy visit: 0% or 20% of the cost If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>
Ambulance	<p>0% or 20% of the cost If you are admitted to the hospital, you do not have to pay for the ambulance services. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>
Transportation ¹	<p>You pay nothing 25 round trips to plan-approved locations every year</p>
Medicare Part B Drugs ¹	<p>For Part B drugs such as chemotherapy drugs ¹: 0% or 20% of the cost Other Part B drugs ¹: 0% or 20% of the cost</p>

Additional Benefits	
Chiropractic Care	<p>Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): 0% or 20% of the cost</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>
Diabetes Supplies and Services ^{1,2}	<p>Diabetes monitoring supplies ¹: 0% or 20% of the cost</p> <p>Diabetes self-management training ^{1,2}: You pay nothing</p> <p>Therapeutic shoes or inserts ¹: 0% or 20% of the cost</p> <p>Diabetic glucometers and test strips are limited to Trividia Health Product (Glucometers and test strips made by other manufactures require an organization determination).</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>
Home Health Care ^{1,2}	<p>You pay nothing</p> <p>Prior to receiving home health services, a doctor must certify that you need home health services and will order home health services to be provided by a home health agency. You must be homebound, which means leaving home is a major effort.</p> <p>Covered services include, but are not limited to:</p> <ul style="list-style-type: none"> • Part-time or intermittent skilled nursing and home health aide services (To be covered under the home health care benefit, your skilled nursing and home health aide services combined must total fewer than 8 hours per day and 35 hours per week) • Physical therapy, occupational therapy, and speech therapy • Medical and social services • Medical equipment and supplies

Additional Benefits	
Outpatient Substance Abuse ^{1,2}	<p>Group therapy visit: 0% or 20% of the cost Individual therapy visit: 0% or 20% of the cost.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>
Outpatient Surgery ^{1,2}	<p>Ambulatory surgical center: 0% or 20% of the cost Outpatient hospital: 0% or 20% of the cost.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>
Prosthetic Devices (<i>braces, artificial limbs, etc.</i>) ¹	<p>Prosthetic devices: 0% or 20% of the cost Related medical supplies: 0% or 20% of the cost.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>
Renal Dialysis ^{1,2}	<p>0% or 20% of the cost</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>
Hospice	<p>You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details.</p> <p><i>You must get care from a Medicare-certified hospice. You must consult with your plan before you select hospice.</i></p>

Prescription Drug Benefits

Initial Coverage

Depending on your income and institutional status, you pay the following:
For generic drugs (including brand drugs treated as generic), either:

- \$0 copay; or
- \$1.25 copay; or
- \$3.40 copay; or
- 25% coinsurance

For all other drugs, either:

- \$0 copay; or
- \$3.80 copay; or
- \$8.50 copay; or
- 25% coinsurance

You may get your drugs at network retail pharmacies and mail order pharmacies. If you reside in a long-term care facility, you pay the same as at a retail pharmacy.

You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy.

Retail Pharmacy

Contact your plan if you have questions about cost-sharing or billing if less than a one-month supply is dispensed.

You can get drugs the following way(s):

One-month (30) day supply

Three-month (90) day supply

Long term care pharmacy

Long term care pharmacies must dispense brand name drugs in amounts less than a 14-day supply at a time. They may also dispense less than a month's supply of generic drugs at a time. Contact your plan if you have questions about cost-sharing or billing when less than a one-month supply is dispensed.

Mail Order

Contact your plan if you have questions about cost-sharing or billing when less than a one-month supply is dispensed.

You can get drugs the following way:

