

# ROCKY MOUNTAIN VISTA PPO

## 1000/70

Underwritten by Rocky Mountain HealthCare Options



**ROCKY MOUNTAIN**

**HEALTH PLANS®**

We understand Colorado. We understand you.

[www.rmhp.org](http://www.rmhp.org)

800-453-2981

Rocky Mountain Vista Plans offer flexible and robust plan designs with preventive care covered at 100 percent, without the requirement of meeting the deductible. Office visit copays are the same whether seeking services from a Primary Care Physician or a Specialist. Employers can offer an employee-level choice in prescription coverage, either generic-only or brand name. And low out-of-pocket maximums provide coverage assurance with no surprises.

### In-Network (a doctor on the RMHP provider list)

|                                    |   |
|------------------------------------|---|
| <b>Annual Deductible</b>           | \$1,000 Individual; \$2,000 Family<br>You can meet your deductible through a combination of in-network and out-of-network services. |
| <b>Maximum Out-of-Pocket Costs</b> | \$2,000 Individual; \$4,000 Family<br>(does not include deductible)   |
| <b>Coverage</b>                    | 70%   |

### Out-of-Network (a doctor not on the RMHP provider list)

|                                    |   |
|------------------------------------|---|
| <b>Annual Deductible</b>           | \$1,000 Individual; \$2,000 Family<br>You can meet your deductible through a combination of in-network and out-of-network services. |
| <b>Maximum Out-of-Pocket Costs</b> | \$5,000 Individual; \$10,000 Family<br>(does not include deductible)  |
| <b>Coverage</b>                    | 50%   |

| Health Care Service  | Copayment or Coinsurance                      | Must meet deductible first |
|--|---|----------------------------|
| Routine Office Visit (PCP and Specialist)                    | \$35 per visit                                | No                         |
| Child Preventive Services                                    | Covered in full                               | No                         |
| Adult Preventive Services                                    | Covered in full                               | No                         |
| Immunizations (shots)  | Covered in full                               | No                         |
| Routine Screenings: mammogram, Pap smear, prostate screening | Covered in full                               | No                         |
| Hospital Stay  | 30% per admission*                            | Yes                        |
| Outpatient Surgery   | 30% per surgery*                              | Yes                        |
| Lab Services   | Covered in full                               | No                         |
| X-Rays   | Covered in full                               | No                         |
| Scans — MRI/CAT/PET  | 30% per visit*                                | Yes                        |
| Ambulance  | 30% per trip*                                 | Yes                        |
| Emergency Care   | 30% after \$200 copay*                        | No                         |
| Urgent Care  | \$50 per visit                                | No                         |
| Prescription Drug  | \$15/\$40/\$55/20%/30% or \$15 Generic Select | No                         |

| Copayment or Coinsurance                        | Must meet deductible first |
|---|----------------------------|
| 50% per visit*                                  | Yes                        |
| 50% per visit*                                  | Yes                        |
| Not covered                                     |                            |
| \$30 per visit*                                 | No                         |
| Mammograms: covered in full up to \$115         | No                         |
| Pap Smears: \$75 per visit                      | No                         |
| Prostate Screenings: covered in full up to \$65 | No                         |
| 50% per admission*                              | Yes                        |
| 50% per surgery*                                | Yes                        |
| 50% per visit*                                  | Yes                        |
| 50% per visit*                                  | Yes                        |
| 50% per visit*                                  | Yes                        |
| 30% per trip*                                   | Yes                        |
| 30% after \$200 copay*                          | No                         |
| 50% per visit*                                  | Yes                        |
| Not covered                                     |                            |

\* Services apply toward maximum out-of-pocket costs

**Note:** All coverage under RMHP is subject to the Maximum Benefit Allowance, which is RMHP's determination of the maximum amount that will be approved as a charge for a particular health care service.

### Plan Limitations and Exclusions

For complete details on plan benefits and limitations and exclusions, see the applicable RMHP contract.

### Pre-Existing Conditions

Groups 2-50: Excluded from coverage for up to six months (up to 18 months for late enrollees) unless reduced by prior creditable coverage. Does not apply to pregnancy, newborns, children newly adopted or placed for adoption, or employer groups with more than 50 employees.

Business Groups of One (BG1): Excluded from coverage for up to 12 months (up to 18 months for late enrollees) unless reduced by prior creditable coverage. Does not apply to pregnancy, newborns, children newly adopted or placed for adoption, or employer groups with more than 50 employees.

Colorado law requires carriers to make available a Colorado Health Benefit Plan Description Form, which is intended to facilitate comparison of health plans. The form must be provided automatically within three (3) business days to a potential policyholder who has expressed interest in a particular plan or who has selected the plan as a finalist from which the ultimate selection will be made. The carrier also must provide the form, upon oral or written request, within three (3) business days to any person who is interested in coverage under or who is covered by a health benefit plan of the carrier.

An access plan is available for each managed care network offered by Rocky Mountain Health Plans to any interested party upon request. Such access plans contain information on providers, hospitals, referral and grievance procedures, quality assurance, access for members with special needs, emergency coverage provisions, and other information on how to access services.

**COLORADO INSURANCE LAW REQUIRES ALL CARRIERS IN THE SMALL GROUP MARKET TO ISSUE ANY HEALTH BENEFIT PLAN IT MARKETS IN COLORADO TO SMALL EMPLOYERS OF 2-50 EMPLOYEES, INCLUDING A BASIC OR STANDARD HEALTH BENEFIT PLAN, UPON THE REQUEST OF A SMALL EMPLOYER TO THE ENTIRE SMALL GROUP, REGARDLESS OF THE HEALTH STATUS OF ANY OF THE INDIVIDUALS IN THE GROUP. BUSINESS GROUPS OF ONE CANNOT BE REJECTED UNDER A BASIC OR STANDARD HEALTH BENEFIT PLAN DURING OPEN ENROLLMENT PERIODS AS SPECIFIED BY LAW.**

For small employer groups, see the enclosed Disclosure Notice for Small Employer Groups, which is incorporated into this document by reference.

The contents of this benefits summary are subject to the provisions of the Evidence of Coverage and Plan Attachments, which contain all terms and conditions of membership and benefits.