

INDIVIDUAL PLANS






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* HSA Compatible

Plan	HIGH PLAINS SILVER	HIGH PLAINS GOLD	*HIGH PLAINS BRONZE PLUS	HIGH PLAINS BRONZE
Deductible Individual	\$7,000	\$1,000	\$7,000	\$7,500
Deductible family	\$14,000	\$2,000	\$14,000	\$15,000
Out of Pocket Max Individual	\$8,550	\$6,000	\$7,000	\$8,150
Out of Pocket max Family	\$17,100	\$12,000	\$14,000	\$16,300
Co-insurance	40%	30%	0%	60%
Out of Network Deductible Individual	\$12,000	\$2,250	\$21,000	\$21,600
Out of Network Deductible Family	\$24,000	\$4,500	\$42,000	\$43,200
Out of Network Out of Pocket Max Individual	\$24,450	\$17,250	\$21,000	\$23,700
Out of Network Out of Pocket Max Family	\$48,900	\$34,500	\$42,000	\$47,400
Out of Network Coinsurance	60%	50%	0%	70%
PCP Office Visit	\$40	\$35	0%/AD	\$65
Mental Health Office Visit	\$40	\$35	0 %/AD	60 %/AD
Specialist	\$75	\$50	0%/AD	70%/AD
Emergency Room	50%/AD	40%/AD	0%/AD	70%/AD
Urgent Care	\$110	\$75	0%/AD	70%
Pharmacy Tier 1	20%	10%	0%/AD	10%/AD
Pharmacy Tier 2	30%	25%	0%/AD	40%/AD
Pharmacy Tier 3	40%	35%	0%/AD	50%/AD
Pharmacy Tier 4	50%	45%	0%/AD	60%/AD
Value Preventative Drug List	Yes	Yes	Yes	Yes
Preventive Pharmacy/Medical	No Charge	No Charge	No Charge	No Charge
Center of Excellence	No Deductible	No Deductible	After Deductible	No Deductible
Travel Benefit	\$10,000	\$10,000	\$10,000	\$10,000
Doctor on Demand	\$20	\$20	0%/AD	\$20
Vision Reimbursement	\$60	\$60	\$60	\$60
Dental Exam and Cleaning Reimbursement (Excludes x-rays)	\$100	\$100	\$100	\$100

MEDICAL PLAN BASICS

We are committed to helping you optimize your health insurance plan. The CO-OP has added new and exciting benefits for you beginning January 1, 2021. These benefits are designed to promote wellness and protect your health. The benefits available to members like you include:

- 
DENTAL EXAM REIMBURSEMENT
 Dental exams are important. That's why we offer a \$100 reimbursement for members like you with every plan.
- 
DOCTOR ON DEMAND
 Video chat with an in-network doctor or mental health specialist 24/7. Download the Doctor on Demand app today.
- 
TRAVEL BENEFIT
 Need to travel to a specialist? We'll help cover the cost for you to reach our preferred center so you get the care you need.
**Preapproval required.*
- 
HUNDREDS OF MEDICATIONS AT NO EXTRA COST
 Our pharmacy is as transparent as it gets. We offer hundreds of prescriptions for members with no out-of-pocket cost.
- 
VISION EXAM REIMBURSEMENT
 Your eyes are a great indicator of other, underlying health conditions. Your plan comes with a standard \$60 vision exam reimbursement.

Please visit us at www.mountainhealth.coop today to compare plans and discover the CO-OP difference.

SMALL GROUP PLANS






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Plan	*HIGH PLAINS SILVER PLUS	HIGH PLAINS SILVER	HIGH PLAINS GOLD	HIGH PLAINS BRONZE
Deductible Individual	\$4,400	\$4,000	\$1,000	\$7,200
Deductible family	\$8,800	\$8,000	\$2,000	\$14,400
Out of Pocket Max Individual	\$4,400	\$8,550	\$6,500	\$8,150
Out of Pocket max Family	\$8,800	\$17,100	\$13,000	\$16,300
Co-insurance	\$0	40%	30%	60%
Out of Network Deductible Individual	\$13,200	\$9,000	\$2,250	\$21,600
Out of Network Deductible Family	\$26,400	\$18,000	\$5,100	\$43,200
Out of Network Out of Pocket Max Individual	\$21,000	\$24,450	\$18,000	\$24,450
Out of Network Out of Pocket Max Family	\$42,000	\$48,900	\$36,000	\$48,900
Out of Network Coinsurance	60%	60%	50%	70%
PCP Office Visit	0%/AD	\$35	\$30	\$60
Mental Health Office Visit	0%/AD	\$35	\$30	60%/AD
Specialist	0%/AD	\$75	\$50	70%/AD
Emergency Room	0%/AD	50%/AD	40%/AD	70%/AD
Urgent Care	0%/AD	\$110	\$75	70%
Pharmacy Tier 1	0%/AD	\$10	\$5	\$15/AD
Pharmacy Tier 2	0%/AD	\$50	\$20	\$125/AD
Pharmacy Tier 3	0%/AD	\$100	\$50	\$160/AD
Pharmacy Tier 4	0%/AD	\$150	\$100	\$185/AD
Value Preventative Drug List	Yes	Yes	Yes	Yes
Preventive Pharmacy/Medical	No Charge	No Charge	No Charge	No Charge
Center of Excellence	No Deductible	No Deductible	No Deductible	No Deductible
Travel Benefit	\$10,000	\$10,000	\$10,000	\$10,000
Doctor on Demand	0%/AD	\$20	\$20	\$20
Vision Reimbursement	\$60	\$60	\$60	\$60
Dental Exam and Cleaning Reimbursement (Excludes x-rays)	\$100	\$100	\$100	\$100

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