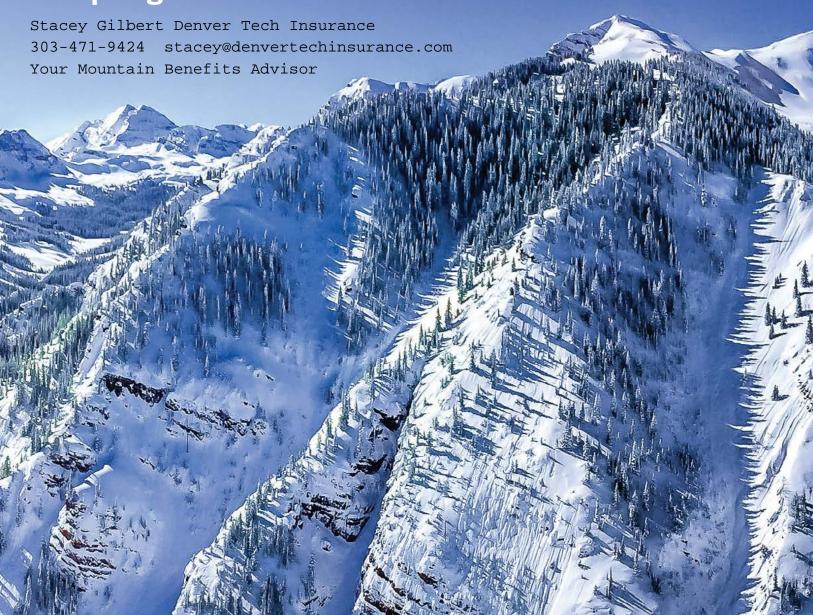
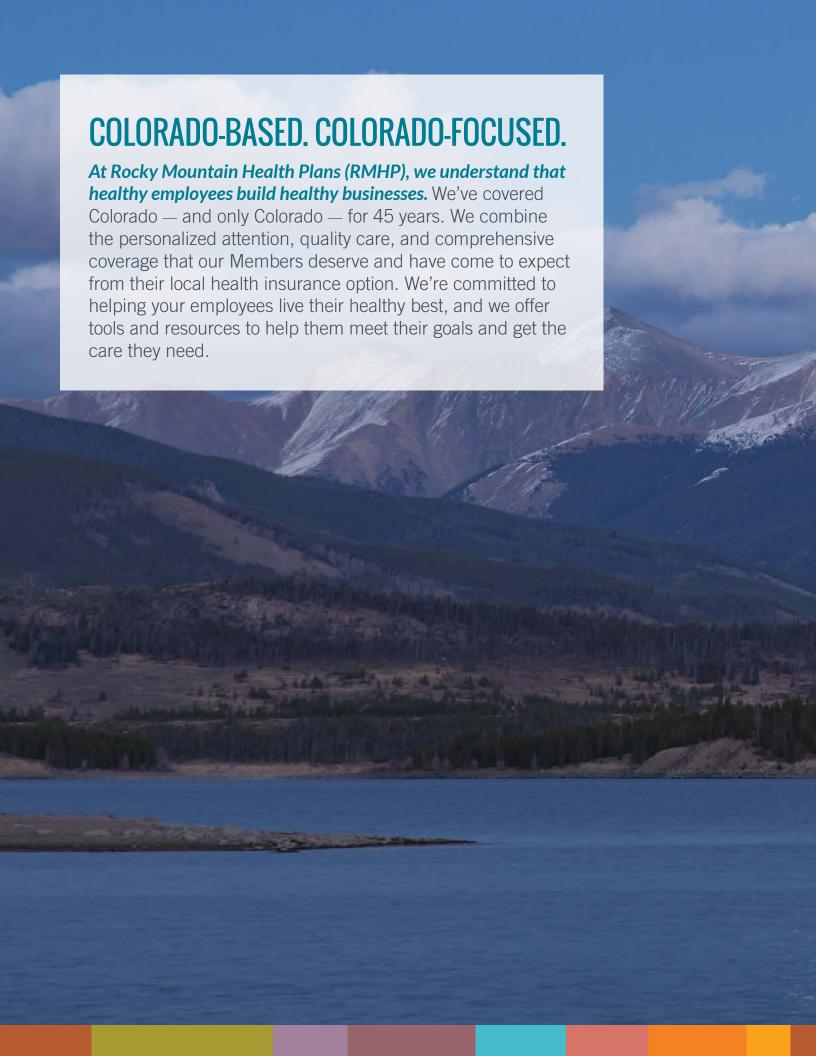
