

**Selected Benefit Descriptions**  
**Colorado Health Benefit Plan Description Form Addendum**  
**Rocky Mountain HealthCare Options**

**Brand Name Prescription Drug Option for SOLO Outlook HSA 2500/100, 3250/100, & 5000/100 Plans**  
Coinsurance options reflect the amount the covered person will pay.

	<b>IN-NETWORK ONLY</b> <b>(out of network care is not covered except as noted)</b>
<b>11. PRESCRIPTION DRUGS</b> <b>Level of coverage and restrictions on prescriptions</b>  <b>a) Outpatient prescription drugs and Insulin (not including injectables)</b>  <b>b) Outpatient and self-administered Injectable medication</b>	a) <b><u>BRAND NAME DRUG COVERAGE:</u></b> <u>Retail pharmacy (31-day supply):</u> <ul style="list-style-type: none"> <li>No copayment (100% covered) after medical plan deductible</li> </ul> <u>Mail order pharmacy (90-day supply):</u> <ul style="list-style-type: none"> <li>No copayment (100% covered) after medical plan deductible</li> </ul> b) Not covered (unless the injectable medication is listed on the SOLO Injectable/Infusion Inclusion List).
	<ul style="list-style-type: none"> <li>Prescription drugs are covered only through participating retail and mail order pharmacies.</li> <li>Access to participating pharmacies is available nationwide. Refer to our website at <a href="http://www.rmhp.org">www.rmhp.org</a> or contact Rocky Mountain Health Plans, Customer Service at 800-346-4643 to locate participating pharmacies, or for more information about drugs on our approved lists (<b>RMHP Good Health Formulary</b> and <b>SOLO Injectable/Infusion Inclusion List</b>).</li> </ul>