

2016 Deductible HMO Plans

| Summary of Covered Benefits | Denver Health DHMO | | Kaiser DHMO | | United Healthcare DHMO Navigate | |
|---|---|--|--|----------------|---|----------------|
| | HighPoint In-Network | Cofinity Network | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Covered Providers | Denver Health and Hospital Authority, University of Colorado Hospital and Children's Hospital Colorado providers and facilities. Columbine Network for Chiropractic | Cofinity network providers and facilities. Columbine network for Chiropractic. | Kaiser Network Providers and Hospitals | NA | Same Navigate network | NA |
| Plan Year Deductible Individual/Family | \$500/\$1,500 | \$750/\$1,750 | \$500/\$1,500 | Not Covered | \$500/\$1,500 | Not Covered |
| Out-of-Pocket maximum Includes deductible, coinsurance, and copays Individual/Family | \$2,500/\$5,000 | \$2,500/\$5,000 | \$3,000/\$6,000 | Not Covered | \$2,500/\$5,000 | Not Covered |
| Lifetime Maximum | None | None | None | NA | None | None |
| Preventive Care | Plan pays 100% | Plan Pays 100% | Plan Pays 100% | Not Covered | Plan Pays 100% | Not Covered |
| Prenatal Care, Delivery, Inpatient Baby Care | \$0 copay per visit. Plan pays 80% after deductible | \$0 copay per visit. Plan pays 70% after deductible | \$0 copay per visit. 80% after deductible | Not Covered | \$0 copay per visit. Plan pays 80% after deductible. | Not Covered |
| Physician Services Primary Care Specialist Urgent Care Mental Healthcare | \$25 copay \$50 copay \$75 copay \$50 copay Additional services will require copayment or deductible and coinsurance | \$30 copay \$50 copay \$75 copay \$50 copay Additional services will require copayment or deductible and coinsurance | \$30 copay \$50 copay \$75 copay \$30 copay | Not Covered | \$25 copay \$50 copay with referral. \$75 copay \$50 copay with referral | Not Covered |

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| Lab/X-Ray Diagnostic Lab/X-Ray High-Tech Services MRI, CT, PET | Plan pays 80% after deductible. \$150 copay per visit | Plan pays 70% after deductible. \$200 copay per visit. | Labs are no charge. Plan pays 80% after deductible for xray and MRI, CT, PET | Not Covered | Plan pays 80% after deductible | Not Covered |
| Hospital Services Inpatient Outpatient | Plan pays 80% after per occurrence copay of \$150 and annual deductible are met. | Plan pays 80% after deductible | Plan pays 80% after deductible | Not Covered | Plan pays 80% after deductible | Not Covered |
| Emergency Room | \$300 Copay | \$300 Copay | \$200 copay | Covered but only in the case of an actual emergency | \$300 copay | Not Covered |
| Prescription Drugs (30- day supply) Generic Preferred Brand Non-preferred Brand | Denver Health Pharmacy \$12 copay \$40 copay \$50 copay Non Denver Health Pharmacy \$20 copay \$50 copay \$80 copay | Non-Denver Health Pharmacy \$20 copay \$50 copay \$80 copay | \$20 copay \$40 copay \$60 copay | Not covered | \$15 copay \$45 copay \$60 copay | Not Covered |
| Mail Order (up to 90-day supply) Generic Preferred Brand Non-preferred Brand | Denver Health Pharmacy \$24 copay \$80 copay \$100 copay Non Denver Health Pharmacy \$40 copay \$100 copay \$160 copay | Non-Denver Health Pharmacy \$40 copay \$100 copay \$160 copay | \$40 copay \$80 copay \$120 copay | Not Covered | \$37.50 copay \$112.50 copay \$150 copay | Not Covered |
| Skilled Nursing Facility | Plan pays 80% after deductible. 60 days per calendar year. | Plan pays 70% after deductible for a maximum of 60 calendar days | Plan pays 80% up to 100 days per calendar year after deductible is met | Not Covered | Plan pays 80% after deductible | Not Covered |

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| Hospice Care | 100% Covered | Plan pays 70% after deductible | Plan Pays 80% after deductible | Not Covered | Plan pays 80% after deductible. | Not Covered |
| Home Health Care | Plan pays 80% after deductible. 60 days per calendar year maximum. | Plan pays 70% after deductible. 60 days per calendar year maximum. | Plan pays 80% after deductible for prescribed medically necessary part-time home health services | Not Covered | Plan pays 80% after deductible | Not Covered |
| Durable Medical Equipment | Plan pays 80% after deductible. Maximum benefit is \$2,000 per calendar year. | Plan pays 70% after deductible. Maximum benefit is 2,000 per calendar year. | Plan pays 80% after deductible | Not Covered | Limit \$2,500 in eligible expenses per year. | Not Covered |
| Hearing Care | Adults: Medically necessary hearing aids prescribed by a DHMP medical care network provider are covered every 5 years in network. For adults over age 18 there is a \$2,500 hearing aid maximum every 5 years. Children: Children under age 18 are covered at 100%, no maximum benefit applies. Cochlear implants are now covered for children under age 18. Applicable | Adults: Medically necessary hearing aids prescribed by a DHMP medical care network provider are covered every 5 years in network. For adults over age 18 there is a \$1500 hearing aid maximum every 5 years. Children: Children under age 18 are covered at 100%, no maximum benefit applies. Cochlear implants are now covered for children under age 18. Applicable inpatient/outpatient surgery charges will apply. | Plan pays 80% after deductible; hardware not covered. Hearing Aid coverage available to children under the age of 18; limitations apply. | Not Covered | Plan pays 80% after deductible | Not Covered |

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| | inpatient/outpatient surgery charges will apply. | | | | | |
| Chiropractic Care | \$50 copay. Maximum 20 visits per calendar year. Must be in the Columbine Chiropractic Network | Plan pays 80% after deductible. Must be in the Columbine Chiropractic Network | \$30 copay. Limit 20 visits per year. | Not Covered | \$50 copay. Limit 20 visits per year. | Not Covered |
| Vision Care | \$25 copay 1 Exam every 24 months | Not Covered | \$30 copay; hardware is not covered | Not Covered | \$25 copay; hardware is not covered | Not Covered |

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