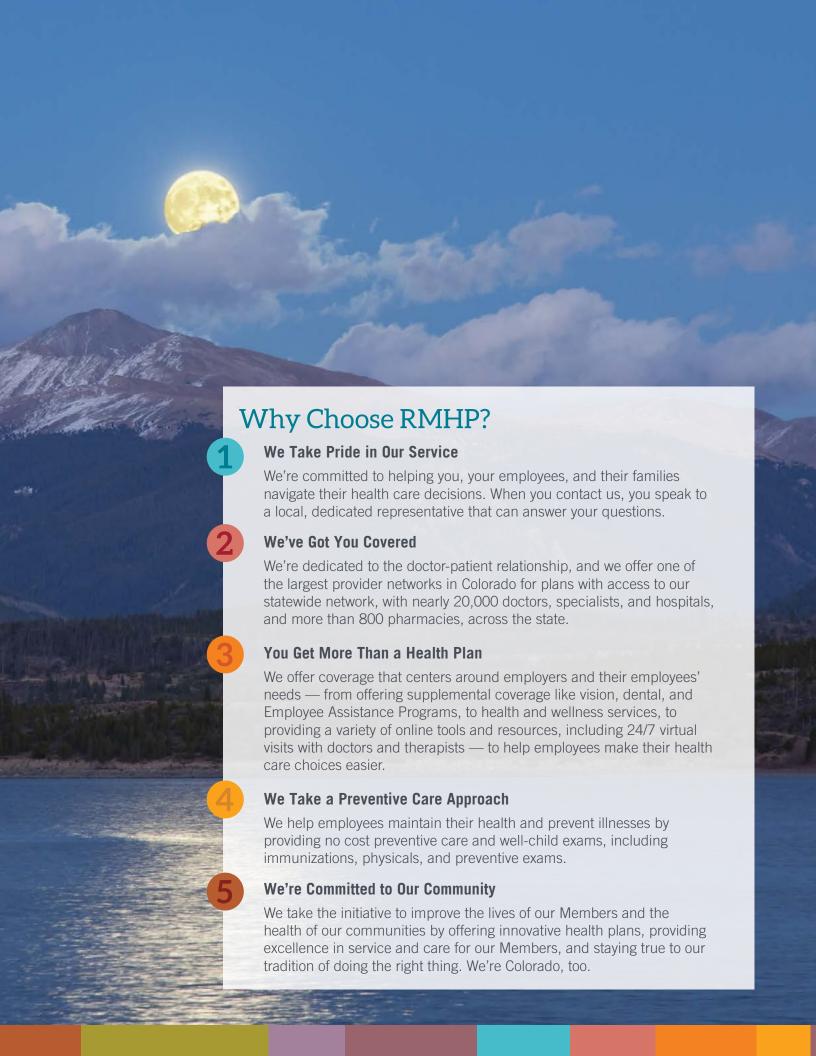


