

Monument Health rmhp.org • 800-453-2981 2019 Individual & Family Silver HMO A 3500/70% - \$35 (off-exchange)

Monument Health HMO Plans provide a unique benefit offering including two 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.
- Select West Slope and Front Range providers Tier 2

	Silver HMO 3500/5000	
Deductible	In-Network Tier 1	In-Network Tier 2
Individual	\$3,500	\$5,000
Family	\$7,000	\$10,000
Out-of-Pocket Maximum (includes deductible)	In-Network Tier 1	In-Network Tier 2
Individual	\$7,350	
Family	\$14,700	
Coinsurance	30%	50%
Office Visit PCP/Specialist	PCP: 1st 3 visits 100% covered, then \$35, no deductible Specialist: \$70, no deductible	PCP: \$50, no deductible Specialist: \$80 after deductible
Lab	\$40, no deductible	50%
X-Ray	\$70, no deductible	50%
Scans – MRI/CAT/PET	30%	50%
Urgent Care	\$60, no deductible	\$60, no deductible
Emergency Care	\$600, then 30% after Tier 1 deductible	
Ambulance	\$5 copay, no deductible, then 30% after Tier 1 deductible	
Inpatient Hospital	\$750 per day, up to 4 days	50%
Outpatient Surgery	30%	50%
Child Preventive Services	100% covered, no deductible	100% covered, no deductible
Adult Preventive Services	100% covered, no deductible	100% covered, no deductible
Mammograms, Pap smear, prostate screening	100% covered, no deductible	100% covered, no deductible
Immunizations	100% covered, no deductible	100% covered, no deductible
Colorectal Cancer Screening	100% covered, no deductible	100% covered, no deductible
Prescription Drug	Tier 1: \$15 Tier 2: \$50 Tier 3: \$80 Tier 4: \$300 Tier 5: \$450 no deductible	

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.

