



Rocky Mountain Canyon

2019 Group Bronze HMO 6700/60 \$50

rmhp.org • 800-453-2981

Rocky Mountain Canyon Tiered Network Plan

- Tier 1 Network (Preferred Network):** Pay less for services when you receive care from a Tier 1 provider. Tier 1 includes all RMHP-network primary care providers in La Plata, Montezuma, Dolores, Archuleta, and San Juan Counties; three hospitals (Mercy Regional Medical Center, Southwest Memorial Hospital, and Pagosa Springs Medical Center); and many local specialists affiliated with these facilities. Emergency care is always covered as a Tier 1 benefit.
- Tier 2 Regional Network (Participating Network):** In addition to Tier 1 providers, access a network of select Western Slope and Front Range providers and facilities. Access to UnitedHealthcare's Options PPO national provider network.

Deductible	Bronze HMO 6700/60 \$50	
	In-Network Tier 1	In-Network Tier 2
Individual	\$6,700	\$6,700
Family	\$13,400	\$13,400
Out-of-Pocket Maximum (includes deductible)	In-Network Tier 1	In-Network Tier 2
Individual	\$7,900	
Family	\$15,800	
Office Visit PCP/Specialist	PCP: 1 st 3 visits 100% covered, then \$50, no deductible Specialist: \$80, no deductible	PCP:\$70, no deductible Specialist: 50% after deductible
Lab	\$40, no deductible	50%
X-Ray	\$70, no deductible	50%
Scans – MRI/CAT/PET	40%	50%
Urgent Care	\$60, no deductible	\$60, no deductible
Emergency Care	\$750 copay, then 40% after Tier 1 deductible	
Ambulance	40% after Tier 1 deductible	
Inpatient Hospital	40%	50%
Outpatient Surgery	40%	50%
Child Preventive Services	100% covered, no deductible	100% covered, no deductible
Adult Preventive Services	100% covered, no deductible	100% covered, no deductible
Mammograms, Pap smear, prostate screening	100% covered, no deductible	100% covered, no deductible
Immunizations	100% covered, no deductible	100% covered, no deductible
Colorectal Cancer Screening	100% covered, no deductible	100% covered, no deductible
Prescription Drug	Tier 1: \$25, no deductible Tier 2: \$50, no deductible <u>After \$1,000 deductible (tiers 3-5)</u> Tier 3: \$150 Tier 4: \$300 Tier 5: \$350	

All services are subject to deductible unless otherwise noted.

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.