

\$15/\$50/\$65/20%/30% Select Prescription Drug Benefit

Offered with the following Medical Plans:

- Good Health HMO Classic 70
- Good Health HMO Classic 75
- Good Health HMO 500, 750, 1000 deductible options
- Good Health PPO 500, 750, 1000 deductible options

Rocky Mountain Health Plans (RMHP) contracts with pharmacies throughout Colorado to provide prescription drugs to our Members at a discount rate. Outpatient prescription drugs included in the RMHP Formulary are provided according to the copayment schedule below and must be purchased through a participating pharmacy in order to be covered.

	Retail Pharmacy Up to 31-day supply per fill	Designated Retail Pharmacy Up to a 90-day supply per fill	Mail Order Pharmacy Up to a 90-day supply per fill
Tier 1	\$15	\$45	\$37.50
Tier 2	\$50	\$150	\$125
Tier 3	\$65	\$195	\$162.50
Tier 4	20% up to \$150 paid by Member	20% up to \$450 paid by Member	20% up to \$375 paid by Member
Tier 5*	30% up to \$250 paid by Member	N/A	N/A

- Prescription Drug Benefit includes oral prescription drugs, insulin and self-administered (Select) Injectables.
- Injectable medication (excluding insulin) is limited to a 31-day supply when obtained from a mail order pharmacy.
- *Tier 5 is limited to certain self-administered (Select) injectables which are only available in a 31-day supply.

Members pay the copayment directly to the pharmacy at the time the prescription is purchased. RMHP pays the remainder of the cost of the drug. It is important to show the pharmacy the Member ID card as it contains important eligibility and billing information for the pharmacy.

Participating Pharmacies

Go to www.rmhp.org to find participating pharmacies. If the pharmacy is designated to provide 90-prescription fills, it is noted on the pharmacy detail page. Members can obtain prescriptions at pharmacies throughout the U.S. and pay the applicable copayment. To locate participating pharmacies in Colorado or in the National Pharmacy Network, call RMHP at 800-346-4643 (or from Grand Junction and surrounding areas at 243-7050). Prescriptions are available by mail order through Express Scripts Home Delivery Service.

RMHP Formulary Guidelines

Call RMHP to be mailed a copy of the Good Health Formulary Guidelines or go to www.rmhp.org to view the Good Health Formulary online.

The Formulary Guidelines show:

- A list of covered drugs
- Each drug's designation as Tier 1, Tier 2, Tier 3, Tier 4, Tier 5.
- Drugs that are limited in quantity per prescription fill
- Drugs that require preauthorization by RMHP before being covered
- Drugs that are not covered such as over-the-counter drugs, those used for nonmedical reasons like treating wrinkles, and those that are used in connection with a service or supply that is not a plan benefit.

Note: This is only a summary of the major features of one Rocky Mountain Health Plans outpatient prescription drug benefit. It does not contain the complete legal provisions of a specific Prescription Drug Supplement.

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.