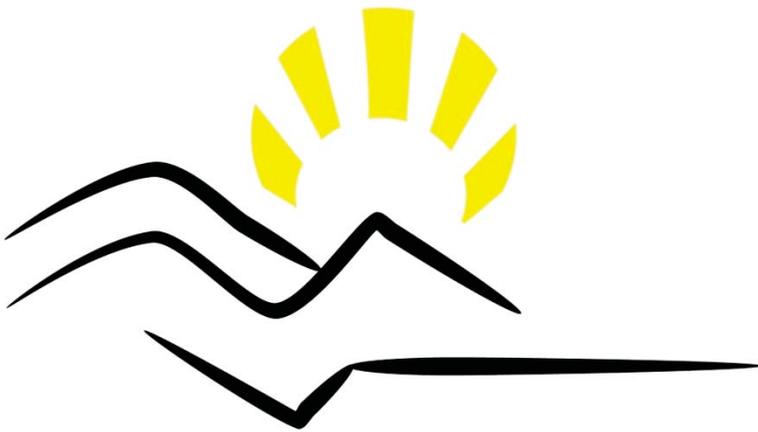


2017

SUMMARY OF BENEFITS

San Luis Valley



Colorado Choice
Health Plans

Summary of Benefits
January 1, 2017 - December 31, 2017

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage."

You have choices about how to get your Medicare benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.
- Another choice is to get your Medicare benefits by joining a Cost plan (such as **Colorado Choice Medicare Plans (Cost)**).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **Colorado Choice Medicare Plans (Cost)** covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <http://www.medicare.gov>.
- 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 <http://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.

Sections in this booklet

- Things to Know About **Colorado Choice Medicare Plans (Cost)**
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits

This document is available in other formats such as Braille and large print.
This document may be available in a non-English language. For additional information, call us at 719-589-3696 if calling from within the San Luis Valley or at 1-800-475-8466 if calling from outside the San Luis Valley. Deaf or Hearing Impaired using a TTY may call 1-800-659-2656.
Este documento está disponible en otros formatos como Braille y en letra grande.
Este documento puede estar disponible en un idioma que no sea Inglés. Para obtener información adicional, llámenos al 719-589-3696 si llama desde dentro del Valle de San Luis o al 1-800-475-8466 si llama desde fuera del Valle de San Luis. Sordos o con discapacidad auditiva utilizando un TTY pueden llamar al 1-800-659-2656.

Things to Know About Colorado Choice Medicare Plans (Cost)

Hours of Operation

- From October 1 to February 14, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Mountain time.
- From February 15 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. Mountain time.

Colorado Choice Medicare Plans (Cost) Phone Numbers and Website

- If you are a member of this plan and reside within the San Luis Valley, call 719-589-3696 or toll-free at 1-800-475-8466 if residing outside the San Luis Valley.
- If you are not a member of this plan, and calling from within the San Luis Valley, please call 719-589-3696 or at 1-800-475-8466 if calling from outside the San Luis Valley.
- Our website: <http://www.cochoice.com>

Who can join?

To join **Colorado Choice Medicare Plans (Cost)**, you must be enrolled in Medicare Part B (or have both Medicare Part A and Medicare Part B), and live in our service area.

Our service area includes the following counties in Colorado: Alamosa, Conejos, Costilla, Mineral, Rio Grande, and Saguache.

Which doctors and hospitals can I use?

Colorado Choice Medicare Plans (Cost) has a network of doctors, hospitals, and other providers. If you use the providers in our network, you may pay less for your covered services. But if you want to, you can also use providers that are not in our network.

You can see our plan's provider directory at our website (<http://www.cochoice.com>).

Or, call us and we will send you a copy of the provider directory.

What do we cover?

Our plan members get all of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare. For others, you may pay less.

Colorado Choice Medicare Plans (Cost) covers Part B drugs including chemotherapy and some drugs administered by your provider. However, this plan does not cover Part D prescription drugs. You may also join a separate Medicare Prescription Drug Plan.

