



ELEVATE
MEDICARE ADVANTAGE
Denver Health Medical Plan Inc.™

ELEVATE MEDICARE SELECT (HMO) 2026 PLAN YEAR

Adams, Arapahoe, Denver and Jefferson Counties

Health insurance for life's journey.



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: _____

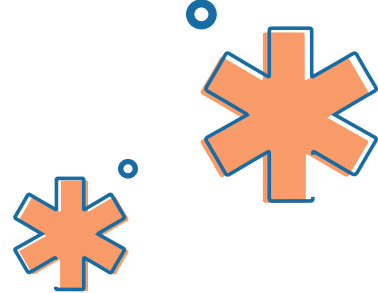
Agent email: _____

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.





**ELEVATE
MEDICARE ADVANTAGE**

Denver Health Medical Plan Inc..

2026 Summary of Benefits

Elevate Medicare Select (HMO)

H5608-002

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](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

† 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 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.	\$6,750
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.	• Days 1–5: \$350 per day for each benefit period • Days 6–90: \$0 per day for each benefit period • Days 91–150: \$838 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 long-term acute care hospitalizations (LTACH) and acute rehabilitation.
Outpatient Hospital Coverage	\$0 copay for diagnostic colonoscopy/endoscopy. \$275 copay for other Medicare-covered outpatient surgery services provided at outpatient hospital facilities. \$205 copay for other Medicare-covered non-surgical services.
Ambulatory Surgical Center	\$0 copay for diagnostic colonoscopy/endoscopy at an ambulatory surgical center.
Ambulatory Surgical Center (continued)	\$200 copay for other Medicare-covered

Benefits and Premiums	You Pay
	outpatient surgery services provided at an ambulatory surgical center.
Doctor Office Visits	Primary Care Visit: \$0 copay per visit Specialist Visit: \$10 copay per visit
Preventive Care	\$0 copay
Emergency Care We cover emergency care anywhere in the United States. ER cost sharing is waived if you are admitted to the hospital within 3 days for the same condition.	\$130 copay
Urgently Needed Services We cover urgently needed care anywhere in the United States. Urgently needed care services cost sharing is waived if you are admitted to the hospital within 3 days for the same condition.	\$40 copay
Diagnostic Services, Lab and Imaging • Medicare-covered diagnostic tests and procedures • X-rays • Medicare-covered labs	\$35 copay for Medicare-covered X-rays \$0 copay for Medicare-covered lab services. <u>Diagnostic Radiology</u> \$35 copay for Medicare-covered diagnostic radiology services performed in an office setting. \$160 copay for Medicare-covered diagnostic radiology services performed in an outpatient facility. <u>Therapeutic Radiology</u> \$35 copay for Medicare-covered therapeutic radiology services performed in an office setting. \$60 copay for Medicare-covered therapeutic radiology services performed in an outpatient facility.
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 for one routine hearing exam every 3 years. 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
Dental Services (Medicare-Covered) Medicare covers some dental services that are closely related to other covered medical services.	\$35 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 2 services per calendar year) • See your EOC for additional dental covered services.	You pay 40% of the total cost up to the annual maximum benefit of \$2,000 for each covered comprehensive dental office visit. Coinsurance does not apply for diagnostic and preventive services up to the stated maximum. \$25 deductible for diagnostic, preventive, and comprehensive dental services.
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 \$220 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.	• \$350 copay per day for days 1-5 • \$0 copay per day for days 6-90 • \$838 copay per day for each lifetime reserve day • Beyond lifetime reserve days: All costs
Outpatient Mental Health Services Outpatient group and individual therapy	\$20 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 per day for days 1-20 • \$188 copay per day for days 21-44 • \$0 copay per day for days 45-100 • Beyond lifetime reserve days: All costs
Outpatient Rehabilitation† • Cardiac (Heart) • Pulmonary (Lung) • Occupational Therapy† • Physical Therapy† • Speech Therapy†	\$20 copay for each cardiac visit. \$15 copay for each pulmonary visit. \$35 copay for each occupational therapy visit. \$25 copay for each physical and speech therapy visit.

