

# Benefit Grid

Plan Name	Annual Deductible		Maximum Out-of-Pocket		\$0 Primary Care Provider Visits	Primary Care Provider Visits	Specialist Visit	Inpatient Hospital Care	Outpatient Surgery
	Individual	Family	Individual	Family					
RMHP Valley Gold (\$0 Virtual Urgent Care + \$0 Primary Care Visits, \$3 T2 Preferred Rx Copay)	\$2,000	\$4,000	\$9,100	\$18,200	✓	\$0 copay	\$55 copay	20% coinsurance <sup>^</sup>	20% coinsurance <sup>^</sup>
RMHP Valley Silver \$3,500 (\$0 Virtual Urgent Care + \$0 Primary Care Visits, \$3 T2 Preferred Rx)	\$3,500	\$7,000	\$9,100	\$18,200	✓	\$0 copay	30% coinsurance <sup>^</sup>	30% coinsurance <sup>^</sup>	30% coinsurance <sup>^</sup>
RMHP Valley Silver \$4,000 (\$0 Virtual Urgent Care + \$0 Primary Care Visits, \$3 T2 Preferred Rx)	\$4,000	\$8,000	\$9,100	\$18,200	✓	\$0 copay	\$75 copay	40% coinsurance <sup>^</sup>	40% coinsurance <sup>^</sup>
RMHP Valley Silver \$4,400 (\$0 Virtual Urgent Care + \$0 Primary Care Visits, \$3 T2 Preferred Rx Copay)	\$4,400	\$8,800	\$9,100	\$18,200	✓	\$0 copay	25% coinsurance <sup>^</sup>	25% coinsurance <sup>^</sup>	25% coinsurance <sup>^</sup>
RMHP Valley Bronze \$6,850 (\$0 Virtual Urgent Care + \$0 Primary Care Visits, \$3 T2 Preferred Rx)	\$6,850	\$13,700	\$9,100	\$18,200	✓	\$0 copay	40% coinsurance <sup>^</sup>	40% coinsurance <sup>^</sup>	40% coinsurance <sup>^</sup>
RMHP Valley Bronze \$7,000 (\$0 Virtual Urgent Care + \$0 Primary Care Visits, \$3 T2 Preferred Rx)	\$7,000	\$14,000	\$9,100	\$18,200	✓	\$0 copay	35% coinsurance <sup>^</sup>	35% coinsurance <sup>^</sup>	35% coinsurance <sup>^</sup>
RMHP Valley Bronze \$8,000 (\$0 Virtual Urgent Care + \$0 Primary Care Visits, \$3 T2 Preferred Rx Copay)	\$8,000	\$16,000	\$9,100	\$18,200	✓	\$0 copay	50% coinsurance <sup>^</sup>	50% coinsurance <sup>^</sup>	50% coinsurance <sup>^</sup>
RMHP Valley Silver \$4,500 (\$0 Virtual Urgent Care + \$0 Primary Care Visits, \$3 T2 Preferred Rx Copay)	\$4,500	\$9,000	\$9,100	\$18,200	✓	\$0 copay	\$100 copay	25% coinsurance <sup>^</sup>	25% coinsurance <sup>^</sup>
RMHP Valley Silver HSA	\$4,950	\$9,900	\$7,000	\$14,000	✓	\$0 copay <sup>^</sup>	0% coinsurance <sup>^</sup>	0% coinsurance <sup>^</sup>	0% coinsurance <sup>^</sup>
RMHP Valley Bronze HSA	\$7,000	\$14,000	\$7,000	\$14,000	✓	\$0 copay <sup>^</sup>	0% coinsurance <sup>^</sup>	0% coinsurance <sup>^</sup>	0% coinsurance <sup>^</sup>
RMHP Valley Colorado Option Gold	\$1,600	\$3,200	\$7,800	\$15,600	✓	\$0 copay	\$50 copay	30% coinsurance <sup>^</sup>	30% coinsurance <sup>^</sup>
RMHP Valley Colorado Option Silver	\$5,000	\$10,000	\$8,550	\$17,100	✓	\$0 copay	\$80 copay	40% coinsurance <sup>^</sup>	40% coinsurance <sup>^</sup>
RMHP Valley Colorado Option Bronze	\$7,000	\$14,000	\$9,100	\$18,200	✓	\$50 copay <sup>^</sup>	50% coinsurance <sup>^</sup>	50% coinsurance <sup>^</sup>	50% coinsurance <sup>^</sup>

<sup>^</sup>Annual deductible must be met before cost share applies



# Benefit Grid

Plan Name	Prescription Drugs					Virtual Urgent Care	Adult Dental & Vision	\$0 Digital Fitness	Member Incentive	HSA
	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5					
RMHP Valley Gold (\$0 Virtual Urgent Care + \$0 Primary Care Visits, \$3 T2 Preferred Rx Copay)	0%	\$3	\$25	\$70	\$500	✓		✓	✓	
RMHP Valley Silver \$3,500 (\$0 Virtual Urgent Care + \$0 Primary Care Visits, \$3 T2 Preferred Rx)	0%	\$3	\$25	\$50^	30%^	✓		✓	✓	
RMHP Valley Silver \$4,000 (\$0 Virtual Urgent Care + \$0 Primary Care Visits, \$3 T2 Preferred Rx)	0%	\$3	\$25	\$50^	30%^	✓		✓	✓	
RMHP Valley Silver \$4,400 (\$0 Virtual Urgent Care + \$0 Primary Care Visits, \$3 T2 Preferred Rx Copay)	0%	\$3	\$30	\$80	\$500	✓		✓	✓	
RMHP Valley Bronze \$6,850 (\$0 Virtual Urgent Care + \$0 Primary Care Visits, \$3 T2 Preferred Rx)	0%	\$3	\$30	40%^	40%^	✓		✓	✓	
RMHP Valley Bronze \$7,000 (\$0 Virtual Urgent Care + \$0 Primary Care Visits, \$3 T2 Preferred Rx)	0%	\$3	\$30	35%^	35%^	✓		✓	✓	
RMHP Valley Bronze \$8,000 (\$0 Virtual Urgent Care + \$0 Primary Care Visits, \$3 T2 Preferred Rx Copay)	0%	\$3	\$35	\$140	\$500	✓		✓	✓	
RMHP Valley Silver \$4,500 (\$0 Virtual Urgent Care + \$0 Primary Care Visits, \$3 T2 Preferred Rx Copay)	0%	\$3	\$30	\$80	\$500	✓		✓	✓	
RMHP Valley Silver HSA	0%	10%^	10%^	10%^	10%^	✓		✓	✓	✓
RMHP Valley Bronze HSA	0%	0%^	0%^	0%^	0%^	✓		✓	✓	✓
RMHP Valley Colorado Option Gold	0%	\$10	\$50	\$200	\$600	✓		✓	✓	
RMHP Valley Colorado Option Silver	0%	\$20	\$125	\$300	\$650	✓		✓	✓	
RMHP Valley Colorado Option Bronze	0%	\$30	\$200	\$350	\$700	✓		✓	✓	

^Annual deductible must be met before cost share applies

