

**Introduction to the Summary of Benefits Report
For DENVER HEALTH MEDICARE CHOICE (HMO SNP)
January 1, 2012 – December 31, 2012
DENVER COUNTY**

SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

Thank you for your interest in Denver Health Medicare Choice (HMO SNP). Our plan is offered by DENVER HEALTH MEDICAL PLAN, INC. a Medicare Advantage Health Maintenance Organization (HMO) Special Needs Plan (SNP). This plan is designed for people who meet specific enrollment criteria. You may be eligible to join this plan if you receive assistance from the state and Medicare.

All cost sharing in this summary of benefits is based on your level of Medicaid eligibility.

Please call Denver Health Medicare Choice (HMO SNP) to find out if you are eligible to join. Our number is listed at the end of this introduction.

This Summary of Benefits tells you some features of our plan. It doesn't list every service we cover or list every limitation or exclusion. To get a complete list of our benefits, please call Denver Health Medicare Choice (HMO SNP) and ask for the "Evidence of Coverage."

YOU HAVE CHOICES IN YOUR HEALTH CARE

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like Denver Health Medicare Choice (HMO SNP). You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program. If you are eligible for both Medicare and Medicaid (dual eligible) you may join or leave a plan at any time.

Please call Denver Health Medicare Choice (HMO SNP) at the number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

HOW CAN I COMPARE MY OPTIONS?

You can compare Denver Health Medicare Choice (HMO SNP) and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

WHERE IS Denver Health Medicare Choice (HMO SNP) AVAILABLE?

The service area for this plan includes: Denver County, CO. You must live in this area to join the plan.

WHO IS ELIGIBLE TO JOIN Denver Health Medicare Choice (HMO SNP)?

You can join Denver Health Medicare Choice (HMO SNP) if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area.

However, individuals with End-Stage Renal Disease generally are not eligible to enroll in Denver Health Medicare Choice (HMO SNP) unless they are members of our organization and have been since their dialysis began.

You must also receive assistance from the state to join this plan.

Please call the plan to see if you are eligible to join.

CAN I CHOOSE MY DOCTORS?

Denver Health Medicare Choice (HMO SNP) has formed a network of doctors, specialists, and hospitals. You can only use doctors who are part of our network. The health providers in our network can change at any time. You can ask for a current provider directory. For an updated list, visit us at <http://denverhealthmedicalplan.com>. Our customer service number is listed at the end of this introduction.

WHAT HAPPENS IF I GO TO A DOCTOR WHO'S NOT IN YOUR NETWORK?

If you choose to go to a doctor outside of our network, you must pay for these services yourself except in limited situations (for example, emergency care). Neither the plan nor the Original Medicare Plan will pay for these services

WHERE CAN I GET MY PRESCRIPTIONS IF I JOIN THIS PLAN?

Denver Health Medicare Choice (HMO SNP) has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a pharmacy directory or visit us at <http://denverhealthmedicalplan.com>. Our customer service number is listed at the end of this introduction.

DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?

Denver Health Medicare Choice (HMO SNP) does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

WHAT IS A PRESCRIPTION DRUG FORMULARY?

Denver Health Medicare Choice (HMO SNP) uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at <http://denverhealthmedicalplan.com>.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

HOW CAN I GET EXTRA HELP WITH MY PRESCRIPTION DRUG PLAN COSTS OR GET EXTRA HELP WITH OTHER MEDICARE COSTS?

You may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare costs. To see if you qualify for getting extra help, call:

* 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week and see www.medicare.gov 'Programs for People with Limited Income and Resources' in the publication Medicare You.

* The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778 or

* Your State Medicaid Office.

WHAT ARE MY PROTECTIONS IN THIS PLAN?

All Medicare Advantage Plans agree to stay in the program for a full calendar year at a time. Plan benefits and cost-sharing may change from calendar year to calendar year. Each year, plans can decide whether to continue to participate with Medicare Advantage. A plan may continue in their entire service area (geographic area where the plan accepts members) or choose to continue only in certain areas. Also, Medicare may decide to end a contract with a plan. Even if your Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue for an additional calendar year, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of Denver Health Medicare Choice (HMO SNP), you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision.

Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

As a member of Denver Health Medicare Choice (HMO SNP), you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision.

Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?

A Medication Therapy Management (MTM) Program is a free service we offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact Denver Health Medicare Choice (HMO SNP) for more details.

WHAT TYPES OF DRUGS MAY BE COVERED UNDER MEDICARE PART B?

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact Denver Health Medicare Choice (HMO SNP) for more details.

- Some Antigens: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- Osteoporosis Drugs: Injectable drugs for osteoporosis for certain women with Medicare.
- Erythropoietin (Epoetin Alfa or Epogen®): By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia.
- Injectable Drugs: Most injectable drugs administered incident to a physician's service.
- Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- Some Oral Cancer Drugs: If the same drug is available in injectable form.
- Oral Anti-Nausea Drugs: If you are part of an anti-cancer chemotherapeutic regimen.
- Inhalation and Infusion Drugs administered through DME.

WHERE CAN I FIND INFORMATION ON PLAN RATINGS?

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on www.medicare.gov and select "Health and Drug Plans" then "Compare Drug and Health Plans" to compare the plan ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for this plan. Our customer service number is listed below.

Please call Denver Health Medical Plan for more information about
Denver Health Medicare Choice (HMO SNP).

Visit us at <http://denverhealthmedicalplan.com> or, call us:

Customer Service Hours:

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8:00 a.m. - 8:00 p.m. Mountain

Current and Prospective members should call toll-free (877)-956-2111 for questions related to the Medicare Advantage Program. (TTY/TDD (866)-538-5288).

Current and Prospective members should call locally (303)-602-2111 for questions related to the Medicare Advantage Program. (TTY/TDD (303)-602-2129).

Current and Prospective members should call toll-free (877)-956-2111 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD (866)-538-5288)

Current and Prospective members should call locally (303)-602-2111 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD (303)-602-2129)

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week.
Or, visit www.medicare.gov on the web.

This document may be available in other formats such as Braille, large print or other alternate formats.

This information is available for free in other languages. Please contact our Member Services department at 303-602-2111 or toll free at 1-877-956-2111 for more information. TTY/TDD users should call 303-602-2129 or toll free at 1-866-538-5288. Our hours of operation are 8 a.m. - 8 p.m. seven days a week.

Este documento está disponible gratis en otros idiomas. Por favor comuníquese con nuestro departamento de Servicios al Afiliado al 303-602-2111 o llame gratis al 1-877-956-2111, para obtener más información. Los usuarios TTY/TDD favor de llamar al 303-602-2129 o gratis al 1-866-538-5288. Estamos disponibles de las 8 a.m. a las 8 p.m. los siete días de la semana.

**Summary of Benefits Report
For Contract H5608, Plan 001**

If you have questions about this plan's benefits or costs, please contact Denver Health Medical Plan for details.

Benefit	Original Medicare	Denver Health Medicare Choice (HMO SNP)
IMPORTANT INFORMATION		
1 - Premium and Other Important Information	The Medicare cost sharing amount may vary based on your level of Medicaid eligibility.	General * Depending on your level of Medicaid eligibility, you may not have any cost-sharing responsibility for original Medicare services
	In 2012 the monthly Part B Premium is \$0 or \$99.90 and the annual Part B deductible amount is \$0 or \$140*	** Please consult with your plan about cost sharing when receiving services from out-of-network providers.
		\$32.40 monthly plan premium in addition to your monthly Medicare Part B premium.*
	If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.	In-Network In 2012 the annual Part B deductible amount is \$0 or \$140. Contact the plan for services that apply.
		\$6,700 out-of-pocket limit for Medicare-covered services.*
2 - Doctor and Hospital Choice	You may go to any doctor, specialist or hospital that accepts Medicare.	In-Network You must go to network doctors, specialists, and hospitals.
(For more information, see Emergency Care - #15 and Urgently Needed Care - #16.)		Referral required for network hospitals and specialists (for certain benefits).
SUMMARY OF BENEFITS		
INPATIENT CARE		
3 - Inpatient Hospital Care	In 2012 the amounts for each benefit period, \$0 or: Days 1 - 60: \$1,156, deductible* Days 61 - 90: \$289.per day* Days 91 - 150: \$578. per lifetime reserve day*	In-Network Plan covers 90 days each benefit period.
(includes Substance Abuse and Rehabilitation Services)		In 2012 the amounts for each benefit period, \$0 or: Days 1 - 60: \$1,156. deductible* Days 61 - 90: \$289. per day* Days 91 - 150: \$578. per lifetime reserve day]*