INTRODUCING 2020 PEAK HEALTH PLANS FROM ROCKY MOUNTAIN HEALTH PLANS

rmhp.org







WORKING TOGETHER FOR COVERAGE FOR COLORADANS

RMHP and Peak Health Alliance are working together to help small businesses in Summit County find quality health care coverage that's right for their business and employees. Together, we're committed to providing this coverage at lower costs.

About Peak Health Plans from RMHP

Members of a Peak Health small business plan from RMHP will have access to these benefits and much more:



Free wellness visits and immunizations and at least two primary care visits with no deductible and either low or no copay. Mental health outpatient therapy is also offered with no deductibles and either low or no copay.

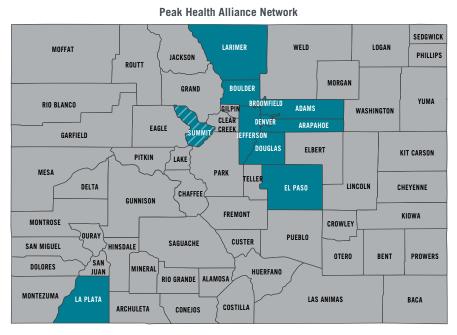


Doctor On Demand® at no cost on select plans*. Doctor On Demand allows Members to connect face-to-face with Board Certified doctors and therapists from a phone, tablet, or computer. Get care when and where you need it with 24/7 video chat access.

*Virtual visits are free when using Doctor On Demand for Members enrolled on a non-HSA health plan. Members enrolled on an HSA-eligible plan will be responsible for the visit cost if the service is used prior to meeting the plan deductible.



Health and wellness tools like Rally[®]. This website and mobile app allows employees to choose from custom-picked missions based on the results of their health survey. Then, employees get rewarded for tracking the activities designed to help them achieve a healthier lifestyle.



- Peak HMO Network AND exclusive service area for enrollment
- Peak Health HMO Network
- Access to RMHP Statewide Provider Network (Tier 2)
 Enrollment is not available in these counties; however, physicians and facilities in these counties are In-Network for Choice EPO 2 Tiered Plans



Peak Health Alliance is a nonprofit purchasing cooperative whose mission is to provide more affordable, high-quality health care coverage by leveraging the power of an entire community to negotiate more competitive options for its members. RMHP is proud to be the official Peak Health carrier for small businesses in Summit County.

CLOSE TO HOME: PEAK HEALTH HMO PLANS

Peak Health HMO plans from RMHP offer access to all Centura Health facilities and providers, a broad network of local independent providers, and select providers outside of Summit County. In addition, employees have access to UnitedHealthcare's Options PPO National Network if care has received prior authorization or for dependent children living out of area.

	Bronze 7000/60	Bronze HSA 6750/100	HMO Silver HSA 5500 Rx 90	Silver 5500/70	Gold 2500/80
Deductible (Individual/Family)	\$7,000/ \$14,000	\$6,750/ \$13,500	\$5,500/ \$11,000	\$5,500/ \$11,000	\$2,500/ \$5,000
OOP Max (Individual/Family)	\$8,150/ \$16,300	\$6,750/ \$13,500	\$6,200/ \$12,400	\$8,150/ \$16,300	\$5,000/ \$10,000
Coinsurance	40%	0%	0%	30%	20%
PCP	1st 2 Visits \$50 No Deductible, then \$50 After Deductible	0% After Deductible	0% After Deductible	1st 2 Visits 100% No Deductible, then \$45 No Deductible	1st 3 Visits 100% No Deductible, then \$40 No Deductible
Specialist	1st 2 Visits \$100 No Deductible, then \$100 After Deductible	0% After Deductible	0% After Deductible	1st 2 Visits \$100 No Deductible, then \$100 After Deductible	1st 3 Visits \$80 No Deductible, then \$80 After Deductible
Mental Health	\$50 No Deductible	0% After Deductible	0% After Deductible	100% Covered	100% Covered
Lab/X-ray	40%/40% After Deductible	0% After Deductible	0% After Deductible	30%/30% After Deductible	\$40/\$70 No Deductible
Urgent Care	\$65 No Deductible	0% After Deductible	0% After Deductible	\$65 No Deductible	\$65 No Deductible
Emergency Care	\$500 Copay, then 40% After Deductible	0% After Deductible	0% After Deductible	\$500 Copay, then 30% After Deductible	\$500 Copay, then 20% After Deductible
Inpatient Hospital	40% After Deductible	0% After Deductible	0% After Deductible	30% After Deductible	20% After Deductible
Preventive Exams, Screenings, and Immunizations	100% Covered No Deductible	100% Covered No Deductible	100% Covered No Deductible	100% Covered No Deductible	100% Covered No Deductible
Chiropractic Services - up to 20 visits per year when medically indicated	\$50 No Deductible	0% After Deductible	0% After Deductible	\$45 No Deductible	\$40 No Deductible
Prescription Drug	No Deductible: Tier 1: \$25 Tier 2: \$50 After Deductible: Tier 3: \$90 Tier 4: \$400	After Deductible: Tier 1: 0% Tier 2: 0% Tier 3: 0% Tier 4: 0%	After Deductible: Tier 1: 10% Tier 2: 10% Tier 3: 10% Tier 4: 10%	No Deductible: Tier 1: \$20 Tier 2: \$60 Tier 3: 20% up to \$400 Tier 4: 20% up to \$500	No Deductible: Tier 1: \$15 Tier 2: \$40 Tier 3: \$80 Tier 4: \$350

