

## Colorado Mesa University 2020 RMHP Benefit Plans Comparison

	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
<b>Deductible</b>	\$350 individual \$600 family	\$500 individual \$1,000 family	\$1,250 individual \$2,500 family	\$3,500 individual \$6,500 family	Combined with the In-Network deductible.	\$5,000 individual \$10,000 family
<b>Out-of-Pocket Maximum</b>	\$3,000 individual \$5,000 family (does not include annual deductible or certain copays)	\$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 (includes annual deductible)	\$6,750 individual \$13,500 family (includes annual deductible)	\$5,000 individual \$10,000 family (includes annual deductible)
<b>Office Visit PCP/Specialist</b>	\$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
<b>Lab/ X-Ray</b>	\$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
<b>Scans- MRI/CAT/PET</b>	\$100 copay after deductible	30% coinsurance after deductible	25% copayment after deductible	100% covered after deductible	50% coinsurance after deductible	100% covered after deductible
<b>Emergency Care</b>	\$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
<b>Inpatient Hospital</b>	\$500 copay after deductible	30% coinsurance after deductible	25% copayment after deductible	100% covered after deductible	50% coinsurance after deductible	100% covered after deductible
<b>Outpatient Surgery</b>	\$250 copay after deductible	30% coinsurance after deductible	25% copayment after deductible	100% covered after deductible	50% coinsurance after deductible	100% covered after deductible
<b>Chiropractic Care</b>	\$30 copay	Not covered	\$45 copay	100% covered after deductible	Not covered	100% covered after deductible
<b>Prescription Drugs Retail (31-day supply)</b> <b>Mail order available (90-day supply)</b>	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  <b>Preventive Generic Drugs:</b> Certain preventive generic drugs covered with a \$10 copay, not subject to deductible.	Not covered	<b>Preventive Generic Drugs:</b> 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.