Good Health PPO
Core Plus Hospital Plan

Underwritten by Rocky Mountain HealthCare Options

Rocky Mountain Health Plans®
We understand Colorado. We understand you.

www.rmhp.org
800-453-2981

Rocky Mountain Good Health PPO plan designs offer diverse benefit options and premiums and include value-added components. All plans provide access to national in-network coverage and extensive preventive care covered at 100 percent before meeting the deductible. Fixed dollar copayments for doctor visits and certain diagnostic tests are also offered on select plans.

	In-Network (a doctor on the RMHP provider list)	Out-of-Network (a doctor not on the RMHP provider list)
Annual Deductible	$1,500 Individual; $3,000 Family	$3,000 Individual; $6,000 Family
Maximum Out-of-Pocket Costs	$3,500 Individual; $7,000 Family (does not include deductible)	$7,000 Individual; $14,000 Family (does not include deductible)
Coverage	75%	50%

Health Care Service	Copayment or Coinsurance	Must meet deductible first	Copayment or Coinsurance	Must meet deductible first
Routine Office Visit	Not covered		50% per visit*	No
Child Preventive Services	Covered in full	No	Not covered	
Adult Preventive Services	Covered in full	No	Not covered	
Immunizations (shots)	Covered in full	No	$30 per visit	No
Routine Screenings: mammogram, Pap smear, prostate screening, colorectal cancer screening	Covered in full	No	Mammograms/Prostate Screenings: covered in full	No
			Pap Smears: $75 per visit	No
			Colorectal Cancer Screenings: $500 per visit	No
Hospital Stay	25% per admission*	Yes	50% per admission*	Yes
Outpatient Surgery	25% per surgery*	Yes	50% per surgery*	Yes
Lab Services (covered only when not part of an office visit)	25% per visit*	Yes	50% per visit*	Yes
X-Rays (covered only when not part of an office visit)	25% per visit*	Yes	50% per visit*	Yes
Scans — MRI/CAT/PET (covered only when not part of an office visit)	25% per visit*	Yes	50% per visit*	Yes
Ambulance	25% per trip*	Yes	25% per trip*	Yes
Emergency Care	25% per visit*	Yes	25% per visit*	Yes
Urgent Care	Not covered		Not covered	
Prescription Drug	$15 Generic	No	Not covered	
* Services apply toward maximum out-of-pocket costs				

Note: All coverage under RMHP health plans is subject to the Maximum Benefit Allowance, which is RMHP's determination of the maximum amount that will be approved as a charge for a particular health care service.

Plan Limitations and Exclusions

For complete details on plan benefits and limitations and exclusions, see the applicable RMHP contract.

Pre-Existing Conditions

Groups 2-50: Excluded from coverage for up to six months (up to 18 months for late enrollees) unless reduced by prior creditable coverage. Does not apply to pregnancy, newborns, children newly adopted or placed for adoption, children under the age of 19, or employer groups with more than 50 employees.

Business Groups of One (BG1): Excluded from coverage for up to 12 months (up to 18 months for late enrollees) unless reduced by prior creditable coverage. Does not apply to pregnancy, newborns, children newly adopted or placed for adoption, children under the age of 19, or employer groups with more than 50 employees.

Patient Protection and Affordable Care Act

This plan is available to both grandfathered and non-grandfathered health plans under the Patient Protection and Affordable Care Act ("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 Patient Protection and Affordable Care Act. Your Evidence of Coverage will state if Rocky Mountain Health Plans ("RMHP") 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. 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, your plan administrator identified in your Summary Plan Description, or RMHP at 800-346-4643. 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.

Colorado law requires carriers to make available a Colorado Health Benefit Plan Description Form, which is intended to facilitate comparison of health plans. The form must be provided automatically within three (3) business days to a potential policyholder who has expressed interest in a particular plan or who has selected the plan as a finalist from which the ultimate selection will be made. The carrier also must provide the form, upon oral or written request, within three (3) business days to any person who is interested in coverage under or who is covered by a health benefit plan of the carrier.

An access plan is available for each managed care network offered by Rocky Mountain Health Plans to any interested party upon request. Such access plans contain information on providers, hospitals, referral and grievance procedures, quality assurance, access for members with special needs, emergency coverage provisions, and other information on how to access services.

COLORADO INSURANCE LAW REQUIRES ALL CARRIERS IN THE SMALL GROUP MARKET TO ISSUE ANY HEALTH BENEFIT PLAN IT MARKETS IN COLORADO TO SMALL EMPLOYERS OF 2-50 EMPLOYEES, INCLUDING A BASIC OR STANDARD HEALTH BENEFIT PLAN, UPON THE REQUEST OF A SMALL EMPLOYER TO THE ENTIRE SMALL GROUP, REGARDLESS OF THE HEALTH STATUS OF ANY OF THE INDIVIDUALS IN THE GROUP. BUSINESS GROUPS OF ONE CANNOT BE REJECTED UNDER A BASIC OR STANDARD HEALTH BENEFIT PLAN DURING OPEN ENROLLMENT PERIODS AS SPECIFIED BY LAW.

For small employer groups, see the enclosed Disclosure Notice for Small Employer Groups, which is incorporated into this document by reference.

The contents of this benefits summary are subject to the provisions of the Evidence of Coverage and Plan Attachments, which contain all terms and conditions of membership and benefits.