



ELEVATE
MEDICARE ADVANTAGE
Denver Health Medical Plan Inc.™

ELEVATE MEDICARE CHOICE (HMO D-SNP)

Denver, Adams and Jefferson Counties

**Health insurance for the
community where we live.**



WHAT'S INSIDE

- » Understanding your Medicare options
- » Medicare Savings Program and Extra Help
 - » How your plan works
 - » Plan specific information

YOUR AGENT INFORMATION

Agent name: _____

Agent phone number: _____

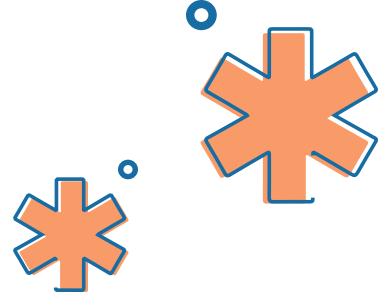
Agent email: _____

LET'S TALK!

Call a licensed sales agent at **303-602-2999**.
They're ready to walk through your options and help you enroll.



Understand Your Medicare Options



Medicare has four parts:



Part A: This is hospital insurance that covers inpatient hospital and rehabilitation facility care including x-rays, surgeries, and radiation treatment. It also covers skilled nursing facilities, hospice, and home health care. Most people will not pay a premium for Part A.



Part B: This is a medical insurance that covers outpatient hospital, home healthcare, ambulance, doctor visits and preventive services. You may pay a monthly premium for Part B and is usually taken out of your Social Security check.



Part C: This is an alternative to Original Medicare, which we'll discuss below. It covers all of your Part A and B benefits and may cover Part D benefits. These plans may include extra benefits, require you to see in-network doctors or specialists and caps your out-of-pocket spending to protect your finances. You may pay a premium for Part C, and you must keep paying your Part B premium.



Part D: This is a prescription drug plan that covers your prescription drugs. It's often included in your Part C plan or can be purchased separately to go with Original Medicare. You may pay a monthly premium for Part D.

You have two options:

Option 1: Original Medicare

Parts A and B make up Original Medicare and is provided by the Federal Government.

Option 2: Medicare Advantage

These are Part C plans. They cover Part A and B and may cover Part D. They offer benefits at least as good as Original Medicare, but may also include extra benefits like eyewear, hearing, dental, transportation and more!

Compare the difference:

	Original Medicare	Medicare Advantage (Part C)
Doctors and Specialists	You can go to any doctor or hospital that accepts Medicare.	You must use its in-network doctors and hospitals. If it's an emergency, you can go to any hospital or urgent care.
Prescription Drug Coverage	You have to buy a separate Part D plan.	It may include prescription drug coverage so you wouldn't need to buy a separate plan.
Total Out-of-Pocket Costs	You may not have a limit on how much you pay out of pocket each year.	You have a maximum out of-pocket each year.

Medicare Savings Programs and Extra Help



There are four different Medicare Savings Programs (MSP) and qualification depends on your income and resource limits:

- » Qualified Medicare Beneficiary (QMB) pays for your Part A premiums, Part B premiums, deductibles and co-insurance
- » Specified Low-Income Medicare Beneficiary (SLMB) pays for your part B premiums only
- » Qualified Individuals-1 (QI-1) pays for your Part B premiums only
- » Qualified Disabled and Working Individuals (QDWI) pays for your Part A premium only

If you want to apply for an MSP, contact your local Department of Human Resources. Our plans have a \$0 Part D premium.

If you aren't getting extra help, you can see if you qualify by calling:

- » **1-800-Medicare** or TTY users call **1-877-486-2048** (24 hours a day/7 days a week)
- » Your State Medicaid Office
- » The Social Security Administration at **1-800-772-1213**. TTY users should call **1-800-325-0778** between 7 a.m. and 7 p.m., Monday through Friday

If you have any questions, please call Health Plan Services at **303-602-2111** or **1-877-956-2111** (TTY users should call 711) from 8 a.m. – 8 p.m., seven days a week.





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HOW YOUR PLAN WORKS



What are the biggest advantages of your **Medicare Advantage Plan?**



FLEXIBLE OPTIONS FOR SAME-DAY CARE

When you need care, it is always best to see your Primary Care Provider (PCP). But if you cannot, your Elevate Medicare Advantage plan offers a variety of flexible options to make sure you have access to the right care at the right time:



NurseLine available 24/7 to provide free medical assistance, care advice and can even prescribe certain medications: 303-739-1261



DispatchHealth makes easy urgent care visits in the comfort of your own home, 8 a.m. – 10 p.m., 365 days a year: 303-500-1518

- Great alternative to crowded waiting rooms and risk of germ exposure
- Same copay as an urgent care center



Access to any urgent care center or emergency department in the U.S.

Your health is our highest priority. Easy same-day care is just one of the many ways we're continuously looking to enhance our level of service to you.

FREE RIDES TO DOCTOR APPOINTMENTS

Non-Emergency Medical Transport (NEMT) is a covered benefit for Elevate Medicare Advantage members. You have unlimited roundtrip rides that can be used to visit any plan-approved, health-related location.

- 1. Call Access2Care at least 48 hours before your appointment:
1-877-692-5315 (6 a.m. to 9 p.m., 7 days a week)**
- 2. You will receive a call from your driver to confirm the exact pick-up time
24 hours before your appointment**
 - » Please be ready at least 60 minutes prior to your appointment so we can ensure on-time arrival
 - » To cancel a ride or change your ride, call Access2Care at 1-877-692-5315



WE CAN HELP YOU GET THE MOST OUT OF YOUR BENEFITS

We are here to listen to you, help answer any questions you have, and help you navigate your benefits. When you have a question about your Elevate Medicare Advantage plan or your benefits, call us. We are specially trained to help you!

We can assist you with things like:

- » Getting appointments with a Primary Care Provider (PCP) or Specialist
- » Knowing where to get care when you need to be seen right away
- » Understanding the provider network and covered benefits
- » Getting the care, tests and treatment you need
- » Helping you fill prescriptions
- » Understanding the costs of prescriptions
- » Understanding dental benefits and how to schedule a dental appointment



HOURS OF OPERATION:
8 a.m. – 8 p.m.
Seven days a week



QUESTIONS ABOUT YOUR PLAN?
303-602-2111

It's easy to get your prescribed medications with Elevate Medicare Advantage!

You can fill your prescriptions using the following options.



PHARMACY BY MAIL

Denver Health's Pharmacy by Mail is an easy and safe way to get your prescriptions delivered right to your mailbox. Prescriptions must be written by a Denver Health provider.

Ways to sign up for Pharmacy by Mail

1. Through MyChart
 - » Online at **MyChart.DenverHealth.org**
 - » MyChart app for smart phones
 2. Call the pharmacy directly Monday – Friday, 8 a.m. to 5 p.m.: 303-436-4488
- To learn more, visit: **DenverHealthMedicalPlan.org/Denver-Health-Pharmacy-Mail**



HOME DELIVERY

If getting your prescriptions through the mail is not the best option, you can have them delivered to your front door at **no cost to you!** Call 303-436-4488 to set up home delivery. Prescriptions must be written by a Denver Health provider.



100 DAY SUPPLIES OF MAINTENANCE MEDICATIONS

Most medications that you fill on a regular basis can now be filled for 100 day supplies, and there is **no extra cost** compared to 90 day supplies. Ask your health care provider or pharmacy about getting your medications filled for 100 day supplies. Note: controlled substances and specialty medications are not eligible for 100 day supplies.



LEAVING TOWN FOR A WHILE? WE OFFER VACATION SUPPLIES!

If it is too early to refill your medication and you will run out of medication while out of town, we have you covered! You can get an extra supply covered by your DHMP Medicare Advantage plan. How? Two easy steps:

- » Call the Pharmacy team at 303-602-2070 at least one week before you leave.
- » Tell us you need more medication than usual because you will run out while you are out of town.



