

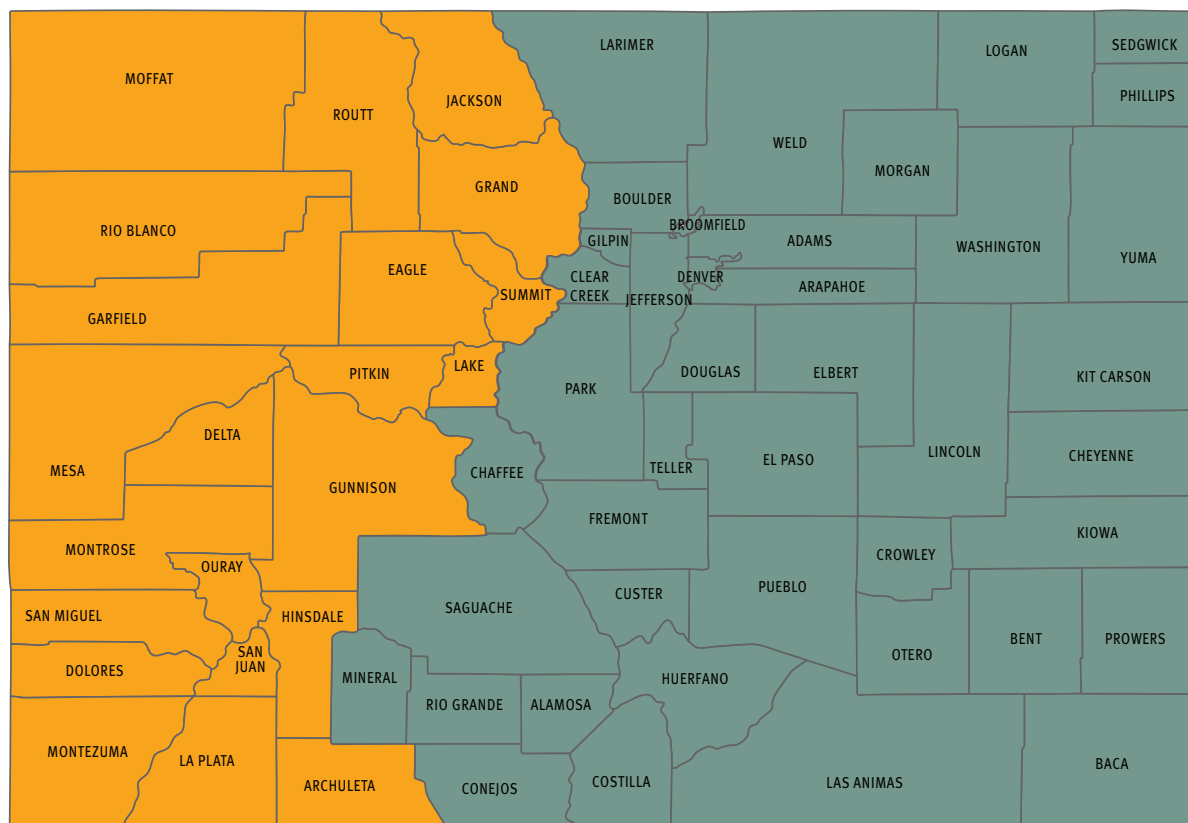


# Rocky Mountain Rio

## 2016 INDIVIDUAL & FAMILY PLANS

Rocky Mountain Health Plans is here for you at every stage of your life. Our health plans combine personalized attention, quality care, and comprehensive coverage, helping you live your healthy best. Members can enjoy full access to our entire statewide network; online resources, including access to convenient, cost-savings tools and services like the Cost Estimator and MyDigitalMD; holistic care, including chiropractic and acupuncture services; and much more.

Our Rocky Mountain Rio plans are available in [these](#) counties:



Turn over to  
view plans



Rocky Mountain Rio Service Area

Access to RMHP Statewide Provider Network

Enrollment is not available in these counties; however, physicians and facilities in these counties are In-Network.



