

Samaritan Momentum Plan For Association Groups in Oregon

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

[Employer Group Name]

| 2019 BENEFITS (Member pays) | Samaritan Momentum \$7350 – 30% | |
|--|---------------------------------|----------------|
| Wellness Services | In-network | Out-of-network |
| Individual Wellness Assessment Interactive, online questionnaire that evaluates lifestyle and its impact on good health. | \$0, not subject to deductible | Not covered |
| Health Risk Screening Blood test identifies risks for certain diseases and medical conditions. | \$0, not subject to deductible | Not covered |
| Health Risk Score and Report Provides a snapshot of the member's current health and recommends appropriate action items. Requires completion of Individual Wellness Assessment and Health Risk Screening test. | \$0, not subject to deductible | Not covered |
| Personal Health Coaching A trained, certified professional provides confidential, one-on-one sessions to assist members in reaching their health and wellness goals. | \$0, not subject to deductible | Not covered |

| Medical Benefits | In-network | Out-of-network |
|---|---|--|
| Deductible Per calendar year Medical and Pharmacy | \$7,350 per individual \$14,700 per family | \$10,000 per individual \$20,000 per family |
| Out-of-pocket maximum Per calendar year Medical and Pharmacy | \$7,900 per individual \$15,800 per family | \$15,800 per individual \$31,600 per family |
| Primary care Office visits, in-office procedures | \$40, not subject to deductible | 50%, after deductible |
| Urgent care | \$70, not subject to deductible | \$70, not subject to deductible |
| Specialty care Office visits, in-office procedures | \$60, not subject to deductible | 50%, after deductible |
| Radiology ¹ | 30%, not subject to deductible | 50%, after deductible |
| Labs ¹ | 30%, not subject to deductible | 50%, after deductible |
| Emergency care Waived if admitted to hospital | \$400, then 30%, after deductible | \$400, then 30%, after deductible |
| Mental health and Substance Use Disorder Office visits | \$40, not subject to deductible | 50%, after deductible |
| Women's health services and reproductive rights | \$0, not subject to deductible | 50%, after deductible |
| Preventive care and services Including well baby care, routine physicals, routine gynecological exams, immunizations, colorectal screening, ACA required services | \$0, not subject to deductible | 50%, after deductible |

| Medical Benefits | In-network | Out-of-network |
|--|------------------------------------|-----------------------|
| Outpatient surgery ¹ Facility and professional charges | 30%, after deductible | 50%, after deductible |
| Outpatient services ¹ Dialysis, chemotherapy, infusion, and radiation therapy (Medication may require authorization) | 30%, after deductible | 50%, after deductible |
| Outpatient rehabilitative Includes physical therapy, occupational therapy, and speech therapy | \$60, after deductible | 50%, after deductible |
| Outpatient habilitative Includes physical therapy, occupational therapy, and speech therapy | \$60, after deductible | 50%, after deductible |
| Inpatient hospital ¹ Inpatient and rehabilitative care | 30%, after deductible | 50%, after deductible |
| Inpatient rehabilitative care ¹ Up to 30 days* | 30%, after deductible | 50%, after deductible |
| Inpatient habilitative care ¹ Up to 30 days* | 30%, after deductible | 50%, after deductible |
| Skilled nursing facility care ¹ Up to 60 days per benefit year | \$0, not subject to deductible | 50%, after deductible |
| Outpatient intensive services and programs for substance use Including partial hospitalization | 30%, after deductible | Not Covered |
| Bariatric surgery ¹ Does not accrue to out-of-pocket or deductible limits; listed copay does not include other applicable cost shares | \$5,000, not subject to deductible | Not Covered |
| Specialized surgical procedures ¹ Spine surgery for pain, arthroscopies, shoulder surgery for osteoarthritis | 30%, not subject to deductible | Not Covered |
| High tech imaging ¹ CT scans MRIs and PET scans | 30%, not subject to deductible | 50%, after deductible |
| Mental health and Substance Use Disorder ¹ Inpatient care and Residential programs | 30%, not subject to deductible | 50%, after deductible |
| Allergy injections ² | \$5, after deductible | 50%, after deductible |
| Injectable drugs ¹ And other drugs administered other than orally (when rendered in the office) | 30%, after deductible | 50%, after deductible |
| Ambulance, ground | 30%, after deductible | 30%, after deductible |
| Ambulance, air | 30%, after deductible | 30%, after deductible |
| Durable medical equipment (DME) ¹ Includes prosthetic and orthotic devices | 30%, after deductible | 50%, after deductible |
| Home health care | 30%, after deductible | 50%, after deductible |

| Medical Benefits | In-network | Out-of-network |
|----------------------------------|---------------------------------|-----------------------|
| Hospice | 30%, after deductible | 50%, after deductible |
| Hearing aids ¹ | 30%, after deductible | 50%, after deductible |
| Transplants ¹ | 50%, after deductible | 50%, after deductible |
| Cardiac rehab | \$60, after deductible | 50%, after deductible |
| Diabetes education | \$40, not subject to deductible | 50%, after deductible |
| Nutritional counseling | \$0, not subject to deductible | 50%, after deductible |
| Diabetic supplies | \$0, not subject to deductible | 50%, after deductible |

| Pharmacy Benefits | In-network | Out-of-network |
|---|---|-----------------------|
| Tier 1: Preventive | \$0, not subject to deductible for: <ul style="list-style-type: none"> • Specified generic drugs • Selected asthma medications • Tobacco cessation drugs/ supplies • Preventive drugs | 50%, after deductible |
| Tier 2: Generic ¹ | \$15, not subject to deductible | 50%, after deductible |
| Tier 3: Preferred ¹ | \$50, not subject to deductible | 50%, after deductible |
| Tier 4: Non-preferred ¹ | \$100, not subject to deductible | 50%, after deductible |
| Tier 5: High-cost specialty drugs ¹ | 50%, not subject to deductible | 50%, after deductible |

¹ May require a Prior Authorization

² 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 Substance Use Disorder diagnosis