



Monument Health PPO

2020 Group Silver PPO 4000/5500

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	\$4,000	\$5,500	\$8,000
Family	\$8,000	\$11,000	\$16,000
Out-of-Pocket Maximum (includes deductible)	In-Network Tier 1	In-Network Tier 2	Out-of-Network
Individual	\$7,000		\$15,000
Family	\$14,000		\$30,000
PCP	\$35, no deductible	\$50, no deductible	50%
Specialist	\$70, no deductible	\$80 after deductible	50%
Mental Health	\$35, no deductible	\$50, no deductible	50%
Physical/Occupational/Speech Therapy	\$30, no deductible	50%	50%
Lab	\$40, no deductible	50%	50%
X-Ray	\$70, no deductible	50%	50%
Scans – MRI/CAT/PET	40%	50%	50%
Urgent Care	\$60, no deductible		50%
Emergency Care	\$500, then 40% after Tier 1 deductible		
Ambulance	40% after Tier 1 deductible		
Inpatient Hospital	40%	\$500 per stay, then 50% after deductible	50%
Outpatient Surgery	40%	50%	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	\$35, no deductible		Not covered
Prescription Drug	no deductible Tier 1: \$15 Tier 2: \$50 Tier 3: \$80 Tier 4: \$300		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.

