

# SAMARITAN MOMENTUM

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 HIGH DEDUCTIBLE HEALTH PLAN 5250 (HSA ELIGIBLE)

### WELLNESS SERVICES

Members have a \$0 cost share.  
Services are coordinated by Samaritan Health Plans.  
Service delivery is based on employer's needs.

The wellness services provided by Samaritan Health Plans are value added services and not part of the insured High Deductible Health Plan. There is no impact on the tax treatment of any Health Savings Account contributions or distributions as a result of utilizing these services.

#### 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.

	In-network	Out-of-network
<b>MEDICAL BENEFITS</b>		
<b>Deductible</b> Per calendar year	\$5,250 per individual \$10,500 per family	\$10,500 per individual \$21,000 per family
<b>Out-of-pocket maximum</b> Per calendar year Combined medical and pharmacy	\$6,550 per individual \$13,100 per family	Unlimited
<b>Lifetime benefit maximum</b>	Unlimited	Unlimited
<b>Primary care</b> Office visits, in-office procedures, and professional charges	20%, after deductible	50%, after deductible
<b>Urgent care</b>	20%, after deductible	20%, after deductible
<b>Specialty care</b> Office visits, in-office procedures, and professional charges	20%, after deductible	50%, after deductible
<b>Emergency care</b> Waived if admitted to hospital	20%, after deductible	20%, after deductible
<b>Maternity care</b> <sup>1,2</sup> Pre- and post-natal; office visits only	\$0, not subject to deductible	50%, not subject to deductible
<b>Mental health and chemical dependency</b> Office visits	20%, after deductible	50%, after deductible
<b>Preventive care and services</b> <sup>1,2</sup> 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
<b>Outpatient surgery</b> <sup>3</sup> Facility or professional charges	20%, after deductible	50%, after deductible
<b>Inpatient hospital</b> <sup>3</sup>	20%, after deductible	50%, after deductible
<b>Inpatient rehabilitative care</b> <sup>3</sup>	20%, after deductible	50%, after deductible
<b>Skilled nursing facility care</b> <sup>3</sup> Up to 60 days per benefit year *	20%, after deductible	50%, after deductible
<b>Radiology, labs</b> <sup>3</sup>	20%, after deductible	50%, after deductible

<b>SAMARITAN MOMENTUM HIGH DEDUCTIBLE HEALTH PLAN 5250 (HSA ELIGIBLE)</b>		
2016 BENEFITS (Member pays)	In-network	Out-of-network
<b>MEDICAL BENEFITS</b>		
<b>Specialized surgical procedures</b> Spine surgery for pain, arthroscopies, shoulder surgery for osteoarthritis	20%, after deductible	50%, after deductible
<b>High tech imaging services</b> <sup>3</sup> CT scans, MRIs and PET scans	20%, after deductible	50%, after deductible
<b>Mental health and chemical dependency</b> <sup>3</sup> Inpatient care	20%, after deductible	50%, after deductible
<b>Mental health and chemical dependency</b> <sup>3</sup> Residential programs	20%, after deductible	50%, after deductible
<b>Physical therapy</b>	20%, after deductible	50%, after deductible
<b>Occupational therapy</b>	20%, after deductible	50%, after deductible
<b>Speech therapy</b>	20%, after deductible	50%, after deductible
<b>Allergy injections (most)</b>	20%, after deductible	50%, after deductible
<b>Injectables</b> <sup>4</sup> And other drugs administered other than orally (when rendered in the office)	20%, after deductible	50%, after deductible
<b>Ambulance, ground</b>	20%, after deductible	50%, after deductible
<b>Ambulance, air</b>	20%, after deductible	50%, after deductible
<b>Durable medical equipment (DME)</b> <sup>3</sup> Includes prosthetics and orthotics	20%, after deductible	50%, after deductible
<b>Home health care</b>	20%, after deductible	50%, after deductible
<b>Hospice</b>	20%, after deductible	50%, after deductible
<b>Hearing aids/cochlear implants</b> <sup>3</sup>	20%, after deductible	50%, after deductible
<b>Transplants</b> <sup>3</sup>	50%, after deductible	50%, after deductible
<b>PHARMACY BENEFITS</b>		
<b>Therapeutic</b> <sup>3</sup>	\$0, after deductible, for: <ul style="list-style-type: none"> <li>Specified generic drugs</li> <li>Selected asthma medications</li> <li>Tobacco cessation drugs/ supplies</li> </ul>	50%, after deductible
<b>Preventive</b> <sup>1, 2</sup>	\$0, not subject to deductible	50%, not subject to deductible
<b>Generic</b> <sup>3</sup>	20%, after deductible	50%, after deductible
<b>Preferred</b> <sup>3</sup>	20%, after deductible	50%, after deductible
<b>Non-preferred</b> <sup>3</sup>	20%, after deductible	50%, after deductible
<b>High-cost specialty drugs</b> <sup>3</sup>	50%, after deductible	50%, after deductible

## VISION COVERAGE AVAILABLE

## ALTERNATIVE CARE RIDERS AVAILABLE

<sup>1</sup> These services are not subject to the deductible.

<sup>2</sup> 100% covered by the plan

<sup>3</sup> May require a Prior Authorization

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

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