



Monument Health PPO

2020 Group Gold PPO 1000/2500

rmhp.org • 800-453-2981

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

- Tier 1 Monument Health Network (most coordinated & lowest cost for care)** – 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 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, Members can access all other RMHP providers through our statewide network. Access to UnitedHealthcare’s Options PPO national provider network.
- Tier 3 Out-of-network** – Out-of-network providers and facilities for nonemergent care. Emergency care is always covered as a Tier 1 benefit.

| Deductible | In-Network Tier 1 | In-Network Tier 2 | Out-of-Network |
|---|--|-----------------------------|---|
| Individual | \$1,000 | \$2,500 | \$4,000 |
| Family | \$2,000 | \$5,000 | \$8,000 |
| Out-of-Pocket Maximum (includes deductible) | In-Network Tier 1 | In-Network Tier 2 | Out-of-Network |
| Individual | \$6,500 | | \$12,000 |
| Family | \$13,000 | | \$24,000 |
| PCP | \$15, no deductible | \$40, no deductible | 50% |
| Specialist | \$50, no deductible | \$70, no deductible | 50% |
| Mental Health | \$15, no deductible | \$40, no deductible | 50% |
| Physical/Occupational/Speech Therapy | \$15, no deductible | 40% | 50% |
| Lab | \$40, no deductible | 40% | 50% |
| X-Ray | \$70, no deductible | 40% | 50% |
| Scans – MRI/CAT/PET | 20% | 40% | 50% |
| Urgent Care | \$50, no deductible | | 50% |
| Emergency Care | \$500, then 20% after Tier 1 deductible | | |
| Ambulance | 20% after Tier 1 deductible | | |
| Inpatient Hospital | 20% | 40% | 50% |
| Outpatient Surgery | 20% | 40% | 50% |
| Preventive Exams & Screenings | 100% covered, no deductible | 100% covered, no deductible | 100% covered, no deductible (Adult exams not covered) |
| Immunizations | 100% covered, no deductible | 100% covered, no deductible | Child: 100% covered, no deductible Adult: 50%, no deductible |
| Colorectal Cancer Screening | 100% covered, no deductible | 100% covered, no deductible | 100% covered, no deductible |
| Chiropractic Services | \$15, no deductible | | Not covered |
| Prescription Drug | no deductible Tier 1: \$15 Tier 2: \$50 Tier 3: \$80 Tier 4: \$200 | | Not covered |

All services are subject to deductible unless otherwise noted.

Tier 1 and Tier 2 Deductibles do not apply toward one another. Tier 1 and Tier 2 Out-of-Pocket Maximum amounts are combined.

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.

