



**ELEVATE
MEDICARE ADVANTAGE**

Denver Health Medical Plan Inc.

2025 Summary Of Benefits

Elevate Medicare Choice (HMO D-SNP)

H5608-001

January 1, 2025 – December 31, 2025

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)**

8a.m. – 8p.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
- ★ Have full Medicaid or Qualified Medicare Beneficiary (QMB) benefits

Medical: What's Covered and What it Costs

Benefits and Premiums	You Pay
† Your provider must obtain prior authorization from our plan. \$0 cost-sharing is based on your continued enrollment in Medicaid or Qualified Medicare Beneficiary (QMB).	
Monthly Plan Premium You must continue to pay your Medicare Part B premium if you have one.	\$0
Deductible	\$0 copay
Your Maximum Out-of-Pocket Responsibility As long as Medicaid continues to pay your Medicare deductible, coinsurance, and copayments, you will not have a maximum out-of-pocket responsibility.	\$9,250
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.	\$0 copay †Prior authorization is required for all acute rehabilitation services.
Outpatient Hospital Coverage	\$0 copay
Ambulatory Surgical Center	\$0 copay
Doctor Office Visits	\$0 copay
Preventive Care	\$0 copay
Emergency Care We cover emergency care anywhere in the United States.	\$0 copay
Urgently Needed Services We cover urgently needed care anywhere in the United States.	\$0 copay
Diagnostic Services, Lab and Imaging <ul style="list-style-type: none"> • Medicare-covered diagnostic tests and procedures • X-rays • Medicare-covered labs 	\$0 copay
Hearing Services <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 	\$0 copay Covered up to \$1,500 maximum plan coverage amount every 3 years (for both ears combined) for prescription hearing aids.

Benefits and Premiums	You Pay
† Your provider must obtain prior authorization from our plan. \$0 cost-sharing is based on your continued enrollment in Medicaid or Qualified Medicare Beneficiary (QMB).	
Dental Services (Medicare-Covered) Medicare covers some dental services that are closely related to other covered medical services.	\$0 copay for each Medicare-covered medically necessary dental service.
Dental Benefits (Extra Benefits offered by DHMP) Preventive and Comprehensive Dental Coverage <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 of 4 per calendar year) • Fluoride treatment (1 treatment per year) • Fillings (up to 1 per tooth per calendar year) • See your EOC for additional dental covered services. 	\$0 copay for covered services up to the \$5,000 annual maximum benefit for preventive and dental services every year.
Vision Services <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) 	\$0 copay for one routine eye exam every year. Up to \$245 for prescription contact lenses and/or eyeglasses (lenses and frames) every year.
Inpatient Services in a Psychiatric Hospital 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.	\$0 copay
Outpatient Mental Health Services Outpatient group and individual therapy	\$0 copay
Skilled Nursing Facility (SNF) Our plan covers up to 100 days per benefit period. A new benefit period begins after 60 days with no readmission for the same condition.	\$0 copay
Outpatient Rehabilitation† <ul style="list-style-type: none"> • Cardiac (Heart) • Pulmonary (Lung) • Occupational Therapy† • Physical Therapy† • Speech Therapy† 	\$0 copay for cardiac, pulmonary, occupational, physical, or speech therapy services. †Prior authorization required after first 30 visits.
Ambulance	\$0 copay
Transportation Unlimited round-trip non-emergent medical transportation to health-related locations.	\$0 copay

Benefits and Premiums	You Pay
† Your provider must obtain prior authorization from our plan. \$0 cost-sharing is based on your continued enrollment in Medicaid or Qualified Medicare Beneficiary (QMB).	
Medicare Part B Drugs†	\$0 copay for Medicare Part B chemotherapy drugs and other Part B drugs. \$0 copay for Medicare Part B insulin drugs. †Authorization may be required for some Part B drugs.

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

\$0 copay for all covered drugs during this stage.

Catastrophic Coverage Stage

\$0 copay for all covered drugs during this 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.

As a member of Elevate Medicare Choice (HMO D-SNP), you may get your drugs any of the following ways:

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

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
† Your provider must obtain prior authorization from our plan. \$0 cost-sharing is based on your continued enrollment in Medicaid or Qualified Medicare Beneficiary (QMB).	
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. Must be provided by the plan.

