



December 7, 2005



ROCKY MOUNTAIN
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BROKER BRIEFINGS
NEWS
flash

Basic and Standard Plans

Amended Regulations 4-6-5 effective 1/1/2006

The Colorado Division of Insurance has issued final guidance on regulation 4-6-5, pertaining to Basic and Standard Plans. This guidance includes numerous plan design revisions. RMHP is in the process of notifying employer groups enrolled in these plans of the mandatory changes effective January 1, 2006.

Please see the attached letters specific to the two Basic and two Standard plans offered by RMHP.

The following letters detailing the plan design changes are included with this News Flash.

- RMHMO HMO Basic Limited Mandate Health Benefit Plan for Colorado
- RMHCO PPO Basic Limited Mandate Health Benefit Plan for Colorado
- RMHMO HMO Standard Health Benefit Plan for Colorado
- RMHCO PPO Standard Health Benefit Plan for Colorado

Thank You!

As always, if you have any questions or comments or need assistance, please call your Rocky Mountain Health Plans Account Executive.

Grand Junction 970-244-7760 or 800-453-2981	Denver 303-689-7367 or 800-823-8356
Durango 970-385-5131 or 888-662-6489	Pueblo 719-253-3900 or 888-332-8963
Glenwood Springs 970-928-8618 or 800-793-1339	Colorado Springs 719-632-1237



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December 1, 2005

Dear Benefits Administrator:

Thank you for supporting Rocky Mountain Health Plans (RMHP) and our partnership in good health. The amendment for your group's health benefits contract is enclosed. It will be effective January 1, 2006, and describes changes to your group's health benefits contract. The Colorado state regulation that stipulates the benefits of your group's plan was revised. The significant changes to benefits are described below. A complete description of changes to your plan is in the enclosed amendment which also contains other changes necessary due to recent legislation.

	2005 coverage	2006 coverage
Annual out-of-pocket maximum		
a) member	a) \$5,000.00 for each calendar year	a) \$6,000.00 for each calendar year
b) subscriber and dependents	b) \$10,000.00 for each calendar year	b) \$12,000.00 for each calendar year
Inpatient hospital services	Covered with a \$400.00 copayment per day up to \$1,600.00 paid by the member for each admission.	Covered with a \$500.00 copayment per day up to \$2,000.00 paid by the member for each admission.
Outpatient surgery	Covered with a \$150.00 copayment.	Covered with a \$300.00 copayment.
MRI/PET/CT scans	Covered with a \$150.00 copayment for each visit.	Covered with a \$200.00 copayment for each visit.
Emergency room visit	Covered with a \$200.00 copayment for each visit.	Covered with a \$250.00 copayment for each visit.
Ambulance services	Covered with a \$50.00 copayment for each trip.	Covered with a \$100.00 copayment for each trip.
Urgent care services	Covered with a \$75.00 copayment for each visit.	Covered with a \$100.00 copayment for each visit.
Outpatient prescription drugs – preferred and specialty brand drugs	Covered with a \$40.00 copayment for 31-day supply from a retail pharmacy.	Covered with a \$50.00 copayment for 31-day supply from a retail pharmacy.
Outpatient prescription drugs – non-preferred brand	Covered with a \$60.00 copayment for 31-day supply from a retail pharmacy.	Covered with a \$70.00 copayment for 31-day supply from a retail pharmacy.

- All office visits currently covered with a \$30.00 copayment will be covered with a \$40.00 copayment.
- All office visits currently covered with a \$50.00 copayment will be covered with a \$80.00 copayment.
- Currently, a 90-day supply of outpatient prescription drugs may be obtained from a participating mail order pharmacy with a copayment that is two times the participating retail pharmacy copayment for a 31-day supply. Beginning January 1, 2006, a 90-day supply of outpatient prescription drugs may be obtained from a participating mail order pharmacy with a copayment that is two and one half times the participating retail pharmacy copayment for a 31-day supply.
- Effective January 1, 2006, members will be able to obtain a 90-day supply of drugs at designated retail pharmacies for three times the 31-day supply copayment. This means members won't need to return to the pharmacy every month to refill their maintenance medication. Designated pharmacies include all City Market and King Sooper pharmacies, as well as other local pharmacies. Please call RMHP Customer Service for a complete list or check our provider directory online at www.rmhp.org.