Benefits and Premiums	You Pay
Ambulance†	\$250 copay If you are admitted to the hospital, you do not have to pay your share of the cost for the ambulance services. † Prior authorization is required 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% to 20% of the total cost for Medicare Part B chemotherapy drugs and other Part B drugs. 0% to 20% of the total cost, up to a \$35 maximum per month for Medicare Part B insulin drugs. † Authorization may be required for some Part B drugs.

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:

Your share of the cost when you get a *one-month* supply of a covered Part D prescription drug:

Tier	Standard retail cost sharing (in-network) (up to a 30-day supply)	Preferred retail cost sharing (in-network) (up to a 30-day supply)	Mail-order cost sharing (up to a 30-day supply)	Long-term care (LTC) cost sharing (up to a 31-day supply)
Cost-Sharing Tier 1 (Preferred Generic)	\$15 copay	\$0 copay	N/A	\$15 copay
Cost-Sharing Tier 2 (Generic)	\$20 copay	\$9 copay	N/A	\$20 copay
Cost-Sharing Tier 3 (Preferred Brand)	\$47 copay	\$45 copay	N/A	\$47 copay
Cost-Sharing Tier 4 (Non-Preferred Brand)	\$100 copay	\$95 copay	N/A	\$100 copay
Cost-Sharing Tier 5 (Specialty Tier)	33% of the total cost	33% of the total cost	33% of the total cost	33% of the total cost
Cost-Sharing Tier 6 (Select Care Drugs)	\$0 copay	\$0 copay	N/A	\$0 copay

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

Your share of the cost when you get a *long-term (up to 100-day)* supply of a covered Part D prescription drug:

Tier	Standard retail cost sharing (in-network) (100-day supply)	Preferred retail cost sharing (in-network) (100-day supply)	Mail-order cost sharing (100-day supply)	Preferred mail-order cost sharing (in-network) (100-day supply)
Cost-Sharing Tier 1 (Preferred Generic)	\$45 copay	\$0 copay	\$45 copay	\$0 copay
Cost-Sharing Tier 2 (Generic)	\$60 copay	\$18 copay	\$60 copay	\$0 copay
Cost-Sharing Tier 3 (Preferred Brand)	\$141 copay	\$135 copay	\$141 copay	\$135 copay
Cost-Sharing Tier 4 (Non-Preferred Brand)	\$300 copay	\$285 copay	\$300 copay	\$285 copay
Cost-Sharing Tier 5 (Specialty Tier)	A long-term supply is not available for drugs in Tier 5.	A long-term supply is not available for drugs in Tier 5.	A long-term supply is not available for drugs in Tier 5.	A long-term supply is not available for drugs in Tier 5.
Cost-Sharing Tier 6 (Select Care Drugs)	\$0 copay	\$0 copay	\$0 copay	\$0 copay

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 standard or preferred pharmacies and mail order pharmacies. If you reside in a long-term care facility, you pay the same as at a retail pharmacy.

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 Select (HMO), you may get your drugs any of the following ways:

- Standard/Preferred Retail Pharmacy
- Long Term Care (LTC) Pharmacy
- Mail Order

Costs may differ based on the pharmacy type (preferred or standard) 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.

† 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.	\$15 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.

Additional Benefits

Benefits

You Pay

FlexCard:

Over-the-Counter (OTC)

All members will receive a reloadable card that holds an allowance for the purchase of eligible OTC health and wellness products, and other rewards as applicable.

- Funds must be used at participating retailers and for eligible items only.
- 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 (January, April, July and October).

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.

- \$40 per quarter for eligible OTC items

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.

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 Sprachassistentendienste 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 आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ 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.