FILL AT YOUR LOCAL PHARMACY

Of course, you can still have the option to fill at your favorite in-network, local pharmacy if that works best for you.

For more information or help, call Health Plan Services at 303-602-2111. Our hours of operation are 8 a.m. – 8 p.m., seven days a week. TTY users call 711. H5608_MCRRxFlyer23_C

HOURS OF OPERATION:
8 a.m. to 5 p.m.
Monday - Friday



HAVE QUESTIONS? CALL US AT:
303-602-2070



**ELEVATE
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Get your Health Risk Assessment – and a \$25 Reward!

As a member of Elevate Medicare Choice (HMO D-SNP), you will be assigned a Care Manager and a Health Plan Care Coordinator to help you with your health care goals. Our Care Managers are here to work with you and your doctor to make sure you get the care you need.

In our Care Management Program, we can:

- » Make doctor and specialty appointments
- » Make referrals to resources
- » Help with scheduling transportation to your doctor's appointment
- » Work with your doctor to make sure you have the medicines you need
- » And more!

Complete your Health Risk Assessment (HRA) – Get a \$25 Reward!

You have an opportunity to complete an initial HRA. We want you to be healthy and feel good. By answering the questions on the HRA, we will identify your health risks and try to lower them. Each year, we will ask you to complete an HRA, so we know if there were any changes in your health. This will also help us know if you need more help.

Your answers to these questions do not affect your insurance coverage and may be shared with your doctor. We can work with your doctor and health care team to try and improve your health.

What to expect?

You will receive an HRA in the mail, it will also have a link to do the HRA online, this will then be followed up by a phone call. You will also receive a welcome letter from your Care Manager and Health Plan Care Coordinator and how to contact us directly. Once we receive your completed HRA by phone or mail, we will send you a \$25 Elevate Medicare Advantage Visa® Prepaid Card* to the mailing address on file. Please allow 4 - 6 weeks to process your request.

If you would like to call us to complete your HRA please call **1-833-292-4893**. TTY users should call 711. After you complete your HRA, a \$25 reward will be sent to the mailing address on file. If you have updated contact information than when you enrolled, please contact us at **303-602-2184** or email us at **DHMPCC@dhha.org**.



*Card is issued by Pathward, N.A., Member FDIC, pursuant to a license from Visa U.S.A. Inc. No cash access or recurring payments. Can be used at select merchants that accept Visa debit cards, see MyPrepaidCenter.com/page/elevate-medicare. Card valid for up to 12 months, funds do not expire and may be available after card expiration date, fees may apply. Terms and conditions apply. H5608_InitialHRA_C



**ELEVATE
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Denver Health Medical Plan

Elevate Medicare Advantage

Elevate Medicare Choice (HMO D-SNP)

Adams, Denver or Jefferson County

Summary of Benefits 2023

January 1-December 31, 2023

H5608_001SB23v2_M CMS Approved 09/24/2022

About this Summary of Benefits

Thank you for considering Elevate Medicare Advantage by Elevate 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. TTY should call 711. Our hours of operation are 8 a.m. to 8 p.m., seven days a week.

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.

Elevate Medicare Advantage is a Medicare-approved HMO plan. Elevate Medicare Advantage depends on contract renewal. The plan also has a written agreement with Health First Colorado – Colorado's 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 Medicare Part D.
- You have Qualified Medicare Beneficiary (QMB) or full Medicaid benefits.
- You reside in Adams, Denver or Jefferson County.

What Do We Cover?

- Our plan members get the same benefits covered by Original Medicare and more. Some of the benefits are outlined in this document. For a full list of benefits, you can access our **EOC** online.
- You are covered by both Medicare and QMB or Medicaid. Medicare covers health care and prescription drugs. QMB and Medicaid cover 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 QMB or 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 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 (www.denverhealthmedicalplan.org) or ask us to mail you a copy by calling 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.

Medicare Part C: What's covered and what it costs

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 - \$41.60** per month, depending on your level of <i>Extra Help</i> .
Deductible	The deductible is \$0** or \$226 and applies to in-network services. The Part D deductible is \$0** or \$505, 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 QMB or 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.	\$8,200**
Inpatient Hospital Coverage*† Our plan covers 90 days per benefit period.	\$0** or \$1,600 deductible for each benefit period. <ul style="list-style-type: none">• Days 1-60: \$0 copay per day for each benefit period• Days 61-90: \$400 copay per day for each benefit period• Days 91 and beyond: \$800 copay per day for each “lifetime reserve day” after day 90 for each benefit period (up to 60 days over your lifetime)• Beyond lifetime reserve days: All costs †Prior authorization is required for all acute rehabilitation services.

Benefits and Premiums	You Pay
<p>* Referral required.</p> <p>† Your provider must obtain prior authorization from our plan.</p> <p>**If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>	
Outpatient Hospital Coverage*	\$0** or 20% of the total cost after the deductible is met.
Ambulatory Surgical Center*	\$0** or 20% of the total cost after the deductible is met.
Doctor Office Visits*	<p>Primary Care Visit: \$0** or 20% of the total cost after the deductible is met.</p> <p>Specialist Visit*: \$0** or 20% of the total cost after the deductible is met.</p>
Preventive Care	<p>\$0 copay.</p> <p><i>See EOC for details.</i></p>
Emergency Care Emergency care is not covered outside the United States.	<p>\$0** or 20% of the total cost (up to \$95) for Medicare-covered emergency room visits.</p> <p>If you are admitted to the hospital within 3 days you pay \$0 for the emergency room visit.</p>
Urgently Needed Services Urgent care is not covered outside the United States.	<p>\$0** or 20% of the total cost (up to \$60) for each Medicare-covered urgent care visit.</p> <p>If you are admitted to the hospital within 3 days, you pay \$0 for the urgent care visit.</p>
Diagnostic Services, Lab and Imaging* <ul style="list-style-type: none"> • Diagnostic tests and procedures • X-rays • Lab tests 	\$0** or 20% of the total cost after the deductible is met for Medicare-covered diagnostic tests, procedures and x-rays.
Hearing Services <ul style="list-style-type: none"> • Exam to diagnose and treat hearing and balance issues • Routine hearing exams • Hearing aid fitting or evaluation exam • Hearing aids 	<p>\$0** or 20% of the total cost for Medicare-covered diagnostic hearing exams.</p> <p>\$0 copay for up to one supplemental routine hearing exam every three years.</p> <p>\$0 copay for fittings/evaluations for hearing aids.</p> <p>Covered up to \$1,500 for supplemental hearing aids (both ears combined) every three years.</p>
Dental Services† Preventive and comprehensive dental coverage	<p>\$3,000 annual maximum benefit for preventive and comprehensive dental services every year.</p> <p>\$0 copay for limited dental services, subject to Delta Dental processing policies, limitations and exclusions.</p> <ul style="list-style-type: none"> • Cleanings (up to 2 per calendar year) • Bitewing x-ray (1 set of 4 per calendar year)

