



**Rocky Mountain Health Plans (RMHP) understands that healthy employees build healthy businesses.** We're Colorado-based and Colorado-focused, and we're committed to taking a proactive, focused approach to ensure employees maintain and achieve their healthy best.

## Monument Health Plans from RMHP

RMHP and Monument Health are committed to providing Members with access to high-quality health care at lower costs.

### Tier 1 Monument Health Network (Preferred Network)

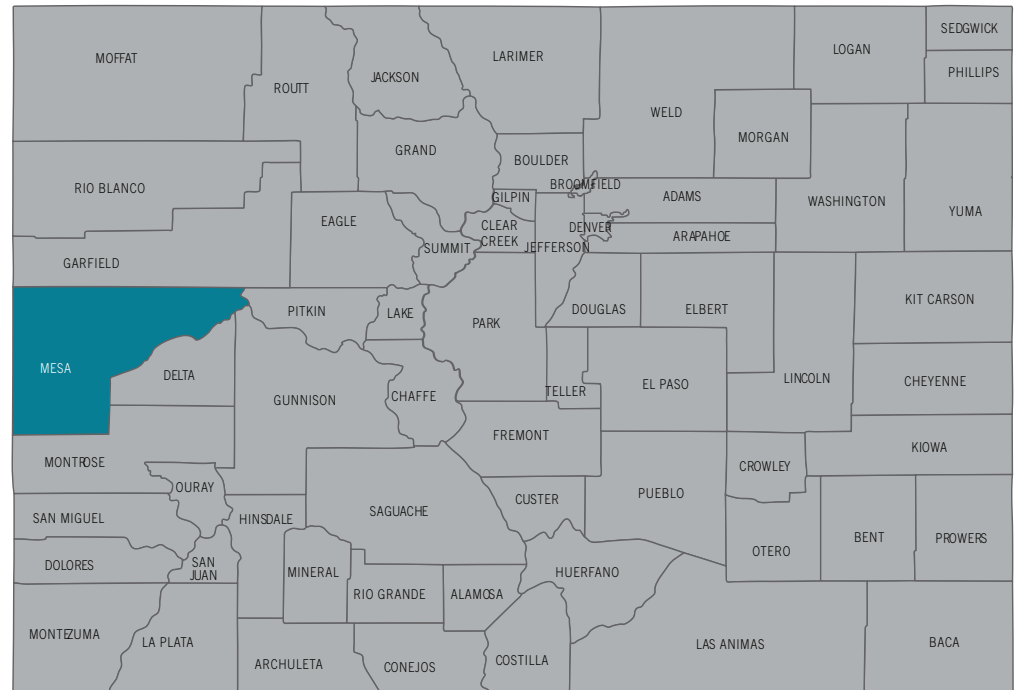
- **Pay less for services** when you receive care from a Tier 1 provider.
- Tier 1 includes **six Mesa County primary care practices** to serve as your medical home, including more than 125 primary care providers; **two local hospitals** (St. Mary's Medical Center and Colorado Canyons Hospital & Medical Center); **many local specialists** who are either independently owned or affiliated with St. Mary's Medical Center or Family Health West; and all **SCL Health providers and facilities** in Denver and surrounding counties.

### Tier 2 Statewide Network (Participating Network)

- In addition to Tier 1 providers, employees can access **all other RMHP providers** through our statewide network.
- Employees have access to **UnitedHealthcare's Options PPO National Network**.

### Tier 3 Out-of-Network

- **Out-of-network providers and facilities** for non-emergent care.
- **Emergency care** is always covered as a Tier 1 benefit.



■ Access to Monument Health Network (Tier 1) and RMHP Statewide Provider Network (Tier 2)

■ Access to RMHP Statewide Provider Network (Tier 2)

Enrollment is not available in these counties; however, physicians and facilities in these counties are In-Network.

