



Now You Have the Freedom to Go SOLO

Member focused. Colorado based. **Healthy Plans that Fit Your Life**

For more than 35 years, Rocky Mountain Health Plans has taken the initiative to improve the lives of our Members and the health of our communities. We are a financially strong and stable not-for-profit organization that provides innovative health plans and excellent customer service.



SOLO® to the Rescue

SOLO Health Plans for individuals and families offer a plan that fits your lifestyle and health care coverage needs. Every plan offers comprehensive benefits and preventive care covered in full. Choose from a range of deductibles to fit your personal coverage needs. Rocky Mountain Health Plans offers one of Colorado's largest and diverse networks, and you never have to ask permission to see a doctor because referrals are not required.

All SOLO Health Plans offer an impressive array of benefits, including:

- Preventive care and well child exams and screenings are fully covered without meeting the deductible
- Prescription drug coverage options
- Accident rider options
- Inpatient and outpatient hospital care
- Dependent coverage to age 26
- Tobacco cessation program
- Mental health care services
- Nationwide provider network has you covered when you're traveling
- In-state network of nearly 12,000 health care providers and more than 100 hospitals
- No lifetime maximum on benefits

SOLO Health Plans for Individuals & Families

SOLO Health Plans for individuals and families are comprehensive health plans that cover essential health care services. The plans provide full coverage for preventive exams and screenings and unlimited office visits with predictable office visit copays - all covered without having to first meet the plan's deductible. You choose your deductible level and one of four different prescription drug options to tailor the plan to fit your health care coverage needs.

SOLO HSA Plans for Individuals & Families

SOLO HSA health plans allow you to contribute to a tax-advantaged Health Savings Account (HSA), so you can confidently budget for medical expenses. Choose from one of three deductible levels. Benefits are covered in full, including prescription drugs, after meeting the deductible. Preventive exams and screenings are fully covered without having to first meet the plan's deductible. An HSA is a wise way to help cover your medical costs both now and in the future.

Learn more about SOLO Health Plans

Go online today for a free quote and to apply. For more information, contact a broker in your area or call the SOLO sales team at 800-453-2981, option 4, between 8:00 a.m. and 5:00 p.m., Monday through Friday.

www.needsolo.org

SOLO_Sales_Team@rmhp.org

SOLO Health Plans

Plans	Deductible (In-network) Individual/Family	Out-of-Pocket Maximum (In-network) Does not include deductible	Office Visit Copay* no deductible	Coinsurance (after deductible)	Preventive Care no deductible	Prescription Drug* no deductible	Optional Prescription Drug
SOLO 500/80	\$500 Individual \$1,000 Family	\$3,000 Individual \$6,000 Family	\$35	80% covered in-network 50% covered out-of-network	100% covered	\$15 copay for generic drugs	Brand Name Option: Tier 1: \$15 Tier 2: \$40 Tier 3: \$60 Brand Name with Deductible Option: \$250 deductible Tier 1: \$15 generic (no deductible) Tier 2: \$40 Tier 3: \$60 Discount Plan Option: 100% of RMHP rate
SOLO 1500/80	\$1,500 Individual \$3,000 Family	\$3,000 Individual \$6,000 Family	\$35	80% covered in-network 50% covered out-of-network	100% covered	\$15 copay for generic drugs	
SOLO 1500/70	\$1,500 Individual \$3,000 Family	\$3,500 Individual \$7,000 Family	\$40	70% covered in-network 50% covered out-of-network	100% covered	\$15 copay for generic drugs	
SOLO 2000/80	\$2,000 Individual \$4,000 Family	\$3,000 Individual \$6,000 Family	\$35	80% covered in-network 50% covered out-of-network	100% covered	\$15 copay for generic drugs	
SOLO 2000/70	\$2,000 Individual \$4,000 Family	\$3,500 Individual \$7,000 Family	\$40	70% covered in-network 50% covered out-of-network	100% covered	\$15 copay for generic drugs	
SOLO 2500/70	\$2,500 Individual \$5,000 Family	\$3,000 Individual \$6,000 Family	\$35	70% covered in-network 50% covered out-of-network	100% covered	\$15 copay for generic drugs	
SOLO 4000/70	\$4,000 Individual \$8,000 Family	\$3,000 Individual \$6,000 Family	\$45	70% covered in-network 50% covered out-of-network	100% covered	\$15 copay for generic drugs	
SOLO 6000/70	\$6,000 Individual \$12,000 Family	\$6,000 Individual \$12,000 Family	\$45	70% covered in-network 50% covered out-of-network	100% covered	\$15 copay for generic drugs	
SOLO 75	\$7,500 Individual \$15,000 Family	\$3,000 Individual \$6,000 Family	\$50	70% covered in-network 50% covered out-of-network	100% covered	\$15 copay for generic drugs	
SOLO 10	\$10,000 Individual \$20,000 Family	\$4,000 Individual \$8,000 Family	\$50	70% covered in-network 50% covered out-of-network	100% covered	\$15 copay for generic drugs	
ACCIDENT BENEFIT	SOLO 500, 1500, 2000, 2500, 4000, and 6000 Optional Accident Rider: \$1 to \$1,000 covered in full for each accident, then deductible and coinsurance apply SOLO 75 Accident Rider Included in plan: \$1 to \$2,000 covered in full for each accident, then deductible and coinsurance apply Optional Rider: \$2,001 to \$7,500 covered in full for each accident, then deductible and coinsurance apply SOLO 10 Accident Rider Included in plan: \$1 to \$2,000 covered in full for each accident, then deductible and coinsurance apply Optional Rider: \$2,001 to \$10,000 covered in full for each accident, then deductible and coinsurance apply						

*Copays paid by the Member are not subject to deductible and do not apply toward the out-of-pocket maximum.

SOLO HSA Plans

Plans	Deductible (In-network)	Out-of-Pocket Maximum (In-network) Includes deductible	Coinsurance (after deductible)	Preventive Care no deductible	Prescription Drug* after deductible	Optional Prescription Drug*
SOLO HSA 2500/100	\$2,500 Individual \$5,000 Family	\$2,500 Individual \$5,000 Family	100% covered in-network 50% covered out-of-network	100% covered	Generic drugs 100% covered	Brand Name Option: Generic and brand name drugs 100% covered after deductible
SOLO HSA 3250/100	\$3,250 Individual \$6,500 Family	\$3,250 Individual \$6,500 Family	100% covered in-network 50% covered out-of-network	100% covered	Generic drugs 100% covered	
SOLO HSA 5000/100	\$5,000 Individual \$10,000 Family	\$5,000 Individual \$10,000 Family	100% covered in-network 50% covered out-of-network	100% covered	Generic drugs 100% covered	

* Coinsurance paid by the Member for prescription drugs applies to the deductible and annual out-of-pocket maximum

Optional Accident Rider: \$1 to \$1,000 covered in full for each accident, then deductible and coinsurance apply