

Colorado Mesa University 2021 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
Deductible	\$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
Out-of-Pocket Maximum (includes annual deductible)	\$3,000 individual \$5,000 family (All copayments apply toward the out-of-pocket maximum)	\$4,000 individual \$6,000 family (All copayments apply toward the out-of-pocket maximum)	\$4,500 individual \$9,000 family (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
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) Applies to the In-Network out-of-pocket maximum		25% copayment after deductible	100% covered after deductible, for emergency room Applies to the In-Network out-of-pocket maximum		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 Mail order: 2 times retail	Not covered	Tier 1: \$15 Tier 2: \$30 Tier 3: \$45 Tier 4: 20% up to \$150 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

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.