



Colorado Doctors Plan for Individuals & Families

Affordable coverage your clients can rely on from the people your clients can count on

Choose a Colorado Doctors Plan for 2022 health coverage – it’s a different kind of health plan from UnitedHealthcare, Rocky Mountain Health Plans, and Centura Health. We have come together to offer individuals and families a health plan that creates a stronger connection between your clients and their provider at a lower cost.

Colorado Doctors Plan Network

Coordinated care from a network of primary care providers from leading physician groups where your clients live, including Colorado Health Neighborhoods and New West Physicians.

No cost or low cost options for primary care visits.

100 percent covered preventive care when using network doctors, including annual checkups, flu shots, mammograms, and more.

Virtual visits with a doctor or therapist using a computer, tablet, or smartphone – anytime, day or night.

Choose quality care from leading physician groups

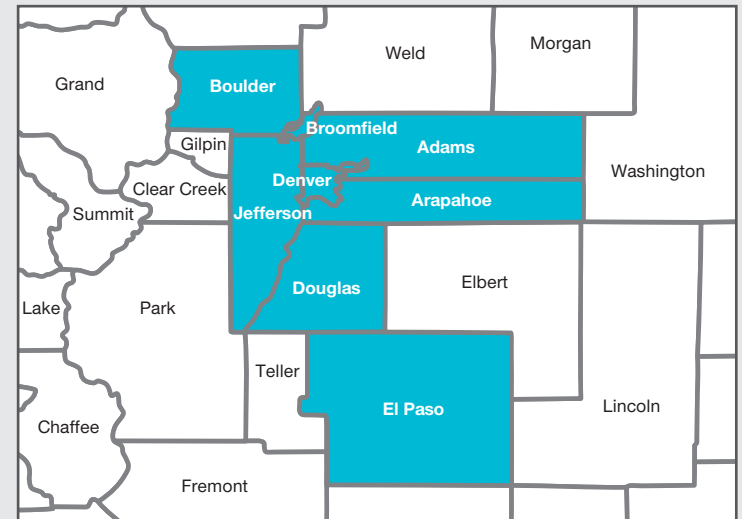


Call
800-691-0014



Visit rmhpCDP.org

Colorado Doctors Plan Network



 Colorado Doctors Plan service area

Available to residents in Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas El Paso and Jefferson counties.



ROCKY MOUNTAIN
HEALTH PLANS®

A UnitedHealthcare Company

2022 Colorado Doctors Plans

In Network Benefits	Gold 2500	Silver 3500	Silver 4000	Silver 4500 Copay	Silver 4500	Bronze 6500	Bronze 7000	Bronze 7500
Deductible (Individual/Family)	\$2,500/\$5,000	\$3,500/\$7,000	\$4,000/\$8,000	\$4,500/\$9,000	\$4,500/\$9,000	\$6,500/\$13,000	\$7,000/\$14,000	\$7,500/\$15,000
OOP Max (Individual/Family)	\$8,550/\$17,100	\$8,700/\$17,400	\$8,700/\$17,400	\$8,700/\$17,400	\$8,700/\$17,400	\$8,700/\$17,400	\$8,700/\$17,400	\$8,700/\$17,400
Coinsurance	20%	30%	40%	25%	25%	40%	35%	50%
PCP	\$5	1st 3 visits No Copay, then \$25	1st 3 visits No Copay, then \$25	1st 3 visits No Copay, then \$50	1st 3 visits No Copay, then 25% After Deductible	\$25	\$25	1st 3 visits No Copay, then 50% After Deductible
Specialist	\$55	30% After Deductible	\$100	\$100	25% After Deductible	40% After Deductible	35% After Deductible	50% After Deductible
Mental Health	\$55	30% After Deductible	\$100	\$100	\$25% After Deductible	40% After Deductible	35% After Deductible	50% After Deductible
Lab/X-ray	20% After Deductible	30% After Deductible	40% After Deductible	25% After Deductible	25% After Deductible	40% After Deductible	35% After Deductible	50% After Deductible
Urgent Care (Behavioral Health and Substance Use covered at no cost sharing)	\$75	\$75	\$75	1st 3 visits \$75, then 25% After Deductible	1st 3 visits \$75, then 25% After Deductible	\$75	\$75	1st 3 visits \$75, then 50% After Deductible
Emergency Care	\$300 After Deductible	\$500 After Deductible	\$500 After Deductible	\$500 After Deductible	\$500 After Deductible	50% After Deductible	50% After Deductible	50% After Deductible
Inpatient Hospital	20% After Deductible	30% After Deductible	40% After Deductible	25% After Deductible	25% After Deductible	40% After Deductible	35% After Deductible	50% After Deductible
Preventive Exams	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered
Chiropractic Services — up to 20 visits	\$5	\$25	\$25	\$50	25% After Deductible	\$25	\$25	50% After Deductible
Prescription Drug Mail Order: 2x Copay (Preferred Pharmacy) Mail Order: 3x Copay	Tier 1: No cost sharing Tier 2: \$3 (preferred pharmacy) or \$10 Tier 3: \$25 Tier 4: \$70 Tier 5: \$500 Tier 6: \$700	Tier 1: No Cost Sharing Tier 2: \$3 (preferred pharmacy) or \$15 Tier 3: \$25 After Deductible Tier 4: \$50 Tier 5: 30% Tier 6: 40%	Tier 1: No cost sharing Tier 2: \$3 (preferred pharmacy) or \$15 Tier 3: \$25 After Deductible Tier 4: \$50 Tier 5: 30% Tier 6: 40%	Tier 1: No cost sharing Tier 2: \$3 (preferred pharmacy) or \$12 Tier 3: \$30 Tier 4: \$80 Tier 5: \$500 Tier 6: \$700	Tier 1: No cost sharing Tier 2: \$3 (preferred pharmacy) or \$12 Tier 3: \$30 Tier 4: \$80 Tier 5: \$500 Tier 6: \$700	Tier 1: No cost sharing Tier 2: \$3 (preferred pharmacy) or \$25 Tier 3: \$35 After Deductible Tier 4: 40% Tier 5: 40% Tier 6: 50%	Tier 1: No cost sharing Tier 2: \$3 (preferred pharmacy) or \$20 Tier 3: \$30 After Deductible Tier 4: 35% Tier 5: 35% Tier 6: 45%	Tier 1: No cost sharing Tier 2: \$3 (preferred pharmacy) or \$20 Tier 3: \$35 Tier 4: \$150 Tier 5: \$500 Tier 6: \$700

Not For Consumer Use

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