

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

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)

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

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

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

Health Care Service	Copayment or Coinsurance	Must meet deductible first	Copayment or Coinsurance	Must meet deductible first
Routine Office Visit (PCP and Specialist)	\$35 per visit	No	50% per visit*	Yes
Child Preventive Services	Covered in full	No	Not covered	
Adult Preventive Services	Covered in full	No	Not covered	
Immunizations (shots)	Covered in full	No	Not covered	
Routine Screenings: mammogram, Pap smear, prostate screening	Covered in full	No	Not covered except mammograms and prostate screenings covered at 50% up to \$115 for mammograms and \$65 for prostate screenings	
Hospital Stay	30% per admission*	Yes	50% per admission*	Yes
Outpatient Surgery	30% per surgery*	Yes	50% per surgery*	Yes
Lab Services	Covered in full	No	50% per visit*	Yes
X-Rays	Covered in full	No	50% per visit*	Yes
Scans — MRI/CAT/PET	30% per visit*	Yes	50% per visit*	Yes
Ambulance	30% per trip*	Yes	30% per trip*	Yes
Emergency Care	30% after \$200 copay*	No	30% after \$200 copay*	No
Urgent Care	\$50 per visit	No	50% per visit*	Yes
Prescription Drug	\$15/\$40/\$55/20%/30% or \$15 Generic Select	No	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.