Benefit	Original Medicare	Denver Health Medicare Choice (HMO SNP)
	Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.	You will not be charged additional cost sharing for professional services
	Lifetime reserve days can only be used once.	Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.
	A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.	
4 - Inpatient Mental Health Care	In 2012 the amounts for each benefit period, \$0 or: Days 1 - 60: \$1,156 deductible* Days 61 - 90: \$289 per day* Days 91 - 150: \$578 per lifetime reserve day*	In-Network In 2012 the amounts for each benefit period, \$0 or: Days 1 - 60: \$1,156 deductible* Days 61 - 90: \$289 per day* Days 91 - 150: \$578 per lifetime reserve day*
		You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.
	You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.	Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.
5 - Skilled Nursing Facility (SNF)	In 2012 the amounts for each benefit period after at least a 3-	General Authorization rules may apply.

Benefit	Original Medicare	Denver Health Medicare Choice (HMO SNP)
	day covered hospital stay are: \$0 or Days 1 - 20: \$0 per day* Days 21 - 100: \$0 or \$144.50	
(in a Medicare-certified skilled nursing facility)		In-Network Plan covers up to 100 days each benefit period
	100 days for each benefit period.	No prior hospital stay is required.
	A "benefit period" starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.	In 2012 the amounts for each benefit period are: \$0 or Days 1 - 20: \$0 per day* Days 21 - 100: \$144.50 per day*
		You will not be charged additional cost sharing for professional services
6 - Home Health Care	\$0 copay.	General Authorization rules may apply.
(includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)		In-Network \$0 copay for Medicare-covered home health visits*
7 - Hospice	You pay part of the cost for outpatient drugs and you may pay part of the cost for inpatient respite care.	General You must get care from a Medicare-certified hospice. Your plan will pay for a consultative visit before you select hospice.
	You must get care from a Medicare-certified hospice.	
OUTPATIENT CARE		
8 - Doctor Office Visits	0% or 20% coinsurance	General Authorization rules may apply.
		In-Network 0% or 20% of the cost for each primary care

Benefit	Original Medicare	Denver Health Medicare Choice (HMO SNP)
		doctor visit for Medicare-covered benefits.*
		0% or 20% of the cost for each in-area, network urgent care Medicare-covered visit*
		0% or 20% of the cost for each specialist visit for Medicare-covered benefits.*
9 - Chiropractic Services	Supplemental routine care not covered	In-Network 0% or 20% of the cost for each Medicare-covered visit*
	0% or 20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.	Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.
10 - Podiatry Services	Supplemental routine care not covered.	General Authorization rules may apply.
	0% or 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.	In-Network 0% or 20% of the cost for each Medicare-covered visit*
		20% of the cost for up to 4 supplemental routine visit(s) every year
		Medicare-covered podiatry benefits are for medically-necessary foot care.
11 - Outpatient Mental Health Care	0% or 40% coinsurance for most outpatient mental health services	General Authorization rules may apply.
	0% or 40% coinsurance of the Medicare-approved amount for each service you get from a qualified professional as part of a Partial Hospitalization Program.	In-Network 0% or 20% of the cost for each Medicare-covered individual therapy visit*
	"Partial hospitalization program" is a structured program of active outpatient psychiatric treatment that is more intense than the care received in your doctor's or	0% or 45% of the cost for each Medicare-covered group therapy visit*

