

2022 INDIVIDUAL PLANS

WYOMING • WWW.MOUNTAINHEALTH.COOP

Plan	HIGH PLAINS BRONZE	HIGH PLAINS BRONZE - BASE	HIGH PLAINS BRONZE HSA	HIGH PLAINS GOLD	HIGH PLAINS GOLD - BASE	HIGH PLAINS SILVER	HIGH PLAINS SILVER - BASE
Deductible Individual	\$7,500	\$8,700	\$7,000	\$1,000	\$3,100	\$7,000	\$8,000
Deductible Family	\$15,000	\$17,400	\$14,000	\$2,000	\$6,200	\$14,000	\$16,000
Out of Pocket Max Individual	\$8,150	\$8,700	\$7,000	\$6,000	\$8,500	\$8,550	\$8,700
Out of Pocket Max Family	\$16,300	\$17,400	\$14,000	\$12,000	\$17,000	\$17,100	\$17,400
Co-insurance	60%	0%	0%	30%	20%	40%	45%
Out of Network Deductible Individual	\$21,600	\$26,100	\$21,000	\$2,250	\$9,300	\$12,000	\$24,000
Out of Network Deductible Family	\$43,200	\$52,200	\$42,000	\$4,500	\$18,600	\$24,000	\$48,000
Out of Network Out of Pocket Max Individual	\$23,700	\$26,100	\$21,000	\$17,250	\$25,500	\$24,450	\$26,100
Out of Network Out of Pocket Max Family	\$47,400	\$52,200	\$42,000	\$34,500	\$51,000	\$48,900	\$52,200
Out of Network Coinsurance	70%	0%	0%	50%	40%	60%	65%
PCP Office Visit	\$65	0% AD	0% AD	\$35	25%	\$40	\$80
Mental Health Office Visit	60% AD	0% AD	0% AD	\$35	20% AD	\$40	\$80
Specialist	70% AD	0% AD	0% AD	\$50	20% AD	\$75.00	\$160
Emergency Room	70% AD	0% AD	0% AD	40% AD	20% AD	50% AD	45% AD
Urgent Care	70%	0% AD	0% AD	\$75	20%	\$110	\$240
Pharmacy Tier 1	10% AD	0% AD	0% AD	10%	10%	20%	40%
Pharmacy Tier 2	40% AD	0% AD	0% AD	25%	20%	30%	50%
Pharmacy Tier 3	50% AD	0% AD	0% AD	35%	30%	40%	60%
Pharmacy Tier 4	60% AD	0% AD	0% AD	45%	40%	50%	70%
\$0 Prescriptions Available (Preset List)	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	\$0 AD	\$20	\$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	Ded Applies	No Deductible	No Deductible	No Deductible	No Deductible	No Deductible
Travel Benefit	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000

SIGNATURE BENEFITS

We want you to get the most out of your health insurance plan. That's why we've made these signature benefits available for members on an individual or group plan. Learn more at mountainhealth.coop/benefits today!



DENTAL EXAM REIMBURSEMENT

Dental exams are important. That's why we offer a \$100 reimbursement for members like you with every plan.



24/7 TELEHEALTH

Need to see a doctor at the drop of a hat? Use your telehealth benefit to call or video chat with a provider for in-network care for your physical and mental health.



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.

Discover the CO-OP difference today by visiting us online at mountainhealth.coop!

2022 SMALL GROUP PLANS

WYOMING • WWW.MOUNTAINHEALTH.COOP

Plan	HIGH PLAINS BRONZE	HIGH PLAINS GOLD	HIGH PLAINS SILVER	HIGH PLAINS SILVER HSA
Deductible Individual	\$7,200	\$1,000	\$4,000	\$4,400
Deductible Family	\$14,400	\$2,000	\$8,000	\$8,800
Out of Pocket Max Individual	\$8,150	\$6,500	\$8,550	\$4,400
Out of Pocket Max Family	\$16,300	\$13,000	\$17,100	\$8,800
Co-insurance	60%	30%	40%	0%
Out of Network Deductible Individual	\$21,600	\$2,250	\$9,000	\$13,200
Out of Network Deductible Family	\$43,200	\$5,100	\$18,000	\$26,400
Out of Network Out of Pocket Max Individual	\$24,450	\$18,000	\$24,450	\$13,200
Out of Network Out of Pocket Max Family	\$48,900	\$36,000	\$48,900	\$26,400
Out of Network Coinsurance	70%	50%	60%	0%
PCP Office Visit	\$60	\$30	\$35	0% AD
Mental Health Office Visit	60% AD	\$30	\$35	0% AD
Specialist	70% AD	\$50	\$75	0% AD
Emergency Room	70% AD	40% AD	50% AD	0% AD
Urgent Care	70%	\$75	\$110	0% AD
Pharmacy Tier 1	\$15 AD	\$5	\$10	0% AD
Pharmacy Tier 2	\$125 AD	\$20	\$50	0% AD
Pharmacy Tier 3	\$160 AD	\$50	\$100	0% AD
Pharmacy Tier 4	\$185 AD	\$100	\$150	0% AD
\$0 Prescriptions Available (Preset List)	Yes	Yes	Yes	Yes
Preventive Medical/Dental	No Charge	No Charge	No Charge	No Charge
Doctor on Demand	\$20.00	\$20.00	\$20.00	0% AD
Vision Reimbursement	Yes	Yes	Yes	Yes
Dental Exam and Cleaning	Yes	Yes	Yes	Yes
Center of Excellence	No Deductible	No Deductible	No Deductible	Ded Applies
Travel Benefit	\$10,000	\$10,000	\$10,000	10,000

SIGNATURE BENEFITS

We want you to get the most out of your health insurance plan. That's why we've made these signature benefits available for members on an individual or group plan. Learn more at mountainhealth.coop/benefits today!



DENTAL EXAM REIMBURSEMENT

Dental exams are important. That's why we offer a \$100 reimbursement for members like you with every plan.



24/7 TELEHEALTH

Need to see a doctor at the drop of a hat? Use your telehealth benefit to call or video chat with a provider for in-network care for your physical and mental health.



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.

Discover the CO-OP difference today by visiting us online at mountainhealth.coop!