



ELEVATE
MEDICARE ADVANTAGE
Denver Health Medical Plan Inc.™

ELEVATE MEDICARE SELECT (HMO) 2024 PLAN YEAR

Adams, Arapahoe, Denver 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: _____

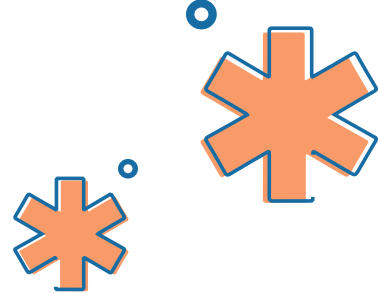
Agent email: _____

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 coinsurance
- » 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 toll free **1-877-956-2111** (TTY users should call 711) from 8 a.m. – 8 p.m., seven days a week.





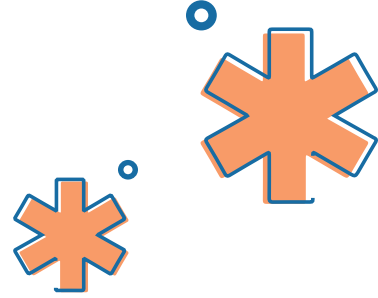
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HOW YOUR PLAN WORKS



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

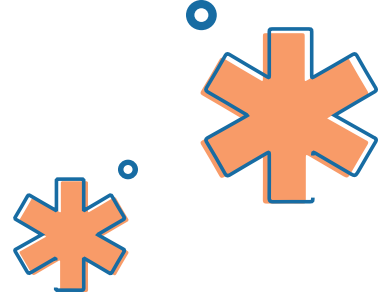


Access to any urgent care center or emergency department in the U.S.

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.



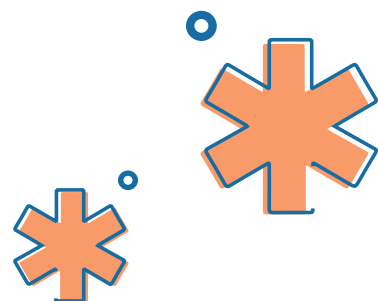
Free rides to doctor appointments



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 business 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

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:

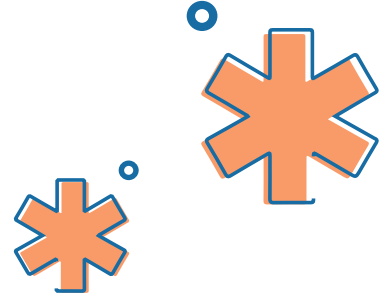
8 a.m. – 8 p.m.
Seven days a week



QUESTIONS ABOUT YOUR PLAN?

303-602-2111

It's easy to get your medications!



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.

HOURS OF OPERATION:

8 a.m. to 8 p.m.
Monday - Friday



HAVE QUESTIONS? CALL US AT:

303-602-2111



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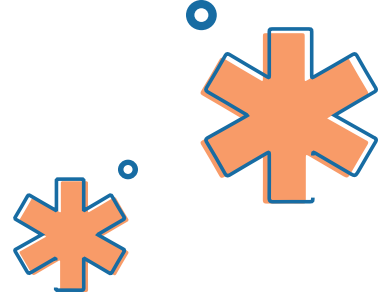
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EXTRA BENEFITS





Flex Card: Healthy Food* and OTC



One card, two benefits

– automatically loaded onto a reusable card!

You will receive funds on a reloadable card at the beginning of January, April, July and October, or upon enrollment. These funds can be used to help pay for eligible healthy food and OTC items at participating stores (wholesale clubs, discount stores, grocery stores and supermarkets, pharmacies and drug stores). Funds expire at the end of the quarter or upon disenrollment.

