ELEVATE MEDICARE ADVANTAGE
Denver Health Medical Plan Inc.

2026 Summary of Benefits

Elevate Medicare Choice (HMO D-SNP)

H5608-001

January 1, 2026 – December 31, 2026

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 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

$0 cost-sharing is based on your continued enrollment in Medicaid or Qualified Medicare Beneficiary (QMB).

† Your provider must obtain prior authorization from our plan.

Benefits and Premiums	You Pay
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 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 long-term acute care hospitalizations (LTACH) and acute rehabilitation.
Outpatient Hospital Coverage	$0 copay
Ambulatory Surgical Center	$0 copay
Doctor Office Visits	$0 copay per visit
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 • Medicare-covered diagnostic tests and procedures • X-rays • Medicare-covered labs	$0 copay

Benefits and Premiums	You Pay
Hearing Services • 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.
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 • 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.	You pay a $0 copay for covered services up to the $2,000 annual maximum benefit for diagnostic, preventive, and comprehensive dental services every year.
Vision Services • 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 $300 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† • Cardiac (Heart) • Pulmonary (Lung) • Occupational Therapy† • Physical Therapy† • Speech Therapy†	$0 copay

Benefits and Premiums	You Pay
Ambulance†	$0 copay † Prior authorization is required only for non-emergency Medicare air ambulance services.
Transportation 24 one-way rides to plan approved health-related locations.	$0 copay up to the benefit limit through MTM.
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

- Generic Drugs (including brand drugs treated as generic) either:
  $0 copay; or
  $1.60 copay; or
  $5.10 copay
- For all other drugs, either:
  $0 copay; or
  $4.90 copay; or
  $12.65

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 $2,100, 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 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.

$0 cost-sharing is based on your continued enrollment in Medicaid or Qualified Medicare Beneficiary (QMB).

† Your provider must obtain prior authorization from our plan.

Additional Benefits	
Benefits	**You Pay**
Chiropractic Care We cover only manual manipulation of the spine to correct subluxation.	$0 copay
Diabetes Supplies and Services† • 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 *Over-the-Counter (OTC) and Healthy Food** All new members will receive a reloadable card that holds an allowance for the purchase of eligible OTC health and wellness products, healthy food if eligible, and other rewards as applicable. Funds must be used at participating retailers and for eligible items only. *Over-the-Counter Allowance* • Unused funds expire at the end of each quarter or upon disenrollment. • Member allowance is available on your reloadable card at the beginning of each quarter of the plan year (January, April, July and October). Healthy Food* Allowance • A member identified as having one or more chronic illnesses will begin to receive monthly funds loaded onto the FlexCard for the purchase of eligible healthy foods. • Unused funds expire at the end of each month or upon disenrollment.	You will receive: • $35 per quarter for eligible OTC items • $75 per month for eligible Healthy Food* items *This benefit is for those who qualify under Special Supplemental Benefits for the Chronically Ill (SSBCI). See eligibility details at the end of this table.

Additional Benefits	
Benefits	**You Pay**
• Member allowance is available on your reloadable card at the beginning of each month. For more information on eligible items or locations, visit DenverHealthMedicalPlan.org or 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.	
Meal Benefit 14 meals are offered for each Inpatient or Skilled Nursing Facility (SNF) admission (after discharge through Project Angel Heart).	$0 copay
Smartphone with Unlimited Data Plan* One smartphone with an unlimited data plan is covered through Thrive Mobile. Eligible members are covered for a no-cost smartphone and no monthly bill (unlimited text, talk, and data).	$0 for eligible members *This benefit is for those who qualify under Special Supplemental Benefits for the Chronically Ill (SSBCI). See eligibility details at the end of this table.

**This benefit is part of a special supplemental program for the chronically ill. Not all members qualify. Other eligibility and coverage criteria apply. Eligible conditions include chronic alcohol use disorder and other substance use disorders (SUDs), autoimmune disorders, cancer, cardiovascular disorders, chronic heart failure, dementia, diabetes mellitus, overweight/obesity/metabolic syndrome, chronic gastrointestinal disease, chronic kidney disease (CKD), severe hematologic disorders, HIV/AIDS, chronic lung disorders, chronic and disabling mental health conditions, neurologic disorders, stroke, post-organ transplantation, immunodeficiency and immunosuppressive disorders, conditions associated with cognitive impairment, conditions with functional challenges, chronic conditions that impair vision/hearing (deafness)/taste/touch/smell, and conditions that require continued therapy services in order for individuals to maintain or retain functioning.*

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 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 HealthFirstColorado.com/benefits-services.

$0 copay 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.

† Your provider must obtain prior authorization from our plan.

