ELEVATE MEDICARE ADVANTAGE
Denver Health Medical Plan Inc.℠

Denver Health Medical Plan, Inc.

Elevate Medicare Choice (HMO D-SNP)

Adams, Denver or Jefferson County

Summary of Benefits

2022

January 1-December 31, 2022

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 www.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 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.

Out-of-network/non-contracted providers are under no obligation to treat Elevate Medicare Choice (HMO D-SNP) members, except in emergency situations. Please call our Health Plan Services 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?

Elevate 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 or Jefferson County.

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 (www.denverhealthmedicalplan.org/find-doctor) or ask us to mail you a copy by calling 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: What's covered and what it costs

* Referral required.
† Your provider must obtain prior authorization from our plan.
**If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0.

Benefits and Premiums	You Pay
* Referral required. † Your provider must obtain prior authorization from our plan. **If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0.	
Monthly Plan Premiums	$0 - $39.80** per month, depending on your level of *Extra Help*.
Deductible	The Part B deductible is $0** or $233 and applies to in-network services. The Part D deductible is $0** or $480, 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
* Referral required. † Your provider must obtain prior authorization from our plan. **If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0.	
Inpatient Hospital Coverage*† Our plan covers 90 days per benefit period.	$0** or $1,556 deductible for each benefit period. • Days 1-60: $0 copay per day of each benefit period. • Days 61-90: $389 copay per day of each benefit period. • Days 91-and beyond: $778 copay per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime). †Prior authorization is required for all acute rehabilitation services.
Outpatient Hospital Coverage*	$0** or 20% of the cost after the deductible is met.
Ambulatory Surgery Center*	**$**0** or 20% of the cost after the deductible is met.
Doctor Office Visits*	Primary Care Visit: $0** or 20% of the cost after the deductible is met. Specialist Visit:* $0** or 20% of the cost after the deductible is met.
Preventive Care	$0 copay. *See **EOC** for details.*
Emergency Care Emergency care is not covered outside the United States.	$0** or 20% of the cost (up to $90) for Medicare-covered emergency room visits. If you are admitted to the hospital within 3 days, you pay $0 copay for the emergency room visit.
Urgently Needed Services Urgent care is not covered outside the United States.	$0** or 20% of the cost (up to $65) for each Medicare-covered urgent care visit. If you are admitted to the hospital within 3 days, you pay $0 copay for the emergency room.
Diagnostic Services, Lab and Imaging* • Diagnostic tests and procedures • X-rays • Lab tests	$0** or 20% of the cost after the deductible is met.

Benefits and Premiums	You Pay
* Referral required. † Your provider must obtain prior authorization from our plan. **If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0.	
Hearing Services • Exam to diagnose and treat hearing and balance issues • Routine hearing exams • Hearing aid fitting or evaluation exam • Hearing aids	$0** to 20% of the cost for Medicare-covered diagnostic hearing exams. $0 copay for up to one routine hearing exam every three years. $0 copay for fittings/evaluations for hearing aids. Up to $1,500 for hearing aids (both ears combined) every three years.
Dental Services† Preventive and comprehensive dental coverage	$0 copay for limited dental services subject to Delta Dental processing policies, limitations and exclusions. • Cleanings (up to 2 per calendar year) • Bitewing x-ray (1 set of 4 per calendar year) • Full mouth or panoramic x-ray (1 every 60 months) • Fluoride treatment (one treatment per year) • Fillings (up to 1 per tooth per 12 months. Multiple fillings on one surface will be paid as a single filling. Replacement of an existing amalgam filling is allowed if at least 12 months have passed since the existing amalgam was placed). Maximum plan benefit coverage amount of $1,500. *See **EOC** for details.*
Vision Services • Visits to diagnose and treat eye disease and conditions • Supplemental routine eye exam • Contact lenses and/or eyeglasses (frames and lenses)	$0** or 20% of the cost for Medicare-covered diagnosis and treatment for diseases and conditions of the eye, including an annual glaucoma screening for people at risk. $0 copay for up to one supplemental routine eye exam every year. Up to $250 for contact lenses and/or one pair of eye glasses (lenses and frames) per year.
Inpatient Mental Health Services*†	$0** or $1,556 deductible for each benefit period. • Days 1-60: $0 copay for each benefit period. • Days 61-90: $389 copay per day for each benefit period. • Days 91 and beyond: $778 copay per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime).

