



**DENVER HEALTH
MEDICAL PLAN** INC.™

Medicare Advantage

January 1-December 31, 2021

Denver Health Medical Plan, Inc.

Denver Health Medicare Choice (HMO D-SNP)

Adams, Denver and Jefferson Counties

Summary of Benefits 2021

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About this Summary of Benefits

Thank you for considering Denver Health Medical Plan, Inc. (DHMP) Medicare Advantage. You can use this **Summary of Benefits** to learn more about our plan. It includes information about:

- Premiums
- Benefits and Costs
- Part D prescription drugs
- Who can enroll
- Coverage rules
- Getting care
- Summary of Medicaid covered benefits

For more details

This document is a summary. It doesn't include everything about what's covered and not covered or all the plan rules. For details, see the **Evidence of Coverage (EOC)**, which is located on our website at denverhealthmedicalplan.org or ask for a copy from Health Plan Services by calling 303-602-2111 or toll-free 1-877-956-2111, 8 a.m. to 8 p.m., seven days a week. For TTY users, call 711.

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 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.

Out-of-network/non-contracted providers are under no obligation to treat Denver Health Medicare Choice (HMO D-SNP) members, except in emergency situations. Please call our Health Plan service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Denver Health Medical Plan, Inc. is a Medicare-approved HMO plan. 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.

ATTENTION: If you speak Spanish, language assistance services are available to you at no cost. Please call our Health Plan Services at 303-602-2111 or toll-free 1-877-956-2111. TTY should call 711. Our hours of operation are 8 a.m. to 8 p.m., seven days a week.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame a nuestros Servicios del Plan de Salud al 303-602-2111 o sin costo al 1-877-956-2111. Los

usuarios de TTY deben llamar al 711. Nuestro horario de atención es de 8 a.m. a 8 p.m., los siete días de la semana.

Who Can Enroll?

Denver Health Medicare Choice (HMO D-SNP) is a dual special needs plan, a Medicare Advantage plan available exclusively to beneficiaries eligible for both Medicare and Medicaid. You are eligible to enroll for this plan if:

- You have both Medicare Part A and Part B.
- You are entitled to Part D.
- You have full Medicaid benefits.
- You must reside in Adams, Denver and Jefferson Counties.

What Do We Cover?

Like all Medicare Plans, we cover everything that original Medicare covers – and more.

- Our plan members get all benefits covered by Original Medicare .
- Our plan members also get more than what is covered by Original Medicare. Some of the benefits are outlines in this booklet. For a full list of benefits, you can access our **EOC** online.
- 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 these 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.

Coverage Rules

We cover the services and items listed in this document and the **EOC**, if:

- The service or items are medically necessary.
- The services and items are considered reasonable and necessary according to Original Medicare's standards.
- You get all covered services and items from the plan providers listed in our Provider Directory and Pharmacy Directory (but there are exceptions to this rule). We also cover:
 - Emergency Care
 - Urgent Care
 - Out-of-Area Dialysis

For details about coverage rules, including services that are not covered (exclusions), see the EOC.

Getting Care

At most of our in-network facilities, you can usually get the covered services you need, including specialty care, pharmacy and lab work. To find our provider locations, see our Provider Directory online (denverhealthmedicalplan.org/find-doctor) or ask us to mail you a copy by calling our Health Plan Services at 303-602-2111 or toll-free 1-877-956-2111, 8 a.m. to 8 p.m., seven days a week. For TTY, call 711.

Part C: What’s covered and what it costs

* Your plan provider may need to provide a referral.

† Prior Authorization may be required.

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

Benefits and premiums	You pay
Monthly plan premiums	\$0 - \$34.30 per month, depending on your level of extra help.
Deductible	The Part B deductible is \$0** or \$203 and applies to in-network services. The Part D deductible is \$0** or \$445 , and applies to prescription drugs.
Your maximum out-of-pocket responsibility Does not include Medicare Part D drugs. If you are eligible for Medicare cost-sharing assistance under Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Medicare Part A and Part B services.	\$7,550.