OTC Allowance (All Members Qualify):

Elevate Medicare Select (HMO): Up to \$75 every quarter

Healthy Food Allowance* (See Qualification Rules Below):

Elevate Medicare Select (HMO): Up to \$75 every quarter



Qualifying Rules for the Healthy Food Allowance

If you have one or more of the following chronic illnesses and you have a paid claim from Denver Health Medical Plan (DHMP) with an eligible diagnosis code that is related to one of the below conditions, you are eligible for this benefit:

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

*The Healthy Food Allowance is part of the special supplemental program for the chronically ill. Not all members qualify. For more information or questions about qualifying conditions, or if you have one of the above chronic conditions and are new to DHMP, visit [DenverHealthMedicalPlan.org/Medicare-Flex-Card](https://denverhealthmedicalplan.org/Medicare-Flex-Card) or call us at **303-602-2111** (TTY 711).



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 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



Fluoride Treatment: one per calendar year



Fillings: two fillings total per calendar year

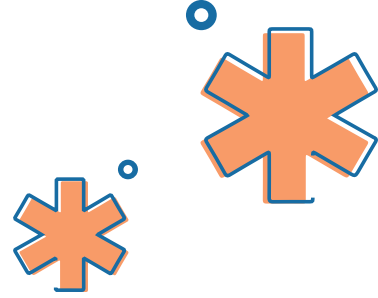
To find an in-network dental provider near you, call Delta Dental at **1-800-610-0201** or visit **DeltaDentalCO.com**.

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.

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](https://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.

Up to \$380 for glasses/contacts per year

Our network includes EyeCare Specialties 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.



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. Contact Access2Care at least 48 business hours before your appointment
2. Be ready with the following information:
 - ☐ Name and Address
 - ☐ Member ID
 - ☐ Date of Birth
 - ☐ Phone Number
 - ☐ Appointment Date and Time
 - ☐ Provider Name and Address
 - ☐ Pick-up Address
 - ☐ Cell Phone Number (if available)
 - ☐ Medical Equipment (e.g. 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 appointment to ensure on-time arrival
 - To cancel a ride or change your ride information, call Access2Care or use the app



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

NEW: Download the Access2Care Mobile App!



Note: If you are having a medical emergency, call 9-1-1 or go to the nearest hospital.

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.



Get your Annual Wellness Visit – and 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, 2024, 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: **23-14561**
- » 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. seven days a 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 01/01/2024 and 12/31/2024. Reward request must be submitted on or before 01/31/2025. 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**.



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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, 2025.
- ☐ 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.

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.

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).

Exhibit 1: MODEL INDIVIDUAL ENROLLMENT REQUEST FORM TO ENROLL IN A MEDICARE ADVANTAGE PLAN (PART C)

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'll contact you.

How do I get help with this form?

Call Elevate Medicare Advantage at 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 o a Medicare gratis al 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.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number for this information collection is 0938-1378. The time required to complete this information is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

IMPORTANT

Do not send this form or any items with your personal information (such as claims, payments, medical records, etc.) to the PRA Reports Clearance Office. Any items we get that aren't about how to improve this form or its collection burden (outlined in OMB 0938-1378) will be destroyed. It will not be kept, reviewed, or forwarded to the plan. See "What happens next?" on this page to send your completed form to the plan.

OMB No. 0938-1378 Expires: 7/31/2024

Section 1 – All fields on this page are required (unless marked optional)

Select the plan you want to join:

☐ Elevate Medicare Choice (HMO D-SNP) – \$0 per month ☐ Elevate Medicare Select (HMO)– \$0 per month

FIRST name: _____ LAST name: _____ [Optional: Middle Initial]: _____

Birth date: (MM/DD/YYYY) (/ /)	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone number: ()
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Permanent Residence street address (Don't enter a PO Box): _____

City:	[Optional: County]:	State:	ZIP Code:
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Mailing address, if different from your permanent address (PO Box allowed):
Street address: _____ City: _____ State: _____ ZIP Code: _____

Your Medicare information:

Medicare Number: - - - - - - - - - -

Answer these important questions:

Will you have other prescription drug coverage (like VA, TRICARE) in addition to Elevate Medicare Advantage?

☐ Yes ☐ No

Name of other coverage: _____	Member number for this coverage: _____	Group number for this coverage: _____
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Are you enrolled in your state Medicaid program or Qualified Medicare Beneficiary program?