SUMMARY OF BENEFITS January 1, 2017 – December 31, 2017

Benefits	Colorado Choice Silver SV Plan (Cost)	Colorado Choice Gold SV Plan (Cost)	Colorado Choice Platinum SV Plan (Cost)
MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES			
Monthly Plan Premium	\$20 per month. In addition, you must keep paying your Medicare Part B premium.	\$45 per month. In addition, you must keep paying your Medicare Part B premium.	\$70 per month. In addition, you must keep paying your Medicare Part B premium.
Deductible	This plan does not have a deductible.	This plan does not have a deductible.	This plan does not have a deductible.
Maximum Out-of-Pocket Responsibility (MOOP)	Our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care. Your yearly limit(s) in this plan: <ul style="list-style-type: none"> • \$3,400 for services you receive from in-network providers If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your monthly premiums.	Our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care. Your yearly limit(s) in this plan: <ul style="list-style-type: none"> • \$3,400 for services you receive from in-network providers. If you reach the limit in out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your monthly premiums.	Our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care. Your yearly limit(s) in this plan: <ul style="list-style-type: none"> • \$3,400 for services you receive from in-network providers. If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your monthly premiums.
Is there a limit on how much the plan will pay?	Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.	Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.	Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.
Colorado Choice Health Plans is a Cost plan with a Medicare Contract. Enrollment in Colorado Choice Health Plans depends on contract renewal.			

Benefits	Colorado Choice Silver SV Plan (Cost)	Colorado Choice Gold SV Plan (Cost)	Colorado Choice Platinum SV Plan (Cost)
<p>COVERED MEDICAL AND HOSPITAL BENEFITS</p> <p>Note:</p> <ul style="list-style-type: none"> • Services with a ¹ may require prior authorization. • Services with a ² may require a referral from your doctor. 			
<p>Inpatient Hospital Care^{1,2}</p>	<p>The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <ul style="list-style-type: none"> • \$975 copay per stay 	<p>The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <ul style="list-style-type: none"> • \$650 copay per stay 	<p>The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <ul style="list-style-type: none"> • \$500 copay per stay

Benefits	Colorado Choice Silver SV Plan (Cost)	Colorado Choice Gold SV Plan (Cost)	Colorado Choice Platinum SV Plan (Cost)
Doctor's Office Visits²	Primary care physician visit: \$35 copay Specialist visit: \$50 copay	Primary care physician visit: \$25 copay Specialist visit: \$40 copay	Primary care physician visit: \$20 copay Specialist visit: \$35 copay
Preventive Care¹	You pay nothing Our plan covers many preventive services, including: <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screenings • Cervical and vaginal cancer screening • Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy) • Depression screening • Diabetes screenings • HIV screening • Medical nutrition therapy services • Obesity screening and counseling • Prostate cancer screenings (PSA) 	You pay nothing Our plan covers many preventive services, including: <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screenings • Cervical and vaginal cancer screening • Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy) • Depression screening • Diabetes screenings • HIV screening • Medical nutrition therapy services • Obesity screening and counseling • Prostate cancer screenings (PSA) 	You pay nothing Our plan covers many preventive services, including: <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screenings • Cervical and vaginal cancer screening • Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy) • Depression screening • Diabetes screenings • HIV screening • Medical nutrition therapy services • Obesity screening and counseling • Prostate cancer screenings (PSA)

Benefits	Colorado Choice Silver SV Plan (Cost)	Colorado Choice Gold SV Plan (Cost)	Colorado Choice Platinum SV Plan (Cost)
	<ul style="list-style-type: none"> • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots • “Welcome to Medicare” preventive visit (one-time) • Yearly “Wellness” visit <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>	<ul style="list-style-type: none"> • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots • “Welcome to Medicare” preventive visit (one-time) • Yearly “Wellness” visit <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>	<ul style="list-style-type: none"> • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots • “Welcome to Medicare” preventive visit (one-time) • Yearly “Wellness” visit <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>
Emergency Care	<p>\$65 copay</p> <p>If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care. See the “Inpatient Hospital Care” section of this booklet for other costs.</p>	<p>\$65 copay</p> <p>If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care. See the “Inpatient Hospital Care” section of this booklet for other costs.</p>	<p>\$65 copay</p> <p>If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care. See the “Inpatient Hospital Care” section of this booklet for other costs.</p>
Urgently Needed Services	<p>\$40 copay</p> <p>If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for urgently needed services. See the</p>	<p>\$35 copay</p> <p>If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for urgently needed services. See the</p>	<p>\$30 copay</p> <p>If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for urgently needed services. See the</p>

