



Broker Briefing News Flash

New High Deductible Health Plans Launching July 1, 2008

RMHP will introduce new High Deductible Health Plans (HDHP) that will replace the HDHP designs currently sold. They will have an effective date of July 1, 2008. The new HDHP options will maintain our current deductible levels with added benefits for certain preventive care services and prescription drugs. HDHP options will include:

- HMO/PPO HDHP 2650/100
- HMO/PPO HDHP 3250/100
- HMO/PPO HDHP 5000/100

Starting July 1, 2008, RMHP will no longer sell the HMO/PPO HDHP options with 80% coverage after deductible.

Updated Good Health Plans - HMO Classic 1000 and PPO 5000/80

The Rocky Mountain Health Plans new product line launch included two of our older plan designs. These two plan options, the Good Health HMO Classic 1000 and PPO 5000/80 will be replaced in July, 2008 to integrate to the new benefit platform of the Good Health product line.

The attached Benefit Summary illustrates the benefit detail to the New HMO Classic 1000 and new PPO 5000/70 (previously known as PPO 5000/80), as well as the new Good Health HDHP options. The Plan Description Forms and Benefit Summaries for these new plans, effective July 1, will be available on our website by May 15, 2008. Please contact your RMHP Account Representative if you need a Plan Description Form or Benefit Summary prior to that date.

Older Plans being Discontinued

With the launch of our new Good Health product lines, we no longer offer many of our other small group plan designs. Starting with July renewals, small employer groups that are enrolled on an RMHP health plan that is no longer sold will be notified that their current health plan(s) is not available for renewal on their anniversary.

We will send a notice to all affected employer groups at least 90 days prior to their anniversary date. As part of this notice, we will notify each policyholder of their option to purchase another small group health plan offered by RMHP, along with benefit information for the plan that most closely matches the group's current plan design. We will also notify Members of this change.

Attached are the letters that will start going out this month to Members and small employer groups who have an anniversary date of July. Each month, these letters will be sent to groups and Members, 90 days prior to their anniversary date.

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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Grand Junction, CO 81506
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800-453-2981

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Greenwood Village, CO 80111
303-689-7367
800-823-8356

RMHP Durango
555 RiverGate Lane
Unit B1-109
Durango, CO 81301
970-385-5131
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RMHP Pueblo
503 N. Main Street
Suite 718
Pueblo, CO 81003
719-253-3900
888-332-8963

CNIC Denver
6251 Greenwood Plaza Blvd.
Suite 300
Greenwood Village, CO 80111
303-770-5710
800-426-7453

CNIC Colorado Springs
740 Wooten Road
Suite 104
Colo. Springs, CO 80915
719-622-3300
877-321-4412



«Date»

«Group Name and Addr»

Group # «Group Number»
93

Dear Valued Employer:

We have recently launched new Rocky Mountain Health Plans (RMHP) small group health plans with lower premiums and desirable benefit options. Our new Good Health PPO and HMO product lines provide a variety of deductible options as well as new classic HMO plans with no deductibles. Comprehensive preventive care coverage and prescription drug rider choice at the employee level are also included with these new plans.

With the launch of these new product lines, we no longer offer our other small group plan designs. Therefore, this letter is to notify you that, effective on your anniversary date of «Renewal Month, Year», the plan(s) listed below is not an available option.

«Old Plan»

You have the choice to select any of the new small group plans that we currently offer in Colorado.

We have included a Plan Description Form of the new Good Health Plan(s) that most closely match the plan(s) you have today. Your annual premium renewal will be calculated using this new plan design.

«New Plan»

Along with your «Renewal Month» renewal notification that you receive in «Renewal Month - 2», we will provide you with information on all of our small group plans. You can select from any of these plans to be effective on your anniversary. If you have more than five (5) employees enrolled on your group health plan, you can select up to three (3) plans to offer your employees.

I hope that you will take a few minutes to look over the new Plan Description Form enclosed with this letter. If you have any questions about our new plans, or your «Renewal Month» renewal, please contact your broker or your RMHP Account Management Team. We will be sending a letter to your employees in the next two weeks, letting them know about this plan design change.

Thank you for your continued membership. We know you have a choice in health plan providers and we greatly appreciate you choosing to select a Rocky Mountain Health Plan.

