



## Now You Have the Freedom to Go SOLO

### Member focused. Colorado based. Healthy Plans You Can Afford

*For more than 30 years, Rocky Mountain Health Plans has taken the initiative to improve the lives of our Members and the health of our communities. We are a financially strong and stable not-for-profit organization that provides innovative health plans and excellent customer service.*



### SOLO® to the Rescue

We've created a perfect menu of SOLO Health Plans for you to consider. Find one that fits your lifestyle, your needs, and your budget. You even have the flexibility to choose a different plan for your dependents age 0-17. Rocky Mountain Health Plans also offers one of Colorado's largest and diverse networks of providers – nearly 10,000 health care professionals and more than 80 hospitals.

#### All SOLO Health Plans offer an impressive array of benefits, including:

- Preventive care exams and screenings, including a lipid panel (Type 2 Diabetes and LDL cholesterol screening) are covered without meeting the deductible
- Prescription drug coverage
- Laboratory and x-ray services
- Inpatient and outpatient hospital care
- Well child exams with no deductible
- Mental health care
- Nationwide in-network coverage

### SOLO View Plans

SOLO View Plans are comprehensive health plans for individuals and families. We offer an impressive array of benefits including unlimited office visits with predictable office visit copays. Annual preventive exams and screenings and a three-component blood analysis are included with the SOLO View Plans. These benefits are covered without having to first meet the plan's deductible. You also have the flexibility to select one of four prescription drug options.

### SOLO View HSA Plans

Our SOLO View HSA Plans allow our Members to contribute to a tax-advantaged Health Savings Account (HSA). An HSA is a wise way to help cover your medical costs both now and in the future. SOLO View HSA Plans include annual preventive exams and screenings and a three-component blood analysis that are not subject to the deductible. Prescription drug options include coverage for generic drugs only or generic and brand name drug coverage.

*An optional accident rider that provides immediate coverage up to \$1,000 per Member per accident is available with any SOLO View Plan.*



## SOLO View Plans

Plans	Deductible (In-network) Individual/Family	Out-of-Pocket Maximum (In-network) Individual/Family	Office Visit Copay	Coinsurance (after deductible)	Accident Benefit*	Prescription Drug	Optional Prescription Drug
SOLO 500 (maternity coverage available)	\$500 Individual \$1,000 Family	\$3,000 Individual \$6,000 Family	\$35	80% covered in-network 50% covered out-of-network	Optional Rider	\$15 copay for generic drugs	<b>Brand Name Option:</b> Tier 1: \$15 Tier 2: \$40 Tier 3: \$60  <b>Brand Name with Deductible Option:</b> \$250 deductible Tier 1: \$15 generic (no deductible) Tier 2: \$40 Tier 3: \$60  <b>Discount Plan Option:</b> 100% of RMHP rate
SOLO 1500	\$1,500 Individual \$3,000 Family	\$3,000 Individual \$6,000 Family	\$35	80% covered in-network 50% covered out-of-network	Optional Rider	\$15 copay for generic drugs	
SOLO 2500	\$2,500 Individual \$5,000 Family	\$3,000 Individual \$6,000 Family	\$35	70% covered in-network 50% covered out-of-network	Optional Rider	\$15 copay for generic drugs	
SOLO 4000	\$4,000 Individual \$8,000 Family	\$3,000 Individual \$6,000 Family	\$45	70% covered in-network 50% covered out-of-network	Optional Rider	\$15 copay for generic drugs	

\*\$1 to \$1,000 covered in full for each accident, then deductible and coinsurance apply

## SOLO View HSA Plans

Plans	Deductible (In-network)	Out-of-Pocket Maximum (In-network)	Coinsurance (after deductible)	Accident Benefit*	Prescription Drug**	Optional Prescription Drug**
SOLO HSA 2500/100	\$2,500 Individual \$5,000 Family	\$2,500 Individual \$5,000 Family includes deductible	100% covered in-network 50% covered out-of-network	Optional rider	Generic drugs 100% covered after deductible	<b>Brand Name Option:</b> Generic and brand name drugs 100% covered after deductible
SOLO HSA 3250/100	\$3,250 Individual \$6,500 Family	\$3,250 Individual \$6,500 Family includes deductible	100% covered in-network 50% covered out-of-network	Optional rider	Generic drugs 100% covered after deductible	
SOLO HSA 5000/100	\$5,000 Individual \$10,000 Family	\$5,000 Individual \$10,000 Family includes deductible	100% covered in-network 50% covered out-of-network	Optional rider	Generic drugs 100% covered after deductible	

\*\$1 to \$1,000 covered in full for each accident, then deductible and coinsurance apply

\*\* Coinsurance paid by the Member for prescription drugs applies to the annual out-of-pocket maximum



### Learn more about SOLO Health Plans

Go online today for a free quote and to enroll. For more information, contact a broker in your area or call the SOLO sales team at 800-453-2981, option 4, between 8:00 A.M. and 5:00 P.M., Monday through Friday, Mountain Time.

[www.buysolo.org](http://www.buysolo.org)

#### Members

970-243-7050  
800-346-4643

#### Prospective Members

970-244-7800, option 4  
800-453-2981, option 4

### Corporate Headquarters

#### Grand Junction

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