

# Rocky Mountain Rio

2016 INDIVIDUAL & FAMILY PLANS



### Rocky Mountain Rio

Rocky Mountain Health Plans is Colorado-based and Colorado-focused. We were founded in Grand Junction more than 40 years ago to provide all Coloradans access to high quality health care. We continue this commitment and combine the personalized attention, quality care, and comprehensive coverage that our Members deserve and have come to expect from their local, not-for-profit health insurance option.

#### Our Rocky Mountain Rio plans are available in these Western Slope counties:

+ Archuleta + Garfield + Jackson + Moffat + Pitkin + San Miguel + Grand + La Plata + Rio Blanco + Summit + Delta + Montezuma + Dolores + Gunnison + Montrose + Routt + Lake + Eagle + Hinsdale + Mesa + Ouray + San Juan

#### **Choose a Plan That Covers All Your Needs**

- + RMHP helps you maintain your health and prevent illnesses by providing **no cost preventative care and well child exams**, including immunizations, physicals, and preventative exams.
- + RMHP is committed to the doctor-patient relationship and boasts **one of the largest provider networks in Colorado**, offering more than 16,000 doctors, specialists, and hospitals.
- + When traveling or temporarily residing outside Western Colorado, **receive care from our national network of providers** and the service will be covered as an in-network benefit.
- + RMHP offers **prescription drug coverage** and access to over 800 pharmacies across the state.
- + RMHP health & wellness services and discounts are designed to support a healthy lifestyle and live your healthy best.

#### Get More Than a Health Plan

- + RMHP helps your child's smile stay bright with our no additional cost pediatric dental coverage (up to age 19) through our valued partner, Delta Dental of Colorado.
- + Choose optional vision coverage including exams, glasses, and contacts through Vision Service Plan.
- + RMHP's free Cost Estimator, a personalized tool that provides estimated costs for your upcoming medical procedures, can assist you in making informed decisions about your health care.
- + Get health care, anywhere with RMHP's MyDigitalMD, a free service available on your mobile device or online that allows you to message and video chat with Colorado Emergency Medicine doctors.
- + **New this year** take a holistic approach to wellness with new chiropractic and acupuncture coverage.

### **Bronze PPO Plans**

| PPO PLANS                                    | Bronze PPO HSA<br>5050/100%   |                | Bronze PPO HSA<br>6550/100%  |                           |  |
|--|---|----------------|--|---------------------------|--|
| Deductible                                   | In-Network  | Out-of-Network | In-Network   | Out-of-Network            |  |
| Individual                                   | \$5,050   | \$10,100       | \$6,550  | \$13,100                  |  |
| Family                                       | \$10,100  | \$20,200       | \$13,100   | \$26,200                  |  |
| Out-of-Pocket Maximum (includes deductible)  | In-Network  | Out-of-Network | In-Network   | Out-of-Network            |  |
| Individual                                   | \$6,550   | \$13,100       | \$6,550  | \$26,200                  |  |
| Family                                       | \$13,100  | \$26,200       | \$13,100   | \$52,400                  |  |
| Office Vist<br>PCP/Specialist                | 0%  | 50%            | 0%   | 50%                       |  |
| Lab  | 0%  | 50%            | 0%   | 50%                       |  |
| X-Ray  | 0%  | 50%            | 0%   | 50%                       |  |
| Urgent Care                                  | 0%  | 50%            | 0%   | 50%                       |  |
| Emergency Care                               | 0%  |                | 0%   |                           |  |
| Inpatient Hospital                           | 0%  | 50%            | 0%   | 50%                       |  |
| Preventive Exams, Screenings & Immunizations | izations 100% covered coverage based on se                                      |                | 100% covered no deductible   | coverage based on service |  |
| Prescription Drug                            | Tier 1: \$25<br>Tier 2: \$70<br>Tier 3: \$300<br>Tier 4: \$450<br>Tier 5: \$540 | Not Covered    | Tier 1: 0%<br>Tier 2: 0%<br>Tier 3: 0%<br>Tier 4: 0%<br>Tier 5: 0% | Not Covered               |  |

All services subject to deductible unless otherwise noted.