Additional Benefits	
Benefits	You Pay
† Your provider must obtain prior authorization from our plan. \$0 cost-sharing is based on your continued enrollment in Medicaid or Qualified Medicare Beneficiary (QMB).	
Chiropractic Care We cover only manual manipulation of the spine to correct subluxation.	\$0 copay
Denver Parks and Recreation Center Membership We provide an annual membership to the Denver Parks and Recreation Centers. To enroll, take your Elevate Medicare Choice (HMO D-SNP) 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 copay
Diabetes Supplies and Services† <ul style="list-style-type: none"> • therapeutic shoes and inserts • diabetic monitoring supplies • diabetes self-management training 	\$0 copay †TrividiaHealth diabetic testing supplies and Dexcom and certain FreeStyle Libre continuous glucose monitoring systems do not require prior authorization. All other vendors require authorization.
FlexCard: Healthy Food and Over-the-Counter (OTC) 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. Your allowance is available on your FlexCard at the beginning of each quarter of the plan year (January; April; July and October). Unused funds expire at the end of each quarter or upon disenrollment. Healthy Food Allowance <ul style="list-style-type: none"> • You will receive quarterly funds loaded onto your FlexCard for the purchase of eligible healthy foods. Over-the-Counter Allowance <ul style="list-style-type: none"> • You will receive quarterly funds loaded onto your FlexCard for the purchase of OTC health and wellness products. 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.	You will receive \$2,280 a year: <ul style="list-style-type: none"> • \$310 per quarter for Healthy Food items • \$260 per quarter for Over-the-Counter (OTC) items All members are eligible for the Healthy Food benefit through their continued enrollment in Medicaid or Qualified Medicare Beneficiary (QMB).
Meal Benefit 21 Meals are offered for each Inpatient or Skilled Nursing Facility (SNF) admission (after discharge through Project Angel Heart).	\$0 copay

Summary of Medicaid-Covered Benefits

The benefits listed below are covered by Medicaid and 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)
\$0 cost-sharing is based on your continued enrollment in Medicaid or Qualified Medicare Beneficiary (QMB). See your Elevate Medicaid Choice or Health First Colorado (Colorado Medicaid) handbook for referral and prior authorization rules.		
Ambulance	\$0 copay	\$0 copay
Colorectal Cancer Screening	\$0 copay under Elevate Medicaid Choice and Health First Colorado (Colorado Medicaid)	\$0 copay
Dental Services	\$0 copay for cleanings, fillings, root canals, crowns and partial dentures under Elevate Medicaid Choice and Health First Colorado (Colorado Medicaid) No annual dental limit.	\$0 copay for covered services up to \$5,000, the annual maximum benefit for preventive and comprehensive dental services every year.
Diabetes Supplies and Services [†] <ul style="list-style-type: none"> • Diabetes therapeutic shoes or inserts • Diabetic supplies • Diabetes self-management training 	\$0 copay under Elevate Medicaid Choice and Health First Colorado (Colorado Medicaid)	\$0 copay
Diagnostic Tests, Lab Services and Radiology Services	\$0 copay under Elevate Medicaid Choice and Health First Colorado (Colorado Medicaid)	\$0 copay
Durable Medical Equipment (DME) [†] Including oxygen	\$0 copay under Elevate Medicaid Choice and Health First Colorado (Colorado Medicaid)	\$0 copay

