

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

Brand Name Prescription Coverage for SOLO Smart Choice Plans
 Coinsurance options reflect the amount the covered person will pay.

	IN-NETWORK ONLY (out of network care is not covered except as noted)	
	SOLO Smart Choice PPO 2800/80	SOLO Smart Choice PPO 2800/100
11. PRESCRIPTION DRUGS Level of coverage and restrictions on prescriptions a) Outpatient prescription drugs and Insulin (not including injectables) b) Self-administered Injectable medication	a) Coinsurance <u>Retail pharmacy (31-day supply):</u> <ul style="list-style-type: none"> • 20% coinsurance after medical plan deductible <u>Mail order pharmacy (90-day supply):</u> <ul style="list-style-type: none"> • 20% coinsurance after medical plan deductible b) Not covered	a) Coinsurance <u>Retail pharmacy (31-day supply):</u> <ul style="list-style-type: none"> • No copayment (100% covered) after medical plan deductible <u>Mail order pharmacy (90-day supply):</u> <ul style="list-style-type: none"> • No copayment (100% covered) after medical plan deductible b) Not covered
	<ul style="list-style-type: none"> - Prescription drugs are covered only through participating retail and mail order pharmacies. See the Participating Provider Directory for a list of participating pharmacies. - Some medications and devices are not covered, including but not limited to: medications for which a prescription is not required, medications for which there is a therapeutic equivalent available over the counter, and medications used for non-medical reasons, such as to treat wrinkles. - Access to participating pharmacies is available nationwide. To locate participating pharmacies or for more information about drugs on our approved list, contact Rocky Mountain Health Plans, Customer Service at 800-346-4643. 	