

Community Connections Inc. - 2021 Employer Sponsored Health Plans Rates  
with Rocky Mountain Health Plans, and Delta Dental and VSP Plans and Rates, effective date: 1/1/2021

	Option 1	<i>RMHP Canyon HMO 4500</i>		Option 2	<i>RMHP Canyon HMO HSA 6700</i>	
Deductible		Tier 1	Tier 2		Tier 1	Tier 2
Individual		\$4,500	\$5,500		\$6,700	\$6,800
Family		\$9,000	\$11,000		\$13,400	\$13,600
<b>Out of Pocket Maximum</b>						
Individual		\$8,500			\$6,900	
Family		\$17,000			\$13,800	
PCP Office visit copay		\$35	\$50		Deductible, then \$0	
Specialist copay		\$70	\$80		Deductible, then \$0	
Lab copay		30% after deductible	40% after deductible		Deductible, then \$0	
X-Ray copay		30% after deductible	40% after deductible		Deductible, then \$0	
Urgent Care copay		\$50			Deductible, then \$0	
Emergency Room		\$500, then 30% after Tier 1 deductible			Deductible, then \$0	
Chiropractic Care		Included in premium; \$35 copay per visit/20 visits for medically necessary care			Deductible, then \$0/20 visits for medically necessary care	
Preventive Care		100% covered			100% covered	
<b>Rx Copays</b>						
Tier 1, Generic		\$20			Deductible, then 10%	
Tier 2, Preferred Brand		\$50			Deductible, the 10%	
Tier 3, Non-Preferred Brand		\$80			Deductible, then 10%	
Tier 4, Specialty		25%			Deductible, then 10%	
Tier 5, Specialty		Falls under Medical for 2021			Falls under Medical for 2021	
		Tiers 2-4, \$200 deductible applies				
Current Enrollment	Total Monthly Cost of Benefit / CCI Contribution for EE HMO 4500	Employee Cost Per Month		Total Monthly Cost of Benefit / CCI Contribution for EE HMO HSA 6700	Employee Cost Per Month	
Employee (EE) Only	\$716.31 / \$578	\$138.31		\$698.19 / \$578	\$120.19	
EE & Spouse	\$1,432.62 / \$578	\$854.62		\$1,396.38 / \$578	\$818.38	
EE & Child(ren)	\$1,325.17 / \$578	\$747.17		\$1,291.65 / \$578	\$713.65	
EE & Family	\$2041.48 / \$578	\$1,463.48		\$1,989.84 / \$578	\$1,411.84	

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**New RMHP Canyon HMO Plan for 2021**

<i>Option 3</i>		<i>RMHP Canyon HMO 8000</i>	
Deductible		Tier 1	Tier 2
Individual		\$8,000	\$8,500
Family		\$16,000	\$17,000
<b>Out of Pocket Maximum</b>			
Individual		\$8,550	
Family		\$17,100	
PCP Office visit copay		\$70	\$90
Specialist copay		\$100	\$120
Lab copay		40% after deductible	50% after deductible
X-Ray copay		40% after deductible	50% after deductible
Urgent Care copay		\$70	
Emergency Room		\$750, then 40% after Tier 1 deductible	
Chiropractic Care		Included in premium; \$70 copay per visit/20 visits for medically necessary care	
Preventive Care		100% covered	
Rx Copays			
Tier 1, Generic		\$25	
Tier 2, Preferred Brand		\$50	
Tier 3, Non-Preferred Brand		\$150	
Tier 4, Specialty		\$300	
		Tiers 3-4, \$1000 deductible applies	
Current Enrollment	Total Monthly Cost of Benefit / CCI Contribution for EE HMO 8000	Employee Cost Per Month	
Employee (EE) Only	\$637.37 / \$578	\$59.37	
EE & Spouse	\$1,274.74 / \$578	\$696.74	
EE & Child(ren)	\$1,179.13 / \$578	\$601.13	
EE & Family	\$1,816.50 / \$578	\$1,238.50	

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**New RMHP Range Plans for 2021**

	Option 4	RMHP Range 5000	Option 5	RMHP Range 7700
<b>Deductible</b>				
Individual		\$5,000		\$7,700
Family		\$10,000		\$15,400
<b>Out of Pocket Maximum</b>				
Individual		\$7,900		\$8,550
Family		\$15,800		\$17,100
PCP Office visit copay		\$55		\$85
Specialist copay		\$80		\$160
Lab copay		50% after deductible		45% after deductible
X-Ray copay		50% after deductible		45% after deductible
Urgent Care copay		\$75		45% after deductible
Emergency Room		\$500, then 50% after deductible		\$800, then 45% after deductible
Chiropractic Care		\$55 Copay/20 visits for medically necessary care		\$85 Copay/20 visits for medically necessary care
Preventive Care		100% covered		100% covered
<b>Rx Copays</b>				
Tier 1, Generic		\$20		\$25
Tier 2, Preferred Brand		\$55		\$80
Tier 3, Non-Preferred Brand		\$100		\$250
Tier 4, Specialty		\$300		\$500
<b>Current Enrollment</b>	Total Monthly Cost of Benefit / CCI Contribution for EE Range 5000	<b>Employee Cost Per Month</b>	Total Monthly Cost of Benefit / CCI Contribution for EE Range 7700	<b>Employee Cost Per Month</b>
Employee Only	714.90 / \$578	\$136.90	\$635.36 / \$578	\$57.36
Employee & Spouse	\$1,429.80 / \$578	\$851.80	\$1,270.72 / \$578	\$692.72
Employee & Child(ren)	\$1,322.57 / \$578	\$744.57	\$1,175.42 / \$578	\$597.42
Employee & Family	\$2,037.47 / \$578	\$1,459.47	\$1,810.78 / \$578	\$1,232.78