# Rocky Mountain Rio

## 2016 INDIVIDUAL & FAMILY PLANS

PPO PLANS			Bronze PPO HSA 5050/100%		Bronze PPO HSA 6550/100%		Silver PPO 1500/\$40		Silver PPO 2500/\$40		Silver PPO HSA 2800/100%		Silver PPO HSA 3500/100%		Silver PPO \$4000/\$40		Gold PPO 500/\$35		Gold PPO 900/\$35		Catastrophic PPO 6850/\$45	
Deductible	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Individual	\$5,050	\$10,100	\$6,550	\$13,100	\$1,500	\$3,000	\$2,500	\$5,000	\$2,800	\$5,600	\$3,500	\$7,000	\$4,000	\$8,000	\$900	\$1,800	\$6,850	\$13,700				
Family	\$10,100	\$20,200	\$13,100	\$26,200	\$3,000	\$6,000	\$5,000	\$10,000	\$5,600	\$11,200	\$7,000	\$14,000	\$8,000	\$16,000	\$1,000	\$2,000	\$1,800	\$3,600	\$13,700	\$27,400		
Out-of-Pocket Maximum (includes deductible)	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Individual	\$6,550	\$13,100	\$6,550	\$26,200	\$6,650	\$13,300	\$6,600	\$13,200	\$5,000	\$10,000	\$3,500	\$14,000	\$6,000	\$12,000	\$4,000	\$8,000	\$4,100	\$8,200	\$6,850	\$27,400		
Family	\$13,100	\$26,200	\$13,100	\$52,400	\$13,300	\$26,600	\$13,200	\$26,400	\$10,000	\$20,000	\$7,000	\$28,000	\$12,000	\$24,000	\$8,000	\$16,000	\$8,200	\$16,400	\$13,700	\$54,800		
Office Visit PCP/Specialist	0%	50%	0%	50%	\$40/\$55 no deductible	50%	\$40/\$55 no deductible	50%	0%	50%	0%	50%	\$40/\$55 no deductible	50%	\$35/\$50 no deductible	50%	\$35/\$50 no deductible	50%	no deductible; then 0% Specialist: 0%	50%		
Lab	0%	50%	0%	50%	\$30 no deductible	50%	\$30 no deductible	50%	0%	50%	0%	50%	\$30 no deductible	50%	\$30 no deductible	50%	\$30 no deductible	50%	0%	50%		
X-Ray	0%	50%	0%	50%	\$50 no deductible	50%	\$50 no deductible	50%	0%	50%	0%	50%	\$50 no deductible	50%	\$50 no deductible	50%	\$50 no deductible	50%	0%	50%		
Urgent Care	0%	50%	0%	50%	30%	50%	30%	50%	0%	50%	0%	50%	30%	50%	20%	50%	20%	50%	0%	50%		
Emergency Care	0%	50%	0%	50%	\$350 copay, then 30%	50%	\$350 copay, then 30%	50%	0%	50%	0%	50%	\$400 copay, then 30%	50%	\$250 copay, then 20%	50%	\$250 copay, then 20%	50%	0%	50%		
Inpatient Hospital	0%	50%	0%	50%	30%	50%	30%	50%	0%	50%	0%	50%	30%	50%	20%	50%	20%	50%	0%	50%		
Preventive Exams, Screenings & Immunizations	100% covered no deductible	coverage based on service	0%	coverage based on service	100% covered no deductible	coverage based on service	100% covered no deductible	coverage based on service	100% covered no deductible	coverage based on service	100% covered no deductible	coverage based on service	100% covered no deductible	coverage based on service	100% covered no deductible	coverage based on service	100% covered no deductible	coverage based on service	100% covered no deductible	coverage based on service		
Prescription Drug	Tier 1: \$25 Tier 2: \$70 Tier 3: \$300 Tier 4: \$450 Tier 5: \$940	Not Covered	Tier 1: 0% Tier 2: 0% Tier 3: 0% Tier 4: 0% Tier 5: 0%	Not Covered	Tier 1: \$15 Tier 2: \$55 Tier 3: \$200 Tier 4: \$400 Tier 5: \$940 no deductible	Not Covered	No deductible Tier 1: \$15 Tier 2: 30% After \$500 Rx Deductible: 40% Tier 4: 40% Tier 5: 50%	Not Covered	Tier 1: \$15 Tier 2: \$45 Tier 3: 30% Tier 4: 40% Tier 5: 50%	Not Covered	Tier 1: 0% Tier 2: 0% Tier 3: 0% Tier 4: 0% Tier 5: 0%	Not Covered	No deductible Tier 1: \$15 Tier 2: \$45 Tier 3: \$175 Tier 4: \$350 Tier 5: \$500	Not Covered	No deductible Tier 1: \$15 Tier 2: \$45 Tier 3: \$70 Tier 4: \$250 Tier 5: \$330	Not Covered	No deductible Tier 1: \$15 Tier 2: \$40 Tier 3: 20% Tier 4: 30% Tier 5: 40%	Not Covered	Tier 1: 0% Tier 2: 0% Tier 3: 0% Tier 4: 0% Tier 5: 0%	Not Covered		

All services subject to deductible unless otherwise noted.

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](http://rmhp.org).

If you are enrolled in a family plan and you meet your individual deductible, you do not need to also meet your family deductible.