

** For Internal Use Only **

Plan Name	HIGH PLAINS GOLD	HIGH PLAINS SILVER	HIGH PLAINS BRONZE EXPANDED	HIGH PLAINS BRONZE HDHP	HIGH PLAINS GOLD STANDARD	HIGH PLAINS SILVER STANDARD	HIGH PLAINS BRONZE STD EXPANDED
Deductible Individual	\$1,000	\$7,000	\$7,500	\$7,000	\$2,000	\$5,800	\$7,500
Deductible Family	\$2,000	\$14,000	\$15,000	\$14,000	\$4,000	\$11,600	\$15,000
Out of Pocket Max Individual	\$6,000	\$8,550	\$8,150	\$7,000	\$8,700	\$8,900	\$9,000
Out of Pocket Max Family	\$12,000	\$17,100	\$16,300	\$14,000	\$17,400	\$17,800	\$18,000
Co-insurance	30%	40%	60%	0%	25%	40%	50%
Out of Network Deductible Individual	\$3,000	\$21,000	\$21,600	\$21,000	\$6,000	\$17,400	\$22,500
Out of Network Deductible Family	\$6,000	\$42,000	\$43,200	\$42,000	\$12,000	\$34,800	\$45,000
Out of Network Out of Pocket Max Individual	\$18,000	\$25,650	\$23,700	\$21,000	\$26,100	\$26,700	\$27,000
Out of Network Out of Pocket Max Family	\$36,000	\$51,300	\$47,400	\$42,000	\$52,200	\$53,400	\$54,000
Out of Network Coinsurance	50%	60%	70%	0%	45%	60%	70%
PCP Office Visit	\$35	\$40	\$65	0% AD	\$30	\$40	\$50
Mental Health Office Visit	\$35	\$40	60% AD	0% AD	\$30	\$40	\$50
Specialist	\$50	\$75	70% AD	0% AD	\$60	\$80	\$100
Emergency Room	40% AD	50% AD	70% AD	0% AD	25% AD	40% AD	50% AD
Urgent Care	\$75	\$110	70%	0% AD	\$45	\$60	\$75
Pharmacy Tier 1	10%	20%	10% AD	0% AD	\$15	\$20	\$25
Pharmacy Tier 2	25%	30%	40% AD	0% AD	\$30	\$40	\$50 AD
Pharmacy Tier 3	35%	40%	50% AD	0% AD	\$60	\$80 AD	\$100 AD
Pharmacy Tier 4	45%	50%	60% AD	0% AD	\$250	\$350 AD	\$500 AD
\$0 Out of Pocket Prescriptions	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Preventive Medical/Dental	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Doctor on Demand	\$20	\$20	\$20	0% AD	\$20	\$20	\$20
Vision Reimbursement	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Dental Exam and Cleaning	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Center of Excellence	No Deductible	No Deductible	No Deductible	AD	No Deductible	No Deductible	No Deductible
Travel Benefit	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000

Visit us online at mountainhealth.coop to compare plans and discover the CO-OP difference today.

Your Signature Benefits

We are committed to helping you make the most of your health insurance plan. The CO-OP has added new and exciting benefits for you, and each is designed to promote wellness and protect your health. The benefits available include...

+ Established list of Prescriptions
AD= After Deductible

- \$100 Dental Exam Reimbursement*
- Hundreds of Medications for \$0 Out-of-Pocket
- \$60 Vision Exam Reimbursement*
- 24/7 Telehealth
- Travel Benefit



These benefits are easy to use - scan this code with your phone's camera and follow the link to learn more!



Plan Name	HIGH PLAINS GOLD	HIGH PLAINS SILVER	HIGH PLAINS SILVER HDHP	HIGH PLAINS BRONZE
Deductible Individual	\$1,000	\$5,200	\$5,000	\$7,200
Deductible Family	\$2,000	\$10,400	\$10,000	\$14,400
Out of Pocket Max Individual	\$6,500	\$8,550	\$5,000	\$8,150
Out of Pocket Max Family	\$13,000	\$17,100	\$10,000	\$16,300
Co-insurance	30%	40%	0%	60%
Out of Network Deductible Individual	\$2,250	\$15,600	\$15,000	\$21,600
Out of Network Deductible Family	\$5,100	\$31,200	\$30,000	\$43,200
Out of Network Out of Pocket Max Individual	\$18,000	\$25,650	\$15,000	\$24,450
Out of Network Out of Pocket Max Family	\$36,000	\$51,300	\$30,000	\$48,900
Out of Network Coinsurance	50%	60%	0%	70%
PCP Office Visit	\$30	\$35	0% AD	\$60
Mental Health Office Visit	\$30	\$35	0% AD	60% AD
Specialist	\$50	\$75	0% AD	70% AD
Emergency Room	40% AD	50% AD	0% AD	70% AD
Urgent Care	\$75	\$110	0% AD	70%
Pharmacy Tier 1	\$5	\$10	0% AD	\$15 AD
Pharmacy Tier 2	\$20	\$50	0% AD	\$125 AD
Pharmacy Tier 3	\$50	\$100	0% AD	\$160 AD
Pharmacy Tier 4	\$100	\$150	0% AD	\$185 AD
+\$0 Out of Pocket Prescriptions	Yes	Yes	Yes	Yes
Preventive Medical/Dental	No Charge	No Charge	No Charge	No Charge
Doctor on Demand	\$20	\$20	0% AD	\$20
Vision Reimbursement	Yes	Yes	Yes	Yes
Dental Exam and Cleaning	Yes	Yes	Yes	Yes
Center of Excellence	No Deductible	No Deductible	AD	No Deductible
Travel Benefit	\$10,000	\$10,000	\$10,000	\$10,000

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