Benefits and Premiums	You Pay
<p>* Referral required.</p> <p>† Your provider must obtain prior authorization from our plan.</p> <p>**If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>	
	<ul style="list-style-type: none"> • 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) <p>See EOC for details.</p>
<p>Vision Services</p> <ul style="list-style-type: none"> • Visits to diagnose and treat eye disease and conditions • Supplemental routine eye exam • Contact lenses and/or eyeglasses (frames and lenses) 	<p>\$0** or 20% of the total cost for Medicare-covered diagnosis and treatment for diseases and conditions of the eye.</p> <p>\$0** or 20% of the total cost for annual glaucoma screening for people at risk.</p> <p>\$0 copay for up to one routine eye exam every year.</p> <p>You are covered up to \$250 for contact lenses and/or unlimited eyeglasses (lenses and frames) every year.</p>
<p>Inpatient Services in a Psychiatric Hospital*†</p> <p>Our plan covers up to 90 days for each benefit period and up to 60 days over your lifetime for inpatient mental health care in a psychiatric hospital.</p>	<p>\$0** or \$1,600 deductible for each benefit period.</p> <ul style="list-style-type: none"> • Days 1-60: \$0 copay per day for each benefit period • Days 61-90: \$400 copay per day for each benefit period • Days 91 and beyond: \$800 copay per day for each “lifetime reserve day” after day 90 for each benefit period (up to 60 days over your lifetime) • Beyond lifetime reserve days: All costs
<p>Outpatient Mental Health Services*</p> <p>Outpatient group and individual therapy</p>	<p>\$0** or 20% of the total cost after the deductible is met.</p>
<p>Skilled Nursing Facility (SNF)*</p> <p>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.</p>	<p>\$0** or:</p> <ul style="list-style-type: none"> • Days 1 – 20: \$0 copay per day for each benefit period • Days 21 – 100: \$0** or \$200 copay per day for each benefit period • Days 101 and beyond: All costs
<p>Outpatient Rehabilitation*</p> <ul style="list-style-type: none"> • Cardiac (Heart) • Pulmonary (Lung) • Occupational Therapy† 	<p>\$0** or 20% of the total cost after the deductible is met.</p> <p>†Prior authorization is required starting with the 31st visit for occupational, physical and speech therapy services.</p>

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.	
<ul style="list-style-type: none"> Physical Therapy† Speech Therapy† 	
Ambulance†	\$0** or 20% of the total cost after the deductible is met. If you are admitted to the hospital, you do not have to pay your share of the cost for the ambulance services. †Prior authorization is 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 to plan-approved locations through Access2Care.
Medicare Part B Drugs †for non-preferred Part B drugs	\$0** or 20% of the total cost after the deductible is met. Effective 4/1/2023, certain rebatable drugs may be subject to a lower coinsurance. Effective 7/1/2023, you will not pay more than \$35 for a one-month supply of insulin furnished through an item of DME, even if you have not paid your deductible.

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
\$1.45 copay; or
\$4.15 copay; or
15% of the total cost.

For all other drugs, either:

\$0 copay; or
\$4.30 copay; or

\$10.35 copay; or
15% of the total cost

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 \$4,660.

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 \$7,400, 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/or mail-order) reach \$7,400, you pay the greater of:

- 5% of the cost; or
- \$4.15 for generic (including brand drugs treated as generic) and a \$10.35 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 of most medications. See the formulary at www.denverhealthmedicalplan.org for details. 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 or toll free 1-877-956-2111 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 or toll free 1-877-956-2111 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 1-877-956-2111 for a copy.

Additional Benefits	
Benefits	You Pay
<p>* Referral required.</p> <p>† Your provider must obtain prior authorization from our plan.</p> <p>**If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>	
<p>Blood Pressure Cuff†</p> <p>This benefit is part of a special supplemental program for the chronically ill. Not all members qualify.</p>	<p>One blood pressure cuff covered up to \$135 per lifetime for qualified members.</p> <p><i>See EOC for eligibility details.</i></p>
<p>Chiropractic Care</p>	<p>\$0** or 20% of the total cost after the deductible is met. We cover only manual manipulation of the spine to correct subluxation.</p>
<p>Diabetes Supplies and Services†</p>	<p>\$0** or 20% of the total cost after the deductible is met for therapeutic shoes, inserts, diabetic monitoring supplies, and diabetes self-management training.</p> <p>†Trividia Health diabetic testing supplies and Freestyle Libre continuous glucose monitoring system do not require authorization. All other vendors require prior authorization.</p>
<p>Elevate Healthy Food Card</p> <p>This benefit is part of a special supplemental program for the chronically ill. Not all members qualify.</p>	<p>\$260 quarterly allowance to buy healthy foods on a pre-paid card at participating retailers. Your allowance is available every quarter starting January, April, July and October. The unused quarterly allowance will not carry over. No reimbursements.</p> <p><i>See EOC for eligibility details.</i></p>
<p>Meal Benefit</p> <p>Meals are offered for each Inpatient or Skilled Nursing Facility (SNF) admission (after discharge).</p>	<p>\$0 copay for up to 21 meals within 10 days after discharge from each inpatient or SNF admission.</p>
<p>Over-the-Counter (OTC) Mail Order</p>	<p>Covered up to \$260 quarterly. 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 form found on our web page. No returns, refunds or reimbursements accepted.</p>

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 total 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 Elevate 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.

Benefit Category	Medicaid	Elevate Medicare Choice (HMO D-SNP)
<p>* Referral required.</p> <p>† Your provider must obtain prior authorization from our plan.</p> <p>**If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</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>\$3,000 annual maximum benefit for preventive and comprehensive dental services every year.</p> <p>\$0 copay for limited dental services subject to Delta Dental processing policies, limitations, and exclusions.</p> <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 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) <p><i>See EOC for details.</i></p>

Benefit Category	Medicaid	Elevate Medicare Choice (HMO D-SNP)
<p>* Referral required.</p> <p>† Your provider must obtain prior authorization from our plan.</p> <p>**If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>		
<p>Diabetes Supplies and Services†</p> <ul style="list-style-type: none"> • Diabetes therapeutic shoes or inserts • Diabetic supplies • Diabetes self-management training 	<p>\$0 copay under Elevate Medicaid Choice.</p> <p>\$1 copay per visit under Medicaid fee-for-service.</p>	<p>\$0** or 20% of the total cost after the deductible is met for therapeutic shoes or inserts, diabetic monitoring supplies, and diabetes self-management training.</p> <p>†Trividia Health diabetic testing supplies and Freestyle Libre continuous glucose monitoring system do not require authorization. All other vendors require prior authorization.</p>
<p>Diagnostic Tests, Lab Services and Radiology Services*</p>	<p>\$0 copay under Elevate Medicaid Choice.</p> <p>\$1 copay per visit under Medicaid fee-for-service.</p>	<p>\$0** or 20% of the total cost after the deductible is met.</p>
<p>Durable Medical Equipment (DME)† Including oxygen</p>	<p>\$0 copay under Elevate Medicaid Choice.</p> <p>\$1 copay per day for some DME under Medicaid fee-for-service.</p>	<p>\$0** or 20% of the total cost after the deductible is met.</p> <p>†Prior authorization required for all DME and prosthetics with a purchase price of \$500 or greater.</p> <p>†Prior authorization required for all DME rental.</p>
<p>Emergency Care</p>	<p>\$0 copay under Elevate Medicaid Choice, if determined an emergency.</p> <p>\$8 copay per visit if not an emergency under Medicaid fee-for-service.</p>	<p>\$0** or 20% of the total cost (up to \$95).</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.</p>

Benefit Category	Medicaid	Elevate Medicare Choice (HMO D-SNP)
<p>* Referral required.</p> <p>† Your provider must obtain prior authorization from our plan.</p> <p>**If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>		
Hearing Services <ul style="list-style-type: none"> • Exam to diagnose and treat hearing and balance issues • Routine hearing exams • Hearing aid fitting or evaluation exam • Hearing aids 	\$0 copay under Elevate Medicaid Choice. \$0 copay per visit for Medicaid fee-for-service. Replacement of current cochlear implant if broken/lost.	\$0** or 20% of the total cost for Medicare-covered diagnostic hearing exams. \$0 copay for up to one supplemental routine hearing exam every three years. \$0 copay for fittings/evaluations for hearing aids. You are covered up to \$1,500 for supplemental 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.
Immunizations	\$0 copay.	\$0 copay.
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.	\$0** or \$1,600 deductible for each benefit period. <ul style="list-style-type: none"> • Days 1-60: \$0 copay per day for each benefit period • Days 61-90: \$400 copay per day for each benefit period • Days 91 and beyond: \$800 copay per day for each “lifetime reserve day” after day 90 for each benefit period (up to 60 days over your lifetime) • Beyond lifetime reserve days: All costs