<p>Coverage Gap Stage</p>	<p>Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$3,820.</p> <p>After you enter the coverage gap, you pay 25% of the plan’s cost for covered brand name drugs and 37% of the plan’s cost for covered generic drugs until your costs total \$5,100, which is the end of the coverage gap. Not everyone will enter the coverage gap. For more information, call us at 303-602-2111 or at 1-877- 956-2111. 711 for TTY/TDD users, or you can access our Evidence of Coverage online.</p>
<p>Catastrophic Coverage</p>	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$5,100, you pay nothing for all drugs.</p> <p><i>Out-of-Network</i></p> <p>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan’s service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy’s full charge for the drug and submit documentation to receive reimbursement from Denver Health Medicare Choice (HMO SNP). You can get out-of-network drugs the following way(s):</p> <ul style="list-style-type: none"> -10 day supply <p>Out-of-Network Initial Coverage</p> <p>Depending on your income and institutional status, you will be reimbursed by Denver Health Medicare Choice (HMO SNP) up to the plan’s cost of the drug minus the following:</p> <p>For generic drugs purchased out-of-network (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> -A \$0 copay; or -A \$1.25 copay; or -A \$3.40 copay; or -25% coinsurance <p>For all other drugs purchased out-of-network, either:</p> <ul style="list-style-type: none"> -A \$0 copay; or -A \$3.80 copay; or -A \$8.50 copay; or -25% coinsurance <p>Out-of-network Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$5,100, you will be reimbursed in full for drugs purchased out-of-network.</p>

Summary of Benefits
 For Contract H5608, Plan 001
 Denver Health Medicare Choice (HMO SNP)

Medicare Part A (hospital insurance), Part B (Medical Insurance) and Part D (prescription drug coverage) benefits provide your primary insurance coverage. Your eligibility for Title XIX Medicaid pays all remaining hospital, medical and prescription drug coverage cost-sharing including deductibles and coinsurance.

The services listed below are available only to those SNP members eligible under Medicaid for Medical Services.

Benefit Category	Medicaid	Denver Health Medicare Choice (HMO SNP)
Inpatient Hospital Care (includes substance abuse and rehabilitation)	Benefit Covered at 100% \$0 copay under Medicaid Choice. \$10.00 copay per covered day or 50% of the averaged allowable daily rate whichever is less under Medicaid fee-for-service (FFS).	In 2019, the amounts for each benefit period are \$0 or: <ul style="list-style-type: none"> • \$1,364 deductible • \$0 coinsurance for 1-60 days. • \$341 copay per day for days 61 through 90. • \$682 copay per day for 60 lifetime reserve days.
Inpatient Mental Health Care	Benefit covered at 100%. \$0 copay for Medicaid Choice \$0 copay for Medicaid FFS	In 2019, the amounts for each benefit period are \$0 or: <ul style="list-style-type: none"> • \$1,364 deductible • \$0 coinsurance for 1-60 days. • \$341 copay per day for days 61 through 90 • \$682 copay per day for 60 lifetime reserve days.

Benefit Category	Medicaid	Denver Health Medicare Choice (HMO SNP)
Skilled Nursing Facility	Benefit covered at 100%. \$0 copay for Medicaid Choice \$0 copay for Medicaid FFS	Our plan covers up to 100 days in a SNF. In 2019, the amounts for each benefit period are \$0 or: <ul style="list-style-type: none"> • You pay nothing for days 1 through 20 • \$170.50 copay per day for days 21 through 100
Acute Home Health and Long Term with Acute Episode Home Health	Benefit covered at 100%. \$0 copay for Medicaid Choice \$0 copay for Medicaid FFS	Covered, \$0 copay
Home Health Services provided specifically as benefits through the Home and Community Based Services Program	Benefit covered at 100%. \$0 copay for Medicaid Choice \$0 copay for Medicaid FFS	Covered, \$0 Copay
Long Term Home Health	Benefit covered at 100%. \$0 copay for Medicaid Choice \$0 copay for Medicaid FFS	Covered, \$0 Copay
Hospice	Benefit covered at 100%. \$0 copay for Medicaid Choice \$0 copay for Medicaid FFS	Covered, Original Medicare
Primary Care	Benefit covered at 100%. \$0 copay under Medicaid Choice. \$2.00 copay per visit under Medicaid FFS.	0% or 20% of the cost
Specialty Care	Benefit covered at 100%. \$0 copay under Medicaid Choice. \$2.00 copay per visit under Medicaid FFS.	0% or 20% of the cost

