

2021 ROCKY MOUNTAIN VALLEY INDIVIDUAL & FAMILY PLANS

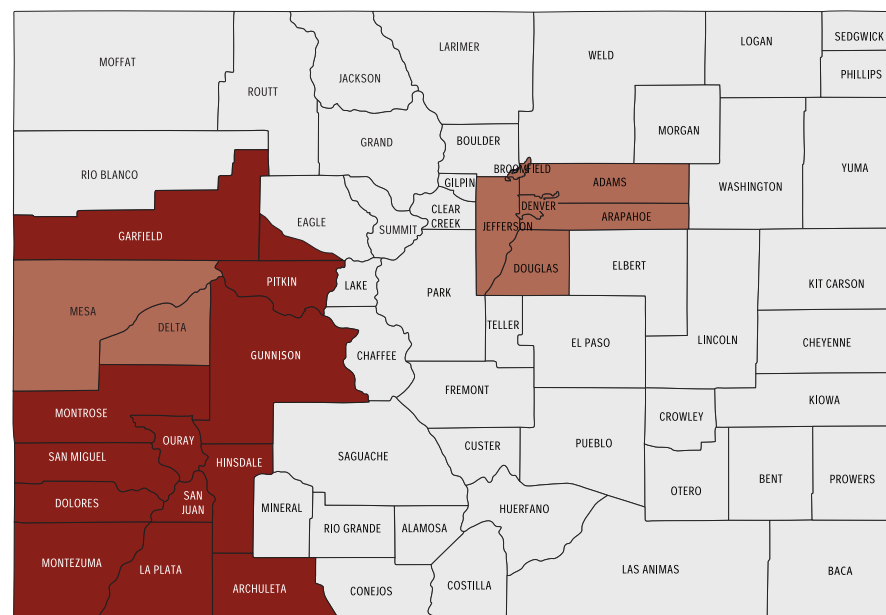
Find the affordable coverage you can rely on from the people you count on. At Rocky Mountain Health Plans (RMHP), we know it's important to have a partner in good health. We're here to help you get more from your health plan, so we offer comprehensive coverage that centers around you and your needs –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

Benefits that Exceed Expectations

Rocky Mountain Valley plans include a high-performing network of providers and facilities focused on a collaborative approach for a healthier you — and healthier communities across the Western Slope. These plans are available to residents in **Archuleta, Dolores, Eagle (Basalt), Garfield, Gunnison, Hinsdale, La Plata, Montezuma, Montrose, Ouray, Pitkin, San Juan, and San Miguel** counties.

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



Dark Red: Rocky Mountain Valley Service Area
Light Red: Access to RMHP provider network
 Enrollment in Rocky Mountain Valley is not available in these counties.

[View our plans](#) 

 Visit rmhp.org

 Email individualsales@rmhp.org

 Call 800-453-2981, option 4

Rocky Mountain Valley Plans from RMHP

2021 Individual & Family Plans



HMO PLANS	Bronze 6500	Bronze 7000	Bronze 7500	Silver 3500	Silver 4000	Silver 4500	Gold 2500
Deductible (Individual/Family)	\$6,500/ \$13,000	\$7,000/ \$14,000	\$7,500/ \$15,000	\$3,500/ \$7,000	\$4,000/ \$8,000	\$4,500/ \$9,000	\$2,500/ \$5,000
OOP Max (Individual/Family)	\$8,550/ \$17,100	\$8,550/ \$17,100	\$8,550/ \$17,100	\$8,550/ \$17,100	\$8,550/ \$17,100	\$8,550/ \$17,100	\$8,550/ \$17,100
Coinsurance	40%	35%	50%	30%	40%	25%	20%
PCP	\$25 No Deductible	\$25 No Deductible	1st 3 Visits No Charge, then 50% After Deductible	1st 3 Visits No Charge, then \$25 No Deductible	1st 3 Visits No Charge, then \$25 No Deductible	1st 3 Visits No Charge, then 25% After Deductible	\$5 No Deductible
Specialist	40% After Deductible	35% After Deductible	50% After Deductible	30% After Deductible	\$100 No Deductible	25% After Deductible	\$55 No Deductible
Behavioral Health	40% After Deductible	35% After Deductible	50% After Deductible	30% After Deductible	\$100 No Deductible	25% After Deductible	\$55 No Deductible
Lab/X-ray	40% After Deductible	35% After Deductible	50% After Deductible	30% After Deductible	40% After Deductible	25% After Deductible	20% After Deductible
Urgent Care	\$75 No Deductible	\$75 No Deductible	1st 3 Visits \$75 No Deductible, then 50% After Deductible	\$75 No Deductible	\$75 No Deductible	1st 3 visits \$75 No Deductible, then 25% After Deductible	\$75 No Deductible
Emergency Care	50% After Deductible	50% After Deductible	50% After Deductible	\$500 Copay After Deductible	\$500 Copay After Deductible	\$500 Copay After Deductible	\$300 Copay After Deductible
Inpatient Hospital	40% After Deductible	35% After Deductible	50% After Deductible	30% After Deductible	40% After Deductible	25% After Deductible	20% 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	100% Covered No Deductible
Chiropractic Services - up to 20 visits per year when medically indicated	\$25 No Deductible	\$25 No Deductible	50% After Deductible	\$25 No Deductible	\$25 No Deductible	25% After Deductible	\$5 No Deductible
Prescription Drug	No Deductible: Tier 1: \$20 Tier 2: \$30 After Deductible Tier 3: 40% Tier 4: 40% Tier 5: 40%	No Deductible: Tier 1: \$20 Tier 2: \$30 After Deductible Tier 3: 35% Tier 4: 35% Tier 5: 35%	No Deductible: Tier 1: \$20 Tier 2: \$35 Tier 3: \$125 Tier 4: \$500 Tier 5: \$700	No Deductible: Tier 1: \$15 Tier 2: \$25 After Deductible: Tier 3: \$50 Tier 4: 30% Tier 5: 40%	No Deductible: Tier 1: \$15 Tier 2: \$25 After Deductible: Tier 3: \$50 Tier 4: 30% Tier 5: 40%	No Deductible: Tier 1: \$12 Tier 2: \$30 Tier 3: \$80 Tier 4: \$500 Tier 5: \$700	No Deductible: Tier 1: \$10 Tier 2: \$25 Tier 3: \$70 Tier 4: \$500 Tier 5: \$700

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.