## 2020 RMHP Benefit Plans Comparison

<table>
<thead>
<tr>
<th></th>
<th>Good Health PPO 350/90</th>
<th>Good Health HMO 1250/75</th>
<th>Good Health PPO HSA 3500B/100</th>
<th>Good Health HMO 5000/100</th>
</tr>
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### 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.

### 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.

### Scans-MRI/CAT/PET:
- **$100 copay after deductible**: 30% coinsurance after deductible.
- **25% copayment after deductible**: 100% covered after deductible, 50% coinsurance 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.

### Inpatient Hospital:
- **$500 copay after deductible**: 25% copayment after deductible.
- **100% covered after deductible**, 50% coinsurance after deductible.

### Outpatient Surgery:
- **$250 copay after deductible**: 25% copayment after deductible.
- **100% covered after deductible**, 50% coinsurance after deductible.

### Chiropractic Care:
- **$30 copay**: Not covered.
- **$45 copay**: 100% covered after deductible.

### Prescription Drugs Retail:
- **$15 Tier 1**
- **$30 Tier 2**
- **$45 Tier 3**
- **20% up to $150 Tier 4**
- **30% up to $250 Tier 5**
- **Mail order: 2 times retail**: Not covered.
- **Preventive Generic Drugs**: Certain preventive generic drugs covered with a $10 copay, not subject to deductible.

**Underwritten by Rocky Mountain HMO**

The complete provisions of the plan(s), including detailed description of benefits, exclusions, and limitations, can be found in the Group Service Agreement and the Evidence of Coverage.