



## Supplementary Benefit Rates for Small Employer Groups

**All benefits administered and billed by RMHP**

Must have a minimum of 2 enrolled employees for any supplementary benefit.

Chiropractic is not available with PPO or HMO Health Savings Account plans.



**ROCKY MOUNTAIN**  
**HEALTH PLANS®**

We understand Colorado. We understand you.

### Delta Dental Premier Plans\*

Through our partnership with Delta Dental of Colorado, we offer comprehensive dental coverage.	\$1,000 Annual Maximum Benefit		With Prevention First	With Orthodontics (for groups with 25 or more)	With Prevention First and Orthodontics (for groups with 25 or more)
	Employee Only	\$34.74	\$36.47	\$34.74	\$36.47
	Employee and Spouse	\$69.21	\$72.68	\$69.21	\$72.68
	Employee and Child(ren)	\$70.74	\$74.29	\$77.26	\$80.80
	Employee and Family	\$106.27	\$111.58	\$114.95	\$120.27
	\$1,500 Annual Maximum Benefit				
	Employee Only	\$37.17	\$38.91	\$37.17	\$38.91
	Employee and Spouse	\$74.06	\$77.52	\$74.06	\$77.52
	Employee and Child(ren)	\$75.70	\$79.24	\$82.21	\$85.75
	Employee and Family	\$113.70	\$119.02	\$122.39	\$127.70
\$2,000 Annual Maximum Benefit					
Employee Only	\$37.87	\$39.60	\$37.87	\$39.60	
Employee and Spouse	\$75.44	\$78.90	\$75.44	\$78.90	
Employee and Child(ren)	\$77.12	\$80.65	\$83.63	\$87.16	
Employee and Family	\$115.84	\$121.15	\$124.52	\$129.83	

### Delta Dental PPO (MAC) Plans\*

Through our partnership with Delta Dental of Colorado, we offer comprehensive dental coverage.	\$1,000 Annual Maximum Benefit		With Prevention First	With Orthodontics (for groups with 25 or more)	With Prevention First and Orthodontics (for groups with 25 or more)
	Employee Only	\$25.39	\$26.64	\$25.38	\$26.64
	Employee and Spouse	\$50.55	\$53.08	\$50.55	\$53.08
	Employee and Child(ren)	\$51.67	\$54.25	\$58.18	\$60.76
	Employee and Family	\$77.60	\$81.48	\$86.29	\$90.17
	\$1,500 Annual Maximum Benefit				
	Employee Only	\$27.15	\$28.52	\$27.15	\$28.52
	Employee and Spouse	\$54.09	\$56.79	\$54.09	\$56.79
	Employee and Child(ren)	\$55.28	\$58.04	\$61.79	\$64.55
	Employee and Family	\$83.03	\$87.19	\$91.73	\$95.88
\$2,000 Annual Maximum Benefit					
Employee Only	\$27.66	\$29.05	\$27.66	\$29.05	
Employee and Spouse	\$55.10	\$57.86	\$55.10	\$57.86	
Employee and Child(ren)	\$56.32	\$59.12	\$62.83	\$65.64	
Employee and Family	\$84.59	\$88.82	\$93.28	\$97.50	

\*These rates are effective January 1, 2012 – December 31, 2012.

### VSP Vision Care Plans\*

Through our partnership with Vision Service Plans (VSP), we offer a variety of vision benefit plans and pricing options.

Plan Features	Basic Choice	Standard Choice	Premier Choice
Employee Only	\$4.30	\$5.20	\$6.41
Employee + Spouse	\$9.03	\$10.92	\$13.46
Employee + Child(ren)	\$8.17	\$9.88	\$12.18
Family	\$12.90	\$15.60	\$19.23
Frequencies (Exam/Lenses/Frame)	12/24/24	12/12/24	12/12/12

### Landmark Chiropractic Care\*

We offer supplemental chiropractic coverage through our affiliation with Landmark Healthcare.

# Visits	Copay	Employee	Employee + Spouse	Employee + Child(ren)	Family
10	\$10.00	\$4.47	\$9.37	\$8.50	\$13.41
10	\$15.00	\$2.78	\$5.83	\$5.29	\$8.34
15	\$10.00	\$4.63	\$9.76	\$8.77	\$13.90
20	\$10.00	\$4.69	\$9.86	\$8.88	\$14.06
20	\$20.00	\$2.40	\$5.01	\$4.58	\$7.19
30	\$10.00	\$4.91	\$10.30	\$9.32	\$14.72
40	\$10.00	\$5.07	\$10.63	\$9.65	\$15.21



#### Corporate Headquarters

#### Grand Junction

2775 Crossroads Boulevard  
 PO Box 10600  
 Grand Junction, CO 81502-5600  
 970-244-7760  
 800-843-0719

*Visit us at [rmhp.org](http://rmhp.org)*