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 Hospital Coverage*† (Continued)		†Prior authorization is required for all acute rehabilitation services.
Inpatient Services in a Psychiatric Hospital*†	\$0 copay.	\$0** or \$1,600 deductible for each benefit. • Days 1-60: \$0 copay per day for each benefit period • Days 61-90: \$400 copay per day for each benefit period • Days 91 and beyond: \$800 copay per day for each “lifetime reserve day” after day 90 for each benefit period (up to 60 days over your lifetime) • Beyond lifetime reserve days: All costs
Mammograms	\$0 copay.	\$0 copay.
Outpatient Mental Health*	\$0 copay.†	\$0** or 20% of the total cost after the deductible is met.
Outpatient Rehabilitation* <ul style="list-style-type: none"> • Cardiac (Heart) • Pulmonary (Lung) • Physical Therapy† • Occupational Therapy† • Speech Therapy† 	\$0 copay under Elevate 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 total cost after the deductible is met. †Prior authorization is required starting with the 31st visit for occupational, physical and speech therapy services.

Benefit Category	Medicaid	Elevate Medicare Choice (HMO D-SNP)
<p>* Referral required.</p> <p>† Your provider must obtain prior authorization from our plan.</p> <p>**If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>		
Outpatient Services/Surgery*	<p>\$0 copay under Elevate 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>	\$0** or 20% of the total cost after the deductible is met.
Outpatient Substance Abuse*	\$0 copay.	\$0** or 20% of the total cost after the deductible is met.
Pap Smears	\$0 copay.	\$0 copay.
Podiatry Services*	<p>\$0 copay under Elevate Medicaid Choice.</p> <p>\$2 copay per visit under Medicaid fee-for-service.</p>	\$0** or 20% of the total cost after the deductible is met.
Prescription Drugs†	<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 Elevate Medicaid Choice.</p>	<p>\$505 deductible.</p> <p>Depending on your level of Extra Help, during the Initial Coverage Stage:</p> <p>You pay \$0 - \$4.15 copay or 15% of the total cost for generic drugs (including brand drugs treated as generic), or</p> <p>You pay \$0 - \$10.35 copay or 15% of the total cost for all other prescription drugs.</p>
Preventive Care	\$0 copay.	\$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.		
Primary Care	\$0 copay under Elevate Medicaid Choice. \$2 copay per visit under Medicaid fee-for-service.	\$0** or 20% of the total cost after the deductible is met.
Prostate Cancer Screening Exams	\$0 copay.	\$0 copay.
Prosthetic Devices†	\$0 copay under Elevate Medicaid Choice. \$1 copay per visit under Medicaid fee-for-service.	\$0** or 20% of the total 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 Elevate Medicaid Choice.	\$0** or 20% of the total cost after the deductible is met.
Skilled Nursing Facility (SNF)*	\$0 copay.	You pay \$0** or: <ul style="list-style-type: none"> • Days 1 – 20: \$0 copay per day for each benefit period • Days 21 – 100: \$0** or \$200 copay per day for each benefit period • Days 101 and beyond: All costs
Specialty Care*	\$0 copay under Elevate Medicaid Choice. \$2 copay per visit under Medicaid fee-for-service.	\$0** or 20% of the total cost after the deductible is met.
Transportation	\$0 copay.	\$0 copay for round-trip non-emergent medical transportation to plan approved health-related locations through Access2Care.

Benefit Category	Medicaid	Elevate Medicare Choice (HMO D-SNP)
<p>* Referral required.</p> <p>† Your provider must obtain prior authorization from our plan.</p> <p>**If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>		
Urgently Needed Services	<p>\$0 copay under Elevate 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>\$0** or 20% of the total cost (up to \$60). 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>
Vision Services	<p>\$0 copay under Elevate Medicaid Choice.</p> <p>\$2 copay per visit for Medicaid fee-for-service.</p>	<p>\$0 copay for up to one routine eye exam every year.</p> <p>\$0** or 20% of the total cost for Medicare-covered diagnosis and treatment for diseases and conditions of the eye, including an annual glaucoma screening for people at risk.</p> <p>Covered up to \$250 for contact lenses and/or unlimited eyeglasses (lenses and frames) every year.</p>
X-Rays*	<p>\$0 copay under Elevate Medicaid Choice.</p> <p>\$1 copay per visit under Medicaid fee-for-service.</p> <p>Dental x-rays do not have a co-pay.</p>	<p>\$0** or 20% of the total cost after the deductible is met.</p>

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Health Plan Services for more information.

Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-956-2111. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-956-2111. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-877-956-2111。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-877-956-2111。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-956-2111. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-956-2111. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-877-956-2111 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-956-2111. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-956-2111 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-956-2111. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-877-956-2111. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-877-956-2111.

पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-956-2111.

Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-956-2111. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-956-2111. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-956-2111. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-877-956-2111. にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサー ビスです。

Mid-Year Change Notification to Elevate Medicare Select (HMO) and Elevate Medicare Choice (HMO D-SNP) Plans

June 5, 2023

Dear Member,

This is important information on changes in your coverage.

This notice is to let you know about changes to your 2023 Elevate Medicare Advantage benefits that is taking effect during the year. The changes are due to the recall of the FreeStyle Libre Continuous Glucose Monitoring System. For your safety, Libre has been removed from the formulary and replaced with Dexcom.

Benefit Changes and Effective Date

Benefit	Effective Date	Benefit Changes	What does this mean for you?
Diabetes Self-Management Training, Diabetic Services and Supplies	6/14/2023	<p>FreeStyle Libre continuous glucose monitoring system has been removed from the formulary and replaced with Dexcom.</p> <p>Dexcom continuous glucose monitoring system does not require authorization. All other vendors require authorization.</p>	The plan will no longer cover FreeStyle Libre continuous glucose monitoring system.

You are not required to take any action in response to this document, but we recommend you keep this information for future reference. If you have any questions, 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.

Elevate Medicare Advantage is a Medicare-approved HMO plan. Elevate Medicare Advantage depends on contract renewal. The plan also has a written agreement with Health First Colorado – Colorado’s 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.



ELEVATE
MEDICARE ADVANTAGE

Denver Health Medical Plan Inc.™

EXTRA BENEFITS





**ELEVATE
MEDICARE ADVANTAGE**

Denver Health Medical Plan Inc.™



Eat Healthy!

Elevate Medicare Advantage Visa® Prepaid Card*

Elevate Medicare Select (HMO): Up to \$75 quarterly allowance
Elevate Medicare Choice (HMO D-SNP): Up to \$260 quarterly allowance

Healthy Food is an important benefit that is included with your Elevate Medicare Advantage plan. This benefit helps cover the cost of groceries at many grocery store retailers, like King Soopers. Fill your basket with healthy foods like fruits, vegetables, meats, poultry, fish, eggs, cheese, milk, beans, bread, cereals, pasta and more!



To qualify, you must have **one or more of the following conditions:**

- » Chronic alcohol and other drug dependency
- » Autoimmune disorder
- » Cancer
- » Cardiovascular disorders
- » Chronic heart failure
- » Diabetes
- » Dementia
- » End-stage liver disease
- » End-stage renal disease (ESRD)
- » Severe hematologic disorder
- » HIV/AIDS
- » Chronic lung disorder
- » Chronic and disabling mental health conditions
- » Neurologic disorder or stroke

For more information or questions about qualifying conditions, visit **DenverHealthMedicalPlan.org** or call us at 303-602-2111 (toll-free 1-877-956-2111).

If you have one or more of the above chronic conditions, go online to **MedicareWellnessRewards.com** once per quarter (starting January, April, July and October) to request your card. The Campaign Code is 23-86741.