Please read the enclosed amendment carefully and keep it with your Health Benefits Contract, since it becomes part of the contract. This notification will be sent to your covered employees after the first of the year.

RMHP is taking an extra step in 2006 to protect the privacy of our members. Social Security numbers will no longer be used as part of the member ID number. Each RMHP member will be issued a new ID number in 2006. New member ID cards with the new ID number will be sent to members during your group's anniversary renewal month in 2006. Employees and their covered family members should continue to use their current ID card until they receive the new one from us.

If you have questions regarding this amendment please contact your broker or your Rocky Mountain Health Plans Account Manager. Thank you for supporting Rocky Mountain Health Plans and our partnership in good health. We appreciate your patronage and look forward to working for you in 2006.

Sincerely,
Member Administration

December 1, 2005

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	2005 coverage		2006 coverage	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible a) member b) subscriber and dependents	a) \$3,000.00 for each calendar year b) \$6,000.00 for each calendar year	a) \$6,000.00 for each calendar year b) \$12,000.00 for each calendar year	a) \$3,000.00 for each calendar year b) \$9,000.00 for each calendar year	a) \$6,000.00 for each calendar year b) \$18,000.00 for each calendar year
Annual out-of-pocket maximum a) member b) subscriber and dependents	a) \$5,000.00 for each calendar year b) \$10,000.00 for each calendar year	a) \$10,000.00 for each calendar year b) \$20,000.00 for each calendar year	a) \$6,000.00 for each calendar year b) \$12,000.00 for each calendar year	a) \$12,000.00 for each calendar year b) \$24,000.00 for each calendar year
Emergency room visit	\$200.00 copayment for each visit, then 30% coinsurance.	\$200.00 copayment for each visit, then 30% coinsurance.	\$250.00 copayment for each visit, then 30% coinsurance.	\$250.00 copayment for each visit, then 30% coinsurance.

- All office visits currently covered with a \$30.00 copayment will be covered with a \$40.00 copayment.
- All office visits currently covered with a \$50.00 copayment will be covered with \$80.00 copayment.
- Preferred and specialty brand outpatient prescription drugs obtained at a retail pharmacy currently covered with a \$40.00 copayment for a 31-day supply will be covered with a \$50.00 copayment for a 31-day supply.

- Currently, a 90-day supply of outpatient prescription drugs may be obtained from a participating mail order pharmacy with a copayment that is two times the participating retail pharmacy copayment for a 31-day supply. Beginning January 1, 2006, a 90-day supply of outpatient prescription drugs may be obtained from a participating mail order pharmacy with a copayment that is two and one half times the participating retail pharmacy copayment for a 31-day supply.
- Effective January 1, 2006, members will be able to obtain a 90-day supply of drugs at designated retail pharmacies for three times the 31-day supply copayment. This means members won't need to return to the pharmacy every month to refill their maintenance medication. Designated pharmacies include all City Market and King Sooper pharmacies, as well as other local pharmacies. Please call RMHP Customer Service for a complete list or check our provider directory online at www.rmhp.org.

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	2005 coverage	2006 coverage
Annual out-of-pocket maximum a) member b) subscriber and dependents	a) \$2,000.00 for each calendar year b) \$4,500.00 for each calendar year	a) \$3,000.00 for each calendar year b) \$6,000.00 for each calendar year
Inpatient hospital services	Covered with a \$150.00 copayment per day up to \$600.00 paid by the member for each admission.	Covered with a \$250.00 copayment per day up to \$1,000.00 paid by the member for each admission.
Outpatient surgery	Covered with a \$50.00 copayment.	Covered with a \$100.00 copayment.
MRI/PET/CT scans	Covered with a \$75.00 copayment for each visit.	Covered with a \$100.00 copayment for each visit.
Emergency room visit	Covered with a \$75.00 copayment for each visit.	Covered with a \$125.00 copayment for each visit.
Ambulance services	Covered with a \$50.00 copayment for each trip.	Covered with a \$100.00 copayment for each trip.
Urgent care services	Covered with a \$50.00 copayment for each visit.	Covered with a \$75.00 copayment for each visit.
Annual out-of-pocket maximum a) member b) subscriber and dependents	a) \$2,000.00 for each calendar year b) \$4,500.00 for each calendar year	a) \$3,000.00 for each calendar year b) \$6,000.00 for each calendar year

