

## Disclosure Notice for Small Employer Groups

### Class of Business

Your group will be included in the Small Employer class and **will not be considered part of a separate class of business.**

### Rates

The total premium for small employer groups will be determined by summing the total premium of each enrolled employee. The total premium for each enrolled employee will be determined by summing the separate premiums of the employee and their dependents for the health plan the employee has selected. Premiums will be summed up for the employee, spouse, dependent children between the ages of 21 and 26, and the three oldest dependents under 21.

The premium for each specific employee and family member will be based on the age of each person as of the group's effective date. Factors that may affect changes in premium rates include tobacco use, plan design and the addition/deletion of employees and/or dependents. Dependent children are eligible for coverage to age 26.

Rates will be based on the county where the employer has its main place of business. "RMHP reserves the right to change premium rates. Periodic rate changes, which must be approved by the Colorado Division of Insurance, are implemented to ensure that the premium collected by RMHP is sufficient to pay the medical claims incurred by RMHP members. Rate changes can occur annually at the time of a group's renewal."

Employees may opt for "composite" rates calculated by RMHP. To establish composite rates, the group's total premium (as calculated using the method above) will be allocated to covered employees based on the tier factor applicable to each employee's family composition. All carriers will use the following standard tier definitions and factors:

- a. Employee Only = 1.00
- b. Employee and Spouse = 2.00
- c. Employee and Child(ren) = 1.85
- d. Employee, Spouse, and Child(ren) = 2.85

Rates for any and all small group products being marketed by RMHP in the small group market will be given to a small employer, upon either oral or written request of such employer, within five (5) business days of the request.

### Access Plans

An access plan is available upon request to any interested party for each managed care network offered by RMHP. 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.

### Geographic Areas Served

Upon request, we will provide you or any enrollee a description of the geographic areas served by Rocky Mountain Health Plans.

### Benefits and Premiums

Information about benefits for all the health benefit plans you request or for which you qualify can be provided. If you provide us sufficient information to determine premiums for your group, such premium information will also be included. A summary of the benefits that highlights the most salient differences among the plans for all the plans for which an employer qualifies will be made available. **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.*

### **Patient Protection and Affordable Care Act Group Notices for Rocky Mountain Health Plans (“Your Plan”)**

Your Plan may require the designation of a primary care provider (PCP). A Member has the right to designate any PCP who participates in RMHP's network and who is available to accept the Member as a patient. If required, until a Member makes this designation, a PCP will be designated for the Member. For information on how to select a PCP, and for a list of the participating PCPs, contact customer service at 970-243-7050 or 800-346-4643. For children, a pediatrician may be designated as the PCP. A Member does not need prior authorization in order to obtain access to obstetrical or gynecological care from a health care professional in RMHP's network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact customer service at 970-243-7050 or 800-346-4643.

### **Your Group's Right to Renew**

**Your group may renew its coverage for successive one-year periods.** Your group may terminate the agreement by giving RMHP written notice of intent to terminate. RMHP must receive such written notice no later than 5:00 P.M. Mountain Time on the first business day of the month following the termination effective date; otherwise, the effective date of termination shall be the end of the next calendar month.

### **RMHP shall not discontinue coverage or refuse to renew a plan except for the following reasons:**

- Nonpayment of required premiums.
- Fraud or intentional misrepresentation of material fact by the group or with respect to coverage of an individual or fraud or intentional misrepresentation of material fact by the individual or the individual's representative.
- RMHP elects to non-renew and discontinue offering all its small group health care plans delivered or issued in the State of Colorado.
- RMHP elects to discontinue offering a particular plan, if certain prerequisites are completed.
- The group fails to comply with participation or contribution requirements.
- There is no longer any member who is a group enrollee who lives, resides, or works in the service area.
- The group is no longer actively engaged in the business in which it was engaged on the effective date of the Group Service Agreement.
- An employer that is provided coverage through one or more bona fide associations ceases to belong to that association(s).
- Any other reason for which state or federal law permits nonrenewal of the Group Service Agreement.

**COLORADO INSURANCE LAW REQUIRES ALL CARRIERS IN THE SMALL GROUP MARKET TO ISSUE ANY APPLICABLE HEALTH BENEFIT PLAN IT MARKETS IN COLORADO TO SMALL EMPLOYERS THAT APPLY FOR THE PLAN AND AGREE TO MAKE THE REQUIRED PREMIUM PAYMENTS AND SATISFIES THE OTHER PROVISIONS OF THE HEALTH BENEFIT PLAN.**

The disclosure statements in this form are required by Colorado law and are not intended to be a full description of all plan requirements. The complete provisions of the plan(s), including detailed description of benefits, exclusions, and limitations, can be found in the Group Service Agreement and the Evidence of Coverage.