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**New RMHP Range Plan for 2021**

Option 6		<i>RMHP HSA 6900</i>
<b>Deductible</b>		
Individual		\$6,900
Family		\$13,800
<b>Out of Pocket Maximum</b>		
Individual		\$16,900
Family		\$13,800
PCP Office visit copay		Deductible, then 0%
Specialist copay		Deductible, then 0%
Lab copay		Deductible, then 0%
X-Ray copay		Deductible, then 0%
Urgent Care copay		Deductible, then 0%
Emergency Room		Deductible, then 0%
Chiropractic Care		Deductible, then 0%
Preventive Care		100% covered
<b>Rx Copays</b>		
Tier 1, Generic		Deductible, then 0%
Tier 2, Preferred Brand		Deductible, then 0%
Tier 3, Non-Preferred Brand		Deductible, then 0%
Tier 4, Specialty		Deductible, then 0%
	Total Monthly Cost of Benefit / CCI Contribution for EE HSA 6900	Employee Cost Per Month
Current Enrollment		
Employee Only	710.48 / \$578	\$132.48
Employee & Spouse	\$1,420.96 / \$578	\$842.96
Employee & Child(ren)	\$1,314.39 / \$578	\$736.39
Employee & Family	\$2,024.87 / \$578	\$1,446.87

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**New RMHP Canyon & Range Plans for 2021**

	Option 7	RMHP Canyon HMO 3000		Option 8	RMHP Range 2800
Deductible		Tier 1	Tier 2		
Individual		\$3,000	\$4,500		\$2,800
Family		\$6,000	\$9,000		\$5,600
<b>Out of Pocket Maximum</b>					
Individual		\$8,500			\$8,550
Family		\$17,000			\$17,100
PCP Office visit copay		\$35	\$50		\$45
Specialist copay		\$100	\$120		\$65
Lab copay		25% after deductible	40% after deductible		40% after deductible
X-Ray copay		25% after deductible	40% after deductible		40% after deductible
Urgent Care copay		\$50			\$60
Emergency Room		\$500, then 30% after Tier 1 deductible			\$500, then 40% after deductible
Chiropractic Care		Included in premium; \$35 copay per visit/20 visits for medically necessary care			\$45 Copay/20 visits for medically necessary care
Preventive Care		100% covered			100% covered
<b>Rx Copays</b>					
Tier 1, Generic		\$15			\$25
Tier 2, Preferred Brand		\$50			\$80
Tier 3, Non-Preferred Brand		\$100			\$250
Tier 4, Specialty		\$200			\$500
<b>Summary of Costs</b>					
Current Enrollment	Total Monthly Cost of Benefit / CCI Contribution for EE Canyon HMO 3000	Employee Cost Per Month		Total Monthly Cost of Benefit / CCI Contribution for EE Range 2800	Employee Cost Per Month
Employee Only	750.34 / \$578	\$172.34		737.46 / \$578	\$159.46
Employee & Spouse	\$1,500.68 / \$578	\$922.68		\$1,474.92 / \$578	\$896.92
Employee & Child(ren)	\$1,388.13 / \$578	\$810.13		\$1,364.30 / \$578	\$786.30
Employee & Family	\$2,138.47 / \$578	\$1,560.47		\$2,101.76 / \$578	\$1,523.76

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2021 Employee Voluntary Dental

Network	Delta PPO Plus Premier	
Annual Deductible	\$50 person/ \$150 family	
Preventive Services	100%	
Basic Services	80%	
Major Services***	50%	***No wait period
Orthodontics	Not Covered	
Endo/Perio Coverage	Basic	
Providers in area	45	
	Basic	
Employee (EE) Only	36.73	
EE & Spouse	\$72.41	
EE & Child(ren)	\$82.99	
EE & Family	\$128.34	

2021 Employee Voluntary Vision

Plan Carrier/Plan Type	VSP Plan C Standard	VSP Plan C Premier
Exam Copay	\$10	\$10
Rx Lens Copay	\$25	\$25
Frames Allowance	\$130	\$130
Contacts Allowance	\$130 instead of glasses	\$130 instead of glasses
		*Includes Enhancements*
Employee (EE) Only	\$11.23	\$16.31
EE + 1	\$17.96	\$26.10
EE/Children	\$18.34	\$26.65
EE/Family	\$29.57	\$42.96

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