

Plan Name	HIGH PLAINS GOLD	HIGH PLAINS SILVER	HIGH PLAINS GOLD HDHP	HIGH PLAINS BRONZE HDHP	HIGH PLAINS GOLD STANDARD	HIGH PLAINS SILVER STANDARD	HIGH PLAINS BRONZE STANDARD EXPANDED
Ded Ind	\$1,000	\$5,000	\$3,500	\$7,500	\$1,500	\$5,000	\$7,500
Ded Family	\$2,000	\$10,000	\$7,000	\$15,000	\$3,000	\$10,000	\$15,000
OPX Max Ind	\$6,500	\$9,000	\$3,500	\$7,500	\$7,800	\$8,000	\$9,200
OPX Max Family	\$13,000	\$18,000	\$7,000	\$15,000	\$15,600	\$16,000	\$18,400
Co-insurance	30%	40%	0%	0%	25%	40%	50%
OON Ded Ind	\$2,000	\$10,000	\$7,000	\$15,000	\$3,000	\$10,000	\$15,000
OON Ded Family	\$4,000	\$20,000	\$14,000	\$30,000	\$6,000	\$20,000	\$30,000
OON OPX Max Ind	\$13,000	\$18,000	\$7,000	\$15,000	\$15,600	\$16,000	\$18,400
OON OPX Max Family	\$26,000	\$36,000	\$14,000	\$30,000	\$31,200	\$32,000	\$36,800
OON Coinsurance	50%	60%	0%	0%	45%	60%	70%
PCP Office Visit	\$30	\$40	0% AD	0% AD	\$30	\$40	\$50
Mental Health Office Visit	\$30 (first visit \$0)	\$40 (first visit \$0)	0% AD	0% AD	\$30	\$40	\$50
Specialist	\$50	\$75	0% AD	0% AD	\$60	\$80	\$100
Emergency Room	40% AD	50% AD	0% AD	0% AD	25% AD	40% AD	50% AD
Urgent Care	\$75	\$110	0% AD	0% AD	\$45	\$60	\$75
Pharmacy Tier 1 (Generic)	\$5	\$5	0% AD	0% AD	\$15	\$20	\$25
Pharmacy Tier 2 (Preferred Brand)	\$40	\$40	0% AD	0% AD	\$30	\$40	\$50 AD
Pharmacy Tier 3 (non-pref Brand)	\$100	\$100	0% AD	0% AD	\$60	\$80 AD	\$100 AD
Pharmacy Tier 4 (Specialty)	\$150	\$150	0% 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	\$10	\$10	0% AD	0% AD	\$10	\$10	\$10
Vision Reimbursement	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Dental Exam Reimbursement	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Center of Excellence	No Deductible	No Deductible	Deductible Applies	Deductible Applies	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...

- Dental & Vision Exam Reimbursements*
- Hundreds of Medications for \$0 Out-of-Pocket
- No-cost Mental Health Visit
- 24/7 Telehealth
- Travel Benefit

*Available with or without a standalone policy.



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	HIGH PLAINS	HIGH PLAINS	HIGH PLAINS	HIGH PLAINS
	GOLD	GOLD HDHP	SILVER	SILVER HDHP	BRONZE
Ded Ind	\$1,000	\$3,500	\$5,000	\$5,500	\$8,000
Ded Family	\$2,000	\$7,000	\$10,000	\$11,000	\$16,000
OPX Max Ind	\$6,500	\$3,500	\$9,000	\$5,500	\$9,200
OPX Max Family	\$13,000	\$7,000	\$18,000	\$11,000	\$18,400
Co-insurance	30%	0%	40%	0%	60%
OON Ded Ind	\$2,000	\$7,000	\$10,000	\$11,000	\$16,000
OON Ded Family	\$4,000	\$14,000	\$20,000	\$22,000	\$32,000
OON OPX Max Ind	\$13,000	\$7,000	\$18,000	\$11,000	\$18,400
OON OPX Max Family	\$26,000	\$14,000	\$36,000	\$22,000	\$36,800
OON Coinsurance	50%	0%	60%	0%	70%
PCP Office Visit	\$30	0% AD	\$40	0% AD	\$50
Mental Health Office Visit	\$30 (first visit \$0)	0% AD	\$40 (first visit \$0)	0% AD	\$50 (first visit \$0)
Specialist	\$50	0% AD	\$75	0% AD	\$100
Emergency Room	40% AD	0% AD	50% AD	0% AD	70% AD
Urgent Care	\$75	0% AD	\$110	0% AD	\$120
Pharmacy Tier 1 (Generic)	\$5	0% AD	\$10	0% AD	\$0 AD
Pharmacy Tier 2 (Preferred Brand)	\$40	0% AD	\$60	0% AD	\$0 AD
Pharmacy Tier 3 (non-pref Brand)	\$100	0% AD	\$150	0% AD	\$0 AD
Pharmacy Tier 4 (Specialty)	\$150	0% AD	\$200	0% AD	\$0 AD
\$0 Out-of-Pocket Prescriptions+	Yes	Yes	Yes	Yes	Yes
Preventive Medical/Dental	No Charge	No Charge	No Charge	No Charge	No Charge
24/7 Telehealth	\$10	0% AD	\$10	0% AD	\$10
Vision Reimbursement	Yes	Yes	Yes	Yes	Yes
Dental Exam Reimbursement	Yes	Yes	Yes	Yes	Yes
Center of Excellence	No Deductible	Deductible Applies	No Deductible	Deductible Applies	No Deductible
Travel Benefit	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000

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