


2021 MONUMENT HEALTH HMO INDIVIDUAL & FAMILY PLANS FROM RMHP

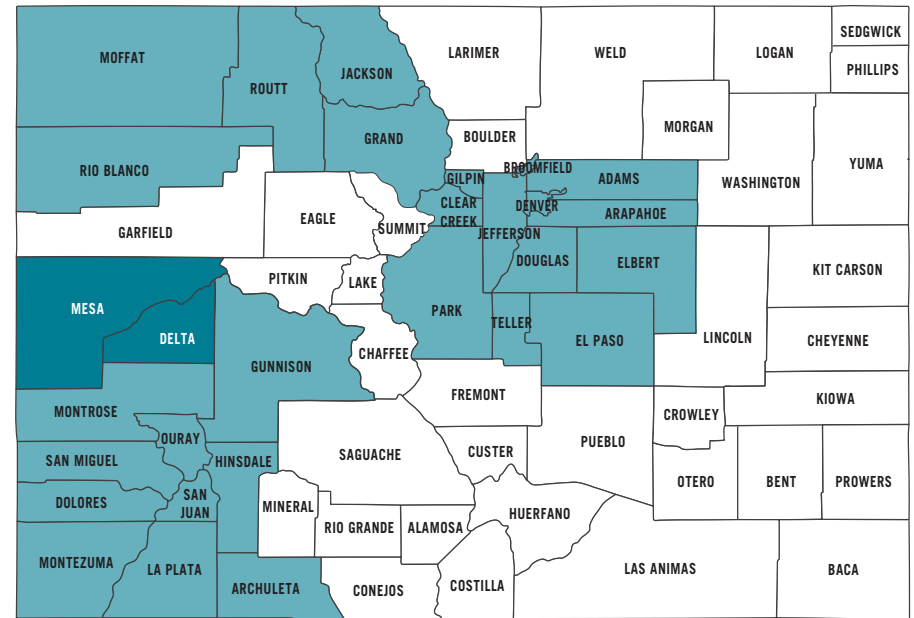
Find the affordable coverage you can rely on from the people you count on. At Rocky Mountain Health Plans (RMHP), we know it's important to have a partner in good health. We're here to help you get more from your health plan, so we offer comprehensive coverage that centers around you and your needs – from preventive care, to health and wellness services, to a variety of online tools and resources to help make your health care choices easier.


Working Together for You


RMHP and Monument Health are committed to providing Members with access to high-quality health care at lower costs. Monument Health HMO plans are available to individuals and families in **Mesa** and **Delta** counties. The **tiered network** allows you to choose the provider and coverage that's right for you, offering you access to **local providers** as well as to **select Western Slope and Front Range providers** in our regional network.

Our plans offer:

-  A network of **high-quality, local providers** focused on coordinated care, including primary care, specialists, facilities, and pharmacies
-  Seamless access to **Denver-area practitioners and facilities**
-  **No-cost or low-cost** options for primary care visits
-  100 percent **covered preventive care**, including annual checkups, flu shots, mammograms, and more
-  **Pediatric dental** benefits covered at 100 percent for all children up to age 19
-  **Urgent and emergency care** covered anywhere you need it
-  **Virtual visits** with a doctor or therapist from the comfort of your home – any day, any time
-  A dedicated, local **customer service team** that's here to help



 Available to residents in Mesa County and Delta County

 Access to RMHP provider network
Enrollment in Monument Health is not available in these counties; however, select physicians and facilities in these counties are in-network.

[View our plans](#) 