If you are enrolled in a family plan and you meet your individual deductible and/or out-of-pocket maximum, you don't need to meet your family deductible or out-of-pocket maximum. The Summary of Benefits and Coverage (SBC) and the Colorado Supplement to the SBC for these individual and family plans can be found at rmhp.org and upon request. An access plan is available for each managed care network offered by RMHP to any interested party upon request. Such access plans contain information on providers, hospitals, referrals, and grievance procedures; quality assurance; access for Members with special needs; emergency coverage provisions; and other information on how to access services.

EXPANDED ACCESS: PEAK HEALTH CHOICE EPO PLANS

Peak Health Choice EPO plans offer your employees expanded access to care. The **two network tiers** allow employees to choose the provider and coverage that's right for them.

Tier 1 Peak Health Network (Preferred Network)

- Pay less for services when you receive care from a Tier 1 provider.
- Tier 1 includes all Centura Health facilities and providers, a broad network of local independent providers, and select providers outside of Summit County.

	Bronze 7000/60		Bronze HSA 6300 Rx 90		
	Tier 1	Tier 2	Tier 1	Tier 2	
Deductible (Individual/Family) Tier 1 and Tier 2 Deductibles do NOT apply toward one another.	\$7,000/ \$14,000	\$8,000/ \$16,000	\$6,300/ \$12,600	\$6,350/ \$12,700	
00P Max (Individual/Family)	\$8,150/\$16,300 \$6,750/\$13,500		13,500		
Coinsurance	40%	60%	0%	, 0	
PCP	1st 2 Visits \$50 No Deductible, then \$50 After Deductible	60% After Deductible	0% After Deductible		
Specialist	1st 2 Visits \$100 No Deductible, then \$100 After Deductible	60% After Deductible	0% After Deductible		
Mental Health	\$50 No Deductible	60% After Deductible	0% After D	eductible	
Lab/X-ray	40%/40% After Deductible	60%/60% After Deductible	0% After D	eductible	
Urgent Care	\$65 No Deductible		0% After Deductible		
Emergency Care	\$750 Copay, then 40% After Deductible 0%		0% After D	After Deductible	
Inpatient Hospital	40% After Deductible	60% After Deductible	0% After D	eductible	
Preventive Exams, Screenings, and Immunizations	100% Covered No Deductible		100% Covered No Deductible		
Chiropractic Services - up to 20 visits per year when medically indicated	\$50 No Deductible		0% After Deductible		
Prescription Drug	No Deductible: Tier 1: \$25 Tier 2: \$50 After Deductible: Tier 3: \$90 Tier 4: \$400		After Deductible: Tier 1: 10% Tier 2: 10% Tier 3: 10% Tier 4: 10%		



Tier 2 Statewide Network (Participating Network)

- In addition to Tier 1 providers, employees have access to **all other RMHP providers** through our statewide network.
- Employees have access to **UnitedHealthcare's Options PPO National Network** if care has received prior authorization or for dependent children living out of area.
- Emergency and urgent care are always covered as a Tier 1 benefit.