Benefit Category	Medicaid	Denver Health Medicare Choice (HMO SNP)
Physical Exams	Benefit covered at 100%. \$0 copay under Medicaid Choice. \$2.00 copay per visit under Medicaid FFS.	Covered, \$0 Copay
Podiatry, medically necessary	Benefit covered at 100%. \$0 copay under Medicaid Choice. \$2.00 copay per visit under Medicaid FFS.	0% or 20% of the cost
Chiropractic Care, Medicare-Covered	Not a covered benefit under Medicaid Choice or Medicaid FFS.	0% or 20% of the cost
Outpatient Substance Abuse	Benefit covered at 100%. \$0 copay under Medicaid Choice. \$0 copay under Medicaid FFS.	Group therapy visit: 0% or 20% of the cost Individual therapy visit: 0% or 20% of the cost
Outpatient Mental Health	Benefit Covered at 100% \$0 copay under Medicaid Choice. \$0 copay under Medicaid FFS.	Outpatient group therapy visit: 0% or 20% of the cost Outpatient individual therapy visit: 0% or 20% of the cost
Physical Therapy, Occupational Therapy/Speech Therapy	Benefit Covered at 100%. \$0 copay under Medicaid Choice. \$3.00 copay for outpatient visit \$2.00 copay for Physician visit \$0 copay in therapy clinic or rehab agency under Medicaid FFS.	Physical therapy, Occupational Therapy and Speech and Language Therapy visit: 0% or 20% of the cost
Ambulance	Benefit Covered at 100%. \$0 copay under Medicaid Choice and Medicaid FFS.	0% or 20% of the cost If you are admitted to the hospital, you do not have to pay for the ambulance services.
Emergency Care	Benefit Covered at 100%. \$0 copay under Medicaid Choice and Medicaid FFS, if determined an emergency; \$3.00 per visit if not non-emergency for Medicaid FFS.	0% or 20% of the cost (up to \$90) If you are admitted to the hospital within 3 days, you do not have to pay your share of the cost for emergency care. See the “Inpatient Hospital Care” section of this booklet for other costs.

Benefit Category	Medicaid	Denver Health Medicare Choice (HMO SNP)
Urgent Care	Benefit Covered at 100%. \$0 copay under Medicaid Choice and Medicaid FFS; \$2.00 per visit if not part of an emergency room.	0% or 20% of the cost (up to \$65) If you are admitted to the hospital within 3 days, you do not have to pay your share of the cost for urgently needed services. See the “Inpatient Hospital Care” section of this booklet for other costs.
Outpatient Services/Surgery	Benefit Covered at 100%. \$0 copay under Medicaid Choice. \$3.00 copay per visit under Medicaid FFS.	Ambulatory surgical center: 0% or 20% of the cost Outpatient hospital: 0% or 20% of the cost
Durable Medical Equipment Including Oxygen	Benefit Covered at 100%. \$0 copay under Medicaid Choice. \$1.00 copay per visit under Medicaid FFS.	0% or 20% of the cost
Prosthetic Devices	Benefit Covered at 100%. \$0 copay under Medicaid Choice. \$1.00 copay per visit under Medicaid FFS.	Prosthetic devices: 0% or 20% of the cost Related medical supplies: 0% or 20% of the cost
Diabetes self-monitoring, training, nutrition therapy and supplies	Benefit Covered at 100%. \$0 copay under Medicaid Choice. \$1.00 copay per visit under Medicaid FFS.	Diabetes monitoring supplies: 0% or 20% of the cost Diabetes self-management training: You pay nothing: \$0 Therapeutic shoes or inserts: 0% or 20% of the cost
Lab Services	Benefit Covered at 100%. \$0 copay under Medicaid Choice. \$1.00 copay per visit under Medicaid FFS.	0% of the cost for medical covered lab services
X-Rays	Benefit Covered at 100%. \$0 copay under Medicaid Choice. \$1.00 copay per visit under Medicaid FFS.	0% or 20% of the cost

