

Colorado Mesa University 2019 RMHP Benefit Plans Comparison

Description	Good Health PPO 350/90		Good Health HMO 1250/75	Good Health PPO HSA 3500B/100		Good Health HMO 5000/100
	In-Network	Out-of-Network	In-Network	In-Network	Out-of-Network	Non- HSA Plan
Deductible	\$350 individual \$600 family	\$500 individual \$1,000 family	\$1,250 individual \$2,500 family	\$3,500 individual \$6,500 family Deductibles shall be applied to satisfy the out-of-pocket maximum	Combined with the In-Network deductible. Deductibles shall be applied to satisfy the out-of-pocket maximum	\$5,000 individual \$10,000 family Deductible shall be applied to satisfy the out-of-pocket maximum
Out-of-Pocket Maximum	\$3,000 individual \$5,000 family (does not include annual deductible)	\$4,000 individual \$6,000 family (does not include annual deductible)	\$4,500 individual \$9,000 family (includes annual deductible) All copayments apply toward the out-of-pocket maximum	\$3,500 individual \$6,500 family	\$6,750 individual \$13,500 family	\$5,000 individual \$10,000 family
Lifetime Maximum	No lifetime maximum;		No lifetime maximum	No lifetime maximum		No lifetime maximum
Office Visit PCP/Specialist	\$30 copay	30% coinsurance after deductible	\$45 copay for PCP visit \$60 copay to any other provider	100% covered after deductible	50% coinsurance after deductible	100% covered after deductible
Lab/ X-Ray	\$15 copay for lab and x-ray	30% coinsurance after deductible	\$25 copay for lab \$50 copay for x-ray	100% covered after deductible	50% coinsurance after deductible	100% covered after deductible
Scans-MRI/CAT/PET	\$100 copay after deductible	30% coinsurance after deductible	25% copayment after deductible	100% covered after deductible	50% coinsurance after deductible	100% covered after deductible
Emergency Care	\$150 copay, not subject to deductible, for emergency room (copay waived if admitted)		25% copayment after deductible	100% covered after deductible, for emergency room		100% covered after deductible
Inpatient Hospital	\$500 copay after deductible	30% coinsurance after deductible	25% copayment after deductible	100% covered after deductible	50% coinsurance after deductible	100% covered after deductible
Outpatient Surgery	\$250 copay after deductible	30% coinsurance after deductible	25% copayment after deductible	100% covered after deductible	50% coinsurance after deductible	100% covered after deductible
Chiropractic Care	\$30 copay	Not covered	\$45 copay	100% covered after deductible	Not covered	100% covered after deductible
Prescription Drugs Retail (31-day supply) Mail order available (90-day supply)	Tier 1: \$15 Tier 2: \$30 Tier 3: \$45 Tier 4: 20% up to \$150 Tier 5: 30% up to \$250 Mail order: 2 times retail	Not covered	Tier 1: \$15 Tier 2: \$30 Tier 3: \$45 Tier 4: 20% up to \$150 Tier 5: 30% up to \$250 Mail order: 2 times retail	100% covered after deductible Preventive Generic Drugs: Certain preventive generic drugs covered with a \$10 copay, not subject to deductible.	Not covered	100% covered after deductible Preventive Generic Drugs: Certain preventive generic drugs covered with a \$10 copay, not subject to deductible.

Underwritten by Rocky Mountain HMO