

OEBB "BRONZE PLAN" MEDICAL/Rx SUMMARY OF BENEFITS 2015-16

	Kaiser Bronze HSA-Compliant Plan		Moda Bronze HSA-Compliant Statewide Plan		Moda Bronze HSA-Compliant Summit or Synergy Plan	
	In-network, members pay	Out-of-network, members pay	In-network, members pay	Out-of-network, members pay	In-network, members pay	Out-of-network, members pay
Employee Only						
Plan Year Deductible	\$5,000	See Plan Handbook	\$5,000	\$10,000	\$5,000	\$10,000
Plan Year Out-of-Pocket Limit	\$6,450	See Plan Handbook	\$6,450	\$12,900	\$6,450	\$12,900
Employee and One or More Dependents						
Plan Year Deductible	\$10,000	See Plan Handbook	\$10,000	\$20,000	\$10,000	\$20,000
Plan Year Out-of-Pocket Limit	\$12,900	See Plan Handbook	\$12,900	\$25,800	\$12,900	\$25,800
Care & services						
Preventive care ₂	\$0/visit ₁	Not covered	\$0/visit ₁	50%	\$0/visit _{1,4}	50%
Primary care physician (PCP) office visit	30%	Not covered	30%	50%	30% ₄	50%
Specialist office visit	30%	Not covered	30%	50%	30%	50%
Urgent care visit	30%	See Plan Handbook	30%	50%	30%	50%
Inpatient/outpatient care	30%	See Plan Handbook	30%	50%	30%	50%
Outpatient diagnostic X-ray & lab	30%	Not covered	30%	50%	30%	50%
Outpatient mental health/ chemical dependency	30%	Not covered	30%	50%	30%	50%
Emergency room	30%	30%	30%	30%	30%	30%
Ambulance	30%	30%	30%	30%	30%	30%
Physical, speech or occupational therapy	30%	Not covered	30%	50%	30%	50%
Alternative care	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Prescription medications						
Value	Not Applicable	Not Applicable	\$2 ₁	\$2 ₁	\$2 ₁	\$2 ₁
Select/Generic	\$15 per 30-day supply	See Plan Handbook	40%	40%	40%	40%
Preferred Brand	\$50 per 30-day supply	See Plan Handbook	40%	40%	40%	40%
Non-Preferred Brand	30%	See Plan Handbook	50%	50%	50%	50%
Specialty	50%	See Plan Handbook	50% ₃	Not covered	50% ₃	Not covered
Features						
Plan tier	Bronze		Bronze		Bronze	
Provider network	Kaiser Permanente Facilities		Connexus		Summit or Synergy	

₁ Deductible waived

₂ For services as required under the Affordable Care Act

₃ On Moda plans, specialty medications must be accessed through Moda's exclusive specialty pharmacy provider and require prior authorization.

₄ If enrolled in a Summit or Synergy Bronze Plan option, members must see a provider at their preselected medical home to receive the in-network benefit for primary and preventive care services.

NOTE: These options are only available for use by the ACA Employee Group. Use must be authorized by OEBB.