Sincerely,

Director of Sales Administration

« cc: Broker Name»

Plans underwritten by Rocky Mountain Health Maintenance Organization, Inc. and Rocky Mountain HealthCare Options, Inc.

(Date)

(Mail Merge Member Name, Address)

(Mail Merge Facets Member #)

Dear Valued Member:

We have recently launched new Rocky Mountain Health Plan (RMHP) small group health plans with lower premiums and desirable benefit options. Our new Good Health PPO and HMO product lines provide a variety of deductible options as well as new classic HMO plans with no deductibles. Comprehensive preventive care coverage and prescription drug rider choice at the employee level are also included with these new plans.

With the launch of these new product lines, we no longer offer our other small group plan designs, including the plan in which you are currently enrolled. We have given this notice to your employer, along with alternate plan options to consider for your anniversary date of [\(July, 2008\)](#).

Your employer will also have the choice to select any of the new small group plans that we currently offer in Colorado.

Thank you for your continued membership. We know you have a choice in health plan providers and we greatly appreciate you choosing enrollment in a Rocky Mountain Health Plan.

Sincerely,

Rocky Mountain Health Plans
Member Benefit Administration

Underwritten by Rocky Mountain Health Maintenance Organization, Inc. and Rocky Mountain HealthCare Options, Inc.

Rocky Mountain Good Health PPO Plans

PPO Plans	PPO 500/80		PPO 750/75		PPO 1000/70	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible						
Employee	\$500		\$750		\$1,000	
Family	\$1,000		\$1,500		\$2,000	
Out-of-Pocket Maximum	Does not include deductible		Does not include deductible		Does not include deductible	
Employee	\$3,000	\$6,000	\$3,500	\$7,000	\$3,500	\$7,000
Family	\$6,000	\$12,000	\$7,000	\$14,000	\$7,000	\$14,000
Office Visit PCP/Specialist	\$35/\$50	50% after deductible	\$40/\$55	50% after deductible	\$45/\$60	50% after deductible
Lab/X-Ray	\$25/\$50	50% after deductible	\$25/\$50	50% after deductible	\$25/\$50	50% after deductible
Urgent Care	\$50	50% after deductible	\$55	50% after deductible	\$60	50% after deductible
Emergency Care	20% after \$150 copay		25% after \$150 copay		30% after \$200 copay	
Inpatient Hospital (coverage after deductible)	20%	50%	25%	50%	30%	50%
Preventive Exams, Screenings & Immunizations	100% covered	not covered	100% covered	not covered	100% covered	not 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	

PPO Core Plus

Core Plus Hospital	
In-Network	Out-of-Network
\$1,500	\$3,000
\$3,000	\$6,000
Does not include deductible	
\$3,500	\$7,000
\$7,000	\$14,000
not a benefit	
25% after deductible not part of office visit	50% after deductible not part of office visit
not a benefit	
25% after deductible	
25% after deductible	50% after deductible
\$25 copay/exam Not subject to deductible 100% covered	not covered
\$15 Generic	

Rocky Mountain Good Health PPO Plans (continued)

PPO Plans	PPO 1500/75		PPO 2000/70		PPO 3000/65		PPO 5000/70	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible								
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	\$6,000	\$10,000
Family	\$7,000	\$14,000	\$8,000	\$12,000	\$6,000	\$12,000	\$12,000	\$20,000
Office Visit PCP/Specialist	\$45/\$65	50% after deductible	\$45/\$65	50% after deductible	\$45/\$65	50% after deductible	\$45/\$65	50% after deductible
Lab/X-Ray	\$30/\$55	50% after deductible	\$30/\$55	50% after deductible	\$30/\$55	50% after deductible	\$30/\$55	50% after deductible
Urgent Care	\$65	50% after deductible	\$65	50% after deductible	\$65	50% after deductible	\$65	50% after deductible
Emergency Care	25% after deductible		30% after deductible		35% after deductible		30% after deductible	
Inpatient Hospital (coverage after deductible)	25%	50%	30%	50%	35%	50%	30%	50%
Preventive Exams, Screenings & Immunizations	100% covered	not covered	100% covered	not covered	100% covered	not covered	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		\$15/60/75 or \$15 Generic Select	