### Silver PPO Plans

| PPO PLANS                                       |   | ver PPO<br>00/\$40        |   | ver PPO<br>00/\$40        |   | PPO HSA<br>0/100%         |  | PPO HSA<br>0/100%         |   | ver PP0<br>000/\$40          |
|---|---|---------------------------|---|---------------------------|---|---------------------------|--|---------------------------|---|------------------------------|
| Deductible                                      | In-Network  | Out-of-Network            | In-Network  | Out-of-Network            | In-Network  | Out-of-Network            | In-Network   | Out-of-Network            | In-Network  | Out-of-Network               |
| Individual                                      | \$1,500   | \$3,000                   | \$2,500   | \$5,000                   | \$2,800   | \$5,600                   | \$3,500  | \$7,000                   | \$4,000   | \$8,000                      |
| Family  | \$3,000   | \$6,000                   | \$5,000   | \$10,000                  | \$5,600   | \$11,200                  | \$7,000  | \$14,000                  | \$8,000   | \$16,000                     |
| Out-of-Pocket Maximum (includes deductible)     | In-Network  | Out-of-Network            | In-Network  | Out-of-Network            | In-Network  | Out-of-Network            | In-Network   | Out-of-Network            | In-Network  | Out-of-Network               |
| Individual                                      | \$6,650   | \$13,300                  | \$6,600   | \$13,200                  | \$5,000   | \$10,000                  | \$3,500  | \$14,000                  | \$6,000   | \$12,000                     |
| Family  | \$13,300  | \$26,600                  | \$13,200  | \$26,400                  | \$10,000  | \$20,000                  | \$7,000  | \$28,000                  | \$12,000  | \$24,000                     |
| Office Vist<br>PCP/Specialist                   | \$40/\$55<br>no<br>deductible   | 50%                       | \$40/\$55<br>no<br>deductible   | 50%                       | 0%  | 50%                       | 0%   | 50%                       | \$40/\$55<br>no<br>deductible   | 50%                          |
| Lab   | \$30<br>no<br>deductible  | 50%                       | \$30<br>no<br>deductible  | 50%                       | 0%  | 50%                       | 0%   | 50%                       | \$30<br>no<br>deductible  | 50%                          |
| X-Ray   | \$50<br>no<br>deductible  | 50%                       | \$50<br>no<br>deductible  | 50%                       | 0%  | 50%                       | 0%   | 50%                       | \$50<br>no<br>deductible  | 50%                          |
| Urgent Care                                     | 30%   | 50%                       | 30%   | 50%                       | 0%  | 50%                       | 0%   | 50%                       | 30%   | 50%                          |
| Emergency Care                                  | \$350 cop   | pay, then 30%             | \$350 cop   | pay, then 30%             |   | 0%                        |  | 0%                        | \$400 cop   | pay, then 30%                |
| Inpatient Hospital                              | 30%   | 50%                       | 30%   | 50%                       | 0%  | 50%                       | 0%   | 50%                       |   | 30%                          |
| Preventive Exams,<br>Screenings & Immunizations | 100%<br>covered<br>no<br>deductible   | coverage based on service | 100%<br>covered<br>no<br>deductible   | coverage based on service | 100%<br>covered<br>no<br>deductible                                       | coverage based on service | 100%<br>covered<br>no<br>deductible                                | coverage based on service | 100%<br>covered<br>no<br>deductible   | coverage based<br>on service |
| Prescription Drug                               | Tier 1: \$15 Tier 2: \$55 Tier 3: \$200 Tier 4: \$400 Tier 5: \$540 no deductible | Not Covered               | No deductible Tier 1: \$15 Tier 2: 30% After \$500 Rx Deductible: Tier 3: 40% Tier 4: 40% Tier 5: 50% | Not Covered               | Tier 1: \$15<br>Tier 2: \$45<br>Tier 3: 30%<br>Tier 4: 40%<br>Tier 5: 50% | Not Covered               | Tier 1: 0%<br>Tier 2: 0%<br>Tier 3: 0%<br>Tier 4: 0%<br>Tier 5: 0% | Not Covered               | No<br>deductible<br>Tier 1: \$15<br>Tier 2: \$45<br>Tier 3: \$175<br>Tier 4: \$350<br>Tier 5: \$500 | Not Covered                  |

All services subject to deductible unless otherwise noted.