☐ Yes ☐ No If “yes”, please provide your Medicaid number: _____

IMPORTANT: Read and sign below:

- I must keep both Hospital (Part A) and Medical (Part B) to stay in Elevate Medicare Advantage.
- 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 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).
- I understand that when my 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.
- 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: _____
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If you're the authorized representative, sign above and fill out these fields:

Name: _____	Address: _____
-------------	----------------

Phone number: _____	Relationship to enrollee: _____
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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"/> Black or African American |
| Asian: | Native Hawaiian and Pacific Islander: |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Korean | <input type="checkbox"/> White |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> I choose not to answer. |
| <input type="checkbox"/> Other Asian | |

Select if you want us to send you information in a language other than English.

- ☐ Spanish

Select one if you want us to send you information in an accessible format.

- ☐ Braille ☐ Large print ☐ Audio CD

Please contact Elevate Medicare Advantage at 303-602-2111 if you need information in an accessible format other than what's listed above. Our hours of operation are 8 a.m. - 8 p.m. seven days a week. TTY users can call 711.

Do you work? ☐ Yes ☐ No

Does your spouse work? ☐ Yes ☐ No

List your Primary Care Physician (PCP), clinic, or health center:

I want to get plan materials via email. E-mail address:

Paying your plan premiums

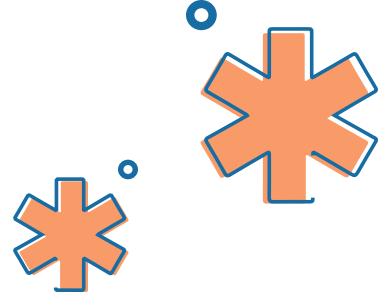
You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail or credit card each month. **You can also choose to pay your premium by having it automatically taken out of your Social Security or Railroad Retirement Board (RRB) benefit each month.**

If you have to pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium. DON'T pay Elevate Medicare Advantage the Part D-IRMAA.

PRIVACY 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.

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 Link:

[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 provider in the Delta Dental PPO Medicare Advantage Network; 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 business 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!

8 Member ID card and Quick Reference Guide.

Be sure to check your mail and keep an eye out for your new Member ID card and Quick Reference Guide to arrive.

PRO TIP:

The Quick Reference Guide highlights important plan benefits. Store it somewhere safe so you can reference it throughout the year.

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..

2024 Summary Of Benefits

Elevate Medicare Select (HMO)

H5608-002

January 1, 2024 – December 31, 2024

Need Help?

You may have questions as you read through this document, and that's okay. We're here to help.

**Call 1-877-956-2111
(TTY 711)**

8 a.m. – 8 p.m., seven days a week.

If you need a complete list of what we cover or any limitations, visit

[DenverHealthMedicalPlan.org](https://denverhealthmedicalplan.org) for a copy of the Evidence of Coverage (EOC) or you may call us to request a copy.



To Join Our Plan, You Must:

- ★ Be eligible for Medicare Parts A and B
- ★ Live in Adams, Arapahoe, Denver, or Jefferson County

Medical: What's Covered and What it Costs

Benefits and Premiums	You Pay
* Referral required. † Your provider must obtain prior authorization from our plan.	
Monthly Plan Premium You must continue to pay your Medicare Part B premium if you have one.	\$0
Deductible	\$0
Your Maximum Out-of-Pocket Responsibility Does not include Medicare Part D drugs. If you are eligible for Medicare cost-sharing assistance, you are not responsible for paying any costs toward the maximum out-of-pocket amount for covered Medicare Part A and Part B services.	\$4,900
Inpatient Hospital Coverage† Our plan covers 90 days per benefit period. A benefit period begins the day you are admitted as inpatient and ends when you have not received any inpatient care for 60 days in a row.	<ul style="list-style-type: none"> Days 1–5: \$250 per day Days 6–90: \$0 per day Days 91–150: \$800 per day for each “lifetime reserve day” (up to 60 days over your lifetime) Beyond lifetime reserve days: All costs †Prior authorization is required for all acute rehabilitation services.
Outpatient Hospital Coverage*	\$0 for diagnostic colonoscopy/endoscopy \$275 for other Medicare-covered surgery services \$205 for other Medicare-covered non-surgical services
Ambulatory Surgical Center*	\$0 for diagnostic colonoscopy/endoscopy \$200 for other Medicare-covered surgical services
Doctor Office Visits	Primary Care Visit: \$0 Specialist Visit*: \$15 physician specialist visit; \$35 for minor surgical procedures in a specialist's office.
Preventive Care	\$0