Benefits and premiums	You pay
<p>Inpatient hospital coverage*†</p> <p>Our plan covers 90 days for an inpatient hospital stay as well as 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.</p>	<p>\$0** - \$1,484 deductible for each benefit period.</p> <ul style="list-style-type: none"> • Days 1-60: \$0 copay of each benefit period. • Days 61-90: \$371 copay per day of each benefit period. • Days 91-and beyond: \$742 copay per each “lifetime reserve day” after day 90 for each benefit period (up to 60 days over your lifetime). <p><i>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.</i></p>
<p>Outpatient hospital coverage*†</p>	<p>\$0** - 20% of the cost for each Medicare-covered outpatient hospital facility visit.</p>
<p>Ambulatory Surgery Center*†</p>	<p>\$0** - 20% of the cost for Medicare-covered outpatient surgery services provided at ambulatory surgical centers.</p>
<p>Doctor’s visits*†</p>	<p>Primary Care Visit: \$0** - 20% Specialist Visit: \$0** - 20%</p>
<p>Preventive care</p>	<p>You pay \$0. <i>See EOC for details.</i></p>
<p>Emergency care</p> <p>We cover emergency care anywhere in the United States.</p>	<p>\$0** - 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.</p>
<p>Urgently needed services</p>	<p>\$0** - 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 emergency care.</p>
<p>Diagnostic services, lab, and imaging*†</p> <ul style="list-style-type: none"> • Lab Tests • Diagnostic tests and procedures • X-rays 	<p>\$0** - 20% of the cost.</p> <p><i>Note: The cost of these services may be different if received in an Outpatient Surgery Setting.</i></p>
<p>Hearing services</p> <ul style="list-style-type: none"> • Exam to diagnose and treat hearing and balance issues 	<p>\$0** - 20% of the cost.</p>
<ul style="list-style-type: none"> • Routine hearing exams • Hearing aid fitting or evaluation exam 	<p>\$0 copay for 1 routine hearing exam every 3 years. \$0 copay for unlimited fittings/evaluations.</p>
<ul style="list-style-type: none"> • Hearing Aids 	<p>\$1,500 allowance every 3 years.</p>

Benefits and premiums	You pay
Dental services Preventive and comprehensive dental coverage	We cover limited preventive and comprehensive dental services, subject to Delta Dental processing policies, limitations, and exclusions. <ul style="list-style-type: none"> • Cleanings (up to 2 per calendar year) • Bitewing x-ray (1 set of 4 per calendar year) • Full Mouth x-ray (every 36 months) • Fluoride treatment (one treatment per year) • Fillings (up to 2 every calendar year) <i>See EOC for details.</i> Maximum Plan Benefit coverage amount of \$1,500.
Vision services <ul style="list-style-type: none"> • Visits to diagnose and treat eye disease and conditions 	\$0** - 20% of the cost of Medicare covered eye exam.
<ul style="list-style-type: none"> • Supplemental routine eye exam 	\$0 copay for 1 routine eye exam each year.
<ul style="list-style-type: none"> • Contact lenses and/or eyeglasses (frames and lenses) 	\$200 allowance each calendar year.
Mental health services (Inpatient) *†	Our plan covers up to 60 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. <ul style="list-style-type: none"> • \$0** - \$1,484 deductible for each benefit period. • \$0 coinsurance for days 1-60. • \$371 copay per day for days 61 through 90. • \$742 copay per day for 60 lifetime reserve days.
Mental health services (Outpatient) * Outpatient group and individual therapy	\$0** - 20% of the visit.
Skilled nursing facility*† Our plan covers up to 100 days per benefit period. A new benefit period begins after 60 days with no readmission for the same condition.	You pay \$0** or: <ul style="list-style-type: none"> • \$0 copay for days 1 through 20 • \$185.50 copay for days 21 through 100
Outpatient Rehabilitation <ul style="list-style-type: none"> • Occupational therapy 	\$0** - 20% of the visit.
<ul style="list-style-type: none"> • Physical therapy 	\$0** - 20% of the visit.
<ul style="list-style-type: none"> • Speech therapy 	\$0** - 20% of the visit.
Ambulance	\$0** - 20% of the cost.

Benefits and premiums	You pay
Transportation	\$0 copay for up to 35 round trips each year to health-related, plan-approved locations.
Medicare Part B drugs[†]	\$0** - 20% of the cost.
Chiropractic	\$0** - 20% of the cost.
Diabetes <ul style="list-style-type: none"> • Diabetes therapeutic shoes or inserts • Diabetic supplies • Diabetes self-management training 	\$0** - 20% of the cost. <i>Diabetic glucometers and test strips are limited to Trividia Health Product. Glucometers and test strips made by other manufacturers require an organization determination.</i>

Medicare Part D: Prescription Drug Coverage

Most individuals who are entitled to Medicaid benefits also get Extra Help from Medicare to pay for their prescription drug plan costs. Medicare provides Extra Help to help pay prescriptions for beneficiaries who have limited income and resources.

Initial Coverage Stage

For generic drugs (including brand drugs treated as generic), either:

- \$0 copay; or
- \$1.30 copay; or
- \$3.70 copay; or
- 15% coinsurance.

For all other drugs, either:

- \$0 copay; or
- \$4.00 copay; or
- \$9.20 copay; or
- 15% 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 your drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy.

Coverage Gap Stage

The coverage gap stage is a temporary change in the cost for your prescription drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,130.

