

Supplemental Coverage

Rocky Mountain HMO (RMHMO) HMO Basic Limited Mandate Health Benefit Plan for Colorado

Rocky Mountain HealthCare Options, Inc. (RMHCO) PPO Basic Limited Mandate Health Benefit Plan for Colorado

Preventive Screenings and Home Health

This supplemental coverage enhances the plan benefits by providing coverage of services for preventive mammography and prostate screenings and Home Health. Services are obtained through the Rocky Mountain Health Plans provider network contained in the applicable Health Benefits Contract and Plan Attachments.

Benefits and Coverage Summary

- **Mammography Screening**
HMO: 100% covered
PPO: 100% covered not subject to deductible in-network; 50% covered after deductible out-of-network
- **Prostate Screening**
HMO: 100% covered
PPO: 100% covered not subject to deductible in-network; 50% covered after deductible out-of-network
- **Home Health Coverage, limited to 20 visits per calendar year**
HMO: 80% covered
PPO: 70% covered in-network; 50% covered out-of-network

Colorado law requires carriers to make available a Colorado Health 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 Health Benefits Contract and Plan Attachments, which contain all terms and conditions of membership and benefits.