



# MEDICAL BENEFITS

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. The Suquamish Tribe offers you a PPO medical plan administered by HMA. The plan provides excellent coverage of preventive services, such as routine physical exams and immunizations, that are very important to your and your family's health. Prescription drug coverage is also included with the medical plan, through OptumRx.

## \$2,000 DEDUCTIBLE PPO PLAN

No matter where you are in the United States, you will be covered under your HMA Plan. If you are temporarily in or reside outside of the Pacific Northwest (Washington, Oregon, Idaho, and Utah), you have access to the network and savings discounts negotiated with healthcare providers in each state.

- Always carry your current HMA member ID card with you
- To find in-network doctors and hospitals, log in to the HMA member portal at [accesshma.com](http://accesshma.com) and select "Find a doctor or hospital."
- Click on the image of the state or region where you would like to search.
- Enter the city, state, and zip code where you would like to search.
- Call HMA's Customer Care Team at 1-888-450-4491 available 6 am – 6 pm PT, Monday – Friday for any required pre-certification or pre-authorization.
- When you arrive at the in-network doctor's office or hospital, show them your HMA member ID card. On the back of the card, the provider can find the information and contact details to inquire about your benefit coverage and to find out how to submit the claim.

## TELEHEALTH

Consult with a board-certified doctor 24-hours a day, 7 days a week by phone, secure video, or through the MDLIVE App.

When you're not feeling well, making your way into a doctor's office can be a real pain... from missing work or getting off the couch, to getting stuck in a waiting room. With your telehealth benefit, you can save time and money by seeing an MDLIVE doctor for non-emergency conditions. MDLIVE doctors can even send a prescription to your nearest pharmacy (if needed). Below are some of the conditions that MDLIVE doctors can treat.

### Get Started with MDLIVE

#### Register with the HMA Member Portal

1. Visit [accesshma.com](http://accesshma.com).
2. Select the HMA Member Login button at the top of your screen
3. Log in to your member portal or create an account in just a few minutes by selecting "Create an account" on the bottom of the login screen.
4. Once logged in, scroll down your home dashboard to "Explore Your Benefits" and select the tile labeled "See a doctor now" to access MDLIVE.

#### Or Register with a Virtual Health Assistant



Meet Sophie, your virtual health assistant! Sophie makes creating an account quick and easy using your smartphone. See a doctor in minutes – anytime, anywhere!

Text Sophie at HMA to 635483 and follow the link to register. You can also activate your account or talk to a doctor now at <http://www.mdlive.com/hma> or by calling 1-877-596-0967.



## COPAY & COINSURANCE

A copay is a flat dollar amount you pay for a medical service. Coinsurance is when you pay a percentage of the cost.

## CALENDAR YEAR DEDUCTIBLE

This is the amount you pay before your plan begins covering expenses not subject to a copay. If you are enrolled with one or more family members on the plan, once the total family deductible is met, no one else in the family has to pay the balance of their deductible.

## OUT-OF-POCKET (OOP) MAXIMUM

The OOP maximum is the most you pay in a calendar year for in-network covered medical services. Once the OOP maximum is met, the plan will pay 100% of the allowed amount for the remainder of the calendar year for in-network covered services. On a family plan, each person has their own OOP maximum. However, once the total family OOP is met, no one else in the family has to pay the balance of their OOP maximum.

## OUT-OF-NETWORK

When you use out-of-network providers, your plan will pay for services based upon their allowed amount. You will be responsible for the remaining costs. When you use out-of-network services, your plan will only pay a percentage of the allowable amount. You may be responsible for the balance.