Benefit	Original Medicare	Denver Health Medicare Choice (HMO SNP)
	therapist's office and is an alternative to inpatient hospitalization.	
		0% or 20% of the cost for each Medicare-covered individual therapy visit with a psychiatrist*
		0% or 45% of the cost for each Medicare-covered group therapy visit with a psychiatrist*
		0% or 20% of the cost for Medicare-covered partial hospitalization program services*
12 - Outpatient Substance Abuse Care	0% or 20% coinsurance	General Authorization rules may apply.
		In-Network 0% or 20% of the cost for Medicare-covered individual therapy visits*
		0% or 45% of the cost for Medicare-covered group visits*
13 - Outpatient Services/Surgery	0% or 20% coinsurance for the doctor's services	General Authorization rules may apply.
	Specified copayment for outpatient hospital facility services Copay cannot exceed the Part A inpatient hospital deductible.	In-Network 0% or 20% of the cost for each Medicare-covered ambulatory surgical center visit*
	0% or 20% coinsurance for ambulatory surgical center facility services	0% or 20% of the cost for each Medicare-covered outpatient hospital facility visit*
14 - Ambulance Services	0% or 20% coinsurance	In-Network 0% or 20% of the cost for Medicare-covered ambulance benefits.*
(medically necessary ambulance services)		If you are admitted to the hospital, you pay \$0 for Medicare-covered ambulance benefits.
15 - Emergency Care	0% or 20% coinsurance for the doctor's services	General 0% or 20% of the cost (up to \$65) for Medicare-covered emergency room visits*
(You may go to any emergency room if you reasonably believe you need emergency care.)	Specified copayment for outpatient hospital facility emergency services.	Not covered outside the U.S. except under limited circumstances. Contact the plan for more details.
	Emergency services copay cannot exceed Part A inpatient	If you are admitted to the hospital within 3-day(s) for the same condition, you pay \$0 for the

Benefit	Original Medicare	Denver Health Medicare Choice (HMO SNP)
	hospital deductible for each service provided by the hospital.	emergency room visit.
	You don't have to pay the emergency room copay if you are admitted to the hospital as an inpatient for the same condition within 3 days of the emergency room visit.	
	Not covered outside the U.S. except under limited circumstances.	
16 - Urgently Needed Care	0% or 20% coinsurance	General 0% or 20% of the cost for Medicare-covered urgently-needed-care visits*
(This is NOT emergency care, and in most cases, is out of the service area.)	NOT covered outside the U.S. except under limited circumstances.	If you are admitted to the hospital within 3-day(s) for the same condition, you pay \$0 for the urgently-needed-care visit.
17 - Outpatient Rehabilitation Services	0% or 20% coinsurance	General Authorization rules may apply.
(Occupational Therapy, Physical Therapy, Speech and Language Therapy)		In-Network There may be limits on physical therapy, occupational therapy, and speech and language pathology services. If so, there may be exceptions to these limits.
		0% or 20% of the cost for Medicare-covered Occupational Therapy visits*
		0% or 20% of the cost for Medicare-covered Physical and/or Speech and Language Therapy visits*
OUTPATIENT MEDICAL SERVICES AND SUPPLIES		
18 - Durable Medical Equipment	0% or 20% coinsurance	General Authorization rules may apply.
(includes wheelchairs, oxygen, etc.)		In-Network 0% or 20% of the cost for Medicare-covered items*
19 - Prosthetic Devices	0% or 20% coinsurance	General Authorization rules may apply.
(includes braces, artificial limbs and eyes, etc.)		In-Network 0% or 20% of the cost for Medicare-covered

Benefit	Original Medicare	Denver Health Medicare Choice (HMO SNP)
		items*
20 - Diabetes Programs and Supplies	0% or 20% coinsurance for diabetes self-management training	General Authorization rules may apply.
	0% or 20% coinsurance for diabetes supplies	In-Network \$0 copay for Diabetes self-management training*
	0% or 20% coinsurance for diabetic therapeutic shoes or inserts	0% or 20% of the cost for Diabetes monitoring supplies*
		0% or 20% of the cost for Therapeutic shoes or inserts*
21 - Diagnostic Tests, X-Rays, Lab Services, and Radiology Services	0% or 20% coinsurance for diagnostic tests and x-rays	General Authorization rules may apply.
	\$0 copay for Medicare-covered lab services	In-Network 0% of the cost for Medicare-covered lab services*
	Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most supplemental routine screening tests, like checking your cholesterol.	0% or 20% of the cost for Medicare-covered diagnostic procedures and tests*
	0% or 20% coinsurance for the digital rectal exam and other related services. Covered once a year for all men with Medicare over age 50.	0% or 20% of the cost for Medicare-covered X-rays*
		0% or 20% of the cost for Medicare-covered diagnostic radiology services (not including X-rays)*
		0% or 20% of the cost for Medicare-covered

