



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

Basic PPO Prescription Plan

Coinsurance options and percentage copayments reflect the amount the covered person will pay.

	IN-NETWORK	OUT-OF-NETWORK
<p>11. PRESCRIPTION DRUGS</p> <p>Level of coverage and restrictions on prescriptions</p> <p>a) Outpatient prescription drugs and Insulin (including injectables)</p> <p>b) Outpatient injectable medication (except Insulin) – administered in a physician's office or outpatient facility</p>	<p>a) Deductible: \$100 per person per calendar year</p> <p>Retail pharmacy Generic drugs - \$20 copayment per prescription for a 31-day supply* Preferred brand name drugs - \$50 copayment per prescription for a 31-day supply* Non-preferred brand name drugs - \$70 copayment per prescription for a 31-day supply*</p> <p>Mail order pharmacy Generic drugs - \$50 copayment per prescription for a 90-day supply* Preferred brand name drugs - \$125 copayment per prescription for a 90-day supply* Non-preferred brand name drugs - \$175 copayment per prescription for a 90-day supply*</p> <p>Deductible and copayments for pharmacy do not apply toward deductible and annual out-of-pocket maximum on the medical plan.</p> <ul style="list-style-type: none"> - Copayments for prescription drugs are made directly to the pharmacy at the time the prescription is purchased. Prescription drugs are covered only through participating retail and mail order pharmacies. See the Participating Provider Directory for a list of participating pharmacies. - Some medications and devices are not covered, including but not limited to: medications for which a prescription is not required, medications for which there is a therapeutic equivalent available over the counter, and medications used for non-medical reasons, such as to treat wrinkles. - Access to participating pharmacies is available nationwide. Members can obtain prescription medication at pharmacies throughout the U.S. and pay the applicable copayment. To locate participating pharmacies or for more information about drugs on our approved list, contact Rocky Mountain Health Plans, Customer Service at 1-800-346-4643. - Prescription drugs dispensed in solid or liquid form are limited to a 31-day supply through a participating retail pharmacy or a 90-day supply through a participating mail order pharmacy. Prescription drugs dispensed in inhaler formulation are limited to a maximum of two inhalers per month. Prescription drugs dispensed in patch formulation are limited to a 31-day supply through a participating retail pharmacy or a 90-day supply through a participating mail order pharmacy. <p>b) Covered under Medical Plan</p>	<p>a) Not covered, except for urgent and emergency drugs</p> <p>b) Covered under Medical Plan</p>