Benefit Category	Medicaid	Denver Health Medicare Choice (HMO SNP)
Diagnostic Radiology	Benefit Covered at 100%. \$0 copay under Medicaid Choice. \$1.00 copay per visit under Medicaid FFS.	0% or 20% of the cost
Therapeutic Radiology	Benefit Covered at 100%. \$0 copay under Medicaid Choice. \$1.00 copay per visit under Medicaid FFS.	0% or 20% of the cost
Bone Mass Measurement	Benefit Covered at 100%. \$0 copay under Medicaid Choice. \$1.00 copay per visit under Medicaid FFS.	Covered, \$0 Copay
Colorectal Screening	Benefit Covered at 100%. \$0 copay under Medicaid Choice. \$2.00 copay per visit for diagnostic \$0 copay for screening under Medicaid FFS.	Covered, \$0 Copay
Immunizations	Benefit Covered at 100%. \$0 copay under Medicaid Choice. \$0 copay per visit under Medicaid FFS.	Covered, \$0 Copay
Mammograms	Benefit Covered at 100%. \$0 copay under Medicaid Choice. \$0 copay per visit under Medicaid FFS.	Covered, \$0 Copay
Pap Smears	Benefit Covered at 100%. \$0 copay under Medicaid Choice and Medicaid FFS.	Covered, \$0 Copay
Prostate Cancer Screenings	Benefit Covered at 100%. \$0 copay under Medicaid Choice. \$0 copay under Medicaid FFS	Covered, \$0 Copay

Benefit Category	Medicaid	Denver Health Medicare Choice (HMO SNP)
Renal Dialysis	<p>Benefit Covered at 100%.</p> <p>\$0 copay under Medicaid Choice.</p> <p>Inpatient hospital, \$10 per date of service</p> <p>\$3.00 copay per visit</p> <p>\$0 copay for Dialysis Center/ Emergency under Medicaid FFS.</p>	<p>0% or 20% of the cost</p>
Part D Prescription Drugs - covered under Medicare	<p>Medicaid benefits cover the following Medicare exclusions at 100%: Cough and Cold Products, Over-the-Counter Medications and certain allowed Prescription Vitamin and Mineral Products.</p> <p>\$0 copay under Medicaid Choice.</p> <p>\$1.00 copay for generic drugs and \$3.00 copay for brand name and single-source drugs under Medicaid FFS.</p>	<p>\$0 Premium</p> <p>\$415 Deductible</p> <p>Initial Coverage Depending on your income and institutional status, you pay the following:</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <p>A \$0 copay; or</p> <p>A \$1.25 copay; or</p> <p>A \$3.40 copay.</p> <p>For all other drugs, either 25% coinsurance</p> <p>A \$0 copay; or</p> <p>A \$3.80 copay; or</p> <p>A \$8.50 copay</p> <p>'Extra Help' copay applies to Part D Prescription Drugs.</p>

Benefit Category	Medicaid	Denver Health Medicare Choice (HMO SNP)
Dental	<p>Medicaid benefits include: basic dental preventive, diagnostic and minor restorative dental services (such as x-rays and minor fillings), root canals, crowns, dentures, periodontal scaling, root planning. \$0 copay.</p> <p>Dental benefit has an annual limit of \$1,000 per state fiscal year (July 1st - June 30th)</p>	<p>In general, preventive dental services (such as cleaning, routine dental exams, and dental x-rays) are not covered by Original Medicare. We cover limited dental services, subject to Delta Dental Processing Policies, limitations, and exclusions. All claims are subject to dental consultant review:</p> <p>This information is not a complete description of the benefits. Limitations, copayments, and restrictions may apply.</p> <p>Please see the EOC, Chapter 4 pages 56 -64 for complete description of the benefits.</p> <p>The Maximum Plan Benefit Cover- age amount will be \$1,500 per year.</p>
Hearing Aids	<p>Benefit is covered at 100% under Medicaid Choice.</p> <p>\$0 copay under Medicaid Choice.</p> <p>Benefit is covered at 100% under Medicaid FFS for members under age 20 or adult members on the Supported Living Services (SLS) Waiver.</p> <p>\$0 copay under Medicaid FFS.</p>	<p>Our plan pays up to \$1,500 every three years for hearing aids.</p>
Hearing Exams/Tests	<p>Benefits covered at 100%.</p> <p>\$0 copay under Medicaid Choice.</p> <p>\$2.00 copay per visit under Medicaid FFS.</p>	<p>Covered, \$0 Copay</p> <p>Exam to diagnose and treat hearing and balance issues: 0% or 20%</p>

