



Copayment Coverage Schedules

Covered services are subject to the copayment(s) listed below.

Your copayments are a predetermined, fixed-dollar amount you must pay to providers at the time you receive services or prescription drugs.

Service	Copayment Low	Copayment Medium	Copayment High
Emergency Care	\$3.00 per visit	\$3.00 per visit	\$15.00 per visit
Ambulance	You pay nothing	You pay nothing	You pay nothing
Hospital Services	You pay nothing	You pay nothing	You pay nothing
Office Visits	You pay nothing	\$2.00 per visit	\$5.00 per visit
Alcohol and Substance Abuse	You pay nothing	\$2.00 per visit	\$5.00 per visit
Therapy Services	You pay nothing	\$2.00 per visit	\$5.00 per visit
Vision Services	You pay nothing	\$2.00 per visit	\$5.00 per visit
Prescription Drugs	You pay nothing	\$1.00 per fill	\$3.00 Generic per fill \$5.00 Brand Name per fill

The amount of your copayments is based on your family size and income level. For more information on copayments and covered services, see the CHP+ Benefits Booklet.

If you have questions about benefits and copayments, call RMHP Customer Service at 970-243-7050, Monday – Friday from 8:00 A.M. to 5:00 P.M.

If you have questions about your enrollment or eligibility for CHP+, call CHP+ customer Service at 800-359-1991.

Plan underwritten by Rocky Mountain HMO