After you enter the coverage gap, you pay 25% of the plan's cost for covered brand name drugs and 25% of the plan's cost for covered generic drugs until your costs total \$6,550, which is the end of the coverage gap.

Not everyone will enter the coverage gap stage. For more information call us at 303-602-2111 or toll-free 1-877-956-2111, call 711 for TTY users, or you can access our **EOC** online.

Catastrophic Coverage Stage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$6,550, you pay the greater of:

- 5% of the cost; or
- \$3.70 for generic (including brand drugs treated as generic) and a \$9.20 co-payment for all other drugs.

For more information, call us at 303-602-2111 or toll-free 1-877-956-2111, call 711 for TTY users, or you can access our **EOC** online.

As a member of DHMP, you may get your drugs any of the following ways:

- **Retail Pharmacy**
You can get a 30, 60 or 90 day supply. For less than a month supply, please contact us at 303-602-2111.
- **Long Term Care (LTC) Pharmacy**
LTC pharmacies must dispense brand name drugs in 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 us at 303-602-2111 if you have any questions about cost-sharing or billing when less than a one-month supply is dispensed.
- **Mail Order**
Contact us if you have questions about cost-sharing or billing when less than a one-month supply is dispensed.

The plan uses a formulary, you can see the formulary at denverhealthmedicalplan.org, or call our Health Plan Services at 303-602-2111 or toll-free at 1-877-956-2111 for a copy.

Summary of Medicaid-Covered Benefits

The benefits listed below are covered by Medicare. For each benefit listed, you can see what Medicaid covers and what our plan covers. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call Health First Colorado (Colorado's Medicaid Program) at 1-800-221-3943. TTY users should call 711.

For more information such as limits, exclusions, and prior authorization rules under fee-for-service Medicaid, you can review the full list at healthfirstcolorado.com/benefits-services.

There may be additional co-pay exclusions for children under the age of 19 and pregnant women. If this may apply to you, you can review the full list of benefits at healthfirstcolorado.com/benefits-services/.

* Your plan provider may need to provide a referral.

† Prior Authorization may be required.

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

Benefit Category	Medicaid	Denver Health Medicare Choice (HMO D-SNP)
Inpatient Hospital Care Includes substance abuse and rehabilitation†	\$10 copay per covered day or 50% of the average allowable daily rate, whichever is less under Medicaid fee-for-service (FFS).	In 2021, the amounts for each benefit period are \$0 or: <ul style="list-style-type: none"> • \$1,484 deductible; • \$0 coinsurance for 1-60 days; • \$371 copay per day for days 61-90; • \$742 copay per day for 60 lifetime reserve days.
Inpatient Mental Health Care †	\$0 copay.	In 2021, the amounts for each benefit period are \$0 or: <ul style="list-style-type: none"> • \$1,484 deductible; • \$0 coinsurance for 1-60 days; • \$371 copay per day for days 61-90; • \$742 copay per day for 60 lifetime reserve days
Skilled Nursing Facility (SNF) †	\$0 copay.	Our plan covers up to 100 days in a SNF. In 2021, the amounts for each benefit period are: \$0 day 1 -20. \$185.50 copay for days 21-100.
Home Health Care †	\$0 copay.	\$0 copay.

Benefit Category	Medicaid	Denver Health Medicare Choice (HMO D-SNP)
Hospice	\$0 copay. No more than 9 months.	Covered by Original Medicare.
Primary Care	\$0 copay under Denver Health Medicaid Choice. \$2 copay per visit under Medicaid fee-for-service.	\$0** - 20%
Specialty Care	\$0 copay under Denver Health Medicaid Choice. \$2 copay per visit under Medicaid fee-for-service.	\$0** - 20%
Preventive Physical Exams	\$0 copay.	\$0 copay.
Podiatry Services	\$0 copay under Denver Health Medicaid Choice. \$2 copay per visit under Medicaid fee-for-service.	\$0** - 20% of the cost.
Outpatient Substance Abuse[†]	\$0 copay.	\$0** - 20% of the cost.
Outpatient Mental Health[†]	\$0 copay.	\$0** - 20% of the cost.
Physical Therapy, Occupational Therapy and Speech Therapy[†]	\$0 copay under Denver Health Medicaid Choice. \$4 copay for outpatient hospital visits under Medicaid fee-for-service. \$2 copay for physician visits under Medicaid fee-for-service. \$0 copay in therapy clinic of rehab agency under Medicaid fee-for-service.	\$0** - 20% of the cost.
Ambulance	\$0 copay.	\$0** - 20% of the cost. If you are admitted to the hospital, you do not have to pay for the ambulance services.