Benefit	Original Medicare	Denver Health Medicare Choice (HMO SNP)
		therapeutic radiology services*
PREVENTIVE SERVICES		
22 - Cardiac and Pulmonary Rehabilitation Services	0% or 20% coinsurance for Cardiac Rehabilitation services 0% or 20% coinsurance for Pulmonary Rehabilitation services 0% or 20% coinsurance for Intensive Cardiac Rehabilitation services	General Authorization rules may apply.
	This applies to program services provided in a doctor's office. Specified cost sharing for program services provided by hospital outpatient departments.	In-Network 0% or 20% of the cost for Medicare-covered Cardiac Rehabilitation Services*
		0% or 20% of the cost for Medicare-covered Intensive Cardiac Rehabilitation Services*
		0% or 20% of the cost for Medicare-covered Pulmonary Rehabilitation Services*
23 - Preventive Services and Wellness/Education Programs	No coinsurance, copayment or deductible for the following:	General \$0 copay for all preventive services covered under Original Medicare at zero cost sharing: - Abdominal Aortic Aneurysm screening - Bone Mass Measurement - Cardiovascular Screening - Cervical and Vaginal Cancer Screening (Pap Test and Pelvic Exam) - Colorectal Cancer Screening - Diabetes Screening - Influenza Vaccine - Hepatitis B Vaccine - HIV Screening - Breast Cancer Screening (Mammogram) - Medical Nutrition Therapy Services - Personalized Prevention Plan Services (Annual Wellness Visits) - Pneumococcal Vaccine - Prostate Cancer Screening (Prostate Specific Antigen (PSA) test only) - Smoking Cessation (Counseling to stop smoking) - Welcome to Medicare Physical Exam (Initial Preventive Physical Exam)
	- Abdominal Aortic Aneurysm	HIV screening is covered for people with

Benefit	Original Medicare	Denver Health Medicare Choice (HMO SNP)
	<p>Screening - Bone Mass Measurement. Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions. - Cardiovascular Screening - Cervical and Vaginal Cancer Screening. Covered once every 2 years. Covered once a year for women with Medicare at high risk. - Colorectal Cancer Screening - Diabetes Screening - Influenza Vaccine - Hepatitis B Vaccine for people with Medicare who are at risk - HIV Screening. \$0 copay for the HIV screening, but you generally pay 20% of the Medicare-approved amount for the doctor's visit. HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy. - Breast Cancer Screening (Mammogram). Medicare covers screening mammograms once every 12 months for all women with Medicare age 40 and older. Medicare covers one baseline mammogram for women between ages 35-39. - Medical Nutrition Therapy Services Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian and may include a nutritional</p>	<p>Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy. Please contact plan for details.</p>

Benefit	Original Medicare	Denver Health Medicare Choice (HMO SNP)
	<p>assessment and counseling to help you manage your diabetes or kidney disease - Personalized Prevention Plan Services (Annual Wellness Visits) - Pneumococcal Vaccine. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information. - Prostate Cancer Screening / Prostate Specific Antigen (PSA) test only. Covered once a year for all men with Medicare over age 50. - Smoking Cessation (counseling to stop smoking). Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period. Each counseling attempt includes up to four face-to-face visits. - Welcome to Medicare Physical Exam (initial preventive physical exam) When you join Medicare Part B, then you are eligible as follows. During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare Physical Exam or an Annual Wellness Visit. After your first 12 months, you can get one Annual Wellness Visit every 12 months.</p>	
		<p>In-Network The plan covers the following supplemental education/wellness programs:</p>
		<p>- Written health education materials, including Newsletters</p>
		<p>-Nutritional benefit</p>
		<p>- Additional Smoking Cessation</p>
		<p>- Health Club Membership/Fitness Classes</p>

