



Broker Briefing News Flash

New Good Health Product Line – update

Thank you all for your interest in the Rocky Mountain Health Plans new employer group product line. We appreciate all of your feedback and your interest in presenting our new, lower priced plans to your clients.

As a result of your feedback, we will be changing the Office Visit benefit on the following Good Health HMO and PPO Plans. In order to maintain current premium levels and not incur an increase, a change to the Out of Pocket Maximum was needed on the PPO and HMO 2000/70, as well as the PPO 3000/65.

The changes to the Office Visit benefit are listed below:

GH HMO and PPO 1500/75

Change Office Visit Benefit to
 \$45 PCP/\$65 Specialist
 Urgent Care \$65

GH HMO and PPO 2000/70

Change Office Visit Benefit to
 \$45 PCP/\$65 Specialist
 Urgent Care \$65
 Change the Out of Pocket Maximum to
 \$4,000/\$8,000 In-Network

GH PPO 3000/65

Change Office Visit Benefit to
 \$45 PCP/\$65 Specialist
 Urgent Care \$65
 Change the Out of Pocket Maximum to
 \$3,000/\$6,000 In-Network

Attached here, you will find updated benefit grids that will be inserted into our product brochures. All of the Plan Description Forms and Benefit Summaries are updated on our website.

We value your opinions and trust that this simplification to the Office Visit benefit will help you sell the Good Health employer group plans.

As always, if you have any questions, comments or need assistance, please call your Rocky Mountain Health Plans or CNIC Account Manager.

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**Benefit Table Update for
Good Health HMO 1500/75 and 2000/70
Good Health PPO 1500/75, 2000/70 and 3000/65**



Rocky Mountain Good Health PPO Plans

PPO Plans	PPO 1500/75		PPO 2000/70		PPO 3000/65		PPO 5000/80	
Deductible	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Employee	\$1,500		\$2,000		\$3,000		\$5,000	
Family	\$3,000		\$4,000		\$6,000		\$10,000	
Out-of-Pocket Maximum	Does not include deductible		Does not include deductible		Does not include deductible		Does not include deductible	
Employee	\$3,500	\$7,000	\$4,000	\$6,000	\$3,000	\$6,000	\$10,000	\$20,000
Family	\$7,000	\$14,000	\$8,000	\$12,000	\$6,000	\$12,000	\$20,000	\$40,000
Office Visit PCP/Specialist	\$45/\$65	50% after deductible	\$45/\$65	50% after deductible	\$45/\$65	50% after deductible	\$25/\$50	50% after deductible
Lab/X-Ray	\$30/\$55	50% after deductible	\$30/\$55	50% after deductible	\$30/\$55	50% after deductible	\$25/\$50	50% after deductible
Urgent Care	\$65	50% after deductible	\$65	50% after deductible	\$65	50% after deductible	\$50	50% not subject to deductible
Emergency Care	25% after deductible		30% after deductible		35% after deductible		\$250 copay	
Inpatient Hospital (coverage after deductible)	25%	50%	30%	50%	35%	50%	20%	50%
Preventive Exams, Screenings & Immunizations	100% covered	not covered	100% covered	not covered	100% covered	not covered	\$25 copay/exam 100% covered	not covered
RX Choice at Subscriber Level	\$15/60/75 or \$15 Generic Select		\$15/60/75 or \$15 Generic Select		\$15/60/75 or \$15 Generic Select		\$15/40/55 or \$10 Generic	

Optional Accident Benefit - available at group level (except for PPO 5000/80) and covers the first \$500 of treatment per accident before deductible and coinsurance apply.

Rocky Mountain Good Health HMO Plans

HMO Plans	HMO 500/80	HMO 750/75	HMO 1000/70	HMO 1500/75	HMO 2000/70
Deductible	In-Network	In-Network	In-Network	In-Network	In-Network
Employee	\$500	\$750	\$1,000	\$1,500	\$2,000
Family	\$1,000	\$1,500	\$2,000	\$3,000	\$4,000
Out-of-Pocket Maximum	Does not include deductible	Does not include deductible	Does not include deductible	Does not include deductible	Does not include deductible
Employee	\$3,000	\$3,500	\$3,500	\$3,500	\$4,000
Family	\$6,000	\$7,000	\$7,000	\$7,000	\$8,000
Office Visit PCP/Specialist	\$35/\$50	\$40/\$55	\$45/\$60	\$45/\$65	\$45/\$65
Lab/X-Ray	\$25/\$50	\$25/\$50	\$25/\$50	\$30/\$55	\$30/\$55
Urgent Care	\$50	\$55	\$60	\$65	\$65
Emergency Care	20% after \$150 copay	25% after \$150 copay	30% after deductible	25% after deductible	30% after deductible
Inpatient Hospital (coverage after deductible)	20%	25%	30%	25%	30%
Preventive Exams, Screenings & Immunizations	100% covered	100% covered	100% covered	100% covered	100% covered
RX Choice at Subscriber Level	\$15/50/65 or \$10 Generic Select	\$15/50/65 or \$10 Generic Select	\$15/50/65 or \$10 Generic Select	\$15/60/75 or \$15 Generic Select	\$15/60/75 or \$15 Generic Select

Optional Accident Benefit for HMO deductible plans — available at group level and covers the first \$500 of treatment per accident before deductible and coinsurance apply.