العربية:Arabic

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. Chiama 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 fòm aksèsib 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。



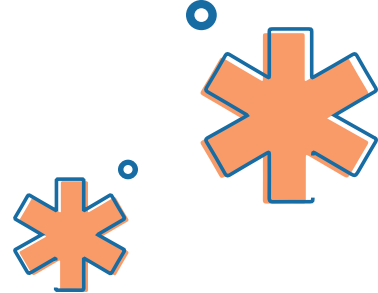
ELEVATE
MEDICARE ADVANTAGE

Denver Health Medical Plan Inc.™

EXTRA BENEFITS



FlexCard



One card, two allowances
– automatically loaded onto a reusable card!

You will receive funds on your reloadable card at the beginning of January, April, July and October, or upon enrollment. These funds can be used to help pay for eligible over-the-counter (OTC) items at participating stores like Target, King Soopers, Safeway, Walmart, Walgreens, CVS, Costco and Medline.com. Funds expire at the end of the quarter or upon disenrollment.

OTC Allowance:
Up to \$40 every quarter



Annual Wellness Visit Rewards: \$30 upon completion of a qualifying visit

An Annual Wellness Visit is a checkup or routine care with your primary provider. If you complete your visit, let us know at [DenverHealthMedicalPlan.org/Medicare-FlexCard](https://denverhealthmedicalplan.org/Medicare-FlexCard). We will load your reward onto your Flexcard for purchase of qualifying healthy food.

Visit [DenverHealthMedicalPlan.org/Medicare-FlexCard](https://denverhealthmedicalplan.org/Medicare-FlexCard) 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

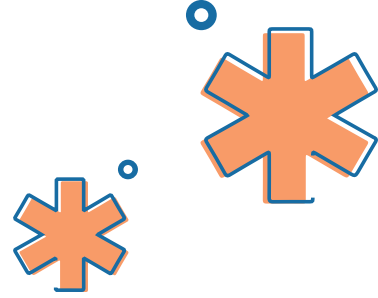
To find an in-network dental provider near you, call Delta Dental at **1-800-610-0201** or visit **DeltaDentalCO.com**.

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 40% coinsurance for comprehensive services with a \$25 deductible 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

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 \$220 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 **24 one-way trip** rides that can be used to visit any plan-approved, health-related location.

HOW IT WORKS:

1. Contact MTM Health 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 MTM Health or use the app



Call to schedule your ride today! 1-877-692-5315
Available 24/7

Download the MTM Health Mobile App!



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



ELEVATE
MEDICARE ADVANTAGE

Denver Health Medical Plan Inc.™

ENROLLMENT APPLICATION



Pre-Enrollment Checklist

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

Understanding the Benefits

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

Understanding Important Rules

- ☐ You must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 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: INDIVIDUAL ENROLLMENT REQUEST FORM TO ENROLL IN A MEDICARE ADVANTAGE PLAN (PART C) OR MEDICARE PRESCRIPTION DRUG PLAN (PART D)

Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan or Medicare Prescription Drug 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/TTY711 o a Medicare gratis al 1-800-633-4227 y oprima el 8 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. The 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.

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:

Middle Initial:

Birth date: (MM/DD/YYYY)

/ /

Sex:

☐ Male ☐ Female

Phone number:

Permanent Residence street address (Don't enter a PO Box. Note: For individuals experiencing homelessness, a PO Box may be considered your permanent residence address.):

City:

County:

State:

ZIP Code:

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

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 or Part D plan at a time – and that enrollment in this plan will automatically end my enrollment in another MA or Part D 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:**

If you're the authorized representative, sign above and fill out these fields:

Name:

Address:

Phone number:

Relationship to enrollee:

Section 2 – All fields in this section are optional

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

Select one 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 ☐ Data 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 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 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.

For individuals helping enrollee with completing this form only

Complete this section if you're an individual (i.e. agents, brokers, SHIP counselors, family members, or other third parties) helping an enrollee fill out this form.

Name: _____ Relationship to enrollee: _____

Signature: _____ National Producer Number (Agents/Brokers only): _____

PRIVACY ACT STATEMENT

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 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.