Benefits and Premiums	You Pay
* Referral required. † Your provider must obtain prior authorization from our plan. **If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0.	
Outpatient Mental Health Services* Outpatient group and individual therapy	$0** or 20% of the visit after the deductible is met.
Skilled Nursing Facility (SNF)* 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: • Days 1 - 20: $0 copay. • Days 21- 100: $194.50 copay.
Outpatient Rehabilitation* • Cardiac (Heart) • Pulmonary (Lung) • Occupational Therapy† • Physical Therapy† • Speech Therapy†	$0** or 20% of the cost after the deductible is met. †Prior authorization is required starting with the 31st visit for occupational, physical and speech therapy services.
Ambulance†	$0** or 20% of the cost after the deductible is met. If you are admitted to the hospital, you do not have to pay for the ambulance services. †Prior authorization is only required for non-emergency Medicare-covered services and air ambulance.
Transportation Round-trip non-emergent medical transportation to plan approved health-related locations.	$0 copay for unlimited round-trips through Access2Care.
Medicare Part B Drugs † for non-preferred Part B drugs	$0** or 20% of the cost after the deductible is met.

Medicare Part D: Prescription Drug Coverage

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
- $1.35 copay; or
- $3.95 copay; or
- 15% of the cost.

For all other drugs, either:

- $0 copay; or
- $4 copay; or
- $9.85 copay; or
- 15% of the cost.

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 $4,430.

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 $7,050, 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 $7,050, you pay the greater of:

- 5% of the cost; or
- $3.95 for generic (including brand drugs treated as generic) and a $9.85 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, 90 or 100 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 Health Plan Services at 303-602-2111 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 www.denverhealthmedicalplan.org, or call Health Plan Services at 303-602-2111 or toll-free at 1-877-956-2111 for a copy.

Additional Benefits	
Benefits	**You Pay**
* Referral required. † Your provider must obtain prior authorization from our plan. **If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0.	
Chiropractic Care	$0** or 20% of the cost after the deductible is met.
Diabetes Supplies and Services† • Diabetes therapeutic shoes or inserts • Diabetic supplies • Diabetes self-management training	$0** or 20% of the cost after the deductible is met for therapeutic shoes inserts and diabetic monitoring supplies. $0 copay for diabetes self-management training. †Trividia Health diabetic testing supplies and Freestyle Libre continuous glucose monitoring system do not require authorization. All other vendors require prior authorization.
Meal Benefit Meals are offered for each Inpatient or Skilled Nursing Facility (SNF) admission (after discharge).	$0 copay for up to 21 meals within 10 days after discharge from each inpatient or SNF admission.
Over-the-Counter (OTC) Mail Order	Covered up to $220 every three months. Your allowance is available every quarter, starting January, April, July and October. The unused quarterly allowance will not carry over. You can view the catalogue and form at www.denverhealthmedicalplan.org/elevate-medicare-OTC. To order your product(s), mail or fax in the order

Additional Benefits	
Benefits	**You Pay**
* Referral required. † Your provider must obtain prior authorization from our plan. **If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0.	
Over-the-Counter (OTC) Mail Order (Continued)	form found on our web page. No returns, refunds or reimbursements accepted.

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 www.healthfirstcolorado.com/benefits-services.

There may be additional copay 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 www.healthfirstcolorado.com/benefits-services.

Benefit Category	Medicaid	Elevate Medicare Choice (HMO D-SNP)
* Referral required. † Your provider must obtain prior authorization from our plan. **If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0.		
Ambulance†	$0 copay.	$0** or 20% of the cost after the deductible is met. If you are admitted to the hospital, you do not have to pay for the ambulance services. †Prior authorization is only required for non-emergency Medicare-covered services and air ambulance.
Colorectal Cancer Screening	$0 copay under Denver Health Medicaid Choice. $2 copay per visit for diagnostic or treatment	$0 copay.