Benefit Category	Medicaid	Denver Health Medicare Choice (HMO SNP)
Eyewear	Benefit covered at 100% and \$0 copay under Medicaid Choice. Covered following eye surgery only and \$2.00 copay per visit under Medicaid FFS.	Our plan pays up to \$400 every year for contact lenses and eyeglasses (frames and lenses).
Eye Exams	Benefit Covered at 100%. \$0 copay under Medicaid Choice. \$2.00 copay per visit under Medicaid FFS.	Routine eye exam - \$0 copay every year
Transportation	Benefit covered at 100%. \$0 copay under Medicaid Choice and Medicaid FFS.	Covered, \$0 copay up to 25 round trips
Health Club Membership	Not a covered benefit under Medicaid Choice or Medicaid FFS.	\$0 copay Covered at Denver Parks & Recreation Centers
Health/Wellness including smoking cessation, newsletters, health coaches/care management, nutritional training and Nursing Hotline	Benefit covered at 100%. \$0 copay under Medicaid Choice and Medicaid FFS.	Covered, \$0 copay
<p data-bbox="105 1136 561 1360">Interpreter Services</p> <p data-bbox="105 1213 561 1360">Interpreter services are available to help you get services. One interpretation is available for any language.</p> <ul data-bbox="180 1409 561 1535" style="list-style-type: none"> • Spoken language interpreter services. • Hearing interpreter services 	Benefit covered at 100%. \$0 copay under Medicaid Choice and Medicaid FFS.	Covered, \$0 Copay

Denver Health Medical Plan, Inc. and Denver Health Medicare Choice/Select, hereinafter collectively referred to as the “Company,” complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Company does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex, health status or need for health care services.

The Company

- Provides free aids and services to people with disabilities to communicate effectively with us , such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
 - Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you believe that the Company failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Company’s Grievance and Appeal Department at 938 Bannock Street, Mail Code 6000, Denver, CO 80204, telephone 303-602-2261. You can file a grievance by mail or telephone. If you need help filing a grievance, the Grievance and Appeal Specialist is available to help you.

You can also file a civil right complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019
TDD: 800-537-7697

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Denver Health Medical Plan, Inc. y Denver Health Medicaid Choice/Select, en adelante denominados colectivamente la “Compañía”, cumplen con las leyes federales aplicables de derechos civiles y no discriminan por motivos de raza, color, nacionalidad, edad, discapacidad ni sexo. La Compañía no excluye a las personas ni las trata de forma diferente debido a su raza, color, nacionalidad, edad, discapacidad o sexo.

La Compañía

- Proporciona asistencia y servicios gratuitos a las personas con discapacidades para que se comuniquen de manera eficaz con nosotros, como los siguientes:
 - Intérpretes de lenguaje de señas capacitados.
 - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos).
- Proporciona servicios lingüísticos gratuitos a personas cuya lengua materna no es el inglés, como los siguientes:
 - Intérpretes capacitados.
 - Información escrita en otros idiomas.

Si considera que la Compañía no le proporcionó estos servicios o lo discriminó de otra manera por motivos de origen étnico, color, nacionalidad, edad, discapacidad o sexo, puede presentar una queja ante el Departamento de Apelaciones y Quejas (Grievance and Appeal Department) de la Compañía, en 938 Bannock Street, Mail Code 6000, Denver, CO 80204, teléfono 303-602-2261. Puede presentar el reclamo por correo postal o teléfono. Si necesita ayuda presentar una queja, un especialista en apelaciones y quejas está a su disposición para brindársela.

También puede presentar un reclamo de derechos civiles ante la Office for Civil Rights (Oficina de Derechos Civiles) del Department of Health and Human Services (Departamento de Salud y Servicios Humanos) de EE. UU. de manera electrónica a través de Office for Civil Rights Complaint Portal, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o bien, por correo postal a la siguiente dirección o por teléfono a los números que figuran a continuación:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019
TDD: 800-537-7697

Puede obtener los formularios de reclamo en el sitio web <http://www.hhs.gov/ocr/office/file/index.html>.