Benefit Category	Medicaid	Elevate Medicare Choice (HMO D-SNP)
<p>\$0 cost-sharing is based on your continued enrollment in Medicaid or Qualified Medicare Beneficiary (QMB). See your Elevate Medicaid Choice or Health First Colorado (Colorado Medicaid) handbook for referral and prior authorization rules.</p>		
Emergency Care	\$0 copay under Elevate Medicaid Choice and Health First Colorado (Colorado Medicaid), if determined to be an emergency. \$8 per visit if not an emergency under Health First Colorado (Colorado Medicaid)	\$0 copay
Hearing Services <ul style="list-style-type: none"> • Exam to diagnose and treat hearing and balance conditions • Routine hearing exams • Hearing aid fitting or evaluation exam • Hearing aids 	\$0 copay under Elevate Medicaid Choice and Health First Colorado (Colorado Medicaid) Replacement of current cochlear implant if broken/lost. One set of hearing aids every 3-5 years.	\$0 copay for Medicare-covered diagnostic hearing exams. You are covered up to \$1,500 maximum plan coverage amount every 3 years (for both ears combined) for prescription hearing aids.
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†	\$0 copay under Elevate Medicaid Choice and Health First Colorado (Colorado Medicaid)	No deductible \$0 copay
Inpatient Services in a Psychiatric Hospital	\$0 copay	No deductible. \$0 copay
Mammograms	\$0 copay	\$0 copay
Outpatient Mental Health	\$0 copay	\$0 copay
Outpatient Rehabilitation <ul style="list-style-type: none"> • Cardiac (Heart) • Pulmonary (Lung) • Physical Therapy† • Occupational Therapy† • Speech Therapy† 	\$0 copay under Elevate Medicaid Choice and Health First Colorado (Colorado Medicaid)	\$0 copay

Benefit Category	Medicaid	Elevate Medicare Choice (HMO D-SNP)
<p>\$0 cost-sharing is based on your continued enrollment in Medicaid or Qualified Medicare Beneficiary (QMB). See your Elevate Medicaid Choice or Health First Colorado (Colorado Medicaid) handbook for referral and prior authorization rules.</p>		
Outpatient Services/Surgery	\$0 copay under Elevate Medicaid Choice and Health First Colorado (Colorado Medicaid)	\$0 copay
Outpatient Substance Abuse	\$0 copay	\$0 copay
Pap Smears	\$0 copay	\$0 copay
Podiatry Services	\$0 copay under Elevate Medicaid Choice	\$0 copay
Prescription Drugs	<p>\$0 copay under Elevate Medicaid Choice for drugs on the formulary and certain OTC drugs prescribed by a Denver Health provider and filled at a Denver Health pharmacy.</p> <p>\$0 copay under Health First Colorado (Colorado Medicaid).</p>	<p>No deductible</p> <p>\$0 copay for all drugs on the formulary.</p>
Preventive Care	\$0 copay	\$0 copay
Primary Care	\$0 copay under Elevate Medicaid Choice and Health First Colorado (Colorado Medicaid)	\$0 copay
Prostate Cancer Screening Exams	\$0 copay	\$0 copay
Prosthetic Devices†	<p>\$0 copay under Elevate Medicaid Choice.</p> <p>\$1 copay per visit under Health First Colorado (Colorado Medicaid)</p>	\$0 copay
Renal Dialysis	\$0 copay under Elevate Medicaid Choice.	\$0 copay
Skilled Nursing Facility (SNF)	\$0 copay	\$0 copay
Specialty Care	\$0 copay under Elevate Medicaid Choice and Health First Colorado (Colorado Medicaid)	\$0 copay
Transportation to Medical Visits	\$0 copay	\$0 copay
Urgently Needed Services	\$0 copay under Elevate Medicaid Choice and Health First Colorado (Colorado Medicaid)	\$0 copay

Benefit Category	Medicaid	Elevate Medicare Choice (HMO D-SNP)
\$0 cost-sharing is based on your continued enrollment in Medicaid or Qualified Medicare Beneficiary (QMB). See your Elevate Medicaid Choice or Health First Colorado (Colorado Medicaid) handbook for referral and prior authorization rules.		
Vision Services	\$0 for eye exams under Elevate Medicaid Choice and Health First Colorado (Colorado Medicaid). One exam per year. Eyeglass coverage only following surgery. No coverage for contact lenses unless medically necessary.	\$0 copay for up to one routine eye exam every year. Up to \$245 for prescription contact lenses and/or eyeglasses (lenses and frames) every year.
X-Rays	\$0 copay under Elevate Medicaid Choice and Health First Colorado (Colorado Medicaid)	\$0 copay

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.

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

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. The plan also has a written agreement with Health First Colorado – Colorado’s Medicaid Program to coordinate your Medicaid benefits.

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。

Form CMS-10802
(Expires 12/31/25)