Once you submit for your Elevate Healthy Food card, please allow 4-6 weeks to process your request. Our Health Plan Services is available to help you submit for your reward, or provide you with any missing information in order to request your reward. If you need help, call us at 303-602-2111 or toll free at 877-956-2111. TTY users call 711. Our hours of operation are 8 a.m. - 8 p.m., seven days a week. *This benefit is part of special supplemental program for the chronically ill. Not all members qualify. Card is issued by Pathward, N.A., Member FDIC, pursuant to a license from Visa U.S.A. Inc. No cash access or recurring payments. Can be used at select merchants that accept Visa debit cards. Card valid for up to 4 months, funds do not expire and may be available after card expiration date, fees may apply. Terms and conditions apply.



**ELEVATE
MEDICARE ADVANTAGE**

Denver Health Medical Plan Inc.™

2023 Over-the-Counter (OTC) Mail Order Benefit

As an Elevate Medicare Advantage health plan member, you can get OTC health and wellness products delivered to your home at **NO COST!**

You can use your benefit to order:

- » Vitamins, minerals and supplements
- » Cough, cold and allergy
- » Pain relievers and digestive health (lidocaine patches, antacids, laxatives, stomach aids)
- » First aid, personal care, skin care, women's health, joint support and incontinence supplies
- » Diabetes management and blood pressure monitors
- » Smoking cessation
- » Fall prevention and bathroom safety
- » Fitness devices

Your Elevate Medicare Advantage plan includes a quarterly allowance for OTC products:

- » Elevate Medicare Choice (HMO D-SNP): \$260 quarterly allowance
- » Elevate Medicare Select (HMO): \$75 quarterly allowance

Ready to order?

Place your order in one of the following ways:

- » Call: 844-330-7780 (TTY 711), Monday through Friday 6 a.m. – 9 p.m. and Saturday 6 a.m. – 4:30 p.m. (MST)
- » Mail: P.O. Box 1197, Cincinnati, OH 45201

Need a catalog?

Call 844-330-7780 (TTY 711), Monday through Friday 6 a.m. – 9 p.m. and Saturday 6 a.m. – 4:30 p.m. (MST) to have a print catalog mailed to you. You can also view our digital catalog by scanning the QR Code to the right.



SCAN ME

If you have questions or to learn more about the OTC health and wellness benefit, call our Health Plan Services at 303-602-2111 or toll-free 1-877-956-2111, 8 a.m. – 8 p.m., seven days a week. TTY users should call 711.

Please refer to your Evidence of Coverage (EOC) for details. OTC benefits may change each year on January 1. Your benefit allowance resets on January 1, April 1, July 1 and October 1. Any unused portion of the quarterly benefit will not carry forward to the next quarter. Elevate Medicare Advantage is a Medicare-Approved HMO plan. Enrollment in Elevate Medicare Advantage depends on contract renewal. The Plan also has a written agreement with the Colorado Medicaid Program to coordinate your Medicaid benefits.

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ELEVATE
MEDICARE ADVANTAGE
Denver Health Medical Plan Inc..



Elevate Your Dental Health!

Oral and overall health are closely connected.
That's why regular dental care is so important. As part of your Elevate Medicare Advantage benefits, you have dental coverage through the Delta Dental PPO Medicare network!

Elevate Medicare Choice (HMO D-SNP): Up to \$3,000 Annual Maximum Benefit

Elevate Medicare Select (HMO): Up to \$2,000 Annual Maximum Benefit

The annual maximum benefit is the amount Elevate Medicare Advantage will pay for covered dental services per year.

What's Covered:*



Oral Exams/Cleanings: two per calendar year



Full-Mouth X-Rays: one per 36 months (Elevate Medicare Select) or one in 60 months (Elevate Medicare Choice)



Fluoride Treatment: one per calendar year



Fillings: two fillings total per calendar year (Elevate Medicare Select) and one filling per tooth (no limit) per calendar year (Elevate Medicare Choice)

To find an in-network dental provider near you, call Delta Dental at **1-800-610-0201** or visit **DeltaDentalCO.com**.

For more information or questions about your dental benefits, call our Health Plan Services at **303-602-2111** or toll free 1-877-956-2111. TTY users should call 711. Our hours of operation are 8 a.m. to 8 p.m., seven days a week.

You pay 0% of the procedure cost, up to your annual maximum benefit amount.

*This is only a brief description of services covered. Your Evidence of Coverage will provide a more complete explanation of coverage, including limitations and exclusions. If there are differences between this flyer and the Evidence of Coverage, the Evidence of Coverage will govern. H5608_DentalFlyer23_C



**ELEVATE
MEDICARE ADVANTAGE**

Denver Health Medical Plan Inc.™

Take Advantage of Your Vision and Hearing Benefits!

As an Elevate Medicare Advantage member, you have vision and hearing services available to you. You can get vision and hearing services at any in-network provider. To find an in-network provider, visit: DenverHealthMedicalPlan.org/Find-Doctor

Vision



Poor eyesight can impact your experience with so many things, such as reading, driving or watching TV. That's why we are focused on helping you! Your benefits include routine vision exams and an annual allowance for eyewear or contact lenses.

Elevate Medicare Choice (HMO D-SNP): Up to \$250 for glasses/contacts per year

Elevate Medicare Select (HMO): Up to \$200 for glasses/contacts per year

Our network includes Eye Care Specialists of Colorado.

To schedule an appointment, call **303-802-4650**.

Hearing



Your hearing is so important to your quality of life. We want you to have the resources you need to take care of your hearing.

Your benefits include:

- » Up to \$1,500 allowance for supplemental hearing aids (both ears combined) every three years
- » Unlimited fitting/evaluation for supplemental hearing aids
- » \$0 copay for one routine hearing exam every three years
- » \$0 copay for fitting/evaluation for hearing aids

For help, more information, or questions about your benefits, call our Health Plan Services at **303-602-2111** or toll free 1-877-956-2111. TTY users should call 711. Our hours of operation are 8 a.m. to 8 p.m., seven days a week.

This is only a brief description of services covered. Your Evidence of Coverage will provide a more complete explanation of coverage, including limitations and exclusions.

H5608_VisionHearing23_C

FREE RIDES TO DOCTOR APPOINTMENTS!

Non-Emergency Medical Transport (NEMT) is a covered benefit for Elevate Medicare Advantage members. You have **unlimited** roundtrip rides that can be used to visit any plan-approved, health-related location.

HOW IT WORKS:

1. Call Access2Care at least 48 hours before your appointment
2. Be ready with the following information:
 - ☐ Name and Address
 - ☐ Health Plan ID
 - ☐ Date of Birth
 - ☐ Phone Number
 - ☐ Appointment Date and Time
 - ☐ Provider Name and Address
 - ☐ Pick-up Address
 - ☐ Cell Phone Number (if applicable)
 - ☐ Medical Equipment (be sure to let Access2Care know if you use any medical equipment such as a wheelchair, walker, etc.)
3. You will receive a call from your driver to confirm the exact pick-up time within 24 hours of your appointment
 - Please be ready at least 60 minutes prior to your pick-up time to make sure you arrive on time
 - To cancel a ride or change your ride information, call Access2Care



Call to schedule your ride today! 1-877-692-5315
6 a.m. to 9 p.m., 7 days a week

Note: If this is a medical emergency, call 9-1-1 or go to the nearest hospital.



**ELEVATE
MEDICARE ADVANTAGE**

Denver Health Medical Plan Inc.™

Elevate your health with a Denver Parks & Recreation fitness membership!

Having access to a gym gives you access to lots of high-quality equipment and can keep you motivated to stay on track with your fitness goals. Elevate Medicare Advantage offers a yearly membership to Denver Parks and Recreation Centers, at no cost to you.

How to get started

Take your Elevate Medicare Advantage member ID card and a photo identification to your local Denver Parks and Recreation Center.