Benefits	Colorado Choice Silver SV Plan (Cost)	Colorado Choice Gold SV Plan (Cost)	Colorado Choice Platinum SV Plan (Cost)
<p>Diagnostic Tests, Lab and Radiology Services, and X-Rays (Costs for these services may vary based on place of service)^{1,2}</p>	<p>“Inpatient Hospital Care” section of this booklet for other costs.</p> <p>Diagnostic radiology services (such as MRIs, CT Scans): 20% of the cost</p> <p>Diagnostic tests and procedures: You pay nothing</p> <p>Lab services: You pay nothing</p> <p>Outpatient x-rays: You pay nothing</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): 20% of the cost</p>	<p>“Inpatient Hospital Care” section of this booklet for other costs.</p> <p>Diagnostic radiology services (such as MRIs, CT scans): 20% of the cost</p> <p>Diagnostic tests and procedures: You pay nothing</p> <p>Lab services: You pay nothing</p> <p>Outpatient x-rays: You pay nothing</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): 20% of the cost</p>	<p>“Inpatient Hospital Care” section of this booklet for other costs.</p> <p>Diagnostic radiology services (such as MRIs, CT scans): 20% of the cost</p> <p>Diagnostic tests and procedures: You pay nothing</p> <p>Lab services: You pay nothing</p> <p>Outpatient x-rays: You pay nothing</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): 20% of the cost</p>
<p>Hearing Services</p>	<p>Exam to diagnose and treat hearing and balance issues: \$35 copay</p>	<p>Exam to diagnose and treat hearing and balance issues: \$30 copay</p>	<p>Exam to diagnose and treat hearing and balance issues: \$25 copay</p>
<p>Dental Services</p>	<p>Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): 20% of the cost</p> <p>Dental services: 50% of the cost for a single office visit that includes: Cleaning (for up to 1 every six months)</p>	<p>Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): 20% of the cost</p> <p>Dental services: 50% of the cost for a single office visit that includes: Cleaning (for up to 1 every six months)</p>	<p>Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): 20% of the cost</p> <p>Dental services: 50% of the cost for a single office visit that includes: Cleaning (for up to 1 every six months)</p>

Benefits	Colorado Choice Silver SV Plan (Cost)	Colorado Choice Gold SV Plan (Cost)	Colorado Choice Platinum SV Plan (Cost)
Vision Services	<p>Dental x-ray(s) (for up to 1 every year)</p> <p>Oral exam (for up to 1 every year)</p> <p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$35 copay</p> <p>Routine eye exam (for up to 1 every year): \$35 copay</p> <p>Eyeglasses (frames and lenses) (for up to 1 every two years): \$0 copay</p> <p>Eyeglasses or contact lenses after cataract surgery: You pay nothing</p> <p>Our plan pays up to \$55 every two years for eyeglasses (frames and lenses).</p> <p>\$0 copay means there is no copay for eyeglasses (frames and lenses), our plan only pays up to \$55 every two years for eyeglasses (frames and lenses). Anything over \$55 is member responsibility.</p>	<p>Dental x-ray(s) (for up to 1 every year)</p> <p>Oral exam (for up to 1 every year)</p> <p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$30 copay</p> <p>Routine eye exam (for up to 1 every year): \$30 copay</p> <p>Eyeglasses (frames and lenses)(for up to 1 every two years): \$0 copay</p> <p>Eyeglasses or contact lenses after cataract surgery: You pay nothing</p> <p>Our plan pays up to \$55 every two years for eyeglasses (frames and lenses).</p> <p>\$0 copay means there is no copay for eyeglasses (frames and lenses), our plan only pays up to \$55 every two years for eyeglasses (frames and lenses). Anything over \$55 is member responsibility.</p>	<p>Dental x-ray(s) (for up to 1 every year)</p> <p>Oral exam (for up to 1 every year)</p> <p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$25 copay</p> <p>Routine eye exam (for up to 1 every year): \$25 copay</p> <p>Eyeglasses (frames and lenses) (for up to 1 every two years): \$0 copay</p> <p>Eyeglasses or contact lenses after cataract surgery: You pay nothing</p> <p>Our plan pays up to \$55 every two years for eyeglasses (frames and lenses).</p> <p>\$0 copay means there is no copay for eyeglasses (frames and lenses), our plan only pays up to \$55 every two years for eyeglasses (frames and lenses). Anything over \$55 is member responsibility.</p>
Mental Health Care^{1,2}	<p>Inpatient visit: Our plan covers up to 190 days in a</p>	<p>Inpatient visit: Our plan covers up to 190 days in a</p>	<p>Inpatient visit: Our plan covers up to 190 days in a</p>

Benefits	Colorado Choice Silver SV Plan (Cost)	Colorado Choice Gold SV Plan (Cost)	Colorado Choice Platinum SV Plan (Cost)
	<p>lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</p> <p>The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <ul style="list-style-type: none"> • \$975 copay per stay 	<p>lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</p> <p>The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <ul style="list-style-type: none"> • \$650 copay per stay 	<p>lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</p> <p>The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p>

