



Good Health PPO Plans

RMHP has an extensive PPO provider network within Colorado that also includes national in-network coverage through Private Healthcare Systems' nationwide provider network. The PPO plans provide desired benefits, such as first dollar coverage for preventive care and fixed dollar copayments for doctor visits and certain diagnostic tests, all allowable before meeting the annual deductible. PPO plans are available with a variety of deductible levels to fit the employer's needs.

Plan Name	Deductible		Office Copay		Inpatient Hospital Stay		Out of Pocket Maximum		Prescription Drug Coverage	Accident Benefit
	Individual/Family		PCP/Specialist		(after deductible)		Individual/Family		at Subscriber level	Covers first \$500 of treatment per accident before deductible and coinsurance apply
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	In Network and Out of Network
PPO 500/80	\$500/\$1,000 (in and out of network combined)		\$35/\$50	50% Coinsurance	20% Coinsurance	50% Coinsurance	\$3,000/\$6,000	\$6,000/\$12,000	\$15/\$50/\$65 Select or \$10 Generic Select	Available
PPO 750/75	\$750/\$1,500 (in and out of network combined)		\$45/\$55	50% Coinsurance	25% Coinsurance	50% Coinsurance	\$3,500/\$7,000	\$7,000/\$14,000	\$15/\$50/\$65 Select or \$10 Generic Select	Available
PPO 1000/70	\$1,000/\$2,000 (in and out of network combined)		\$45/\$60	50% Coinsurance	30% Coinsurance	50% Coinsurance	\$3,500/\$7,000	\$7,000/\$14,000	\$15/\$50/\$65 Select or \$10 Generic Select	Available
PPO 1500/75	\$1,500/\$3,000 (in and out of network combined)		\$45/\$65	50% Coinsurance	25% Coinsurance	50% Coinsurance	\$3,500/\$7,000	\$7,000/\$14,000	\$15/\$60/\$75 Select or \$15 Generic Select	Available
PPO 2000/70	\$2,000/\$4,000 (in and out of network combined)		\$45/\$65	50% Coinsurance	30% Coinsurance	50% Coinsurance	\$4,000/\$8,000	\$6,000/\$12,000	\$15/\$60/\$75 Select or \$15 Generic Select	Available
PPO 3000/65	\$3,000/\$6,000 (in and out of network combined)		\$45/\$65	50% Coinsurance	35% Coinsurance	50% Coinsurance	\$3,000/\$6,000	\$6,000/\$12,000	\$15/\$60/\$75 Select or \$15 Generic Select	Available
PPO 5000/70	\$5,000/\$10,000 (in and out of network combined)		\$45/\$65	50% Coinsurance	30% Coinsurance	50% Coinsurance	\$6,000/\$12,000	\$10,000/\$20,000	\$15/\$60/\$75 Select or \$15 Generic Select	Available
Core Plus Hospital Plan	\$1,500/\$3,000	\$3,000/\$6,000	Not Covered	Not Covered	25% Coinsurance	50% Coinsurance	\$3,500/\$7,000	\$7,000/\$14,000	\$15 Generic	Available