Benefit Category	Medicaid	Elevate Medicare Choice (HMO D-SNP)
* Referral required. † Your provider must obtain prior authorization from our plan. **If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0.		
Colorectal Cancer Screening (Continued)	colonoscopy under Medicaid fee-for-service. $0 copay for screening under Medicaid fee-for-service.	
Dental Services	$0 copay for cleanings, fillings, root canals, crowns and partial dentures. 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.	$0 copay for limited dental services subject to Delta Dental processing policies, limitations, and exclusions. • Cleanings (up to 2 per calendar year) • Bitewing x-ray (1 set of 4 per calendar year) • Full mouth or panoramic x-ray (1 every 60 months) • Fluoride treatment (one treatment per year) • †Fillings (up to 1 per tooth per 12 months. Multiple fillings on one surface will be paid as a single filling. Replacement of an existing amalgam filling is allowed if at least 12 months have passed since the existing amalgam was placed). Maximum plan benefit coverage amount of $1,500. *See **EOC** for details.*
Diabetes Supplies and Services† • Diabetes therapeutic shoes or inserts • Diabetic supplies	$0 copay under Denver Health Medicaid Choice. $1 copay per visit under Medicaid fee-for-service.	$0** or 20% of the cost after the deductible is met for therapeutic shoes or inserts and diabetic monitoring supplies.

Benefit Category	Medicaid	Elevate Medicare Choice (HMO D-SNP)
* Referral required. † Your provider must obtain prior authorization from our plan. **If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0.		
Diabetes Supplies and Services† (Continued) • Diabetes self-management training		$0 copay for diabetes self-management training. †Trividia Health diabetic testing supplies and Freestyle Libre continuous glucose monitoring system do not require authorization. All other vendors require prior authorization.
Diagnostic Tests, Lab Services and Radiology Services*	$0 copay under Denver Health Medicaid Choice. $1 copay per visit under Medicaid fee-for-service.	$0** or 20% of the cost after the deductible is met.
Durable Medical Equipment (DME)† Including oxygen	$0 copay under Denver Health Medicaid Choice. $1 copay per day for some DME under Medicaid fee-for-service.	$0** or 20% of the cost after the deductible is met. †Prior authorization required for all DME and prosthetics with a purchase price of $500 or greater. †Prior authorization required for all DME Rental.
Emergency Care	$0 copay under Denver Health Medicaid Choice, if determined an emergency. $6 copay per visit if not an emergency under Medicaid fee-for-service.	$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.
Hearing Services • Exam to diagnose and treat hearing and balance issues • Routine hearing exams	$0 copay under Denver Health Medicaid Choice, if determined an emergency. $2 copay per visit for Medicaid fee-for-service.	$0** to 20% of the cost for Medicare-covered diagnostic hearing exams.

Benefit Category	Medicaid	Elevate Medicare Choice (HMO D-SNP)
* Referral required. † Your provider must obtain prior authorization from our plan. **If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0.		
Hearing Services (Continued) • Hearing aid fitting or evaluation exam • Hearing aids	$0 copay under Denver Health Medicaid Choice. Replacement of current cochlear implant if broken/lost. $0 copay per visit under Medicaid fee-for-service.	$0 copay for up to one routine hearing exam every three years. $0 copay for fittings/evaluations for hearing aids. Up to $1,500 for hearing aids (both ears combined) every three years.
Home Health Care*†	$0 copay.	$0 copay.
Hospice	$0 copay. No more than 9 months.	Covered by Original Medicare.
Inpatient Hospital Coverage*† 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).	$0** or $1,556 deductible for each benefit period. • Days 1-60: $0 copay per day of each benefit period. • Days 61-90: $389 copay per day of each benefit period. • Days 91-and beyond: $778 copay per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime). †Prior authorization is required for all acute rehabilitation services.