Benefit	Original Medicare	Denver Health Medicare Choice (HMO SNP)
		- Nursing Hotline
24 - Kidney Disease and Conditions	0% or 20% coinsurance for renal dialysis	General Authorization rules may apply.
	0% or 20% coinsurance for kidney disease education services	In-Network 0% or 20% of the cost for renal dialysis*
		\$0 copay for kidney disease education services*
25 - Outpatient Prescription Drugs	Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.	Drugs covered under Medicare Part B General \$0 annual deductible for Part B-covered drugs.*
		0% or 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.*
		Drugs covered under Medicare Part D General This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at http://denverhealthmedicalplan.com on the web.
		Different out-of-pocket costs may apply for people who -have limited incomes, -live in long term care facilities, or -have access to Indian/Tribal/Urban (Indian Health Service) providers.
		The plan offers national in-network prescription coverage (i.e., this would include 50 states and the District of Columbia). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).
		Total yearly drug costs are the total drug costs paid

Benefit	Original Medicare	Denver Health Medicare Choice (HMO SNP)
		by you, the plan, and Medicare.
		The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.
		Some drugs have quantity limits.
		Your provider must get prior authorization from Denver Health Medicare Choice (HMO SNP) for certain drugs.
		You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.
		If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.
		In-Network You pay a \$0 annual deductible.
		Initial Coverage Depending on your income and institutional status, you pay the following: For generic drugs (including brand drugs treated as generic), either: - A \$0 copay or - A \$1.10 copay or - A \$2.60 copay For all other drugs, either: - A \$0 copay or - A \$3.30 copay or - A \$6.50 copay.
		Retail Pharmacy You can get drugs the following way(s):
		- one-month (31-day) supply
		- three-month (90-day) supply
		Not all drugs are available at this extended day supply. Please contact the plan for more

Benefit	Original Medicare	Denver Health Medicare Choice (HMO SNP)
		information.
		<p>Long Term Care Pharmacy You can get drugs the following way(s):</p>
		- one-month (31-day) supply
		<p>Mail Order You can get drugs the following way(s):</p>
		- three-month (90-day) supply
		Not all drugs are available at this extended day supply. Please contact the plan for more information.
		<p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,700, you pay a \$0 copay.</p>
		<p>Out-of-Network Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Denver Health Medicare Choice (HMO SNP). You can get drugs the following way: - 10-day supply</p>
		<p>Out-of-Network Initial Coverage Depending on your income and institutional status, you will be reimbursed by Denver Health Medicare Choice (HMO SNP) up to the plan's cost of the drug minus the following:</p> <p>For generic drugs purchased out-of-network (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> - A \$0 copay or - A \$1.10 copay or - A \$2.60 copay <p>For all other drugs purchased out-of-network, either:</p> <ul style="list-style-type: none"> - A \$0 copay or - A \$3.30 copay or

Benefit	Original Medicare	Denver Health Medicare Choice (HMO SNP)
		- A \$6.50 copay.
		<p>Out-of-Network Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,700, you will be reimbursed in full for drugs purchased out-of-network.</p>
26 - Dental Services	Preventive dental services (such as cleaning) not covered.	<p>In-Network \$0 copay for Medicare-covered dental benefits*</p>
		\$0 copay for the following preventive dental benefits:
		- up to 2 oral exam(s) every year
		- up to 2 cleaning(s) every year
		- up to 1 fluoride treatment(s) every year
		- up to 2 dental x-ray(s) every year
		Plan offers additional comprehensive dental benefits.
		\$1,050 plan coverage limit for dental benefits every year
27 - Hearing Services	Supplemental routine hearing exams and hearing aids not covered.	<p>In-Network \$0 copay for hearing aids.</p>
	0% or 20% coinsurance for diagnostic hearing exams.	- 0% or 0% to 20% of the cost for Medicare-covered diagnostic hearing exams*
		- 0% of the cost for up to 1 supplemental routine hearing exam(s) every year
		- 0% to 20% of the cost for up to 1 hearing aid fitting-evaluation(s) every year
		\$1,500 plan coverage limit for hearing aids every year.
28 - Vision Services	0% or 20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.	<p>In-Network \$0 copay for - one pair of eyeglasses or contact lenses after cataract surgery *</p>
	Supplemental routine eye exams and glasses not covered.	<p>- up to 1 pair(s) of glasses every year OR - up to 1 pair(s) of contacts every year</p>
	Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.	