**View our plans** . . . . .

Visit [rmhp.org](http://rmhp.org)    Email [rmhpsales@rmhp.org](mailto:rmhpsales@rmhp.org)    Call 800-453-2981, option 3



# Rocky Mountain Monument Health

## 2020 Small Employer Group Plans

| PPO PLANS  | Bronze 6900/8050   |   |                           | Bronze HSA 6300/6350 Rx 90   |                            |                           | Silver 3500/5000  |                          |                           | Silver 4000/5500  |   |                           | Silver HSA 4500/6000 Rx 90   |                            |                           | Gold 1000/2500  |                          |                           |
|--|--|---|---------------------------|--|----------------------------|---------------------------|---|--------------------------|---------------------------|---|---|---------------------------|--|----------------------------|---------------------------|---|--------------------------|---------------------------|
|  | Tier 1   | Tier 2                                    | Tier 3                    | Tier 1   | Tier 2                     | Tier 3                    | Tier 1  | Tier 2                   | Tier 3                    | Tier 1  | Tier 2                                    | Tier 3                    | Tier 1   | Tier 2                     | Tier 3                    | Tier 1  | Tier 2                   | Tier 3                    |
| <b>Deductible (Individual/Family) Tier 1 and Tier 2 Deductibles do NOT apply toward one another.</b> | \$6,900/<br>\$13,800   | \$8,050/<br>\$16,100                      | \$12,000/<br>\$24,000     | \$6,300/<br>\$12,600   | \$6,350/<br>\$12,700       | \$10,000/<br>\$20,000     | \$3,500/<br>\$7,000   | \$5,000/<br>\$10,000     | \$8,000/<br>\$16,000      | \$4,000/<br>\$8,000   | \$5,500/<br>\$11,000                      | \$8,000/<br>\$16,000      | \$4,500/<br>\$9,000  | \$6,000/<br>\$12,000       | \$9,000/<br>\$18,000      | \$1,000/<br>\$2,000   | \$2,500/<br>\$5,000      | \$4,000/<br>\$8,000       |
| <b>OOP Max (Individual/Family)</b>   | \$8,150/\$16,300   |   | \$18,000/<br>\$36,000     | \$6,750/<br>\$13,500   |                            | \$15,000/<br>\$30,000     | \$8,150/\$16,300  |                          | \$15,000/<br>\$30,000     | \$7,000/<br>\$14,000  |   | \$15,000/<br>\$30,000     | \$6,500/\$13,000   |                            | \$12,000/<br>\$24,000     | \$6,500/<br>\$13,000  |                          | \$12,000/<br>\$24,000     |
| <b>Coinsurance</b>   | 40%  | 50%                                       | 50%                       | 0%   |                            | 50%                       | 30%   | 50%                      | 50%                       | 40%   | 50%                                       | 50%                       | 0%   |                            | 50%                       | 20%   | 40%                      | 50%                       |
| <b>PCP</b>   | \$60 No Deductible   | \$80 No Deductible                        | 50% After Deductible      | 0% After Deductible  |                            | 50% After Deductible      | 1st 3 Visits \$10, then \$35 No Deductible                                      | \$50 No Deductible       | 50% After Deductible      | \$35 No Deductible  | \$50 No Deductible                        | 50% After Deductible      | 0% After Deductible  |                            | 50% After Deductible      | \$15 No Deductible  | \$40 No Deductible       | 50% After Deductible      |
| <b>Specialist</b>  | \$130 No Deductible  | \$180 After Deductible                    | 50% After Deductible      | 0% After Deductible  |                            | 50% After Deductible      | \$70 No Deductible  | \$80 After Deductible    | 50% After Deductible      | \$70 No Deductible  | \$80 After Deductible                     | 50% After Deductible      | 0% After Deductible  |                            | 50% After Deductible      | \$50 No Deductible  | \$70 No Deductible       | 50% After Deductible      |
| <b>Mental Health</b>   | \$60 No Deductible   | \$80 No Deductible                        | 50% After Deductible      | 0% After Deductible  |                            | 50% After Deductible      | \$10 No Deductible  | \$50 No Deductible       | 50% After Deductible      | \$35 No Deductible  | \$50 No Deductible                        | 50% After Deductible      | 0% After Deductible  |                            | 50% After Deductible      | \$15 No Deductible  | \$40 No Deductible       | 50% After Deductible      |