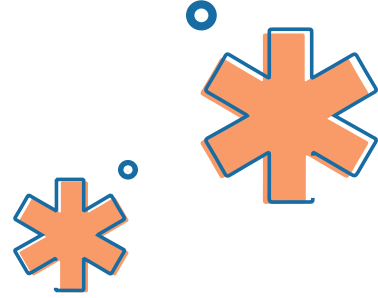
ELEVATE
MEDICARE ADVANTAGE

Denver Health Medical Plan Inc.™

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

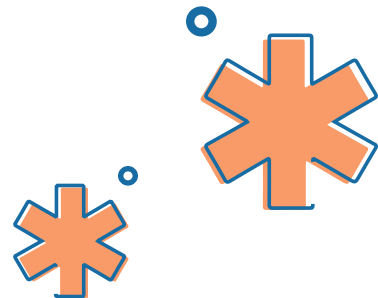
- Great alternative to crowded waiting rooms and risk of germ exposure
- Same copay as an urgent care center



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.

Get the most out of your benefits

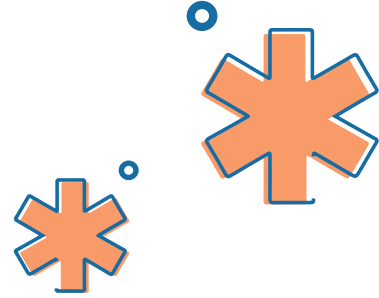


We are here to listen to you, help answer any questions you have, and help you navigate your benefits. When you have a question about your Elevate Medicare Advantage plan or your benefits, call us. We are specially trained to help you!

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

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:

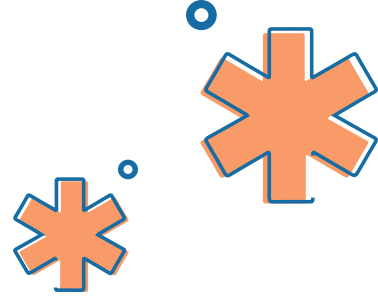
8 a.m. to 8 p.m.
Monday - Friday



HAVE QUESTIONS? CALL US AT:

303-602-2111

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: _____

Visit our website for plan details:

[DenverHealthMedicalPlan.org/Elevate-Medicare-Advantage/Medicare-Select-Plan-Details](https://denverhealthmedicalplan.org/Elevate-Medicare-Advantage/Medicare-Select-Plan-Details)

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 2026 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 24 one-way trip rides through your Elevate Medicare Advantage benefits. Call **1-877-692-5315** to schedule your ride today.

PRO TIP:

Call at least 48 business hours before your appointment.

6 **Receive Your FlexCard.**

Use your FlexCard for qualifying items at places like Target, King Soopers, Safeway, Walmart, Walgreens, CVS, Costco and Medline.com each quarter. Your allowance will be available at the beginning of January, April, July and October, or upon enrollment.

7 **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!



8 **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!

9 **Member ID card.**

Be sure to check your mail and keep an eye out for your new plan year Elevate Medicare Advantage Member ID card to arrive.



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 777 Bannock St, MC 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/smartscreen/main.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 <https://www.hhs.gov/ocr/complaints/index.html>

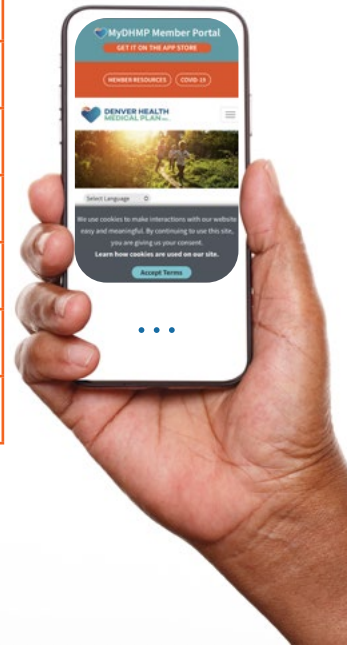


ELEVATE MEDICARE ADVANTAGE

Denver Health Medical Plan Inc.™

IMPORTANT TELEPHONE NUMBERS

Health Plan Services (TTY 711)	303-602-2111
Pharmacy Services	303-602-2070
MTM Health (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



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