

- All office visits currently covered with a \$20.00 copayment will be covered with a \$25.00 copayment.
- All office visits currently covered with a \$35.00 copayment will be covered with a \$40.00 copayment.
- Health care services received out-of-network currently covered with a 40% coinsurance will be covered with a 50% coinsurance in 2006.
- Currently, a 90-day supply of outpatient prescription drugs may be obtained from a participating mail order pharmacy with a copayment that is two times the participating retail pharmacy copayment for a 31-day supply. Beginning January 1, 2006, a 90-day supply of outpatient prescription drugs may be obtained from a participating mail order pharmacy with a copayment that is two and one half times the participating retail pharmacy copayment for a 31-day supply.
- Effective January 1, 2006, members will be able to obtain a 90-day supply of drugs at designated retail pharmacies for three times the 31-day supply copayment. This means members won't need to return to the pharmacy every month to refill their maintenance medication. Designated pharmacies include all City Market and King Sooper pharmacies, as well as other local pharmacies. Please call RMHP Customer Service for a complete list or check our provider directory online at www.rmhp.org.

Please read the enclosed amendment carefully and keep it with your Health Benefits Contract, since it becomes part of the contract. This notification will be sent to your covered employees after the first of the year.

RMHP is taking an extra step in 2006 to protect the privacy of our members. Social Security numbers will no longer be used as part of the member ID number. Each RMHP member will be issued a new ID number in 2006. New member ID cards with the new ID number will be sent to members during your group's anniversary renewal month in 2006. Employees and their covered family members should continue to use their current ID card until they receive the new one from us.

If you have questions regarding this amendment please contact your broker or your Rocky Mountain Health Plans Account Manager. Thank you for supporting Rocky Mountain Health Plans and our partnership in good health. We appreciate your patronage and look forward to working for you in 2006.

Sincerely,
Member Administration

**Rocky Mountain****HEALTH PLANS®**

Good health. That's the plan.

December 1, 2005

Dear Benefits Administrator:

Thank you for supporting Rocky Mountain Health Plans (RMHP) and our partnership in good health. The amendment for your group's health benefits contract is enclosed. It will be effective January 1, 2006, and describes changes to your group's health benefits contract. The Colorado state regulation that stipulates the benefits of your group's plan was revised. The significant changes to benefits are described below. A complete description of changes to your plan is in the enclosed amendment which also contains other changes necessary due to recent legislation.

| | 2005 coverage | | 2006 coverage | |
|--|--|--|---|---|
| | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Deductible a) member b) subscriber and dependents | a) \$1,000.00 for each calendar year b) \$2,000.00 for each calendar year | a) \$2,000.00 for each calendar year b) \$4,000.00 for each calendar year | a) \$1,500.00 for each calendar year b) \$4,500.00 for each calendar year | a) \$3,000.00 for each calendar year b) \$9,000.00 for each calendar year |
| Annual out-of-pocket maximum a) member b) subscriber and dependents | a) \$2,000.00 for each calendar year b) \$4,000.00 for each calendar year | a) \$4,000.00 for each calendar year b) \$8,000.00 for each calendar year | a) \$3,000.00 for each calendar year b) \$6,000.00 for each calendar year | a) \$6,000.00 for each calendar year b) \$12,000.00 for each calendar year |
| Emergency room visit | After deductible, covered with a \$75.00 copayment for each visit, then 20% coinsurance. | After deductible, covered with a \$75.00 copayment for each visit, then 20% coinsurance. | Covered with a \$125.00 copayment for each visit, then 20% coinsurance. Services are not subject to the deductible. | Covered with a \$125.00 copayment for each visit, then 20% coinsurance. Services are not subject to the deductible. |

STD PPO

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