Benefits and Premiums	You Pay
<p>* Referral required.</p> <p>† Your provider must obtain prior authorization from our plan.</p>	
<p>Emergency Care</p> <p>We cover emergency care anywhere in the United States.</p> <p>If you are admitted to the hospital within 3 days, you pay \$0 for the emergency room visit.</p>	\$110
<p>Urgently Needed Services</p> <p>We cover urgently needed care anywhere in the United States.</p> <p>If you are admitted to the hospital within 3 days, you pay \$0 for the urgent care visit.</p>	\$40
<p>Diagnostic Services, Lab and Imaging*</p> <ul style="list-style-type: none"> • Medicare-covered diagnostic tests and procedures • X-rays • Medicare-covered labs 	<p>\$0 for covered diagnostic procedures, tests, and lab</p> <p>\$35 for X-rays</p> <p><u>Diagnostic Radiology</u></p> <p>\$35 if performed in an office</p> <p>\$160 if performed in an outpatient facility</p> <p><u>Therapeutic Radiology</u></p> <p>\$35 if performed in an office</p> <p>\$60 if performed in an outpatient facility</p>
<p>Hearing Services</p> <ul style="list-style-type: none"> • Exam to diagnose and treat hearing and balance issues • One routine hearing exam every three years • Hearing aid fitting or evaluation exam • Hearing aids 	<p>\$0</p> <p>Covered up to \$1,500 for supplemental hearing aids (both ears combined) every three years.</p>
<p>Dental Services (Medicare-Covered)</p> <p>Medicare covers some dental services that are closely related to other covered medical services.</p>	\$15 for each Medicare-covered medically-necessary dental service.
<p>Dental Benefits (Extra Benefits offered by DHMP)</p> <p>Preventive and Comprehensive Dental Coverage</p> <ul style="list-style-type: none"> • Cleanings (up to 2 per calendar year) • Oral exams (up to 2 per calendar year) • Bitewing x-ray (1 set per calendar year) • Fluoride treatment (1 treatment per year) • Fillings (up to 2 services per calendar year) 	You pay \$0 up to the \$2,000 annual maximum benefit for preventive and dental services every year.
<p>Vision Services</p> <ul style="list-style-type: none"> • Visits to diagnose and treat eye disease and conditions • Supplemental routine eye exam every year • Annual glaucoma screening for people at risk • Contact lenses and/or eyeglasses (frames and lenses) 	<p>\$0</p> <p>Up to \$380 for prescription contact lenses and/or eyeglasses (lenses and frames) every year.</p>

Benefits and Premiums	You Pay
<p>* Referral required.</p> <p>† Your provider must obtain prior authorization from our plan.</p>	
<p>Inpatient Services in a Psychiatric Hospital†</p> <p>Our plan covers up to 90 days for each benefit period and up to 190 days over your lifetime for inpatient mental health care in a psychiatric hospital.</p>	<ul style="list-style-type: none"> • Days 1-5: \$250 per day • Days 6-90: \$0 per day • Days 91-150: \$800 per day for each “lifetime reserve day” (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>\$20</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>	<ul style="list-style-type: none"> • Days 1-20: \$0 per day • Days 21-44: \$188 per day • Days 45-100: \$0 per day • Days 101 and beyond: All costs
<p>Outpatient Rehabilitation*</p> <ul style="list-style-type: none"> • Cardiac (Heart) • Pulmonary (Lung) • Occupational Therapy† • Physical Therapy† • Speech Therapy† 	<p>\$20 for each cardiac visit \$15 for each pulmonary visit \$35 for each occupational therapy visit \$25 for each physical and speech therapy visit</p> <p>†Prior authorization is required starting with the 31st visit for occupational, physical and speech therapy services.</p>
<p>Ambulance</p>	<p>\$250</p> <p>If you are admitted to the hospital, you do not have to pay your share of the cost for the ambulance services.</p> <p>†Prior authorization is required for non-emergent air ambulance services.</p>
<p>Transportation</p> <p>Unlimited round-trip non-emergent medical transportation to plan approved health-related locations through Access2Care.</p>	<p>\$0</p>
<p>Medicare Part B Drugs†</p>	<p>0-20% of the total cost for Medicare Part B chemotherapy drugs and other Part B drugs.</p> <p>0-20% of the total cost, maximum \$35 for Medicare Part B insulin drugs.</p> <p>†Prior authorization is required for non-formulary Part B drugs.</p>

