



Supplementary Benefit Rates for Small Employer Groups

All benefits administered and billed by RMHP

Must have a minimum of 2 enrolled employees for any supplementary benefit.

Chiropractic is not available with PPO or HMO Health Savings Account plans.



ROCKY MOUNTAIN
HEALTH PLANS®

We understand Colorado. We understand you.

Delta Dental PPO (MAC) Plans*

	\$1,000 Annual Maximum Benefit		With Prevention First	With Orthodontics (for groups with 25 or more)	With Prevention First and Orthodontics (for groups with 25 or more)	
	Employee Only	Employee and Family				
Through our partnership with Delta Dental of Colorado, we offer comprehensive dental coverage.	Employee Only	\$25.39	\$26.64	\$25.38	\$26.64	
	Employee and Spouse	\$50.55	\$53.08	\$50.55	\$53.08	
	Employee and Child(ren)	\$51.67	\$54.25	\$58.18	\$60.76	
	Employee and Family	\$77.60	\$81.48	\$86.29	\$90.17	
	\$1,500 Annual Maximum Benefit					
	Employee Only	\$27.15	\$28.52	\$27.15	\$28.52	
	Employee and Spouse	\$54.09	\$56.79	\$54.09	\$56.79	
	Employee and Child(ren)	\$55.28	\$58.04	\$61.79	\$64.55	
	Employee and Family	\$83.03	\$87.19	\$91.73	\$95.88	
	\$2,000 Annual Maximum Benefit					
	Employee Only	\$27.66	\$29.05	\$27.66	\$29.05	
	Employee and Spouse	\$55.10	\$57.86	\$55.10	\$57.86	
Employee and Child(ren)	\$56.32	\$59.12	\$62.83	\$65.64		
Employee and Family	\$84.59	\$88.82	\$93.28	\$97.50		

VSP Vision Care Plans*

	Plan Features	Basic Choice	Standard Choice	Premier Choice
	Employee Only		\$4.30	\$5.20
Employee + Spouse		\$9.03	\$10.92	\$13.46
Employee + Child(ren)		\$8.17	\$9.88	\$12.18
Family		\$12.90	\$15.60	\$19.23
Frequencies (Exam/Lenses/Frame)		12/24/24	12/12/24	12/12/12

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Landmark Chiropractic Care*

	# Visits	Copay	Employee	Employee + Spouse	Employee + Child(ren)	Family
	We offer supplemental chiropractic coverage through our affiliation with Landmark Healthcare.	10	\$10.00	\$4.47	\$9.37	\$8.50
10		\$15.00	\$2.78	\$5.83	\$5.29	\$8.34
15		\$10.00	\$4.63	\$9.76	\$8.77	\$13.90
20		\$10.00	\$4.69	\$9.86	\$8.88	\$14.06
20		\$20.00	\$2.40	\$5.01	\$4.58	\$7.19
30		\$10.00	\$4.91	\$10.30	\$9.32	\$14.72
40		\$10.00	\$5.07	\$10.63	\$9.65	\$15.21

*These rates are effective January 1, 2012 – December 31, 2012.