



Monument Health

Group Silver PPO 3000/4500

Monument Health Plans provide a unique benefit offering including three levels of coverage:

- + Monument Health Network – Tier 1 (lowest cost for care) – Includes Primary Care Partners, St. Mary's Medical Center and select providers in the community.
- + RMHP's statewide network of providers – Tier 2
- + Out-of-network providers – Tier 3

Deductible	In-Network Tier 1	In-Network Tier 2	Out-of-Network
Individual	\$3,000	\$4,500	\$8,000
Family	\$6,000	\$9,000	\$16,000
Out-of-Pocket Maximum (includes deductible)	In-Network Tier 1	In-Network Tier 2	Out-of-Network
Individual	\$6,400	\$6,850	\$15,000
Family	\$12,800	\$13,700	\$30,000
Coinsurance	70/30	50/50	50/50
Office Visit PCP/Specialist	\$20/\$60 no deductible	\$45/\$60 no deductible	50%
Lab	\$15 no deductible	50%	50%
X-Ray	\$40 no deductible	50%	50%
Scans – MRI/CAT/PET	30%	50%	50%
Urgent Care	\$60 no deductible	\$60 no deductible	50%
Emergency Care	\$350 copay, then 30%	\$350 copay, then 30%	\$350 copay, then 30%
Ambulance	30%	30%	30%
Inpatient Hospital	30%	50%	50%
Outpatient Surgery	30%	50%	50%
Child Preventive Services	100% covered, no deductible	100% covered, no deductible	100% covered, no deductible
Adult Preventive Services	100% covered, no deductible	100% covered, no deductible	Not covered
Mammograms, Pap smear, prostate screening	100% covered, no deductible	100% covered, no deductible	100% covered, no deductible
Immunizations	100% covered, no deductible	100% covered, no deductible	Child: 100% covered, no deductible Adult: 50% coinsurance, no deductible
Colorectal Cancer Screening	100% covered, no deductible	100% covered, no deductible	100% covered, no deductible
Chiropractic Services – up to 20 visits per year when medically indicated	\$20 no deductible	\$20 no deductible	Not covered
Prescription Drug (No deductible)	Tier 1: \$15 Tier 2: \$40 Tier 3: \$75 Tier 4: \$200 Tier 5: \$400	Tier 1: \$15 Tier 2: \$40 Tier 3: \$75 Tier 4: \$200 Tier 5: \$400	Not covered

All services subject to deductible unless otherwise noted.

Tier 1 and Tier 2 Deductibles and Out-of-Pocket Maximum amounts apply toward one another.

Underwritten by Rocky Mountain HMO

MK867R082016

Plan Limitations and Exclusions

For complete details on plan benefits and limitations and exclusions, see the applicable RMHP contract.

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; referral and grievance procedures; quality assurance; access for members with special needs; emergency coverage provisions; and other information on how to access services.

COLORADO INSURANCE LAW REQUIRES ALL CARRIERS IN THE SMALL GROUP MARKET TO ISSUE ANY HEALTH BENEFIT PLAN IT MARKETS IN COLORADO TO SMALL EMPLOYERS UP TO 100 EMPLOYEES, REGARDLESS OF THE HEALTH STATUS OF ANY OF THE INDIVIDUALS IN THE GROUP.

The contents of this benefits summary are subject to the provisions of the Evidence of Coverage and Plan Attachments, which contain all terms and conditions of membership and benefits.

