

GOOD HEALTH HMO

CLASSIC COPAY

UNDERWRITTEN BY ROCKY MOUNTAIN HMO



ROCKY MOUNTAIN

HEALTH PLANS®

Good health. That's the plan.

www.rmhp.org

800-453-2981

Rocky Mountain Good Health HMO plan designs include a wide selection of coverage options and access to one of the largest provider networks in Colorado. Plan benefit choices range from classic HMO coverage with traditional office visit copayments to more creative plans that offer deductibles and the benefit of lower premiums.

Annual Deductible	None
Maximum Out-of-Pocket Costs	\$2,500 Individual; \$5,000 Family
Coverage	80%

Health Care Service	Copayment or Coinsurance
Routine Office Visit	\$35 PCP per visit \$50 Other RMHP provider per visit
Child Preventive Services	Covered in full
Adult Preventive Services	Covered in full
Immunizations (shots)	Covered in full
Routine Screenings: mammogram, Pap smear, prostate screening	Covered in full
Hospital Stay	20% after \$250 per admission*
Outpatient Surgery	20% after \$150 per surgery*
Lab Services	\$25 per visit
X-Rays	\$50 per visit
Scans — MRI/CAT/PET	20% per visit*
Ambulance	Ground: \$200 per trip* Air: 20% per trip*
Emergency Care	20% after \$150 per visit*
Urgent Care	\$50 per visit
Prescription Drug	\$15/\$40/\$55/20%/30% or \$10 Generic Select
* Services apply toward maximum out-of-pocket costs	

Note: All coverage under RMHP health plans 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 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.