- All office visits currently covered with a \$20.00 copayment will be covered with a \$25.00 copayment.
- All office visits currently covered with a \$35.00 copayment will be covered with a \$40.00 copayment.
- Currently, a 90-day supply of outpatient prescription drugs may be obtained from a participating mail order pharmacy with a copayment that is two times the participating retail pharmacy copayment for a 31-day supply. Beginning January 1, 2006, a 90-day supply of outpatient prescription drugs may be obtained from a participating mail order pharmacy with a copayment that is two and one half times the participating retail pharmacy copayment for a 31-day supply.
- Effective January 1, 2006, members will be able to obtain a 90-day supply of drugs at designated retail pharmacies for three times the 31-day supply copayment. This means members won't need to return to the pharmacy every month to refill their maintenance medication. Designated pharmacies include all City Market and King Sooper pharmacies, as well as other local pharmacies. Please call RMHP Customer Service for a complete list or check our provider directory online at www.rmhp.org.

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	2005 coverage		2006 coverage	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible a) member b) subscriber and dependents	a) \$1,000.00 for each calendar year b) \$2,000.00 for each calendar year	a) \$2,000.00 for each calendar year b) \$4,000.00 for each calendar year	a) \$1,500.00 for each calendar year b) \$4,500.00 for each calendar year	a) \$3,000.00 for each calendar year b) \$9,000.00 for each calendar year
Annual out-of-pocket maximum a) member b) subscriber and dependents	a) \$2,000.00 for each calendar year b) \$4,000.00 for each calendar year	a) \$4,000.00 for each calendar year b) \$8,000.00 for each calendar year	a) \$3,000.00 for each calendar year b) \$6,000.00 for each calendar year	a) \$6,000.00 for each calendar year b) \$12,000.00 for each calendar year
Emergency room visit	After deductible, covered with a \$75.00 copayment for each visit, then 20% coinsurance.	After deductible, covered with a \$75.00 copayment for each visit, then 20% coinsurance.	Covered with a \$125.00 copayment for each visit, then 20% coinsurance. Services are not subject to the deductible.	Covered with a \$125.00 copayment for each visit, then 20% coinsurance. Services are not subject to the deductible.

STD PPO

Grand Junction — Headquarters
2775 Crossroads Blvd.
Grand Junction, CO 81506
970-244-7760 — 800-843-0719
Fax: 970-244-7880

Denver
5990 Greenwood Plaza Blvd., Ste. 125
Greenwood Village, CO 80111
303-689-7367 — 800-823-8356
Fax: 303-770-0601

Durango
72 Suttle St., Suite C
Durango, CO 81303
970-385-5272 — 888-662-6489
Fax: 970-385-7686

Glenwood Springs
817 Colorado Ave., Suite 107
Glenwood Springs, CO 81601
970-928-8618 — 800-793-1339
Fax: 970-945-0438

Pueblo
200 West 1st St., Suite 304
Pueblo, CO 81003
719-253-3900 — 888-332-8963
Fax: 719-543-7694

- All office visits currently covered with a \$20.00 copayment will be covered with a \$25.00 copayment.
- All office visits currently covered with a \$35.00 copayment will be covered with \$40.00 copayment.
- Health care services received out-of-network currently covered with a 40% coinsurance will be covered with a 50% coinsurance in 2006.
- Currently, a 90-day supply of outpatient prescription drugs may be obtained from a participating mail order pharmacy with a copayment that is two times the participating retail pharmacy copayment for a 31-day supply. Beginning January 1, 2006, a 90-day supply of outpatient prescription drugs may be obtained from a participating mail order pharmacy with a copayment that is two and one half times the participating retail pharmacy copayment for a 31-day supply.
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