Monument Health
2019 Group Bronze PPO 6500/7500

Monument Health Plans provide a unique benefit offering including three levels of coverage:

- Monument Health Network – Tier 1 (lowest cost for care), includes five local primary care practices that will serve as your medical home (Dr. Lu Family Medicine, Foresight Family Medicine, Primary Care Partners, St. Mary’s Family Medicine Center, and Western Valley Family Practice), two local hospitals (St. Mary’s Medical Center and Colorado Canyons) and many local specialists who are either independently owned or affiliated with St. Mary’s Medical Center or Family Health West.
- RMHP’s statewide network of providers – Tier 2
- Out-of-network of providers – Tier 3

<table>
<thead>
<tr>
<th>Deductible</th>
<th>In-Network Tier 1</th>
<th>In-Network Tier 2</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$6,500</td>
<td>$7,500</td>
<td>$12,000</td>
</tr>
<tr>
<td>Family</td>
<td>$13,000</td>
<td>$15,000</td>
<td>$24,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Out-of-Pocket Maximum (includes deductible)</th>
<th>In-Network Tier 1</th>
<th>In-Network Tier 2</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$7,900</td>
<td></td>
<td>$18,000</td>
</tr>
<tr>
<td>Family</td>
<td>$15,800</td>
<td></td>
<td>$36,000</td>
</tr>
</tbody>
</table>

Office Visit
- PCP/Specialist: $55, no deductible
- Specialist: $95, no deductible

Lab
- PCP: $75, no deductible
- Specialist: $115, no deductible

X-Ray
- 40%

Scans – MRI/CAT/PET
- 40%

Urgent Care
- $70, no deductible

Emergency Care
- $800, then 40% after Tier 1 deductible

Ambulance
- 40% after Tier 1 deductible

Inpatient Hospital
- 40%

Outpatient Surgery
- 40%

Child Preventive Services
- 100% covered, no deductible

Adult Preventive Services
- 100% covered, no deductible

Mammograms, Pap smear, prostate screening
- 100% covered, no deductible

Immunizations – no deductible
- 100% covered

Colorectal Cancer Screening
- 100% covered, no deductible

Prescription Drug – no deductible
- Tier 1: $25
- Tier 2: $60
- Tier 3: $150
- Tier 4: $300
- Tier 5: $450

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.