For a list of all 30 locations, or for more information, visit:

[DenverGov.org/Recreation](https://denvergov.org/recreation)

If you have any questions, please contact Health Plan Services at 303-602-2111 or toll free 1-877-956-2111. TTY users call 711. Our hours of operation are 8 a.m. – 8 p.m., seven days a week.





ELEVATE
MEDICARE ADVANTAGE
Denver Health Medical Plan Inc.[™]



Go for Your Annual Wellness Visit.

Get a \$30 Reward.

GETTING YOUR MEDICARE WELLNESS REWARDS PREPAID MASTERCARD®* IS THAT EASY!

An Annual Wellness Visit is a checkup or routine care. It is one of the most important ways you can stay on top of your health. It is a chance to learn about your current health, discuss any concerns and learn what preventive measures you can take to ensure your long-term well-being.

And now there is an even bigger reason to get your checkup — a Medicare Wellness Reward worth **\$30**! This card can be used at participating drug stores, pharmacies, wholesale clubs, discount stores, and grocery stores. For more information, visit MyPrepaidCenter.com/page/WellnessRewards. Just complete your visit with an in-network provider by December 31, 2023, and then visit medicarewellnessrewards.com to submit for your reward. When you submit for your reward, make sure you have the following information handy:

- » Campaign code: **22-81982**
- » Date you completed your annual wellness visit
- » Your Denver Health Medical Plan Member ID (found on your ID card)

Once you submit for your Medicare Wellness Reward card, please allow 4-6 weeks to process your request. Our Health Plan Services is available to help you submit for your reward, or provide you with any missing information in order to request your reward.

We want to make this as easy as possible! If you need help, call us at 303-602-2111 or toll free at 877-956-2111. TTY users call 711. Our hours of operation are 8 a.m. – 8 p.m., seven days a week.

Need transportation? As part of your benefits, Access2Care provides round-trip rides at **no cost** to you. To schedule a ride, call 1-877-692-5315 between 6 a.m. – 9 p.m. any day of the week. For help scheduling a ride, making your appointment or if you have any other questions, call Health Plan Services at 303-602-2111 or toll free at 877-956-2111. TTY users call 711. Our hours of operation are 8 a.m. – 8 p.m., seven days a week.

Limit 2 rewards per household. Reward offered for annual wellness visits completed between 01/01/2023 and 12/31/2023. Reward request must be submitted on or before 01/30/2024. Reward issued one time per screening, per calendar year. *Reward provided on a Prepaid Mastercard. Card is issued by Pathward, N.A., Member FDIC, pursuant to license by Mastercard International Incorporated. Mastercard and the circles design are registered trademarks of Mastercard International Incorporated. No cash access or recurring payments. Can be used at select merchants where Debit Mastercard is accepted, see website below. Card valid for up to 12 months, funds do not expire and may be available after card expiration date, fees may apply. Card terms and conditions apply, see MyPrepaidCenter.com/page/WellnessRewards.



ELEVATE
MEDICARE ADVANTAGE
Denver Health Medical Plan Inc.™



**Project
Angel Heart**
a meal with heart gives hope

Project Angel Heart will help support your recovery

**Home delivered meals following discharge for each in-patient
or skilled nursing facility stay**

How it works

Enrollment in **Elevate Medicare Choice (HMO D-SNP)** qualifies you for 21 nutritious meals after discharge from each inpatient hospital stay or skilled nursing facility admission, at no cost to you.

All meals are delivered to your home and play a role in your recovery. Each meal is made with your health in mind and, when combined with your prescribed treatment, may improve your health and reduce the risk of complications.

Project Angel Heart's high-quality, chef-prepared meals are designed to meet your specific medical and nutritional needs. Entrees are delivered frozen and are easy to reheat in the microwave or oven.

Meals will be delivered by Project Angel Heart within 24-72 hours after referral. The date and time of your deliveries will be based on your location.

Project Angel Heart is a nonprofit organization that partners with healthcare providers, like your Elevate Medicare Choice (HMO D-SNP) Plan, to assist members with their recovery.

To learn more about this benefit and arrange for meal delivery, contact our Care Management Department at 303-602-2184. TTY users should call 711. Hours of operation are 8 a.m. – 5 p.m., Monday through Friday.



ELEVATE
MEDICARE ADVANTAGE

Denver Health Medical Plan Inc.™

ENROLLMENT APPLICATION



Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to our Sales Agent at 303-602-2451.

Understanding the Benefits

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit denverhealthmedicalplan.org or call 303-602-2451 to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- ☐ You must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2024.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are listed in the provider directory).
- ☐ **For Elevate Medicare Choice (HMO D-SNP) only:** This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid. To be eligible for this plan, you must be eligible for Medicare and Qualified Medicare Beneficiary (QMB) and/or full Medicaid benefits.

Effect on Current Coverage

- ☐ If you are currently enrolled in a Medicare Advantage plan or Medicare Prescription Drug Plan, your current coverage will end once your new coverage starts. If you have Tricare, your coverage may be affected once your new coverage starts. Please contact Tricare for more information. If you have a Medigap policy or are enrolling in a Medicare Advantage plan, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.

Scope of Appointment Confirmation Form

The Centers for Medicare and Medicaid Services require agents to document the scope of a marketing appointment prior to any face-to-face sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

Please initial below beside the type of product(s) you want the agent to discuss:

_____ Medicare Health Maintenance Organization (HMO) – A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D Prescription Drug coverage. In most HMO's, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

_____ Medicare Special Needs Plan (SNP) – Medicare Advantage Plan that has a benefit package for people with special health care needs. Examples of specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions.

By signing this form, you agree to a meeting with a sales agent to discuss the types of product you initialed above. Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. They do not work directly for the Federal government. This individual may also be paid based on your enrollment in a plan.

Signing this form does NOT obligate you to enroll in a plan, affect your current enrollment or enroll you in a Medicare plan.

Beneficiary or Authorized Representative Signature and Signature Date

Signature _____ Date _____

If you are the authorized representative, please sign above and print below:

Representative Name _____

Your Relationship to the beneficiary _____

TO BE COMPLETED BY AGENT **All Fields are Required**	
Agent Name:	Agent Phone:
Beneficiary Name:	Beneficiary Phone:
Beneficiary Address:	
Initial Method of Contact (i.e. telephonic, walk in, etc.)	Product Type Discussed:
Agent Signature:	Date of Appointment:

***Scope of Appointment Documentation is subject to CMS record retention requirements**

Agent, if the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting.

A new SOA is required if, during the appointment, the beneficiary requests information regarding a different plan type than previously agreed upon.

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.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 303-602-2111 or 1-877-956-2111 (TTY 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Para obtener más información llame al 303-602-2111 o al 1-877-956-2111. (Los usuarios de TTY deben llamar a 711).



Individual Enrollment Request Form

Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan

To join a plan, you must:

- Be a United States citizen or be lawfully present in the U.S.
- Live in the plan's service area

Important: To join a Medicare Advantage Plan, you must also have both:

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)

When do I use this form?

You can join a plan:

- Between October 15–December 7 each year (for coverage starting January 1)
- Within 3 months of first getting Medicare
- In certain situations where you're allowed to join or switch plans

Visit [Medicare.gov](https://www.Medicare.gov) to learn more about when you can sign up for a plan.

What do I need to complete this form?

- Your Medicare Number (the number on your red, white, and blue Medicare card)
- Your permanent address and phone number

Note: You must complete all items in Section 1. The items in Section 2 are optional — you can't be denied coverage because you don't fill them out.

Reminders:

- If you want to join a plan during fall open enrollment (October 15–December 7), the plan must get your completed form by December 7.
- Your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

What happens next?

Send your completed and signed form to:
Elevate Medicare Advantage
777 Bannock St., MC 6000
Denver, CO 80204

Once they process your request to join, they will contact you.