Benefits	Colorado Choice Silver SV Plan (Cost)	Colorado Choice Gold SV Plan (Cost)	Colorado Choice Platinum SV Plan (Cost)
	<p>Outpatient group therapy visit: \$40 copay</p> <p>Outpatient individual therapy visit: \$40 copay</p>	<p>Outpatient group therapy visit: \$30 copay</p> <p>Outpatient individual therapy visit: \$30 copay</p>	<ul style="list-style-type: none"> • \$500 copay per stay <p>Outpatient group therapy visit: \$25 copay</p> <p>Outpatient individual therapy visit: \$25 copay</p>
Inpatient Mental Health Care	<p>For inpatient mental health care, see the “Mental Health Care” section of this booklet.</p>	<p>For inpatient mental health care, see the “Mental Health Care” section of this booklet.</p>	<p>For inpatient mental health care, see the “Mental Health Care” section of this booklet.</p>
Skilled Nursing Facility (SNF)^{1,2}	<p>Our plan covers up to 100 days in a SNF.</p> <ul style="list-style-type: none"> • You pay nothing per day for days 1 through 20 • \$150 copay per day for days 21 through 100 <p>Skilled Nursing Facility copays do not count toward Maximum Out-of-Pocket</p>	<p>Our plan covers up to 100 days in a SNF.</p> <ul style="list-style-type: none"> • You pay nothing per day for days 1 through 20 • \$125 copay per day for days 21 through 100 <p>Skilled Nursing Facility copays do not count toward Maximum Out-of-Pocket</p>	<p>Our plan covers up to 100 days in a SNF.</p> <ul style="list-style-type: none"> • You pay nothing per day for days 1 through 20 • \$100 copay per day for days 21 through 100 <p>Skilled Nursing Facility copays do not count toward Maximum Out-of-Pocket</p>
Outpatient Rehabilitation^{1,2}	<p>Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): \$35 copay</p> <p>Occupational therapy visit: \$35 copay</p> <p>Physical therapy and speech and language therapy visit: \$35 copay</p>	<p>Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): \$25 copay</p> <p>Occupational therapy visit: \$25 copay</p> <p>Physical therapy and speech and language therapy visit: \$25 copay</p>	<p>Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): \$20 copay</p> <p>Occupational therapy visit: \$20 copay</p> <p>Physical therapy and speech and language therapy visit: \$20 copay</p>

Benefits	Colorado Choice Silver SV Plan (Cost)	Colorado Choice Gold SV Plan (Cost)	Colorado Choice Platinum SV Plan (Cost)
Ambulance ¹	<p>\$100 copay</p> <p>If you are admitted to the hospital, you do not have to pay for the ambulance services.</p>	<p>\$100 copay</p> <p>If you are admitted to the hospital, you do not have to pay for the ambulance services.</p>	<p>\$100 copay</p> <p>If you are admitted to the hospital, you do not have to pay for the ambulance services.</p>
Transportation	Not covered	Not covered	Not covered
Foot Care (<i>podiatry services</i>) ^{1,2}	<p>Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: \$40 copay</p>	<p>Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: \$35 copay</p>	<p>Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: \$30 copay</p>
Durable Medical Equipment (<i>wheelchairs, oxygen, etc.</i>) ¹	20% of the cost	20% of the cost	20% of the cost
Diabetes Supplies and Services ¹	<p>Diabetes monitoring supplies: 20% of the cost</p> <p>Diabetes self-management training: You pay nothing</p> <p>Therapeutic shoes or inserts: 20% of the cost</p> <p>If the doctor provides you services in addition to Diabetes self-management training, separate cost</p>	<p>Diabetes monitoring supplies: 20% of the cost</p> <p>Diabetes self-management training: You pay nothing</p> <p>Therapeutic shoes or inserts: 20% of the cost</p> <p>If the doctor provides you services in addition to Diabetes self-management training, separate cost</p>	<p>Diabetes monitoring supplies: 20% of the cost</p> <p>Diabetes self-management training: You pay nothing</p> <p>Therapeutic shoes or inserts: 20% of the cost</p> <p>If the doctor provides you services in addition to Diabetes self-management training, separate cost</p>

Benefits	Colorado Choice Silver SV Plan (Cost)	Colorado Choice Gold SV Plan (Cost)	Colorado Choice Platinum SV Plan (Cost)
	sharing of \$35 to \$50 may apply.	sharing of \$25 to \$40 may apply.	sharing of \$20 to \$35 may apply.
Wellness Programs	Not covered	Not covered	Not covered
Medicare Part B Drugs	For Part B drugs such as chemotherapy drugs: 20% of the cost Other Part B drugs: 20% of the cost Our plan does not cover Part D prescription drug.	For Part B drugs such as chemotherapy drugs: 20% of the cost Other Part B drugs: 20% of the cost Our plan does not cover Part D prescription drug.	For Part B drugs such as chemotherapy drugs: 20% of the cost Other Part B drugs: 20% of the cost Our plan does not cover Part D prescription drug.
Acupuncture	Not covered	Not covered	Not covered
Chiropractic Care	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): \$20 copay	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): \$15 copay	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): \$10 copay
Home Health Care^{1,2}	\$25 copay	\$20 copay	\$15 copay
Outpatient Substance Abuse^{1,2}	Group therapy visit: \$40 copay Individual therapy visit: \$40 copay	Group therapy visit: \$30 copay Individual therapy visit: \$30 copay	Group therapy visit: \$25 copay Individual therapy visit: \$25 copay

