

SOLO View Plans

SOLO offers a variety of plan designs at competitive premiums that are sure to meet your clients' needs, including HSA-eligible plans. The RMHP SOLO Sales and Administrative service team is available Monday through Friday, 8 a.m. to 5 p.m., to help you with any questions you may have about SOLO benefits, the application process, or a pending application status. Call us at 800-453-2981. E-mail us at SOLO_Sales_Team@rmhp.org.

Plan Name	Deductible Individual/Family		Office Visits PCP/Specialist		Inpatient Hospital Stay (after deductible)		Out of Pocket Maximum Individual/Family (does not include deductible)	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
SOLO View 500 Plan Description Form Prescription Drug Options	\$500/\$1,000	\$1,000/\$2,000	\$35/\$35	50% after deductible	20% after deductible	50% after deductible	\$3,000/\$6,000	\$6,000/\$12,000
SOLO View 1500 Plan Description Form Prescription Drug Options	\$1,500/\$3,000	\$3,000/\$6,000	\$35/\$35	50% after deductible	20% after deductible	50% after deductible	\$3,000/\$6,000	\$6,000/\$12,000
SOLO View 2500 Plan Description Form Prescription Drug Options	\$2,500/\$5,000	\$5,000/\$10,000	\$35/\$35	50% after deductible	30% after deductible	50% after deductible	\$3,000/\$6,000	\$6,000/\$12,000
SOLO View 4000 Plan Description Form Prescription Drug Options	\$4,000/\$8,000	\$8,000/\$16,000	\$45/\$45	50% after deductible	30% after deductible	50% after deductible	\$3,000/\$6,000	\$6,000/\$12,000
SOLO View HSA 2500/100 Plan Description Form Prescription Drug Options	\$2,500/\$5,000	\$5,000/\$10,000	100% covered after deductible	50% after deductible	100% covered after deductible	50% after deductible	\$2,500/\$5,000	\$7,500/\$15,000
SOLO View HSA 3250/100 Plan Description Form Prescription Drug Options	\$3,250/\$6,500	\$7,500/\$15,000	100% covered after deductible	50% after deductible	100% covered after deductible	50% after deductible	\$3,250/\$6,500	\$10,000/\$20,000
SOLO View HSA 5000/100 Plan Description Form Prescription Drug Options	\$5,000/\$10,000	\$10,000/\$20,000	100% covered after deductible	50% after deductible	100% covered after deductible	50% after deductible	\$5,000/\$10,000	\$17,500/\$35,000