



## Rocky Mountain Vista PPO 500/70

- + Rocky Mountain Vista Plans offer flexible and robust plan designs for large employers enrolled in a non-grandfathered plan, with preventive care covered at 100 percent, without the requirement of meeting the deductible. Office visit copays are the same whether seeking services from a Primary Care Physician or a Specialist. Employers can offer an employee-level choice in prescription coverage, either generic-only or brand name. And low out-of-pocket maximums provide coverage assurance with no surprises.

### In-Network (a doctor on the RMHP provider list)

Annual Deductible	\$500 Individual; \$1,000 Family	
Maximum Out-of-Pocket Costs	\$3,500 Individual; \$7,000 Family (includes deductible)	
Coverage	70%	
Health Care Service	Copayment or Coinsurance	Must meet deductible first
Routine Office Visit PCP/ Specialist	\$35 per visit	No
Child Preventive Services	Covered in full	No
Adult Preventive Services	Covered in full	No
Child Immunizations (shots)	Covered in full	No
Routine Screenings: mammogram, Pap smear, prostate screening, colorectal cancer screening	Covered in full	No
Hospital Stay	30% per admission	Yes
Outpatient Surgery	30% per surgery	Yes
Lab Services	\$15 per visit	No
X-Rays	\$30 per visit	No
Scans — MRI/CAT/PET	30% per visit	Yes
Ambulance	30% per trip	Yes
Emergency Care	30% after \$150 copay	No
Urgent Care	\$50 per visit	No
Prescription Drug	\$15/\$40/\$55/20%/30% or \$10 Generic	No

### Out-of-Network (a doctor not on the RMHP provider list)

\$500 Individual; \$1,000 Family	
\$6,000 Individual; \$12,000 Family (includes deductible)	
50%	
Copayment or Coinsurance	Must meet deductible first
50% per visit	Yes
Covered in full	No
Not covered	
Covered in full	No
Covered in full	No
50% per admission	Yes
50% per surgery	Yes
50% per visit	Yes
50% per visit	Yes
50% per visit	Yes
30% per trip	Yes
30% after \$150 copay	No
50% per visit	Yes
Not covered	

All services, including Prescription Drugs, apply toward maximum out-of-pocket costs.

## Plan Limitations and Exclusions

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

An access plan is available for each managed care network offered by RMHP 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 UP TO 50 EMPLOYEES, REGARDLESS OF THE HEALTH STATUS OF ANY OF THE INDIVIDUALS IN THE GROUP.**

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.