Benefits	Colorado Choice Silver SV Plan (Cost)	Colorado Choice Gold SV Plan (Cost)	Colorado Choice Platinum SV Plan (Cost)
Outpatient Surgery ^{1,2}	Ambulatory surgical center: \$300 copay Outpatient hospital: \$300 copay	Ambulatory surgical center: \$250 copay Outpatient hospital: \$250 copay	Ambulatory surgical center: \$200 copay Outpatient hospital: \$200 copay
Over-the-Counter Items	Not Covered	Not covered	Not covered
Prosthetic Devices (braces, artificial limbs, etc.)¹	Prosthetic devices: 20% of the cost Related medical supplies: 20% of the cost	Prosthetic devices: 20% of the cost Related medical supplies: 20% of the cost	Prosthetic devices: 20% of the cost Related medical supplies: 20% of the cost
Renal Dialysis ^{1,2}	20% of the cost	20% of the cost	20% of the cost
Hospice	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details.	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details.	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details.

Additional Benefit Information Regarding Colorado Choice Health Plans

Skilled Nursing Facility (SNF)

If you do not want to pay Original Medicare deductibles and coinsurance amounts when you go to out-of-network providers, you must get prior authorization from Colorado Choice Health Plans (except for urgent or emergency services). If you don't have a prior authorization before you receive services from an out-of-network provider (except for urgent or emergency services), you will have to pay the Original Medicare out-of-pocket amounts.

Hospice

When you enroll in a Medicare-certified hospice program, your hospice services and your Part A and Part B services related to your terminal condition are paid for by Original Medicare. Colorado Choice Health Plans cover hospice consultation services (one time only) for a terminally ill person who hasn't yet elected the hospice benefit.

Doctor Office Visits

Copay or coinsurance will be determined by the level of service being provided by the health care professional (i.e. if the service is an office visit, a copay will be assessed; if additional procedures are done in the office, a 20% coinsurance could apply in addition to the office copay).

Outpatient Rehabilitation Services

Original Medicare imposed financial therapy caps for 2016 (which are subject to change for 2017):

- \$1960 for Occupational Therapy services.
- \$1960 for combined services for Physical Therapy and Speech-Language Pathology services.

Colorado Choice Health Plans will limit therapy in a similar manner.



Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at [1-800-475-8466]. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al [1-800-475-8466]. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin:

我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电1-800-475-

8466。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese:

您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-475-8466。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa [1-800-475-8466]. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au [1-800-475-8466]. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi [1-800-475-8466] sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter [1-800-475-8466]. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 [1-800-475-8466]번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону [1-800-475-8466]. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على بمساعدتك. هذه مترجم فوري، ليس عليك سوى الاتصال بنا على [6648-574-008-1]. سيقوم شخص ما يتحدث العربية خدمة مجانية.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero [1-800-475-8466]. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número [1-800-475-8466]. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan [1-800-475-8466]. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer [1-800-475-8466]. Ta usługa jest bezpłatna.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें [1-800-475-8466] पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、[1-800-475-8466]にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。



The Health Plan that Cares!

Colorado Choice Health Plans is a Cost plan with a Medicare contract.

Enrollment in Colorado Choice Health Plans depends on contract renewal.

The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan.

Limitations, copayments, and restrictions may apply.

Benefits, premium, co-payments or co-insurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium.

This information is available for free in other languages. Please call our customer service number at 719-589-3696 if calling from within the San Luis Valley or at 1-800-475-8466 if calling from outside the San Luis Valley. Deaf or Hearing Impaired using a TTY may call 1-800-659-2656,

Monday – Friday, 8:00 am to 8:00 pm.

Esta información está disponible gratis en otros idiomas. Por favor llame a nuestro número de servicio al cliente al 719-589-3696 si llama desde dentro del Valle de San Luis o al 1-800-475-8466 si llama desde fuera del Valle de San Luis. Sordos o con discapacidad auditiva utilizando un TTY pueden llamar al 1-800-659-2656.