

ROCKY MOUNTAIN GOOD HEALTH SAVINGS PLANS

GH PPO HSA 5000/100

UNDERWRITTEN BY ROCKY MOUNTAIN HEALTHCARE OPTIONS

www.rmhp.org
 800-453-2981

Rocky Mountain Good Health Savings Plans offer premium-saving plan designs that qualify you to open a Health Savings Account.

As a qualified High Deductible Health Plan, upfront deductibles apply with comprehensive coverage once the deductible is met. You will have the option to open a Health Savings Account (HSA) that provides you with tax saving investment opportunities for you and your family.

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

Annual Deductible	\$5,000 Individual; \$10,000 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 (includes deductible)
Coverage	100%

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

Annual Deductible	\$5,000 Individual; \$10,000 Family You can meet your deductible through a combination of in-network and out-of-network services.
Maximum Out-of-Pocket Costs	\$8,000 Individual; \$16,000 Family (includes deductible)
Coverage	50%

Health Care Service	Copayment or Coinsurance	Must meet deductible first
Routine Office Visit	Covered in full	Yes
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	Covered in full	Yes
Outpatient Surgery	Covered in full	Yes
Lab Services	Covered in full	Yes
X-Rays	Covered in full	Yes
Scans — MRI/CAT/PET	Covered in full	Yes
Ambulance	Covered in full	Yes
Emergency Care	Covered in full	Yes
Urgent Care	Covered in full	Yes
Prescription Drugs Retail: 31-day supply Mail Order: 90-day supply	Covered in full	Yes
Certain Preventive Generic Drugs	\$10 copay	No

Copayment or Coinsurance	Must meet deductible first
50% per visit	Yes
Not covered	
Not covered	
Not covered	
Not covered	
50% per admission	Yes
50% per surgery	Yes
50% per visit	Yes
50% per visit	Yes
50% per visit	Yes
Covered in full	Yes
Covered in full	Yes
50% per visit	Yes
Not covered	
Not covered	

All 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.