

SUMMARY OF COVERAGE

SiMPL**E** SILVER SELECT

**INDIVIDUALS
ONLY**

Oregon's Health CO-OP is a nonprofit, commercial health plan created by and for Oregonians. Our focus is our members—and the health of Oregon communities.

People over profits: As a CO-OP, we'll reinvest our earnings in you. Our priorities are affordable premiums and improved member benefits and services. We're eager to change insurance for the better. Members will elect our board. Most board members will also be CO-OP members.

Naturopaths: Our network of credentialed primary care providers includes naturopaths, physicians, osteopaths, nurse practitioners and physician assistants.

SELECT Network description: "The SELECT Network" is specifically designed for individuals looking for the most affordable option and are comfortable with a more limited network with major providers in the Portland area (Multnomah, Clackamas and western Washington Counties). The *SELECT* Network offers members access to the following hospital systems and physicians in the area that refer to these facilities: Adventist Medical Center and Tuality Community Hospital. Additionally upon referral by their participating medical provider, members may obtain medical necessary Covered services at Oregon Health & Sciences University while accessing their in-network benefits when authorized by Oregon's Health CO-OP.

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	NO DEDUCTIBLE	
Maximum yearly out-of-pocket — person / family includes deductibles, copays and/or coinsurance	\$6,000 / \$12,000	\$12,000 / \$24,000
SEEING YOUR HEALTH PROVIDERS		
Phone or email visits	\$15 copay	Not covered
Office visit with primary care provider	\$35 copay	Not covered
Office visit with specialist	\$55 copay	50% coinsurance
X-rays	\$50 copay	50% coinsurance
CAT, PET or MRI scan	\$500 copay	50% coinsurance
Routine lab and pathology	\$50 copay	50% coinsurance
Physical or occupational therapy (30 visits/year)	\$35 copay	50% coinsurance
Speech therapy (30 visits/year)	\$35 copay	50% coinsurance
Home health care visits	No cost to you	50% coinsurance
Behavioral health services (including mental health and substance abuse visits)	\$35 copay	50% coinsurance
Acupuncture	\$35 copay	50% coinsurance
Chiropractic (6 visits/year - spinal manipulation only)	\$35 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.



Oregon's Health CO-OP
My Voice, My Health, My Plan

www.ohcoop.org

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SIMPLE SILVER SELECT

MY COVERAGE	MY COST	
	In-Network	Non-Network
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
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	\$15 copay	Not covered
Preferred brand	\$70 copay	Not covered
Non-preferred brand	\$140 copay	Not covered
Specialty	50% coinsurance	Not covered
GOING TO A HOSPITAL OR OTHER MEDICAL FACILITY		
Urgent care center visit	\$75 copay	50% coinsurance
Emergency room visit (not admitted to hospital)	\$500 copay (all inclusive)	\$500 copay
Ambulance to hospital	\$250 copay	50% coinsurance
Surgery at ambulatory (outpatient) surgery center	\$3,500 copay	50% coinsurance
Outpatient surgery at hospital	\$4,500 copay	50% coinsurance
Inpatient hospital stay	\$5,000 copay	50% coinsurance
DURABLE MEDICAL EQUIPMENT & SUPPLIES		
Tier I: Medical equipment costing up to \$799.99	\$70 copay	Not covered
Tier II: Medical equipment costing \$800 or more	\$250 copay	Not covered

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, One Pacific Square, Ste. 600
Portland, OR 97204; 1-844-509-4676
Email: sales@ohcoop.org | www.ohcoop.org