

July 2012

Dear Valued Member:

Thank you for your continued good health partnership with Rocky Mountain Health Plans (RMHP). In response to the mandatory Women's Preventive Services benefits imposed under the Patient Protection and Affordable Care Act (PPACA), RMHP is providing the enclosed Amendment. The Amendment is effective August 1, 2012.

Please read the enclosed Amendment carefully and keep it with your Evidence of Coverage (Contract), as it becomes part of the Contract. Some of the changes are summarized below.

Birth Control for Women

PPACA requires health plans to provide coverage, without Member cost sharing, for each method of birth control for female Members. RMHP will be providing coverage for the following contraceptive methods:

- Counseling and information on birth control
- Diaphragms
- IUDs and subdermal implants
- Hormone injections, vaginal rings, and patches for contraception
- Surgical sterilization for women
- Contraceptive drugs and devices noted as "Women's Preventive Healthcare" on the RMHP Formulary, regardless of tier.

Breast Pumps and Breast Pump Supplies

PPACA requires health plans to provide coverage, without Member cost sharing, for breast pumps and breast pump supplies. In association with the birth of a child, RMHP will cover one breast pump up to the cost of the RMHP Preferred Model.

Other Preventive Services for Women

Any preventive service that received an "A" or a "B" recommendation by the U.S. Preventive Services Task Force and any preventive care screenings for women supported by the Health Resources and Services Administration will be covered without Member cost sharing. Certain age or frequency restrictions may apply.

If you have any questions, please contact RMHP Customer Service at 970-243-7050 or 800-346-4643. Representatives are available Monday through Friday from 8:00 a.m. to 5:00 p.m. If you are hearing impaired and use TTY equipment, call 711. Para asistencia en español llame al 800-346-4643.

Sincerely,
Member Benefit Administration

Enclosures: Amendment
 Medical Loss Ratio Information
 Grandfathered Plan Notice

Go paperless with Rocky Mountain Health Plans **Register to receive important health plan information electronically**

Rocky Mountain Health Plans is pleased to offer Subscribers enrolled in a group or SOLO health plan the opportunity to access important health plan documents and benefit information online. By opting-in, Subscribers will no longer receive certain documents by mail.

Signing up is Safe, Simple, and Secure

Your plan's Subscriber (individual whose name is listed as the primary plan holder) can register by visiting **accessRMHP on rmhp.org** and completing the required fields.

Once registered, the Subscriber will receive an email notification when new documents are available. We expect to begin sending notices in Fall 2012.



The plan Subscriber must provide their consent on behalf of all family members enrolled on their plan to receive documents electronically. The Subscriber must have an email address, internet access, and Adobe Acrobat Reader. Rocky Mountain Health Plans is committed to respecting your concerns about privacy. We will never sell or distribute email addresses.

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Medical Loss Ratio Information

The Affordable Care Act requires health insurers in the individual and small group markets to spend at least 80 percent of the premiums they receive on health care services and activities to improve health care quality (in the large group market, this amount is 85 percent).

This is referred to as the Medical Loss Ratio (MLR) rule or the 80/20 rule. If a health insurer does not spend at least 80 percent of the premiums it receives on health care services and activities to improve health care quality, the insurer must rebate the difference.

A health insurer's Medical Loss Ratio is determined separately for each State's individual, small group and large group markets in which the health insurer offers health insurance. In some States, health insurers must meet a higher or lower Medical Loss Ratio.

No later than August 1, 2012, health insurers must send any rebates due for 2011 and information to employers and individuals regarding any rebates due for 2011.

You are receiving this notice because your health insurer had a Medical Loss Ratio for 2011 that met or exceeded the required Medical Loss Ratio. For more information on Medical Loss Ratio and your health insurer's Medical Loss Ratio, visit www.HealthCare.gov.

Rocky Mountain Health Plans (RMHP) Medical Loss Ratio has exceeded the required percentages for 2011.

RMHP does not owe a premium rebate for 2011 for individual, small group or large group business.

ROCKY MOUNTAIN HEALTH PLANS
Underwritten by Rocky Mountain Health Maintenance Organization, Inc. and
Rocky Mountain HealthCare Options, Inc.

GRANDFATHERED PLAN NOTICE FOR GROUP PLANS

THIS GRANDFATHERED PLAN NOTICE FOR GROUP PLANS is provided to you in connection with Rocky Mountain Health Plan (“RMHP”) plan materials, as required by the Patient Protection and Affordable Care Act (“Affordable Care Act”) and related regulations.

This plan is available to both grandfathered and non-grandfathered group health plans under the Affordable Care Act. Grandfathered health plans are group health plans in which an individual was enrolled on March 23, 2010, and which maintain grandfathered status in accordance with Affordable Care Act regulations. Your group health plan may be a grandfathered health plan under the Affordable Care Act. Your Evidence of Coverage will state if the carrier believes that your group health plan is a grandfathered health plan.

As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your Evidence of Coverage may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing (although most grandfathered RMHP plans provide coverage for preventive services without cost sharing). However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to your employer or your plan administrator identified in your Summary Plan Description. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.