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

Rocky Mountain Good Health HMO Plans

HMO Plans	Classic 1000	Classic Copay	Classic 75	Classic 70
Deductible	In-Network	In-Network	In-Network	In-Network
Employee	None	None	None	None
Family	None	None	None	None
Out-of-Pocket Maximum				
Employee	\$1,300	\$2,500	\$2,500	\$4,000
Family	\$2,600	\$5,000	\$5,000	\$8,000
Office Visit PCP/Specialist	\$25/\$50	\$35/\$50	\$40/\$55	\$45/\$60
Lab/X-Ray	\$25/\$50	\$25/\$50	\$25/\$50	\$25/\$50
Urgent Care	Basic Benefit*	\$50	\$55	\$60
Emergency Care	Basic Benefit*	20% after \$150 copay	25% after \$150 copay	30% after \$300 copay
Inpatient Hospital	Basic Benefit*	20% after \$250 copay	25%	30%
Preventive Exams, Screenings & Immunizations	100% covered	100% covered	100% covered	100% covered
RX Choice at Subscriber Level	\$15/40/55 or \$10 Generic Select	\$15/40/55 or \$10 Generic Select	\$15/50/65 or \$10 Generic Select	\$15/50/65 or \$10 Generic Select

***Basic Benefit** — 50% of the first \$1 through \$1,000 of eligible expenses, then 20% of the next \$4,000, with no copayment (100% covered) thereafter.

Rocky Mountain Good Health HMO Plans (continued)

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.

Rocky Mountain Good Health Savings Plans

HMO HDHP Plans	HMO HDHP 2650/100	HMO HDHP 3250/100	HMO HDHP 5000/100
Deductible	In-Network	In-Network	In-Network
Employee	\$2,650	\$3,250	\$5,000
Family	\$5,000	\$7,000	\$10,000
Out-of-Pocket Maximum	Includes deductible	Includes deductible	Includes deductible
Employee	\$2,650	\$3,250	\$5,000
Family	\$5,000	\$7,000	\$10,000
Office Visits and Basic Benefits (subject to applicable deductible)	100% covered	100% covered	100% covered
Inpatient Hospital (subject to applicable deductible)	100% covered	100% covered	100% covered
Preventive Exams, Screenings & Immunizations	100% covered	100% covered	100% covered
Prescription Drugs (subject to applicable deductible)	100% covered	100% covered	100% covered
* Preventive Generic Drugs (not subject to deductible)	\$10	\$10	\$10

Rocky Mountain Good Health Savings Plans (continued)

PPO HDHP Plans	PPO HDHP 2650/100		PPO HDHP 3250/100		PPO HDHP 5000/100	
Deductible	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Employee	\$2,650		\$3,250		\$5,000	
Family	\$5,000		\$7,000		\$10,000	
Out-of-Pocket Maximum	Includes deductible		Includes deductible		Includes deductible	
Employee	\$2,650	\$5,000	\$3,250	\$6,000	\$5,000	\$8,000
Family	\$5,000	\$10,000	\$7,000	\$12,000	\$10,000	\$16,000
Office Visits and Basic Benefits (subject to applicable deductible)	100% covered	50% coinsurance	100% covered	50% coinsurance	100% covered	50% coinsurance
Inpatient Hospital (subject to applicable deductible)	100% covered	50% coinsurance	100% covered	50% coinsurance	100% covered	50% coinsurance
Preventive Exams, Screenings & Immunizations	100% covered		100% covered		100% covered	
Prescription Drugs (subject to applicable deductible)	100% covered		100% covered		100% covered	
* Preventive Generic Drugs (not subject to deductible)	\$10		\$10		\$10	

*Preventive Generic Drugs — certain preventive generic drugs will be covered with a \$10 copay, not subject to deductible.

Rocky Mountain Good Health Member Option Plans

PPO Plans	HMO Plans	HDHP Plans
PPO 500/80	Classic Copay	HMO HDHP 2650/100*
PPO 750/75	Classic 70	HMO HDHP 3250/100*
PPO 1000/70	Classic 75	HMO HDHP 5000/100*
PPO 1500/75*	Classic 1000	PPO HDHP 2650/100*
PPO 2000/70*	HMO 500/80	PPO HDHP 3250/100*
PPO 3000/65*	HMO 750/75	PPO HDHP 5000/100*
PPO 5000/80*	HMO 1000/70	
Core Plus Hospital	HMO 1500/75*	
	HMO 2000/70*	

Same Chiropractic rider must be selected for all non-HDHPs.

*Available with Core Plus Hospital Plan