

Underwritten by Rocky Mountain HMO (RMHMO)

Small Employer Group Plan Change Form

Group Name: _____ Group ID #: _____
 Address: _____ County: _____
 City: _____ State: _____ Zip: _____

The plans below are available effective on your anniversary.

STATE WIDE HEALTH PLANS						
Rocky Mountain Summit HMO						
BRONZE RMS HMO Bronze 6800/55 - \$75 RMS HMO Bronze HSA 6550/100	SILVER RMS HMO Silver 2800/60 - \$45 RMS HMO Silver 3500/70 - \$55 RMS HMO Silver HSA 4000 RX90 RMS HMO Silver 4500/75 - \$55 RMS HMO Silver 5000/50 - \$55			GOLD RMS HMO Gold 500/80 - \$40 RMS HMO Gold 1000/75 - \$40 RMS HMO Gold HSA 2800/100		
REGIONAL PLANS						
Monument Health PPO			Monument ONE HMO			
<i>Mesa County</i>			<i>Mesa County</i>			
BRONZE MH PPO Bronze 6900/8050 MH PPO Bronze HSA 6300/6350	SILVER MH PPO Silver 3500/5000 MH PPO Silver 4000/5500 MH PPO Silver HSA 4500/6000	GOLD MH PPO Gold 1000/2500	BRONZE Mon ONE HMO Bronze 7000/60/\$50 Mon ONE HMO Bronze HSA 6750/100	SILVER Mon ONE HMO 5500/70/\$45 Mon ONE HMO Silver HSA 5500 RX90	GOLD Mon ONE HMO Gold 2500/80/ \$40	
Rocky Mountain Range HMO			Rocky Mountain Canyon			
<i>Archuleta, Delta, Dolores, Grand, Gunnison, Hinsdale, Jackson, La Plata, Moffat, Montezuma, Montrose, Ouray, Rio Blanco, Routt, San Juan, and San Miguel Counties.</i>			<i>Archuleta, Dolores, La Plata, Montezuma, and San Juan Counties.</i>			
BRONZE RMR HMO Bronze 6800/55 - \$75 RMR HMO Bronze HSA 6550/100	SILVER RMR HMO Silver 2800/60 - \$45 RMR HMO Silver 3500/70 - \$55 RMR HMO Silver HSA 4000 RX90 RMR HMO Silver 4500/75 - \$55 RMR HMO Silver 5000/50 - \$55	GOLD RMR HMO Gold 500/80 - \$40 RMR HMO Gold 1000/75 - \$40 RMR HMO Gold HSA 2800/100	BRONZE RMC HMO Bronze HSA 6300 RX90 RMC HMO Bronze 6700/60 - \$50	SILVER RMC HMO Silver 3000/75 - \$35 RMC HMO Silver 4500/70 - \$35 RMC HMO Silver HSA 4500 RX90	GOLD RMC HMO Gold 1000/80 - \$25	
Peak Health EPO Choice 2-Tiered Network Plan			Peak Health HMO Tier 1 Only Network Plan			
<i>Summit County</i>			<i>Summit County</i>			
BRONZE PEAK EPO Bronze 7000/60 - \$50 PEAK EPO Bronze HSA 6300 RX90	SILVER PEAK EPO Silver 5500/70 - \$45 PEAK EPO Silver HSA 5000 RX90	GOLD PEAK EPO Gold 2500/80 - \$40	BRONZE PEAK HMO Bronze 7000/60/\$50 PEAK HMO Bronze HSA 6750/100	SILVER PEAK HMO Silver 5500/70/\$45 PEAK HMO Silver HSA 5500 RX 90	GOLD PEAK HMO Gold 2500/80/ \$40	

Please designate your plan choices below.

Medical Plan 1: <hr/> Medical Plan 2: <hr/> Medical Plan 3:	Rating Preference Age _____ Composite _____
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I agree and authorize the above plan change to be effective on our anniversary.

Employer / Authorized Signature **Title** **Date**

If you have questions or need help completing this form, please contact our Group Management Team at:
 Phone: 800-453-2981, option 1 Email: group_management_team@rmhp.org Fax: 970-254-5740

Colorado law requires carriers to make available a Colorado Supplement to the Summary of Benefits of Coverage, which is intended to facilitate comparison of health plans. The form must be provided automatically within seven (7) business days to a potential policyholder who has expressed interest in a particular plan or who has selected the plan as a finalist from which the ultimate selection will be made. The carrier also must provide the form, upon oral or written request, within seven (7) business days to any person who is interested in coverage under or who is covered by a health benefit plan of the carrier.

An access plan is available for each managed care network offered by Rocky Mountain Health Plans to any interested party upon request. Such access plans contain information on providers, hospitals, referral and grievance procedures, quality assurance, access for members with special needs, emergency coverage provisions, and other information on how to access services.

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.