Silver HSA 5000 Rx 90		Silver 5500/70		Gold 2500/80		
Tier 1	Tier 2	Tier 1	Tier 2	Tier 1	Tier 2	
\$5,000/ \$10,000	\$5,500/ \$11,000	\$5,500/ \$11,000	\$6,500/ \$13,000	\$2,500/ \$5,000	\$4,000/ \$8,000	
\$6,200/\$	\$6,200/\$12,400		\$8,150/\$16,300		\$5,000/\$10,000	
0%	0%		50%	20%	40%	
0% After De	0% After Deductible		\$65 No Deductible	1st 3 Visits 100% No Deductible, then \$40 No Deductible	\$60 No Deductible	
0% After De	0% After Deductible		50% After Deductible	1st 3 Visits \$80 No Deductible, then \$80 After Deductible	40% After Deductible	
0% After De	0% After Deductible		100% Covered		100% Covered	
0% After De	0% After Deductible		50%/50% After Deductible	\$40/\$70 No Deductible	40%/40% After Deductible	
0% After De	0% After Deductible		\$65 No Deductible		\$65 No Deductible	
0% After De	0% After Deductible		\$500 Copay, then 30% After Deductible		\$500 Copay, then 20% After Deductible	
0% After De	0% After Deductible		50% After Deductible	20% After Deductible	40% After Deductible	
100% Covered N	100% Covered No Deductible		100% Covered No Deductible		100% Covered No Deductible	
0% After De	0% After Deductible		\$45 No Deductible		\$40 No Deductible	
After Deductible: Tier 1: 10% Tier 2: 10% Tier 3: 10% Tier 4: 10%		No Deductible: Tier 1: \$20 Tier 2: \$60 Tier 3: 20% up to \$400 Tier 4: 20% up to \$500		No Deductible: Tier 1: \$15 Tier 2: \$40 Tier 3: \$80 Tier 4: \$350		

If you are enrolled in a family plan and you meet your individual deductible and/or out-of-pocket maximum, you don't need to meet your family deductible or out-of-pocket maximum. The Summary of Benefits and Coverage (SBC) and the Colorado Supplement to the SBC for these individual and family plans can be found at rmhp.org and upon request. An access plan is available for each managed care network offered by RMHP to any interested party upon request. Such access plans contain information on providers, hospitals, referrals, and grievance procedures; quality assurance; access for Members with special needs; emergency coverage provisions; and other information on how to access services.

SUPPLEMENTAL COVERAGE FOR EMPLOYERS

RMHP knows healthy employees build healthy businesses, so we offer supplemental coverage to help employees achieve their overall healthy best. Dental and vision premiums are conveniently included on your health plan billing statement and include a five percent discount for bundling with your medical plan.

Dental & Vision Coverage from UnitedHealthcare

We're pleased to offer UnitedHealthcare dental and vision plans to employer groups.



Dental Coverage

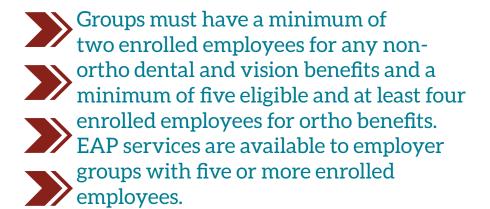
New dental plans offer valuable features and savings opportunities, including the Consumer MaxMultiplier® Rollover benefit to carry over a portion of unused benefit dollars from year to year. Even more, UnitedHealthcare will pay non-network providers directly so Members avoid paying out-of-pocket for the covered portion of their benefit plan.



Vision Coverage

Vision plans through UnitedHealthcare cover most vision expenses, including scratch-resistant coating, generous frame or contact allowance, and access to discount eyeglasses and sunglasses through WarbyParker.com/united. Discounts are available, too, including:

- 10 percent discount on contact lenses at UHCcontacts.com, featuring major brands such as Acuvue[®], biofinity[™], Proclear[®], Soflens[®] daily disposable, and more
- Laser Vision Network of America locations
- Discounts on non-prescription sunglasses







Employee Assistance Program (EAP) from Optum®

The RMHP Employee Assistance Program, or EAP, is offered through Optum. Employees find the confidential support they need to deal with grief and loss, divorce, parenting issues, child and elder care, or financial and legal issues. Additionally, the EAP can help employees manage stress, anxiety, and depression; workplace concerns; sleep issues; and substance abuse.

Program Type	Per Member Per Month
EAP Plus: 5 Face-to-Face Sessions	\$0.85
Telephonic EAP	\$0.50



Get Active with Active&Fit®

Active&Fit helps employees stay in step with their health and wellness goals by offering a discounted gym membership or home fitness program.

