

Selected Benefit Descriptions
Colorado Health Benefit Plan Description Form Addendum
Rocky Mountain HealthCare Options

Prescription Drug Options for SOLO View Plans
Coinsurance and copayment options reflect the amount the covered person will pay.

| | IN-NETWORK ONLY (out of network care is not covered except as noted) | |
|---|--|---|
| | SOLO View \$500/\$1,500 | SOLO View \$2,500/\$4,000 |
| <p>11. PRESCRIPTION DRUGS Level of coverage and restrictions on prescriptions</p> <p>a) Outpatient prescription drugs and Insulin (not including injectables)</p> <p>b) Outpatient and self-administered Injectable medication</p> <p>- Prescription drugs are covered only through participating retail and mail order pharmacies.</p> <p>- Access to participating pharmacies is available nationwide. Refer to our website at www.rmhp.org or contact Rocky Mountain Health Plans, Customer Service at 800-346-4643 to locate participating pharmacies, or for more information about drugs on our approved lists (RMHP Good Health Formulary and SOLO Injectable/Infusion Inclusion List).</p> | <p>a)</p> <p><u>BRAND NAME OPTION</u> <u>Retail pharmacy (31-day supply)</u></p> <ul style="list-style-type: none"> • Tier 1: \$15 copayment per fill • Tier 2: \$40 copayment per fill • Tier 3: \$60 copayment per fill • Tier 4: 20% coinsurance up to maximum member copayment of \$250 • Tier 5: 20% coinsurance <p><u>Mail order pharmacy (90-day supply)</u></p> <ul style="list-style-type: none"> • Tier 1: \$37.50 copayment per fill • Tier 2: \$100 copayment per fill • Tier 3: \$150 copayment per fill • Tier 4: 20% coinsurance up to maximum member copayment of \$625 • Tier 5: 20% coinsurance <p><u>BRAND NAME OPTION WITH DEDUCTIBLE</u> \$250 Deductible (Per Member Per Calendar Year) <u>Retail pharmacy (31-day supply)</u></p> <ul style="list-style-type: none"> • Tier 1: \$15 copayment per fill, not subject to deductible • Tier 2: \$40 copayment per fill after deductible • Tier 3: \$60 copayment per fill after deductible • Tier 4: 20% coinsurance after deductible, up to maximum member copayment of \$250 • Tier 5: 20% coinsurance after deductible <p><u>Mail order pharmacy (90-day supply)</u></p> <ul style="list-style-type: none"> • Tier 1: \$37.50 copayment per fill, not subject to deductible • Tier 2: \$100 copayment per fill after deductible • Tier 3: \$150 copayment per fill after deductible • Tier 4: 20% coinsurance after deductible up to maximum member copayment of \$625 • Tier 5: 20% coinsurance after deductible <p><u>DISCOUNT PLAN</u></p> <ul style="list-style-type: none"> • Members may purchase outpatient prescription drugs included in the RMHP Good Health Formulary from participating retail or mail order pharmacies at 100% of the RMHP contract rate. <p>b) Not covered (unless the injectable medication is listed on the SOLO Injectable/Infusion Inclusion List).</p> | <p>a)</p> <p><u>BRAND NAME OPTION</u> <u>Retail pharmacy (31-day supply)</u></p> <ul style="list-style-type: none"> • Tier 1: \$15 copayment per fill • Tier 2: \$40 copayment per fill • Tier 3: \$60 copayment per fill • Tier 4: 30% coinsurance up to maximum member copayment of \$250 • Tier 5: 30% coinsurance <p><u>Mail order pharmacy (90-day supply)</u></p> <ul style="list-style-type: none"> • Tier 1: \$37.50 copayment per fill • Tier 2: \$100 copayment per fill • Tier 3: \$150 copayment per fill • Tier 4: 30% coinsurance up to maximum member copayment of \$625 • Tier 5: 30% coinsurance <p><u>BRAND NAME OPTION WITH DEDUCTIBLE</u> \$250 Deductible (Per Member Per Calendar Year) <u>Retail pharmacy (31-day supply)</u></p> <ul style="list-style-type: none"> • Tier 1: \$15 copayment per fill, not subject to deductible • Tier 2: \$40 copayment per fill after deductible • Tier 3: \$60 copayment per fill after deductible • Tier 4: 30% coinsurance after deductible, up to maximum member copayment of \$250 • Tier 5: 30% coinsurance after deductible <p><u>Mail order pharmacy (90-day supply)</u></p> <ul style="list-style-type: none"> • Tier 1: \$37.50 copayment per fill, not subject to deductible • Tier 2: \$100 copayment per fill after deductible • Tier 3: \$150 copayment per fill after deductible • Tier 4: 30% coinsurance after deductible up to maximum member copayment of \$625 • Tier 5: 30% coinsurance after deductible <p><u>DISCOUNT PLAN</u></p> <ul style="list-style-type: none"> • Members may purchase outpatient prescription drugs included in the RMHP Good Health Formulary from participating retail or mail order pharmacies at 100% of the RMHP contract rate. <p>c) Not covered</p> |