

SAMARITAN MOMENTUM PLAN

For Associated Oregon Industries (AOI)



2016 BENEFITS (Member pays)

The benefits information provided is a brief summary and not a complete description of benefits. Limitations and exclusions apply.

SAMARITAN MOMENTUM 500/15/30

WELLNESS SERVICES

Members have a \$0 cost share.

Services are coordinated by Samaritan Health Plans.

Individual wellness assessment

An interactive, online questionnaire that when completed can provide you with important information, resources, and tools for your life-health and well-being.

Health risk screening

Short, confidential health examination that identifies your risk for certain diseases and medical conditions. It helps you understand where you should take action to improve your health.

Personal health coach

A trained and certified professional that works with you in confidential, one-on-one sessions to assist you in reaching your health and wellness goals.

MEDICAL BENEFITS

	In-network	Out-of-network
Deductible Per calendar year (medical only)	\$500 per individual \$1,000 per family	\$1,000 per individual \$2,000 per family
Out-of-pocket maximum Per calendar year Combined medical and pharmacy	\$4,000 per individual \$8,000 per family	\$8,000 per individual \$16,000 per family
Lifetime benefit maximum	Unlimited	Unlimited
Primary care Office visits, in-office procedures, and professional charges	\$15, not subject to deductible	50%, not subject to deductible
Urgent care	\$15, not subject to deductible	\$15, not subject to deductible
Specialty care Office visits, in-office procedures, and professional charges	\$30, not subject to deductible	50%, not subject to deductible
Emergency care Copay waived if admitted to hospital	\$200, after deductible	\$200, after deductible
Maternity care¹ Pre- and post-natal; office visits only	\$0, not subject to deductible	50%, not subject to deductible
Mental health and chemical dependency Office visits	\$15, not subject to deductible	50%, not subject to deductible
Preventive care and services¹ Including well baby care, routine physicals, routine gynecological exams, immunizations, colorectal screening, ACA required services.	\$0, not subject to deductible	50%, not subject to deductible
Outpatient surgery² Facility and professional charges	20%, after deductible	50%, after deductible
Inpatient hospital²	20%, after deductible	50%, after deductible
Inpatient rehabilitative care²	20%, after deductible	50%, after deductible
Skilled nursing facility care^{1,2} Up to 60 days per benefit year ³	\$0, not subject to deductible	50%, not subject to deductible
Radiology, labs²	20%, not subject to deductible	50%, not subject to deductible

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2016 BENEFITS (Member pays)

In-network

Out-of-network

MEDICAL BENEFITS

Specialized surgical procedures Spine surgery for pain, arthroscopies, shoulder surgery for osteoarthritis	20%, not subject to deductible	50%, not subject to deductible
High tech imaging services ² CT scans, MRIs and PET scans	20%, not subject to deductible	50%, not subject to deductible
Mental health and chemical dependency ² Inpatient care and residential programs	20%, after deductible	50%, after deductible
Physical therapy	\$30, after deductible	50%, after deductible
Occupational therapy	\$30, after deductible	50%, after deductible
Speech therapy	\$30, after deductible	50%, after deductible
Allergy injections (most)	\$5, after deductible	50%, after deductible
Injectables ⁴ And other drugs administered other than orally (when rendered in the office)	20%, after deductible	50%, after deductible
Ambulance, ground	20%, after deductible	50%, after deductible
Ambulance, air	20%, after deductible	50%, after deductible
Durable medical equipment (DME) ²	20%, after deductible	50%, after deductible
Home health care	20%, after deductible	50%, after deductible
Hospice	20%, after deductible	50%, after deductible
Hearing aids (includes cochlear implants) ²	20%, after deductible	50%, after deductible
Transplants ²	50%, after deductible	50%, after deductible

PHARMACY BENEFITS

Therapeutic ^{1,2}	\$0, not subject to deductible for: • Specified generic drugs • Selected asthma medications • Tobacco cessation drugs/ supplies	50%, not subject to deductible
Preventive ^{1,2}	\$0, not subject to deductible	50%, not subject to deductible
Generic ²	\$10, not subject to deductible	50%, not subject to deductible
Preferred ²	\$35, not subject to deductible	50%, not subject to deductible
Non-preferred ²	\$75, not subject to deductible	50%, not subject to deductible
High-cost specialty drugs ²	50%, not subject to deductible	50%, not subject to deductible

VISION COVERAGE AVAILABLE

ALTERNATIVE CARE RIDERS AVAILABLE

¹ 100% covered by the plan

² May require a Prior Authorization

³ Limits do not apply to those services rendered to a member with a Mental Health or Chemical Dependency diagnosis

⁴ Contact Customer Service at 541-768-4550 or 1-800-832-4580 to determine your co-pay or co-insurance levels