How do I get help with this form?

Call Elevate Medicare Advantage (303) 602-2451. TTY users can call 711.

Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

En español: Llame a Elevate Medicare Advantage al (303) 602-2451/TTY 711 1-800-633-4227 y oprima el 2 para asistencia en español y un representante estará disponible para asistirle.

Individuals experiencing homelessness

- If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., social security checks) may be considered your permanent residence address.

Individual Enrollment Request Form

Please contact Elevate Medicare Advantage if you need information in another language or format (Braille). To Enroll in Elevate Medicare Advantage, Please Provide the Following Information:

Section 1: – All fields on this page are required (unless marked optional)			
Select the plan you want to join: <input type="checkbox"/> Elevate Medicare Choice (HMO D-SNP) - \$41.60 per month <input type="checkbox"/> Elevate Medicare Select (HMO) - \$0 per month			
LAST Name: _____ FIRST Name: _____ (Optional) MIDDLE Initial: _____			
		Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>
		Ms. <input type="checkbox"/>	
Birth date: (MM/DD/YYYY) (_____)	Sex: _____	Home Phone Number: _____	Alternate Phone _____
Permanent Residence Street Address (P.O. Box is not allowed): _____			
City: _____	County: _____	State: _____	Zip Code: _____
Mailing Address (only if different from your Permanent Residence Address): _____			
City: _____	County: _____	State: _____	Zip Code: _____
Emergency contact: _____		Relationship to You: _____	
Phone Number: _____		E-mail address: _____	
Please provide your Medicare Insurance Information:			
Please take out your red, white and blue Medicare Card to complete this section. <ul style="list-style-type: none"> Fill out this information as it appears on your Medicare card <p style="text-align: center;">OR-</p> <ul style="list-style-type: none"> Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board on your Medicare card 		Name (as it appears on your Medicare Card): _____ Medicare Number: _____ Is Entitled to: _____ Effective Date: _____ HOSPITAL (Part A) _____ MEDICAL (Part B) _____ You must have Medicare Part A and Part B to join a Medicare Advantage plan.	

Section 2 – All fields on this page are optional

Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

Are you Hispanic, Latino/a, or Spanish origin? Select all that apply.

- | | |
|---|--|
| <input type="checkbox"/> No, not of Hispanic, Latino/a, or Spanish origin | <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano/a |
| <input type="checkbox"/> Yes, Puerto Rican | <input type="checkbox"/> Yes, Cuban |
| <input type="checkbox"/> Yes, another Hispanic, Latino/a, or Spanish origin | |
| <input type="checkbox"/> I choose not to answer. | |

What's your race? Select all that apply.

- | | | |
|---|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Filipino | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Korean | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Other Asian | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> White | |
| <input type="checkbox"/> I choose not to answer. | | |

Please check one of the boxes below if you would prefer us to send you information in a language other than English or in an accessible format:

- ☐ Spanish
- ☐ Braille, CD, or large print

Please contact Elevate Medicare Advantage at 303-602-2111 or toll free 1-877-956-2111 if you need information in an accessible format/language other than what is listed above. Our office hours are 8 a.m. - 8 p.m. seven days a week. TTY users should call 711.

Section 3 – Paying Your Premium

You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail, credit or debit card, each month. You can also choose to pay your premium by having it automatically taken out of your Social Security or Railroad Retirement Board (RRB) benefit each month.

If you are assessed a Part D-Income Related Monthly Adjustment Amount, you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or RRB. DO NOT pay Elevate Medicare Advantage the Part D-IRMAA.

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If eligible, Medicare could pay for 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty.

Many people are eligible for these savings and don't even know it. For more information about this Extra Help, contact your local Social Security office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also apply for Extra Help online at www.socialsecurity.gov/prescriptionhelp.

If you qualify for Extra Help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare doesn't cover. If you don't select a payment option, you will get billed each month using our monthly invoice option.

Please select a premium payment option:

☐ Receive a monthly invoice that you will submit along with a check or money order made out to Denver Health Medical Plan, Inc. for your monthly premium. Please note: we cannot accept cash payments. Premium payments are due by the last day of each month to:
Elevate Medicare Advantage
PO Box 5363
Denver, CO 80217-9909

☐ You can have the plan premium charged monthly to a credit or debit card. Contact Member Services at 303-602-2111 for more information on how to pay your plan premium this way. TTY users should call 711. Our hours of operation are 8 a.m. - 8 p.m. seven days a week.

☐ Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check

I get monthly benefits from:

Social Security ☐

RRB ☐

(The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.)

Section 4 Please Read and Answer These Important Questions:

Some individuals may have other drug coverage, including other private insurance, TRICARE, Federal employee health benefits coverage, VA benefits, or State pharmaceutical assistance programs. Will you have other prescription drug coverage in addition to Elevate Medicare Advantage?

Yes ☐ No ☐

If "yes", please list your other coverage and your identification (ID) number(s) for this coverage:

Name of other coverage: _____ ID # for this coverage: _____ Group # for this coverage: _____

Are you a resident in a long-term care facility, such as a nursing home?

Yes ☐ No ☐

If "yes," please provide the following information:

Name of Institution: _____ Address: _____

Phone Number: _____

Are you enrolled in your State Medicaid program?

Yes ☐ No ☐

If “yes”, please provide your Medicaid number: _____

Do you or your spouse work? Enrollee: Yes ☐ No ☐

Spouse: Yes ☐ No ☐

Are you eligible for Medicare and Full Medicaid Benefits? Yes ☐ No ☐

If “yes”, please provide your Medicaid number: _____ or attach a copy of your Medicaid card or letter.

Please Read This Important Information

If you currently have health coverage from an employer or union, joining Elevate Medicare Advantage could affect your employer or union health benefits. You could lose your employer or union health coverage if you join Elevate Medicare Advantage. Read the communications your employer or union sends you. If you have questions, visit their website, or contact the office listed in their communications. If there isn't any information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

Please Read and Sign Below

By completing this enrollment application, I agree to the following:

Elevate Medicare Advantage is a Medicare Advantage plan and has a contract with the Federal government. I must keep both Hospital (Part A) and Medical (Part B) to stay enrolled in Elevate Medicare Advantage. I can be in only one Medicare Advantage plan at a time, and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan or prescription drug plan.

I understand that I can be enrolled in only one MA plan at a time – and that enrollment in this plan will automatically end my enrollment in another MA plan (exceptions apply for MA PFFS, MA MSA plans).

By joining this Medicare Advantage, I acknowledge that Elevate Medicare Advantage will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below). Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

I understand that when Elevate Medicare Advantage coverage begins, I must get all of my medical and prescription drug benefits from Elevate Medicare Advantage. Benefits and services provided by Elevate Medicare Advantage and contained in my Elevate Medicare Advantage “Evidence of Coverage” document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Elevate Medicare Advantage will pay for benefits or services that are not covered.

It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future. I understand that if I don't have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty if I enroll in Medicare prescription drug coverage in the future. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes only at certain times of the year when an enrollment period is available (Example: October 15 – December 7 of every year), or under certain special circumstances.

Elevate Medicare Advantage serves a specific service area. If I move out of the area that Elevate Medicare Advantage serves, I need to notify the plan so I can disenroll and find a new plan in my new area. Once I am a member of Elevate Medicare Advantage, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from Elevate Medicare Advantage when I get it to know which rules I must follow to get coverage with this Medicare Advantage plan. I understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. Border.

The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

I understand that if I am getting assistance from a sales agent, broker, or other individual employed by or contracted with Denver Health Medical Plan, Inc., he/she may be paid based on my enrollment in Elevate Medicare Advantage.

Release of Information:

By joining this Medicare health plan, I acknowledge that Elevate Medicare Advantage will release my information to Medicare and other plans as is necessary for treatment, payment, and health care operations. I also acknowledge that Elevate Medicare Advantage will release my information including my prescription drug event data to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:

- 1) This person is authorized under State law to complete this enrollment, and
- 2) Documentation of this authority is available upon request by Medicare.