### Gold PPO Plans

| PPO PLANS                                    | Gold PPO<br>500/\$35   |             | Gold PPO<br>900/\$35  |                           |  |
|--|--|-------------|---|---------------------------|--|
| Deductible                                   | In-Network Out-of-Network  |             | In-Network  | Out-of-Network            |  |
| Individual                                   | \$500  | \$1,000     | \$900   | \$1,800                   |  |
| Family                                       | \$1,000  | \$2,000     | \$1,800   | \$3,600                   |  |
| Out-of-Pocket Maximum (includes deductible)  | In-Network Out-of-Network  |             | In-Network  | Out-of-Network            |  |
| Individual                                   | \$4,000  | \$8,000     | \$4,100   | \$8,200                   |  |
| Family                                       | \$8,000  | \$16,000    | \$8,200   | \$16,400                  |  |
| Office Vist<br>PCP/Specialist                | \$35/\$50<br>no deductible   | 50%         | \$35/\$50<br>no deductible  | 50%                       |  |
| Lab  | \$30<br>no deductible  | 50%         | \$30<br>no deductible   | 50%                       |  |
| X-Ray  | \$50<br>no deductible  | 50%         | \$50<br>no deductible   | 50%                       |  |
| Urgent Care                                  | 20%  | 50%         | 20%   | 50%                       |  |
| Emergency Care                               | \$250 copay, then 20%  |             | \$250 copay, then 20%   |                           |  |
| Inpatient Hospital                           | 20%  | 50%         | 20%   | 50%                       |  |
| Preventive Exams, Screenings & Immunizations | ings & Immunizations 100% covered no deductible covera                           |             | 100% covered no deductible  | coverage based on service |  |
| Prescription Drug                            | No deductible Tier 1: \$15 Tier 2: \$45 Tier 3: \$70 Tier 4: \$250 Tier 5: \$330 | Not Covered | No deductible Tier 1: \$15 Tier 2: \$40 Tier 3: 20% Tier 4: 30% Tier 5: 40% | Not Covered               |  |

All services subject to deductible unless otherwise noted.

## Catastrophic PPO Plans

| PPO PLANS                                    | Catastrophic PPO<br>6850/\$45   |                           |  |  |
|--|---|---------------------------|--|--|
| Deductible                                   | In-Network  | Out-of-Network            |  |  |
| Individual                                   | \$6,850   | \$13,700                  |  |  |
| Family                                       | \$13,700  | \$27,400                  |  |  |
| Out-of-Pocket Maximum (includes deductible)  | In-Network  | Out-of-Network            |  |  |
| Individual                                   | \$6,850   | \$27,400                  |  |  |
| Family                                       | \$13,700  | \$54,800                  |  |  |
| Office Vist<br>PCP/Specialist                | PCP: First 3 visits: \$45<br>no deductible;<br>then 0%<br>Specialist:<br>0% | 50%                       |  |  |
| Lab  | 0%  | 50%                       |  |  |
| X-Ray  | 0%  | 50%                       |  |  |
| Urgent Care                                  | 0%  | 50%                       |  |  |
| Emergency Care                               | 0%  |                           |  |  |
| Inpatient Hospital                           | 0%  | 50%                       |  |  |
| Preventive Exams, Screenings & Immunizations | 100% covered no deductible  | coverage based on service |  |  |
| Prescription Drug                            | Tier 1: 0%<br>Tier 2: 0%<br>Tier 3: 0%<br>Tier 4: 0%<br>Tier 5: 0%          | Not Covered               |  |  |

All services subject to deductible unless otherwise noted.



### Who We Are

We're not just a health plan. We're your local business patrons, the skiers on the lifts, the cyclists on the paths, we're working beside you in the community. We're your neighbors, and we take pride in that. We live where you live, work where you work, and play where you play. We're Colorado, too.

#### **Enroll with Rocky Mountain Health Plans**

Plans are available to purchase directly through RMHP by contacting our dedicated Individual Sales team; by visiting the State's health insurance exchange, Connect for Health Colorado; or by getting in touch with your local broker.

#### **Proud Participant with Connect for Health Colorado**

Rocky Mountain Health Plans is a Qualified Health Plan with Connect for Health Colorado. RMHP is proud to participate with Connect for Health Colorado and we are working together to ensure more Coloradans will have affordable access to health care than ever before.

You may be eligible for a tax credit that will help reduce the cost of health insurance. Tax credits are based on your household income, family size, and various eligibility requirements. To take advantage of these tax credits you must purchase health insurance through Connect for Health Colorado.



### Learn More About Rocky Mountain Health Plans



Visit rmhp.org and receive a free, instant quote.



Email us at individualsales@rmhp.org



Call 800-453-2981, option 4 to speak with a plan expert.



Live Chat with a plan expert on rmhp.org.