DENVER HEALTH MEDICAL PLAN INC.™
Medicare Advantage

January 1-December 31, 2021

Denver Health Medical Plan, Inc.

Denver Health Medicare Select (HMO)

Adams, Denver and Jefferson Counties

Summary of Benefits

2021

H5608_002SB2021v2_M

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

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 Select (HMO) 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.

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?

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 must reside in Adams, Denver and Jefferson Counties.

What Do We Cover?

DHMP covers 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 outlined in this booklet. For a full list of benefits, you can access our **EOC** online.

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 services or items are medically necessary.
- The services or 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 (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.

Medicare Part C (Physician and Hospital Services): What's covered and what it costs

* Your plan provider may need to provide a referral.
† Prior Authorization may be required.

Benefits and premiums	You pay
Monthly plan premiums	**$34.30** per month, depending on your level of extra help.
Deductible	The Part B deducible is **$0**, and applies to in-network services. The Part D deductible is **$0**, 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, you are not responsible for paying any costs toward the maximum out-of-pocket amount for covered Medicare Part A and Part B services.	**$4,750.**
Inpatient hospital coverage*† 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.	• Days 1 to 5: **$300** copay per day of each benefit period. • Days 6 to 90: **$0** copay per day of each benefit period. • Days 1 to 60: **$578** per lifetime reserve days. *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.*
Outpatient hospital coverage*†	**20%** of the cost for each Medicare-covered outpatient hospital facility visit.
Ambulatory Surgery Center*†	**20%** of the cost for Medicare-covered outpatient surgery services provided at ambulatory surgical centers.
Doctor's visits*†	Primary Care Visit: **$0.** Specialist Visit*†: **$25.**
Preventive care	You pay **$0.** *See **EOC** for details.*

Benefits and premiums	You pay
Emergency care We cover emergency care anywhere in the United States.	**$80** copay. If you are admitted to the hospital within 3 days, you do not have to pay your share of the cost for emergency care.
Urgently needed services	**$25** copay. If you are admitted to the hospital within 3 days, you do not have to pay your share of the cost for urgently needed care.
Diagnostic services, lab, and imaging*† • Diagnostic tests and procedures • X-rays	**20%** of the cost. *Note: The cost of these services may be different if received in an Outpatient Surgery Setting.*
• Lab Tests	**$0** copay.
Hearing services • Exam to diagnose and treat hearing and balance issues • Routine hearing exams	**$25** copay.
• Routine hearing exams • Hearing aid fitting or evaluation exam	**$25** for up to 1 routine hearing exam and 1 fitting/evaluation exam every 3 years.
• Hearing Aids	**$1,500** allowance every 3 years.
Dental services Preventive and comprehensive dental coverage	We cover limited dental services, subject to Delta Dental processing policies, limitations, and exclusions. Diagnostic preventive: • 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) *See **EOC** for details.*
Vision services • Visits to diagnose and treat eye disease and conditions	**$25** copay.
• Supplemental routine eye exam	**$25** for up to 1 each year.
• 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.

Benefits and premiums	You pay
	• **$300** coinsurance for days 1 to 5. • **$0** copay per day for days 6 to 90. • **$578** per lifetime reserve days.
Mental health services (Outpatient) * Outpatient group and individual therapy	**$0** copay.
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** copay for days 1 to 20. • **$185.50** copay for days 21 to 100.
Outpatient Rehabilitation*† • Cardiac (heart) rehab services • Pulmonary (lung) rehab services	**20%** of the cost.
• Occupational therapy	**$25** copay.
• Physical therapy	**$10** copay.
• Speech therapy	**$10** copay.
Ambulance	**20%** of the cost. If you are admitted to the hospital, you do not have to pay your share of the cost for the ambulance services.
Transportation	**$0** copay for up to 35 round trips each year to health-related, plan-approved locations**.**
Medicare Part B drugs†	**20%** of the cost.
Chiropractic Care	**$20** copay. Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position).
Diabetes Supplies and Services† • Diabetes therapeutic shoes or inserts	**20%** of the cost.
• Diabetic supplies • Diabetes self-management training	**$0** copay. *Diabetic glucometers and test strips are limited to Trividia Health Product. Glucometers and test strips made by other manufacturers requires an organization determination.*

Medicare Part D: Prescription Drug Coverage

Some individuals may be entitled to *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. If you'd like to learn more or need help applying, please call our retention team at 303-602-2999.

Initial Coverage Stage

- After you pay your yearly deductible of **$0**, you pay the following cost sharing as seen in the charts below until your yearly drug costs reach **$4,130**. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

Standard Retail Cost Sharing

Tier	One-month supply	Two –month supply	Three-month supply
Tier 1 Preferred generic	**$3** copay	**$6** copay	**$6** copay
Tier 2 Generic	**$9** copay	**$18** copay	**$18** copay
Tier 3 Preferred brand	**25%** coinsurance	**25%** coinsurance	**25%** coinsurance
Tier 4 Non-preferred brand	**50%** coinsurance	**50%** coinsurance	**50%** coinsurance
Tier 5 Specialty tier	**33%** coinsurance	Not covered	Not covered
Tier 6 Select care drug	**$0** copay	**$0** copay	**$0** copay

Standard Mail Order Cost-Sharing

Tier	One-month supply	Three-month supply
Tier 1 Preferred generic	Not covered	**$6** copay
Tier 2 Generic	Not covered	**$18** copay
Tier 3 Preferred brand	Not covered	**25%** copay
Tier 4 Non-preferred brand	Not covered	**50%** copay
Tier 5 Specialty tier	**33%** copay	Not covered
Tier 6 Select care drug	Not covered	**$0** copay

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.

Catastrophic Coverage Stage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy, mail order and through home delivery) 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 about these stages, 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.