Monument Health HMO Plans from RMHP

2021 Individual & Family Plans



HMO PLANS	Bronze 8000/8500		Bronze HSA 6700/6800 Rx90		Silver 4500/6000		Silver 5000/7000		Silver HSA 4500/6000 Rx90-D ¹		Gold 1000/2500	
	Tier 1	Tier 2	Tier 1	Tier 2	Tier 1	Tier 2	Tier 1	Tier 2	Tier 1	Tier 2	Tier 1	Tier 2
Deductible (Individual/Family) <small>Tier 1 and Tier 2 Deductibles do NOT apply toward one another.</small>	\$8,000/ \$16,000	\$8,500/ \$17,000	\$6,700/ \$13,400	\$6,800/ \$13,600	\$4,500/ \$9,000	\$6,000/ \$12,000	\$5,000/ \$10,000	\$7,000/ \$14,000	\$4,500/ \$9,000	\$6,000/ \$12,000	\$1,000/ \$2,000	\$2,500/ \$5,000
OOP Max (Individual/Family)	\$8,550/\$17,100		\$6,900/\$13,800		\$8,550/\$17,100		\$8,550/\$17,100		\$6,500/\$13,000		\$6,500/\$13,000	
Coinsurance	40%	50%	0%		30%	50%	40%	50%	0%	0%	20%	40%
PCP	\$85 No Deductible	\$110 No Deductible	0% After Deductible		\$5 No Deductible	\$60 No Deductible	\$25 No Deductible	\$60 No Deductible	0% After Deductible		\$15 No Deductible	\$40 No Deductible
Specialist	\$150 No Deductible	\$200 No Deductible	0% After Deductible		\$70 No Deductible	\$90 No Deductible	\$70 No Deductible	\$90 No Deductible	0% After Deductible		\$50 No Deductible	\$70 No Deductible
Behavioral Health	\$150 No Deductible	\$200 No Deductible	0% After Deductible		\$70 No Deductible	\$90 No Deductible	\$70 No Deductible	\$90 No Deductible	0% After Deductible		\$50 No Deductible	\$70 No Deductible
Lab/X-ray	40%/40% After Deductible	50%/50% After Deductible	0% After Deductible		30%/30% After Deductible	50%/50% After Deductible	40%/40% After Deductible	50%/50% After Deductible	0% After Deductible		20%/20% After Deductible	40%/40% After Deductible
Urgent Care	\$85 No Deductible		0% After Tier 1 Deductible		\$60 No Deductible		\$60 No Deductible		0% After Tier 1 Deductible		\$50 No Deductible	
Emergency Care	\$1,000 Copay, then 40% After Tier 1 Deductible		0% After Tier 1 Deductible		\$600 Copay, then 30% After Tier 1 Deductible		\$500 Copay, then 40% After Tier 1 Deductible		0% After Tier 1 Deductible		\$500 Copay, then 20% After Tier 1 Deductible	
Inpatient Hospital	40% After Deductible	\$1,000 Per Stay, then 50% After Deductible	0% After Deductible		\$750 Copay Per Day, Up To 4 days, No Deductible	50% After Deductible	40% After Deductible	\$500 Per Stay, then 50% After Deductible	0% After Deductible		20% After Deductible	40% After Deductible
Preventive Exams, Screenings, and Immunizations	100% Covered No Deductible		100% Covered No Deductible		100% Covered No Deductible		100% Covered No Deductible		100% Covered No Deductible		100% Covered No Deductible	
Chiropractic Services - up to 20 visits per year when medically indicated	\$85 No Deductible		0% After Tier 1 Deductible		\$5 No Deductible		\$25 No Deductible		0% After Tier 1 Deductible		\$15 No Deductible	
Prescription Drug	No Deductible: Tier 1: \$25 Tier 2: \$80 Tier 3: \$250 Tier 4: \$500		After Tier 1 Deductible: Tier 1: 10% Tier 2: 10% Tier 3: 10% Tier 4: 10%		No Deductible: Tier 1: \$15 Tier 2: \$50 Tier 3: \$80 Tier 4: \$300		No Deductible: Tier 1: \$15 Tier 2: \$50 Tier 3: \$80 Tier 4: \$300		After Tier 1 Deductible: Tier 1: 10% Tier 2: 10% Tier 3: 10% Tier 4: 10%		No Deductible: Tier 1: \$15 Tier 2: \$50 Tier 3: \$80 Tier 4: \$200	

If you are enrolled in a family plan and you meet your individual deductible and/or out-of-pocket maximum, you don't need to meet your family deductible or out-of-pocket maximum. The Summary of Benefits and Coverage (SBC) and the Colorado Supplement to the SBC for these individual and family plans can be found at rmhp.org and upon request. 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.

¹ Silver HSA 4500/6000 Rx 90-D is available off-Exchange only.