Benefit Category	Medicaid	Elevate Medicare Choice (HMO D-SNP)
* Referral required. † Your provider must obtain prior authorization from our plan. **If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0.		
Inpatient Mental Health Services*†	$0 copay.	$0** or $1,556 deductible for each benefit period. • Days 1-60: $0 copay for each benefit period. • Days 61-90: $389 copay per day for each benefit period. • Days 91 and beyond: $778 copay per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime).
Immunizations	$0 copay.	$0 copay.
Mammograms	$0 copay.	$0 copay.
Outpatient Mental Health*	$0 copay†	$0** or 20% of the cost after the deductible is met.
Outpatient Services/Surgery*	$0 copay under Denver Health Medicaid Choice. $4 copay per visit under Medicaid fee-for-service. $0 copay at an ambulatory surgery center under Medicaid fee-for-service.	$0** or 20% of the cost after the deductible is met.
Outpatient Substance Abuse*	$0 copay.	$0** or 20% of the cost after the deductible is met.

Benefit Category	Medicaid	Elevate Medicare Choice (HMO D-SNP)
* Referral required. † Your provider must obtain prior authorization from our plan. **If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0.		
Outpatient Rehabilitation* • Cardiac (Heart) • Pulmonary (Lung) • Physical Therapy† • Occupational Therapy† • 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** or 20% of the cost after the deductible is met. † Prior authorization is required starting with the 31st visit for occupational, physical and speech therapy services.
Pap Smears	$0 copay.	$0 copay.
Podiatry Services*	$0 copay under Denver Health Medicaid Choice. $2 copay per visit under Medicaid fee-for-service.	$0** or 20% of the cost after the deductible is met.
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. $0 copay under Denver Health Medicaid Choice.	$480 deductible. Depending on your level of Extra Help, during the Initial Coverage Stage: You pay $0 - $3.95 copay or 15% of the cost for generic drugs (including brand drugs treated as generic), or You pay $0 - $9.85 copay or 15% of the cost for all other prescription drugs.
Preventive Care	$0 copay.	$0 copay.
Primary Care	$0 copay under Denver Health Medicaid Choice. $2 copay per visit under Medicaid fee-for-service.	$0** or 20% of the cost after the deductible is met.

Benefit Category	Medicaid	Elevate Medicare Choice (HMO D-SNP)
* Referral required. † Your provider must obtain prior authorization from our plan. **If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0.		
Prostate Cancer Screening Exams	$0 copay.	$0 copay.
Prosthetic Devices†	$0 copay under Denver Health Medicaid Choice. $1 copay per visit under Medicaid fee-for-service.	$0** or 20% of the cost after the deductible is met. †Prior authorization required for all DME and prosthetics with a purchase price of $500 or greater.
Renal Dialysis*	$0 copay under Denver Health Medicaid Choice.	$0** or 20% of the cost after the deductible is met.
Skilled Nursing Facility (SNF)*	$0 copay.	You pay $0** or: • Days 1 - 20: $0 copay. • Days 21- 100: $194.50 copay.
Specialty Care*	$0 copay under Denver Health Medicaid Choice. $2 copay per visit under Medicaid fee-for-service.	$0** or 20% of the cost after the deductible is met.
Transportation	$0 copay.	$0 copay for round-trip non-emergent medical transportation to plan approved health-related location through Access2Care.
Urgently Needed Services	$0 copay under Denver Health Medicaid Choice., if determined an emergency. $2 copay per visit if not part of an emergency room under Medicaid fee-for-service.	$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 emergency care.
Vision Services	$0 copay under Denver Health Medicaid Choice, if determined an emergency.	$0 copay for up to one supplemental routine eye exam every year.

Benefit Category	Medicaid	Elevate Medicare Choice (HMO D-SNP)
* Referral required. † Your provider must obtain prior authorization from our plan. **If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0.		
	$2 copay per visit for Medicaid fee-for-service.	$0** or 20% of the cost for Medicare-covered diagnosis and treatment for diseases and conditions of the eye, including an annual glaucoma screening for people at risk. Covered up to $250 for contact lenses and/or eyeglasses (frames and lenses) every year.
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** or 20% of the cost after the deductible is met.