Benefit Category	Medicaid	Denver Health Medicare Choice (HMO D-SNP)
Emergency Care	<p>\$0 copay under Denver Health Medicaid Choice, if determined an emergency.</p> <p>\$6 copay per visit if not an emergency under Medicaid fee-for-service.</p>	<p>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.</p>
Urgent Care	<p>\$0 copay under Denver Health Medicaid Choice., if determined an emergency.</p> <p>\$2 copay per visit if not part of an emergency room under Medicaid fee-for-service.</p>	<p>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 emergency care.</p>
Outpatient Services/Surgery†	<p>\$0 copay under Denver Health Medicaid Choice.</p> <p>\$4 copay per visit under Medicaid fee-for-service.</p> <p>\$0 copay at an ambulatory surgery center under Medicaid fee-for-service.</p>	<p>\$0** - 20% of the cost.</p>
Durable Medical Equipment (DME) † Including oxygen	<p>\$0 copay under Denver Health Medicaid Choice.</p> <p>\$1 copay per day for some DME under Medicaid fee-for-service.</p>	<p>\$0** - 20% of the cost.</p>
Prosthetic Devices	<p>\$0 copay under Denver Health Medicaid Choice.</p> <p>\$1 copay per visit under Medicaid fee-for-service.</p>	<p>\$0** - 20% of the cost.</p>
Diabetes Self-Monitoring, Training, Nutrition Therapy and Supplies	<p>\$0 copay under Denver Health Medicaid Choice.</p> <p>\$1 copay per visit under Medicaid fee-for-service.</p>	<p>20% of the cost for therapeutic shoes or inserts.</p> <p>20% of the cost for diabetic monitoring supplies.</p>

Benefit Category	Medicaid	Denver Health Medicare Choice (HMO D-SNP)
		\$0 for diabetes self-management training.
Diagnostic Tests, Lab Services, and Radiology Services†	\$0 copay under Denver Health Medicaid Choice. \$1 copay per visit under Medicaid fee-for-service.	\$0** - 20% of the cost.
X-Rays†	\$0 copay under Denver Health Medicaid Choice. \$1 copay per visit under Medicaid fee-for-service. Dental x-rays do not have a co-pay.	\$0** - 20% of the cost.
Colorectal Cancer Screening	\$0 copay under Denver Health Medicaid Choice. \$2 copay per visit for diagnostic or treatment colonoscopy under Medicaid fee-for-service. \$0 copay for screening under Medicaid fee-for-service.	\$0 copay.
Immunizations	\$0 copay.	\$0 copay.
Mammograms	\$0 copay.	\$0 copay.
Pap Smears	\$0 copay.	\$0 copay.
Prostate Cancer Screening Exams	\$0 copay.	\$0 copay.
Renal Dialysis	\$0 copay under Denver Health Medicaid Choice.	\$0** - 20% of the cost.
Prescription Drugs†	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.	\$445 deductible. Depending on your level of Extra Help, during the Initial Coverage Stage: You pay \$0 - \$3.70 or 15% coinsurance for generic drugs (including brand drugs treated as generic), or

Benefit Category	Medicaid	Denver Health Medicare Choice (HMO D-SNP)
	<p>\$0 copay under Denver Health Medicaid Choice.</p>	<p>You pay \$0 - \$9.20 or 15% coinsurance for all other prescription drugs.</p>
<p>Dental Services†</p>	<p>\$0 copay for cleanings, fillings, root canals, crowns and partial dentures.</p> <p>Adult dental benefit has an annual limit of \$1,500 per state fiscal year (July 1st – June 30th). Emergency and denture benefits are not subject to this limit.</p>	<p>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. See the Evidence of Coverage for a complete description of benefits.</p>
<p>Hearing Aids</p>	<p>\$0 copay under Denver Health Medicaid Choice.</p> <p>Replacement of current cochlear implant if broken/lost.</p> <p>\$0 copay per visit under Medicaid fee-for-service.</p>	<p>Up to \$1,500 every 3 years for hearing aids.</p>
<p>Hearing Exams/Tests</p>	<p>\$0 copay under Denver Health Medicaid Choice., if determined an emergency.</p> <p>\$2 copay per visit for Medicaid fee-for-service.</p>	<p>\$0** - 20% copay for 1 routine exam every 3 years.</p> <p>\$0** - 20% for exam to diagnose and treat hearing and balance issues.</p>
<p>Vision Services</p>	<p>\$0 copay under Denver Health Medicaid Choice, if determined an emergency.</p> <p>\$2 copay per visit for Medicaid fee-for-service.</p>	<p>\$0 copay every year for a routine eye exam.</p> <p>\$0** - 20% for Medicare covered eye exams</p>

Benefit Category	Medicaid	Denver Health Medicare Choice (HMO D-SNP)
		\$200 every year for contact lenses and/or eyeglasses (frames and lenses).
Transportation	\$0 copay.	\$0 copay for up to 35 round trips.