Benefit	Original Medicare	Denver Health Medicare Choice (HMO SNP)
	Annual glaucoma screenings covered for people at risk.	- 0% or 20% of the cost for exams to diagnose and treat diseases and conditions of the eye.*
		- 0% of the cost for up to 1 supplemental routine eye exam(s) every year
		\$200 plan coverage limit for eye wear every year.
Over-the-Counter Items	Not covered.	General The plan does not cover Over-the-Counter items.
Transportation	Not covered.	General Authorization rules may apply.
(Routine)		In-Network \$0 copay for up to 10 round trip(s) to plan-approved location every year
Acupuncture	Not covered.	In-Network This plan does not cover Acupuncture

Denver Health Medicare Choice (HMO SNP)

Medicare Part A (hospital insurance), Part B (Medical Insurance) and Part D (prescription drug coverage) benefits provide your primary insurance coverage. Your eligibility for Title XIX Medicaid pays all remaining hospital, medical and prescription drug coverage cost-sharing including deductibles and coinsurance.

“The services listed below are available only to those SNP members eligible under Medicaid for Medical Services”

Benefit Category	Medicaid	Denver Health Medicare Choice (HMO SNP)
Inpatient Hospital Care (includes substance abuse and rehabilitation)	Covered benefit at 100% under Denver Health Medicaid Choice.	Covered, \$0 copay
Inpatient Mental Health Care	Covered benefit for Medicaid eligible. Benefit is a carve-out under Denver Health Medicaid Choice.	Covered, \$0 copay
Skilled Nursing Facility	Covered benefit at 100% for Medicaid Eligible, is a wrap around benefit under Medicaid FFS.	Covered, \$0 copay
Acute Home Health and Long Term with Acute Episode Home Health	Covered benefit at 100% under Denver Health Medicaid Choice for the 1 st 60 days.	Covered, \$0 copay
Home Health Services provided specifically as benefits through the Home and Community Based Services Program	Covered benefit at 100% for Medicaid Eligible, is a wrap around benefit under Medicaid FFS.	Covered, \$0 copay
Long Term Home Health	Covered benefit at 100% for Medicaid Eligible, is a wrap around benefit under Medicaid FFS.	Covered, \$0 copay
Hospice	Covered benefit for Medicaid Eligible, benefit is paid as a wrap around under Medicaid Fee for Service	Covered, Original Medicare
Primary Care	Covered benefit at 100% under Denver Health Medicaid Choice	Covered, \$0 copay
Specialty Care	Covered benefit at 100% under Denver Health	Covered, \$0 copay

Benefit Category	Medicaid	Denver Health Medicare Choice (HMO SNP)
	Medicaid Choice	
Physical Exams	Covered benefit at 100% under Denver Health Medicaid Choice	Covered, \$0 copay
Podiatry, medically necessary	Covered benefit at 100% under Denver Health Medicaid Choice	Covered, \$0 copay
Podiatry, routine	Not a covered benefit under Medicaid Choice.	Covered, 4 visits - \$0 or 20% copay
Chiropractic Care, Medicare-covered	Not a covered benefit under Denver Health Medicaid Choice or Medicaid Fee-for-Service.	Covered, \$0 or 20% copay
Outpatient Substance Abuse	Covered benefit for Medicaid eligible, is a wrap around benefit under Medicaid Fee for Service.	Covered, \$0 copay
Outpatient Mental Health	Covered benefit for Medicaid eligible. Benefit is a carve-out under Denver Health Medicaid Choice	Covered, \$0 copay
Physical Therapy, Occupational Therapy/ Speech Therapy	Covered benefit at 100% under Denver Health Medicaid Choice	Covered, \$0 copay
Ambulance	Covered benefit at 100% under Denver Health Medicaid Choice services must be medically necessary.	Covered, \$0 copay
Emergency Care	Covered benefit at 100% under Denver Health Medicaid Choice. If the member's primary diagnosis is psychiatric in nature the benefit is covered by the member's behavioral health organization.	Covered, \$0 copay
Urgent Care	Covered benefit at 100% with Covered, \$0 copay under Denver Health Medicaid Choice	Covered, \$0 copay

