

SUMMARY OF COVERAGE 2016

SiMPLE BRONZE BROAD

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 | \$6,850 PER PERSON / \$13,700 PER FAMILY (APPLIES TO INPATIENT STAYS ONLY) | |
| Maximum yearly out-of-pocket—person / family includes deductibles, copays and/or coinsurance | \$6,850 / \$13,700 | \$13,700 / \$27,400 |
| SEEING YOUR HEALTH PROVIDERS | | |
| Office visit with primary care provider | \$40 copay | 75% coinsurance |
| Office visit with specialist | \$80 copay | 75% coinsurance |
| X-rays | \$150 copay | 75% coinsurance |
| CAT, PET or MRI scan | \$500 copay | 75% coinsurance |
| Routine lab and pathology | \$100 copay | 75% coinsurance |
| Physical or occupational therapy (30 visits/year) | \$40 copay | 75% coinsurance |
| Speech therapy (30 visits/year) | \$40 copay | 75% coinsurance |
| Home health care visits | No cost to you | 75% coinsurance |
| Behavioral health services (including mental health and substance abuse visits) | \$40 copay | 75% coinsurance |
| Acupuncture | \$40 copay | 75% coinsurance |
| Chiropractic (10 visits/year—spinal manipulation only) | \$40 copay | 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 |



SIMPLE BRONZE 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 | \$30 copay | Not covered |
| Preferred brand | \$100 copay | Not covered |
| Non-preferred brand | \$200 copay | Not covered |
| Specialty | 50% coinsurance | Not covered |
| GOING TO A HOSPITAL OR OTHER MEDICAL FACILITY | | |
| Urgent care center visit | \$80 copay | 75% coinsurance |
| Emergency room visit (not admitted to hospital) | \$750 copay (all inclusive) | \$750 copay |
| Ambulance to hospital | \$300 copay | 75% coinsurance |
| Surgery at ambulatory (outpatient) surgery center | \$6,000 copay | 75% coinsurance |
| Outpatient surgery at hospital | \$6,300 copay | 75% coinsurance |
| Inpatient hospital stay | 0%, after deductible | 75% coinsurance |
| DURABLE MEDICAL EQUIPMENT & SUPPLIES | | |
| Tier I: Medical equipment costing up to \$799.99 | \$80 copay | Not covered |
| Tier II: Medical equipment costing \$800 or more | \$300 copay | 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!

Oregon's Health CO-OP, 220 NW Second Avenue,
Suite 600, Portland, OR 97204; 1-844-509-4676
Email: sales@ohcoop.org | www.ohcoop.org