

SUMMARY OF COVERAGE 2016

SiMPLE SILVER

HSA BROAD

HSA QUALIFIED

We offer the **BROAD Network** for members who would like covered medical care and services from a broad network of participating physicians, hospitals and other facilities both regionally and nationally. Members gain access to more than 19,000 statewide providers, as well as over 750,000 providers nationally. The BROAD Network may be helpful to individuals who plan to travel outside of Oregon or just want more selection and choice of providers.

See your Member Handbook or Individual Health Policy for complete benefits information.

MY COVERAGE	MY COST	
	In-Network	Non-Network
MY ANNUAL OUT-OF-POCKET COSTS		
Yearly deductible—combined in-network and non-network	\$3,500 PER PERSON/\$7,000 PER FAMILY	
Maximum yearly out-of-pocket—person/family includes deductibles, copays and/or coinsurance	\$3,500 / \$7,000	\$7,000 / \$14,000
SEEING YOUR HEALTH PROVIDERS		
Office visit with primary care provider	\$0, After deductible	After deductible, 50% coinsurance
Office visit with specialist	\$0, After deductible	After deductible, 50% coinsurance
X-rays	\$0, After deductible	After deductible, 50% coinsurance
CAT, PET or MRI scan	\$0, After deductible	After deductible, 50% coinsurance
Routine lab and pathology	\$0, After deductible	After deductible, 50% coinsurance
Physical or occupational therapy (30 visits/year)	\$0, After deductible	After deductible, 50% coinsurance
Speech therapy (30 visits/year)	\$0, After deductible	After deductible, 50% coinsurance
Home health care visits	\$0, After deductible	After deductible, 50% coinsurance
Behavioral health services (including mental health and substance abuse visits)	\$0, After deductible	After deductible, 50% coinsurance
Acupuncture	\$0, After deductible	After deductible, 50% coinsurance
Chiropractic (10 visits/year—spinal manipulation only)	\$0, After deductible	Not covered
ADULT WELLNESS		
Adult preventive care	No cost to you	Not covered
Pregnancy and postpartum (new mother) exams	No cost to you	Not covered
Immunizations	No cost to you	Not covered
Laboratory services (preventive screenings)	No cost to you	Not covered
CHILD WELLNESS		
Well-child and newborn visits	No cost to you	Not covered
Vision	No cost to you	Not covered
Obesity-related visit	No cost to you	Not covered
Immunizations	No cost to you	Not covered
Laboratory services (preventive screenings)	No cost to you	Not covered



Oregon's Health CO-OP

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SIMPLE SILVER HSA BROAD

MY COVERAGE	MY COST	
	In-Network	Non-Network
ADULT PREVENTIVE SCREENINGS		
Blood pressure	No cost to you	Not covered
Mammogram (age 40+)	No cost to you	Not covered
Pap test (for cervical cancer)	No cost to you	Not covered
Cholesterol	No cost to you	Not covered
Colonoscopy (for colon cancer)	No cost to you	Not covered
Type 2 diabetes	No cost to you	Not covered
HIV	No cost to you	Not covered
Hepatitis B	No cost to you	Not covered
Iron-deficiency anemia	No cost to you	Not covered
Ultrasound for aortic aneurysm	No cost to you	Not covered
PRESCRIPTION DRUGS		
Generic	\$0, After deductible	Not covered
Preferred brand	\$0, After deductible	Not covered
Non-preferred brand	\$0, After deductible	Not covered
Specialty	\$0, After deductible	Not covered
GOING TO A HOSPITAL OR OTHER MEDICAL FACILITY		
Urgent care center visit	\$0, After deductible	After deductible, 50% coinsurance
Emergency room visit (not admitted to hospital)	\$0, After deductible	\$0, After deductible
Ambulance to hospital	\$0, After deductible	After deductible, 50% coinsurance
Surgery at ambulatory (outpatient) surgery center	\$0, After deductible	After deductible, 50% coinsurance
Outpatient surgery at hospital	\$0, After deductible	After deductible, 50% coinsurance
Inpatient hospital stay	\$0, After deductible	After deductible, 50% coinsurance
DURABLE MEDICAL EQUIPMENT & SUPPLIES		
Tier I: Medical equipment costing up to \$799.99	\$0, After deductible	Not covered
Tier II: Medical equipment costing \$800 or more	\$0, After deductible	Not covered

About non-network coverage: In addition to the cost share amounts listed, members are responsible for any difference between the actual charge and Oregon's Health CO-OP allowable charge.

About copays: If the copay is higher than the actual charge for service, you'll always pay the lesser amount.

Interested? Ready to enroll? Need more information? Call toll free 1-844-509-4676 or your insurance broker.

Everyone is welcome
at the CO-OP. Join us!

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