

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

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

	IN-NETWORK ONLY (out of network care is not covered except as noted)
11. PRESCRIPTION DRUGS Level of coverage and restrictions on prescriptions a) Outpatient prescription drugs and Insulin (not including injectables) b) Outpatient and self-administered Injectable medication	a) <u>BRAND NAME DRUG COVERAGE:</u> <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 (unless the injectable medication is listed on the SOLO Injectable/Infusion Inclusion List).
	<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).