

# 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 Sky Gold (\$0 Virtual Urgent Care + \$0 Primary Care Visits, \$3 T2 Preferred Rx Copay)	\$1,350	\$2,700	\$9,100	\$18,200	✓	\$0 copay	\$80 copay	20% coinsurance <sup>^</sup>	20% coinsurance <sup>^</sup>
RMHP Sky Silver \$4,250 (\$0 Virtual Urgent Care + \$0 Primary Care Visits, \$3 T2 Preferred Rx Copay)	\$4,250	\$8,500	\$8,150	\$16,300	✓	\$0 copay	\$125 copay	30% coinsurance <sup>^</sup>	30% coinsurance <sup>^</sup>
RMHP Sky Bronze HSA \$6,750	\$6,750	\$13,500	\$6,900	\$13,800	✓	\$0 copay <sup>^</sup>	0% coinsurance <sup>^</sup>	0% coinsurance <sup>^</sup>	0% coinsurance <sup>^</sup>
RMHP Sky Bronze \$8,400 (\$0 Virtual Urgent Care + \$0 Primary Care Visits, \$3 T2 Preferred Rx)	\$7,700	\$15,400	\$9,100	\$18,200	✓	\$0 copay	\$120 copay	40% coinsurance <sup>^</sup>	40% coinsurance <sup>^</sup>
RMHP Sky 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 Sky Bronze HSA \$7,000	\$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 Sky Colorado Option Gold	\$1,600	\$3,200	\$7,800	\$15,600	✓	\$0 copay	\$50 copay	30% coinsurance <sup>^</sup>	30% coinsurance <sup>^</sup>
RMHP Sky Colorado Option Silver	\$5,000	\$10,000	\$8,550	\$17,100	✓	\$0 copay	\$80 copay	40% coinsurance <sup>^</sup>	40% coinsurance <sup>^</sup>
RMHP Sky 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 Sky Gold (\$0 Virtual Urgent Care + \$0 Primary Care Visits, \$3 T2 Preferred Rx Copay)	0%	\$3	\$25	\$70	\$200	✓		✓	✓	
RMHP Sky Silver \$4,250 (\$0 Virtual Urgent Care + \$0 Primary Care Visits, \$3 T2 Preferred Rx Copay)	0%	\$3	\$25	\$75	\$450	✓		✓	✓	
RMHP Sky Bronze HSA \$6,750	0%	10%^	10%^	10%^	10%^	✓		✓	✓	✓
RMHP Sky Bronze \$8,400 (\$0 Virtual Urgent Care + \$0 Primary Care Visits, \$3 T2 Preferred Rx)	0%	\$3	\$35	\$50^	40%^	✓		✓	✓	
RMHP Sky Silver HSA	0%	10%^	10%^	10%^	10%^	✓		✓	✓	✓
RMHP Sky Bronze HSA \$7,000	0%	0%^	0%^	0%^	0%^	✓		✓	✓	✓
RMHP Sky Colorado Option Gold	0%	\$10	\$50	\$200	\$600	✓		✓	✓	
RMHP Sky Colorado Option Silver	0%	\$20	\$125	\$300	\$650	✓		✓	✓	
RMHP Sky Colorado Option Bronze	0%	\$30	\$200	\$350	\$700	✓		✓	✓	

^Annual deductible must be met before cost share applies