Benefit Category	Medicaid	Elevate Medicare Choice (HMO D-SNP)
Ambulance†	$0 copay	$0 copay
Colorectal Cancer Screening	$0 copay	$0 copay
Dental Services	$0 copay for cleanings, fillings, root canals, crowns and partial dentures. No annual dental limit.	You pay $0 copay for covered services up to $2,000, the annual maximum benefit for preventive and comprehensive dental services every year.
Diabetes Supplies and Services† • Diabetes therapeutic shoes or inserts • Diabetic supplies • Diabetes self-management training	$0 copay	$0 copay
Diagnostic Tests, Lab Services and Radiology Services	$0 copay	$0 copay
Durable Medical Equipment (DME) † Including oxygen	$0 copay	$0 copay
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

Benefit Category	Medicaid	Elevate Medicare Choice (HMO D-SNP)
Hearing Services • Exam to diagnose and treat hearing and balance issues • Routine hearing exams • Hearing aid fitting or evaluation exam • Hearing aids	$0 copay 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	Covered by Original Medicare.
Immunizations	$0 copay	$0 copay
Inpatient Hospital Coverage†	$0 copay	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 • Cardiac (Heart) • Pulmonary (Lung) • Physical Therapy† • Occupational Therapy† • Speech Therapy†	$0 copay	$0 copay
Outpatient Services/Surgery	$0 copay	$0 copay
Outpatient Substance Abuse	$0 copay	$0 copay
Pap Smears	$0 copay	$0 copay
Podiatry Services	$0 copay	$0 copay
Prescription Drugs	$0 copay under Elevate Medicaid Choice for drugs on the formulary. $0 copay under Health First Colorado (Colorado Medicaid).	No deductible • Generic Drugs (including brand drugs treated as generic) either: $0 copay; or $1.60 copay; or $5.10 copay • For all other drugs, either: $0 copay; or $4.90 copay; or $12.65
Preventive Care	$0 copay	$0 copay

Benefit Category	Medicaid	Elevate Medicare Choice (HMO D-SNP)
Primary Care	$0 copay	$0 copay
Prostate Cancer Screening Exams	$0 copay	$0 copay
Prosthetic Devices†	$0 copay	$0 copay
Renal Dialysis	$0 copay	$0 copay
Skilled Nursing Facility (SNF) †	$0 copay	$0 copay
Specialty Care	$0 copay	$0 copay
Transportation to Medical Visits	$0 copay	$0 copay for 24 one-way trips to health-related plan approved locations.
Urgently Needed Services	$0 copay	$0 copay
Vision Services	$0 copay for eye exams and eyeglasses every other year under Elevate Medicaid Choice. $0 for eye exams under Health First Colorado (Colorado Medicaid). 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 $300 for prescription contact lenses and/or eyeglasses (lenses and frames) every year.
X-Rays	$0 copay	$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.

Notice of Availability

English: ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-700-8140 (TTY 711) or speak to your provider.

Spanish/Español: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También se ofrecen sin costo herramientas y servicios auxiliares adecuados para brindar información en formatos accesibles. Llame al 1-800-700-8140 (TTY 711) o hable con su proveedor.

Chinese Mandarin/简体中文：注意：如果您使用简体中文，可免费获得语言协助服务，也可免费获得适当的辅助设备和服务，获取无障碍格式的信息。请拨打 1-800-700-8140 (TTY 711) 或联系您的提供者。

Chinese Cantonese/繁體中文：注意：如果您使用繁體中文，可免費獲得語言協助服務，也可免費獲得適當的輔助設備和服務，獲取無障礙格式的資訊。請撥打 1-800-700-8140 (TTY 711) 或聯絡您的提供者。

Tagalog/Paalala: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-800-700-8140 (TTY 711) o makipag-usap sa iyong provider.

French/Français: INFORMATION : Si vous parlez Français, des services gratuits d'assistance linguistique vous sont proposés. Des aides et des services auxiliaires adaptés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-700-8140 (TTY 711) ou parlez-en à votre prestataire.

Vietnamese/Việt: LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-800-700-8140 (Người khuyết tật 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

German/Deutsch: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Außerdem können Sie kostenfrei entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten in Anspruch nehmen. Rufen Sie 1-800-700-8140 (TTY 711) an oder sprechen Sie mit Ihrem Anbieter.

Korean/한국어: 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-800-700-8140 (TTY 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Russian/РУССКИЙ: ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-800-700-8140 (TTY 711) или обратитесь к своему поставщику услуг.

Hindi/ हिंदी : ध्यान दें: यदि आपहिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन औरसेवाएँ भी निःशुल्क उपलब्ध हैं। 1-800-700-8140 (TTY 711) पर कॉल करें या अपने प्रदाता से बात करें।.

Polish/Polski: UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-800-700-8140 (TTY 711) lub porozmawiaj ze swoim dostawcą.

Arabic:العربية:

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-800-700-8140 (TTY 711) أو تحدث إلى مقدم الخدمة".

Italian/Italiano: ATTENZIONE: Se parla italiano, sono disponibili servizi gratuiti di assistenza linguistica. Sono inoltre disponibili supporti adeguati e servizi gratuiti per fornire informazioni in formati accessibili. Chiami 1-800-700-8140 (TTY 711) o consulti il suo fornitore di servizi.

Portuguese/Português: ATENÇÃO: Se fala português, são-lhe disponibilizados serviços de assistência linguística sem custos. São também disponibilizados, sem custos, aparelhos e serviços auxiliares adequados para prestar informações em formatos acessíveis. Ligue 1-800-700-8140 (TTY 711) ou fale com o seu prestador de serviços.

French Creole/Kreyòl Ayisyen: ATANSYON: Si ou pale Kreyòl Ayisyen, sèvis asistans lengwistik yo disponib pou ou sou sit sa. Èd ak sèvis oksilyè adapte yo ki ap pèmèt ou resevwa enfòmasyon yo nan fòma aksesib yo, yo founi yo tou gratis. Pou jwenn sèvis sa, rele 1-800-700-8140 (TTY 711) oswa kontakte founisè ou an.

Japanese/日本語: 注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-800-700-8140（TTY711）までお電話ください。または、ご利用の事業者にご相談ください。