

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

\$12/\$35/\$50 Prescription Plan

Coinsurance options and percentage copayments reflect the amount the carrier will pay.

	IN-NETWORK ONLY (out of network care is not covered except as noted)
<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 injectable medication (except Insulin) – administered in a physician’s office or outpatient facility</p> <p>c) Self-administered injectable medication – dispensed through a retail or mail order pharmacy</p>	<p>a) Copayments</p> <p><u>Retail pharmacy</u></p> <ul style="list-style-type: none"> • Generic drugs - \$12 copayment per prescription for a 31-day supply* • Preferred brand name drugs - \$35 copayment per prescription for a 31-day supply* • Non-preferred brand name drugs - \$50 copayment per prescription for a 31-day supply* • Speciality drugs – RMHMO/RMHCO will cover 80% coinsurance. Member pays 20% coinsurance up to \$150 maximum out of pocket per fill for a 31-day supply. Refer to the RMHP formulary for a current list of drugs on the speciality tier at www.rmhp.org or call RMHP Customer Service at 1-800-346-4643. <p><u>Mail order pharmacy</u></p> <ul style="list-style-type: none"> • Generic drugs - \$24 copayment per prescription for a 90-day supply* • Preferred brand name drugs - \$70 copayment per prescription for a 90-day supply* • Non-preferred brand name drugs - \$100 copayment per prescription for a 90-day supply* • Specialty drugs – RMHMO/RMHCO will cover 80% coinsurance. Member pays 20% coinsurance up to \$300 maximum out of pocket per fill for a 90-day supply. Refer to the RMHP formulary for a current list of drugs on the speciality tier at www.rmhp.org or call RMHP Customer Service at 1-800-346-4643. <ul style="list-style-type: none"> - If a clinically equivalent generic drug is available and the member chooses the preferred or non-preferred brand name drug, the member pays the appropriate copayment plus the difference between the cost of the generic and the cost of the brand name drug selected. - If there is no generic equivalent available, the member pays the appropriate copayment for the brand name drug and the plan covers the remainder of the cost. - 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. <p><i>* 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.</i></p> <p>b) Covered under Medical Plan</p> <p>c) RMHMO/RMHCO will cover 80% coinsurance (70% coinsurance on the PPO Group 1500 plan), not subject to medical plan deductible (if applicable). Member pays 20% coinsurance (30% coinsurance on the PPO Group 1500 plan), not subject to medical plan deductible (if applicable), up to \$500 maximum out of pocket per member per claim. Member’s coinsurance does not apply toward annual out-of-pocket maximum on the medical plan.</p>