



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 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.
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.

MEDICAL BENEFITS – PLAN HIGHLIGHTS



	Medical Plan		
<i>PCY = Per Calendar Year (January 1-December 31)</i>	Preferred	Participating	Out-of-Network¹
Annual Deductible (Individual/Family)	\$2,000 / \$4,000	\$2,000 / \$4,000	\$2,000 / N/A
HRA Reimbursement (Individual / Family of 2 / Family of 3+)	\$1,700 / \$3,400 / \$5,100		
What You Pay	30%	30%	50%
Annual Out-of-Pocket Maximum (Individual/Family) ²	\$5,000 / \$10,000	\$5,000 / \$10,000	N/A
Preventive Care	No charge (deductible waived)	No charge (deductible waived)	50% (deductible waived)
Outpatient Services			
Office Visit	\$30 copay per visit (deductible waived)	\$30 copay per visit (deductible waived)	\$30 copay + 50% (deductible waived)
Telehealth	Covered services are subject to a \$0 copay. (deductible is waived) (Services must be provided by MDLive to be eligible for coverage; Medical services are covered; Behavioral health services are not covered; Telederm services are not covered)		
Diagnostic Lab & X-Ray	No Charge (deductible waived)	No Charge (deductible waived)	50% (deductible waived)
Surgery	30% after deductible	30% after deductible	50% after deductible
Rehabilitation	30% after deductible	30% after deductible	50% after deductible
Other Services			
Chiropractic Care	\$30 copay per visit (deductible waived)	\$30 copay per visit (deductible waived)	50% (deductible waived)
	Limited to 24-visit calendar year maximum		
Massage Therapy	\$30 copay per visit (deductible waived)	\$30 copay per visit (deductible waived)	\$30 copay + 50% (deductible waived)
	Limited to 12-visit calendar year maximum		
Acupuncture	\$30 copay per visit (deductible waived)	\$30 copay per visit (deductible waived)	\$30 copay + 50% (deductible waived)
	Limited to 12-visit calendar year maximum		
Urgent Care	\$30 copay per visit (deductible waived)	\$30 copay per visit (deductible waived)	\$30 copay per visit (deductible waived)
Emergency Room (copay waived if admitted)	\$100 copay + 30% after deductible	\$100 copay + 30% after deductible	\$100 copay + 30% after deductible (Out of network is subject to the PPO/PAR deductible and out of pocket maximum)
Inpatient Hospitalization	30% after deductible	30% after deductible	50% after deductible

1. In-Network and Out-of-Network deductibles and Out of Pocket Maximums are separate. In-Network services will not credit to Out-of-Network services, and vice versa.

2. Until the family Out-of-Pocket Maximum is reached, each person enrolled in the plan has an individual Out-of-Pocket Maximum of \$5,000. Even if you are enrolled as a family, you will still only need to meet that individual maximum before the plan pays 100% of covered services In-Network.

Limitations: This benefit outline is for illustrative purposes only. Actual claims paid are subject to maximum allowable charge, frequencies, age limitations, terms and conditions of the contract.

IMPORTANT! This medical plan sometimes requires prior authorization to receive coverage for certain planned services. If prior authorization is not obtained for a required service, you could be subject to additional cost shares not outlined here or denial of coverage. Please contact Innovative Care Management for prior authorization on (800) 441-6337.