Signature:

Today's Date:

PRIVACY ACT STATEMENT

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

If you are the authorized representative, you must sign above and provide the following information:

Name: _____

Address: _____

Phone Number: _____

Relationship to Enrollee: _____

Home Office Use

Agent Name: _____

Agent Signature: _____

Today's Date: _____

Agent NPN: _____



**ELEVATE
MEDICARE ADVANTAGE**

Denver Health Medical Plan Inc.™

Elevate Medicare Advantage Prescription Drug List Review

Final medication review checklist:

- ☐ Screened enrollee for Low Income Subsidy (if applicable)
- ☐ Reviewed current Low Income Subsidy level with enrollee (if applicable)
- ☐ Reviewed formulary status of enrollee's medication(s)
(submit a Prior Authorization if applicable)
- ☐ Reviewed formulary medication restrictions (if applicable)
- ☐ Reviewed medication cost (Brand/Generic/Day Supply)
- ☐ Referred to Elevate Medicare Advantage Pharmacy Dept. for further evaluation

Member Signature: _____

Date: _____

Agent Signature: _____

Date: _____

Formulary Links:

Medicare Choice:

[DenverHealthMedicalPlan.org/Medicare-Choice-Comprehensive-Formulary](https://denverhealthmedicalplan.org/Medicare-Choice-Comprehensive-Formulary)

Medicare Select:

[DenverHealthMedicalPlan.org/Medicare-Select-Comprehensive-Formulary](https://denverhealthmedicalplan.org/Medicare-Select-Comprehensive-Formulary)

Elevate Medicare Advantage Prescription Drug List Review

[illegible]

NEXT STEPS

1 **Schedule an appointment to establish care if you are new to the plan.**

If you're not a new member, be sure to schedule your annual check-up or routine care visit with your Primary Care Provider (PCP).

Stay up-to-date on your preventive care:

- » Annual wellness check-up
- » Immunizations
- » Preventive screenings

PRO TIPS:

- » When you visit your PCP for an annual check-up or routine care visit, it is a great time to also discuss chronic issues such as high blood pressure, diabetes, etc.
- » Take advantage of our reward program for completing your visit! For more information, please refer to the Evidence of Coverage or call Health Plan Services at 303-602-2111.
- » If you need help getting to your appointment, call to schedule a free round-trip ride as part of your benefits!

2 **Set up your medications.**

As an Elevate Medicare Advantage member, you have multiple ways to fill your medications.

- » Pharmacy by Mail
- » Home Delivery
- » 100-Day Supply
- » Vacation Supplies

PRO TIP:

Ask your PCP for a 100-day supply; the cost may be less than getting a 30-day supply each month.

3 **Schedule an appointment to see the dentist.**

It is important to use your dental benefits because your oral health is connected to your overall health. Your dentist can spot early signs of heart disease, diabetes and other diseases. Making preventive dental care a priority by visiting your dentist twice per year can help you avoid painful and costly dental procedures in the future. For help finding an in-network dentist, call **1-800-610-0201** or visit **DeltaDentalCO.com** to find a dentist near you.

PRO TIP:

Your dental benefit allows you to see any Delta Dental PPO provider; Delta Dental has many dentists/dental offices in your area. You can see any dentist within the network at any time.

4 **Schedule an appointment to get an eye exam.**

As part of your Elevate Medicare Advantage benefits, your 2023 plan benefit covers an annual routine eye exam and includes an allowance for eyewear.

PRO TIPS:

- » To see any in-network 'EyeCare Specialties of Colorado' provider, call 303-802-4650.
- » If you are diabetic, a diabetic eye exam is an important part of preventive care. The exam can:
 - Detect eye damage before pain, visual blurring, or other symptoms occur.
 - Identify eye disease early so effective treatment can begin.
 - Identify physical changes that need to be addressed.

5 **Schedule a ride for your medical visits.**

If you need help getting to a doctor appointment or pharmacy, you can get unlimited free round-trip rides through your Elevate Medicare Advantage benefits. Call **Access2Care** at **1-877-692-5315**, from 6 a.m. to 9 p.m., seven days a week to schedule your ride today.

PRO TIP:

Call at least 48 hours before your appointment.

6 Log in to our Member Portal.

Register for our member portal, your go-to resource for managing your health insurance plan at any time, any place. With it, you can access important information, member materials (including ID cards), communicate with your health plan, check a claim status and more – all right from your desktop, tablet or smartphone. Scan the QR code below to get started!

SIGN-UP TODAY:

Visit DenverHealthMedicalPlan.org and click on 'MyDHMP Portal' or download the 'MyDHMP' mobile app for iPhone and Android devices!



7 Log in to your Provider's Patient Portal.

Your provider network has a portal (such as MyChart) that allows you to connect with them. The portal gives you the option to refill a prescription, make an appointment, view lab results and more!

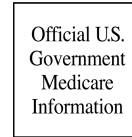
PRO TIP:

Download the app on your smartphone or tablet!



IMPORTANT INFORMATION:

2023 Medicare Star Ratings



Elevate Medicare Advantage - H5608

For 2023, Elevate Medicare Advantage - H5608 received the following Star Ratings from Medicare:

Overall Star Rating: ★★★★★☆

Health Services Rating: ★★★★★☆

Drug Services Rating: ★★★★★☆

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

The number of stars show how well a plan performs.

- ★★★★★ EXCELLENT
- ★★★★☆ ABOVE AVERAGE
- ★★★☆☆ AVERAGE
- ★★☆☆☆ BELOW AVERAGE
- ★☆☆☆☆ POOR

More stars mean a better plan – for example, members may get better care and better, faster customer service.

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

Questions about this plan?

Contact Elevate Medicare Advantage 7 days a week from 8:00 a.m. to 8:00 p.m. Mountain time at 877-956-2111 (toll-free) or 711 (TTY). Current members please call 877-956-2111 (toll-free) or 711 (TTY).

Notice of Non-Discrimination

Denver Health Medical Plan, Inc., hereinafter 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, 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 need these services, please contact the Company toll-free at 1-800-700-8140, for TTY please contact 711.

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, sex, health status, or need for health care services, 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>



ELEVATE
MEDICARE ADVANTAGE
Denver Health Medical Plan Inc.™



IMPORTANT TELEPHONE NUMBERS

Health Plan Services: 303-602-2111 (TTY 711)

Pharmacy Services: 303-602-2070

Access2Care (Transportation): 1-877-692-5315

EyeCare Specialists of Colorado (Vision): 303-802-4650

Denver Health Appointment Center: 303-436-4949

Delta Dental: 1-800-610-0201

Over-The-Counter (OTC) Mail Order: 1-844-330-7780

DispatchHealth (In-Home Urgent Care): 303-500-1518

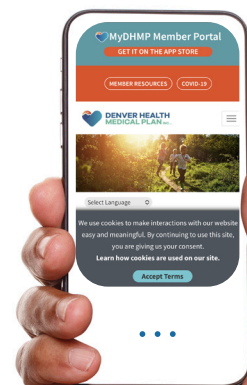
24/7 NurseLine: 303-739-1261

Department of Human Services: 720-944-3666

Social Security: 1-800-772-1213

Medicare: 1-800-633-4227

Health First Colorado (Medicaid): 1-800-221-3943



*Elevate Medicare Advantage is a Medicare-approved HMO plan.
Enrollment in Elevate Medicare Advantage depends on contract renewal.
The Plan also has a written agreement with the Colorado Medicaid Program
to coordinate your Medicaid benefits.*

*Elevate Medicare Advantage has been approved by the National Committee
for Quality Assurance (NCQA) to operate as a Special Needs Plan (SNP) until 2023,
based on a Model of Care review.*