Prescription Drug Coverage

Some individuals may be entitled to *Extra Help* from Medicare to pay for their prescription drug plan costs. Medicare provides *Extra Help* to help pay prescriptions for beneficiaries who have limited income and resources. If you'd like to learn more or need help applying, call our Sales Department at 303-602-2999.

Initial Coverage Stage

- You pay the following cost sharing as seen in the charts below until your yearly drug costs reach \$5,030. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

Standard Retail Cost-Sharing

Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 Preferred Generic drugs	\$0	\$0	\$0
Tier 2 Generic drugs	\$9	\$18	\$18
Tier 3 Preferred Brand drugs	\$35 for insulin drugs and \$47 for all other drugs on this tier	\$70 for insulin drugs and \$94 for all other drugs on this tier	\$105 for insulin drugs and \$141 for all other drugs on this tier
Tier 4 Non-Preferred Brand drugs	\$35 for insulin drugs and \$95 for all other drugs on this tier	\$70 for insulin drugs and \$190 for all other drugs on this tier	\$105 for insulin drugs and \$285 for all other drugs on this tier
Tier 5 Specialty drugs	Up to \$35 for insulin drugs and 33% of the total cost for all other drugs on this tier	Not covered	Not covered
Tier 6 Select Care drugs	\$0	\$0	\$0

Standard Mail-Order Cost-Sharing

Tier	One-month supply	Three-month supply
Tier 1 Preferred Generic drugs	Not covered	\$0
Tier 2 Generic drugs	Not covered	\$0
Tier 3 Preferred Brand drugs	Not covered	\$105 for insulin drugs and \$141 for all other drugs on this tier
Tier 4 Non-Preferred Brand drugs	Not covered	\$105 for insulin drugs and \$285 for all other drugs on this tier
Tier 5 Specialty drugs	Up to \$35 for insulin drugs and 33% of the total cost for all other drugs on this tier	Not covered
Tier 6 Select Care drugs	Not covered	\$0

You won't pay more than \$35 for a one-month supply or \$105 for up to a three-month supply of each covered insulin product regardless of the cost-sharing tier.

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

Coverage Gap Stage

The coverage gap stage is a temporary change in the cost for your prescription drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$5,030.

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 \$8,000, which is the end of the coverage gap.

During this stage, you won't pay more than \$35 for a one-month supply of each covered insulin product.

Catastrophic Coverage Stage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy, mail-order and through home delivery) reach \$8,000, the plan pays the full cost for your covered Part D 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 Elevate Medicare Select (HMO), you may get your drugs any of the following ways:

- **Retail Pharmacy**
- **Long Term Care (LTC) Pharmacy**
- **Mail Order**

Costs may differ based on the pharmacy type or status (for example, mail order, LTC, home infusion, and days supply). You can get a 30, 60, 90 or 100-day supply of most medications. See the formulary at DenverHealthMedicalPlan.org. Contact Health Plan Services at 303-602-2111 or toll-free 1-877-956-2111 if you have questions about how to fill your prescriptions.

