

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.

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