Denver Health Medical Plan, Inc. tuân thủ luật dân quyền hiện hành của Liên bang và không phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính. [Name of covered entity] không loại trừ mọi người hoặc đối xử với họ khác biệt vì chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính.

Denver Health Medical Plan, Inc:

- Cung cấp dịch vụ hỗ trợ miễn phí cho những người khuyết tật để giao tiếp với chúng tôi có hiệu quả, như:
 - Thông dịch viên ngôn ngữ ký hiệu đủ năng lực
 - Thông tin bằng văn bản ở các định dạng khác (chữ in lớn, âm thanh, định dạng điện tử có thể tiếp cận, các định dạng khác)
- Cung cấp miễn phí các dịch vụ ngôn ngữ cho những người có ngôn ngữ chính không phải là tiếng Anh, như:
 - Thông dịch viên đủ năng lực
 - Thông tin được trình bày bằng ngôn ngữ khác

Nếu bạn cần những dịch vụ này, hãy liên hệ Rocky Mountain Region. Nếu bạn tin rằng Denver Health Medical Plan, Inc. không cung cấp những dịch vụ này hoặc phân biệt đối xử theo cách khác dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính, bạn có thể nộp đơn khiếu nại với: Company's Grievance and Appeal Department at 938 Bannock Street, Mail Code 6000, Denver, CO 80204, telephone 303-602-2261. Bạn có thể trực tiếp nộp đơn khiếu nại hoặc gửi qua đường bưu điện, chuyển fax, hoặc email. Nếu bạn cần trợ giúp nộp đơn khiếu nại, Grievance and Appeal Department sẵn sàng giúp bạn.

Bạn cũng có thể nộp đơn khiếu nại về dân quyền lên U.S. Department of Health and Human Services (Bộ Y Tế và Dịch Vụ Nhân Sinh Hoa Kỳ), Ofce for Civil Rights (Văn Phòng Dân Quyền) bằng

hình thức điện tử qua Ofce for Civil Rights Complaint Portal, có trên trang <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, hoặc qua đường bưu điện hoặc bằng điện thoại tại:

U.S. Department of Health and Human
Services 200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019
800-537-7697 (TDD)

Các mẫu khiếu nại có trên trang <http://www.hhs.gov/ocr/office/file/index.html>.

Multi-language Interpreter Services

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-877-956-2111 (TTY/TDD: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-956-2111 (TTY/TDD: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-956-2111 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-877-956-2111（TTY：711）

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-956-2111 (TTY: 711)번으로 전화해 주십시오.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-956-2111 (телетайп: 711).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-877-956-2111 (መስማት ለተሳናቸው: 711)።

ملحوظة: 1-877-956-2111 برقم اتصل. بالمجان لك تتوافر اللغوية المساعدة خدمات فإن، العربية تتحدث كنت إذا: ملحوظة (711). :والبيكم الصم هاتف رقم

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-956-2111 (TTY: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-956-2111 (ATS : 711).

ध्यान दिनुहोसः तपयाईले नेपयाली बोलनुहन्छु भने तपयाकोई ननम्त भयाषया सहयात्तया सवयाहरूे ननःशुलक रूपमया
उपलब्ध छ । फोन गनुहोस 1-877-956-2111 (दिदिवयार्ः 711) ।

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-956-2111 (TTY: 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-877-956-2111 (TTY: 711) まで、お電話にてご連絡ください。

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-877-956-2111 (TTY: 711).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیالت زبانی بصورت رایگان برای شما فراهم می باشد. با 1-877-956-2111 (TTY: 711) تماس بگیرید.

Dè dè nìà kè dyédé gbo: Ọ jù ké m̀ [Bàsòò-wùdù-po-nyò] jù ní, níí, à wuḍu kà kò dọ̀ po-poò b̄èin m̀ gbo kpáa. Dá 1-877-956-2111 (TTY:711)

Ntị: Ọ buru na asu Ibo, asusu aka ọasụ n'efu, defu, aka. Call 1-877-956-2111 (TTY: 711).

AKIYESI: Bi o ba nsọ èdè Yorùbú ọfé ni iranlọwọ lori èdè wa fun yin o. E pe ẹrọ-ibanisọrọ yi 1-877-956-2111 (TTY: 711).