Additional Benefits	
Benefits	You Pay
* Referral required. † Your provider must obtain prior authorization from our plan.	
Blood Pressure Monitor This benefit is part of a special supplemental program for the chronically ill. Not all members qualify.	One blood pressure monitor covered up to \$135 per lifetime for qualified members participating in the Controlling Blood Pressure Program.
Chiropractic Care We cover only manual manipulation of the spine to correct subluxation.	\$20
Denver Parks and Recreation Center Membership We provide an annual membership to the Denver Parks and Recreation Centers. To enroll, take your Elevate Medicare Select (HMO) ID card and a valid photo ID to the recreation center of your choice. Note: this membership does not include the cost to join classes. You may be required to pay a small fee to sign up for fitness classes.	\$0
Diabetes Supplies and Services† <ul style="list-style-type: none"> • therapeutic shoes and inserts • diabetic monitoring supplies • diabetes self-management training 	\$0 †Trividia Health diabetic testing supplies and Dexcom continuous glucose monitoring system do not require authorization. All other vendors require prior authorization.

Additional Benefits	
Benefits	You Pay
<p>* Referral required.</p> <p>† Your provider must obtain prior authorization from our plan.</p>	
<p>Flex Card: Healthy Food and Over-the-Counter (OTC)</p> <p>We will provide you with quarterly funds that you can use to help pay for covered healthy food and OTC items on a reloadable card. The healthy food allowance is a special benefit for the chronically ill and not all members qualify. All members qualify for the OTC health and wellness benefit. Unused funds expire at the end of each quarter or upon disenrollment.</p> <p>Healthy Food Allowance</p> <ul style="list-style-type: none"> • A member identified as having one or more chronic illnesses (listed in Chapter 4 Section 2.1 of the EOC), will receive quarterly funds loaded onto your Flex Card for the purchase of eligible healthy foods. • Your allowance is available on your reloadable card at the beginning of each quarter of the plan year (January; April; July and October). • Funds must be used at participating retailers for eligible items only. • \$75 a quarter for Healthy Food <p>Over-the-Counter Allowance</p> <ul style="list-style-type: none"> • You will receive a quarterly funds loaded onto your Flex card for the purchase of OTC health and wellness products. • Your allowance is available on your reloadable card at the beginning of each quarter of the plan year (January, April, July and October). • \$75 a quarter for Over-the-Counter (OTC) <p>For more information on eligible items or locations, contact our Health Plan Services at 303-602-2111 or 1-877-956-2111 (TTY 711). Our hours of operation are 8 a.m. – 8 p.m., seven days a week.</p>	<p>Covered up to \$600 a year:</p> <ul style="list-style-type: none"> • \$75 a quarter for Healthy Food (for eligible members) • \$75 a quarter for Over-the-Counter (OTC) <p>The healthy food benefit is a special benefit for the chronically ill and not all members qualify.</p>

Call Us for Assistance

Call 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.

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.

Except in emergency situations, if you use the providers that are not in our network, we may not pay for these services.

Elevate Medicare Advantage is a Medicare-approved HMO plan. Elevate Medicare Advantage depends on contract renewal.

This document is available in other formats such as Braille, large print, or audio.

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.

Portuguese: 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。

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(Expires 12/31/25)

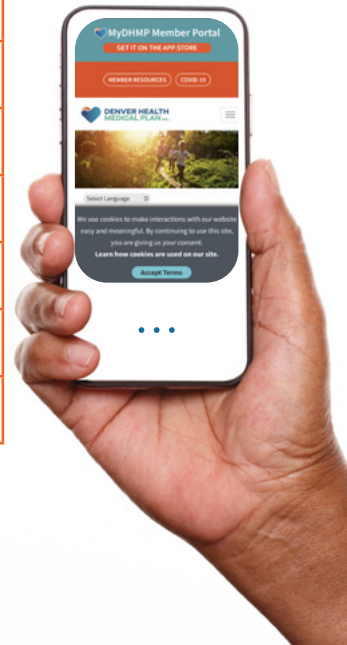


ELEVATE MEDICARE ADVANTAGE

Denver Health Medical Plan Inc.™

IMPORTANT TELEPHONE NUMBERS

Health Plan Services (TTY 711)	303-602-2111
Pharmacy Services	303-602-2070
Access2Care (Transportation)	1-877-692-5315
EyeCare Specialties of Colorado (Vision)	303-802-4650
Denver Health Appointment Center	303-436-4949
Delta Dental of Colorado	1-800-610-0201
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



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