

HMO INDIVIDUAL COVERAGE



ROCKY MOUNTAIN
HEALTH PLANS®



We're Colorado, too.

Rocky Mountain Health Plans (RMHP) is Colorado-based and Colorado-focused. We were founded in Grand Junction more than 40 years ago to provide Coloradans access to high quality health care. We continue this commitment and combine the personalized attention, quality care, and comprehensive coverage that our Members deserve and have come to expect from their local health insurance option.

Wellness Coverage

The goal of RMHP is to improve the health of our Members by promoting wellness, preventing illness, and successfully managing chronic diseases. Along with our comprehensive benefit plans, our Health Promotion services provide a proactive approach to wellness, taking into consideration every aspect of our Members' health. We offer this full spectrum of integrated care as part of your health benefit plan.

- Children's services (well-child services as age appropriate) – office visits are 100% covered
- Adult services (annual routine physical and gynecological exam) – office visits are 100% covered
- Routine screenings (mammograms, pap smears, and prostate screenings) – 100% covered
- Colorectal cancer screenings – 100% covered
- Immunizations – 100% covered
- Tobacco Cessation Program (counseling through the Colorado Quitline, nicotine replacement therapy, and certain tobacco cessation prescription drugs) – 100% covered

Exclusions

Unless specifically provided in the RMHP Evidence of Coverage, RMHP HMO benefits do not include the following services*:

- Any services or supplies not medically necessary
- Services, drugs, supplies, or products that are experimental or investigational
- Treatment for injury or sickness contracted while on duty with any military, naval, or air force of any country or international organization
- Treatment, services, or supplies provided at government expense
- Treatment, services, or supplies required only for insurance, travel, or similar non-medical purposes
- Treatment for work-related illnesses and injuries
- Equipment, supplies, and drugs not approved by the Food and Drug Administration for medical purposes
- Custodial care, and nursing home and domiciliary care
- Dental care services not specifically covered
- Hearing aids and devices for Members age 18 and older
- Cochlear implants and equipment and devices related to cochlear implants, including internal receivers/stimulators, transmitters, and speech processors.
- Wigs, artificial hairpieces, hair transplants, or implants
- Behavior modification programs

* This is a partial summary of limitations and exclusions in the RMHP Evidence of Coverage. The summary is not all-inclusive. For complete details on benefits, limitations, and exclusions please see the applicable Evidence of Coverage.





Selecting a Preferred Provider

RMHP Regional HMO plans include access to all participating hospitals and our national network of pharmacies, as well as our comprehensive regional network of providers that are centered around where you seek care — close to home. It is important to select and establish a relationship with a Primary Care Physician (PCP) to coordinate your care. If you do not select a PCP, one will be assigned to you. You are required to receive care from providers in the regional network for coverage. To search for participating providers using our convenient online Provider Directory, visit rmhp.org.

Referral and Prior Authorization

When you have a health-related issue that requires specialty care, it is always best to contact your PCP first, as he or she will make sure you are directed to an appropriate specialist; however, referrals are not needed to see any provider in the network.

There are some health care services that require prior authorization. To maximize your coverage, you or your doctor will need to get approval from RMHP prior to receiving the service. For a complete list of services or treatments that need prior authorization, visit rmhp.org.

Determining Your Level of Coverage

The level of coverage you receive is determined by whether the provider participates with RMHP. For HMO plans, you must receive care from a participating (in-network) provider in order for it to be covered by RMHP. If you choose to receive care from a provider that does not participate with RMHP, you will be responsible for 100% of the costs of that care. For our Monument Health HMO plans, there are two tiers of in-network providers. The cost of care may be lower if you receive care from a Tier 1 provider. For example, you may have a lower copay for office visits if you see a Tier 1 provider than if you see a Tier 2 provider. You may also have a lower deductible to meet when you receive care from a Tier 1 provider.

Prescription Drug Coverage Option


Most of RMHP's drug plans have a multi-tiered benefit, meaning you will pay different copay amounts depending on the prescription drug. For example, the copay is lower for a Tier 1 drug than for a Tier 2 drug. Sometimes a drug will be removed from the drug list or change status, such as a Tier 3 drug could change to a Tier 2 drug. You and your doctor will be told if a drug you are now taking changes status on the drug list. The next time you fill your prescription, you will pay the copay that applies to the drug's new status.

You can view the [RMHP Prescription Drug Formulary](#), which provides information on procedures such as prior authorization or step therapy requirements, the exceptions process, and lists all prescription drugs on each tier, at rmhp.org. Simply visit rmhp.org and select 'RX Drugs' in the 'Explore our network' section.

Customer Service





If you have questions, RMHP's friendly, local Customer Service team is here to help. Contact RMHP Customer Service by email at customer_service@rmhp.org or by phone at 800-346-4643 (TTY: 711), Monday – Friday 8:00 a.m. to 5:00 p.m. (MST). Para asistencia en español 800-346-4643.

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





Learn More About Rocky Mountain Health Plans

-  Visit [rmhp.org](https://www.rmhp.org)
-  Email us at individualsales@rmhp.org
-  Call 800-453-2981, option 4 to speak with a plan expert
-  Live chat with a plan expert on [rmhp.org](https://www.rmhp.org)