Benefit Category	Medicaid	Denver Health Medicare Choice (HMO SNP)
Outpatient Services/Surgery	Covered benefit at 100% under Denver Health Medicaid Choice	Covered, \$0 copay
Outpatient Rehabilitation	Covered benefit at 100% under Denver Health Medicaid Choice	Covered, \$0 copay
Durable Medical Equipment Including Oxygen	Covered benefit at 100% Medicaid Choice. Oxygen is paid as a wrap around under Medicaid Fee for Service	Covered, \$0 copay
Prosthetic Devices	Covered benefit at 100% under Medicaid Choice	Covered, \$0 copay
Diabetes self-monitoring, training, nutrition therapy and supplies	Covered benefit at 100% under Denver Health Medicaid Choice	Covered, \$0 copay
Lab Services	Covered benefit at 100% under Denver Health Medicaid Choice	Covered, \$0 copay
X-rays	Covered benefit at 100% under Denver Health Medicaid Choice	Covered, \$0 copay
Diagnostic Radiology	Covered benefit at 100% under Denver Health Medicaid Choice	Covered, \$0 copay
Therapeutic Radiology	Covered benefit at 100% under Denver Health Medicaid Choice	Covered, \$0 copay
Bone Mass Measurement	Covered benefit at 100% under Denver Health Medicaid Choice	Covered, \$0 copay
Colorectal Screening	Covered benefit at 100% under Denver Health Medicaid Choice	Covered, \$0 copay
Immunizations	Covered benefit at 100% under Denver Health Medicaid Choice	Covered, \$0 copay
Mammograms	Covered benefit at 100% under Denver Health Medicaid Choice	Covered, \$0 copay
Pap Smears	Covered benefit at 100% under Denver Health Medicaid Choice	Covered, \$0 copay

Benefit Category	Medicaid	Denver Health Medicare Choice (HMO SNP)
Prostate Cancer Screenings	Covered benefit at 100% under Denver Health Medicaid Choice	Covered, \$0 copay
Renal Dialysis	Covered benefit at 100% under Denver Health Medicaid Choice	Covered, \$0 copay

Benefit Category	Medicaid	Denver Health Medicare Choice (HMO SNP)
Part D Prescription Drugs – covered under Medicare	Denver Health Medicaid Choice covers the following exclusions under Medicare at 100%: Benzodiazepines, Barbiturates, Cough and Cold Products, Over-the-Counter Medications and certain allowed Prescription Vitamin and Mineral Products.	\$0 Premium \$0 Deductible Initial Coverage Depending on your income and institutional status, you pay the following: For generic drugs, (including brand drugs treated as generic), either: A \$0 copay or A \$ 1.10 copay or A \$ 2.60 copay for all other drugs, either A \$0 copay or A \$ 3.30 copay or A \$ 6.50 copay ‘Extra Help’ copay applies to Part D Prescription Drugs.
Dental	Dental services for adults are limited to emergency services and minimal medically necessary dental services with concurrent medical conditions.	\$1,050 plan coverage limit every year.
Hearing Aids	Covered benefit for Medicaid eligible is a wrap around benefit under Medicaid Fee for Service.	\$1,500 plan coverage limit every year.
Hearing Exams/Tests	Covered benefit for Medicaid eligible, benefit is a wrap around under Medicaid Fee for Service.	Covered, \$0 copay
Eyewear	Covered benefit at 100% under Denver Health Medicaid Choice	\$200 plan coverage limit every year.
Eye Exams	Covered benefit at 100% under Denver Health Medicaid Choice. Once during 24 month period ages 21-47 and 12 month period for age 48 or older.	Covered, \$0 copay every year.
Transportation	Non-emergent transportation is a covered benefit at 100% under Denver Health Medicaid Choice.	Covered, \$0 copay

		up to 10 Round trips.
Health Club Membership	Not covered under Denver Health Medicaid Choice.	\$0 copay Covered at Denver Parks & Recreation Centers
Health/Wellness including smoking cessation, newsletters, health coaches/care management, nutritional training and Nursing Hotline	Covered benefit at 100% under Denver Health Medicaid Choice	Covered, \$0 copay
<p>Interpreter Services</p> <p>Interpreter services are available to help you get services.. One interpretation is available for any language.</p> <ul style="list-style-type: none"> ▪ Spoken language interpreter services. ▪ Hearing interpreter services. 	\$0 copay for Medicaid-covered services	Covered, \$0 copay