Active&Fit Direct

Available to Commercial Adult Members

Employee + Spouse (and/or Adult Dependent)

No Cost to Employers

Active&Fit Direct offers employees the opportunity to choose from more than 9,000+participating fitness centers nationwide for \$25 per month, plus a \$25 initial enrollment fee and applicable taxes.* Employees will also have access to ActiveandFitDirect.com.

Active&Fit Program: Employees may only participate in either the fitness facility membership discount or the home fitness program.

- *Members must agree to purchase a minimum of three months of membership.
- **Membership includes standard fitness facility services. Any non-standard services that typically require an additional fee are not included in the membership.

Active&Fit Program

Available to Enrolled Employees Only

Employee Only \$4.00 Per Employee Per Month

Fitness Facility Membership Discount**

Employees can enjoy a discounted gym membership at participating facilities for only \$100 for an entire year. A list of these gyms can be found online at ActiveandFit.com. Upon enrollment, an employee may nominate a facility to the network if it does not already participate.

Home Fitness Options

With the Active&Fit Home Fitness program for just \$10 per year, employees can get healthy at home by selecting two of 17 home exercise kits, including:

- Walking
- Tai Chi
- Yoga
- Stress
- Pilates
- Management
- Aqua Exercise
- And more!

Notice of Nondiscrimination



Rocky Mountain Health Plans (RMHP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, sexual orientation, or gender identity. RMHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex, sexual orientation, or gender identity.

RMHP takes reasonable steps to ensure meaningful access and effective communication is provided timely and free of charge:

- Provides free auxiliary aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters (remote interpreting service or on-site appearance)
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language assistance services to people whose primary language is not English, such as:
 - Qualified interpreters (remote or on-site)
 - Information written in other languages

If you need these services, contact the RMHP Member Concerns Coordinator at 800-346-4643, 970-243-7050, or TTY 970-248-5019, 800-704-6370, Relay 711; para asistencia en español llame al 800-346-4643.

If you believe that RMHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, sexual orientation, or gender identity, you can file a grievance with: the RMHP EEO Officer at 800-346-4643, 970-244-7760, ext. 7883, or TTY 970-248-5019, 800-704-6370, Relay 711; para asistencia en español llame al 800-346-4643, or eeoofficer@rmhp.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the RMHP EEO Officer is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

RMHP is a Medicare-approved Cost plan. Enrollment in RMHP depends on contract renewal.

Multi-Language Insert



English	ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-346-4643 (TTY: 711).
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-346-4643 (TTY: 711).
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-346-4643 (TTY: 711).
Chinese	注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 1-800-346-4643 (TTY: 711)。
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-346-4643 (TTY: 711)번으로 전화해 주십시오.
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-346-4643 (телетайп: 711).
Amharic	ማስታወሻ: የሚናንሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-800-346-4643 (<i>መ</i> ስማት ለተሳናቸው: 711).
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-08-643-643 (رقم هاتف الصم والبكم: 117).
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-346-4643 (TTY: 711).
French	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-346-4643 (ATS : 711).
Nepali	ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-800-346-4643 (टिटिवाइ: 711) ।
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-346-4643 (TTY: 711).
Japanese	注意事項:日本語を話される場合、無料の言語支援をご利用いただけます。 1-800-346-4643(TTY:711)まで、お電話にてご連絡ください。
Cushite/Oromo	XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-346-4643 (TTY: 711).
Persian	توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با - (117:YTT) 1-643-643 تماس بگیرید.
lbo/lgbo	Ige nti: O buru na asu Ibo asusu, enyemaka diri gi site na call 1-800-346-4643 (TTY: 711).
Kru-Bassa	Dè dε nìà kε dyédé gbo: O jǔ ké m̀ [Bàsóò-wùdù-po-nyò] jǔ ní, nìí, à wudu kà kò dò po-poò bєìn m̀ gbo kpáa. Đá 1-800-346-4643 (TTY: 711)
Yoruba	AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi 1-800-346-4643 (TTY: 711).

Learn More About RMHP



Go Online Visit rmhp.org



Email Us Send an email to rmhpsales@rmhp.org



Call Us
Call 800-453-2981, option 3 to speak with an Account Executive