| <b>Lab/X-ray</b>   | 40%/40% After Deductible   | 50%/50% After Deductible                  | 50%/50% After Deductible  | 0% After Deductible  |                            | 50%/50% After Deductible  | \$40 No Deductible/<br>30% After Deductible                                     | 50%/50% After Deductible | 50%/50% After Deductible  | \$40/\$70 No Deductible   | 50%/50% After Deductible                  | 50%/50% After Deductible  | 0% After Deductible  |                            | 50%/50% After Deductible  | \$40/\$70 No Deductible   | 40%/40% After Deductible | 50%/50% After Deductible  |
| <b>Urgent Care</b>   | \$70 No Deductible   |   | 50% After Deductible      | 0% After Deductible  |                            | 50% After Deductible      | \$60 No Deductible  |                          | 50% After Deductible      | \$60 No Deductible  |   | 50% After Deductible      | 0% After Deductible  |                            | 50% After Deductible      | \$50 No Deductible  |                          | 50% After Deductible      |
| <b>Emergency Care</b>  | \$800 Copay, then 40% After Tier 1 Deductible                                    |   |                           | 0% After Tier 1 Deductible   |                            |                           | \$600 Copay, then 30% After Tier 1 Deductible                                   |                          |                           | \$500 Copay, then 40% After Tier 1 Deductible                                   |   |                           | 0% After Tier 1 Deductible   |                            |                           | \$500 Copay, then 20% After Tier 1 Deductible                                   |                          |                           |
| <b>Inpatient Hospital</b>  | 40% After Deductible   | \$500 Per Stay, then 50% After Deductible | 50% After Deductible      | 0% After Deductible  |                            | 50% After Deductible      | \$750 Copay Per Day Up To 4 Days  | 50% After Deductible     | 50% After Deductible      | 40% After Deductible  | \$500 Per Stay, then 50% After Deductible | 50% After Deductible      | 0% After Deductible  |                            | 50% After Deductible      | 20% After Deductible  | 40% After Deductible     | 50% After Deductible      |
| <b>Preventive Exams, Screenings, and Immunizations</b>   | 100% Covered No Deductible   |   | Coverage Based on Service | 100% Covered No Deductible   |                            | Coverage Based on Service | 100% Covered No Deductible  |                          | Coverage Based on Service | 100% Covered No Deductible  |   | Coverage Based on Service | 100% Covered No Deductible   |                            | Coverage Based on Service | 100% Covered No Deductible  |                          | Coverage Based on Service |
| <b>Chiropractic Services - up to 20 visits per year when medically indicated</b>                     | \$60 No Deductible   |   | Not Covered               | 0% After Deductible  | 0% After Tier 1 Deductible | Not Covered               | \$35 No Deductible  |                          | Not Covered               | \$35 No Deductible  |   | Not Covered               | 0% After Deductible  | 0% After Tier 1 Deductible | Not Covered               | \$15 No Deductible  |                          | Not Covered               |
| <b>Prescription Drug</b>   | No Deductible:<br>Tier 1: \$25<br>Tier 2: \$60<br>Tier 3: \$150<br>Tier 4: \$350 |   | Not Covered               | After Tier 1 Deductible:<br>Tier 1: 10%<br>Tier 2: 10%<br>Tier 3: 10%<br>Tier 4: 10% |                            | Not Covered               | No Deductible:<br>Tier 1: \$15<br>Tier 2: \$50<br>Tier 3: \$80<br>Tier 4: \$300 |                          | Not Covered               | No Deductible:<br>Tier 1: \$15<br>Tier 2: \$50<br>Tier 3: \$80<br>Tier 4: \$300 |   | Not Covered               | After Tier 1 Deductible:<br>Tier 1: 10%<br>Tier 2: 10%<br>Tier 3: 10%<br>Tier 4: 10% |                            | Not Covered               | No Deductible:<br>Tier 1: \$15<br>Tier 2: \$50<br>Tier 3: \$80<br>Tier 4: \$200 |                          | Not Covered               |

If you are enrolled in a family plan and you meet your individual deductible and/or out-of-pocket maximum, you don't need to meet your family deductible or out-of-pocket maximum. The Summary of Benefits and Coverage (SBC) and the Colorado Supplement to the SBC for these individual and family plans can be found at [rmhp.org](http://rmhp.org) and upon request. An access plan is available for each managed care network offered by RMHP to any interested party upon request. Such access plans contain information on providers, hospitals, referrals, and grievance procedures; quality assurance; access for Members with special needs; emergency coverage provisions; and other information on how to access services.