

**Oregon Summary of 2016 Standard Plans and 2015 Most Popular Plans  
Individual Market Summary Exhibit**

May 18, 2015 Meeting

Benefit as listed on the B 91 Exhibit document	Gold			
	Gold Standard	Gold A	Gold B	Gold C
	ACA	ACA	ACA	ACA
Deductible	Medical: \$1,250; Rx: \$0	Combined Medical and Drug: \$750	Medical: \$0; Rx: \$0	Combined Medical and Drug: \$500
Maximum OOP	Combined Medical and Drug: \$6,350	Combined Medical and Drug: \$4,750	Combined Medical and Drug: \$6,350	Combined Medical and Drug: \$4,500
Family Multiplier	2x Individual	2x Individual	2x Individual	2x Individual
Primary Care Office Visit to Treat an Injury or Illness	\$20	\$15	\$20	\$10
Specialist Office Visit	\$40	\$15	\$40	\$30
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	10% After Deductible	15% After Deductible	30%	20% After Deductible
Outpatient Surgery physician/Surgical Services	10% After Deductible	15% After Deductible	30%	20% After Deductible
Urgent Care Centers or Facilities	\$60	\$15	\$40	\$10
Emergency Room Services	10% After Deductible	15% After Deductible	\$250	\$100 Copay Before Deductible; 20% After Deductible
Inpatient Hospital Services (e.g., Hospital Stay)	10% After Deductible	15% After Deductible	\$500 Copay per Day	20% After Deductible
Inpatient Physician and Surgical Services	10% After Deductible	15% After Deductible	\$500	20% After Deductible
Generic Drugs	\$10	\$10	\$10	\$10
Preferred Brand Drugs	\$30	40%	\$30	\$40
Non-Preferred Brand Drugs	50%	50%	30%	50%
Specialty Drugs	50%	50%	30%	20%
*Outpatient Rehabilitation Services	\$20 (Applies to PT, OT, ST provided in an office setting); PT, OT, ST provided in emergency room or urgent care setting is subject to applicable coinsurance.	\$15	\$20	20% After Deductible

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Benefit as listed on the B 91 Exhibit document	Silver			
	Silver Standard	Silver A	Silver B	Silver C
	ACA	ACA	ACA	ACA
Deductible	Medical: \$2,500; Rx: \$0	Combined Medical and Drug: \$1,150	Combined Medical and Drug: \$3,000	Medical: \$1,500; Rx: \$250
Maximum OOP	Combined Medical and Drug: \$6,350	Combined Medical and Drug: \$6,600	Combined Medical and Drug: \$6,000	Combined Medical and Drug: \$6,350
Family Multiplier	2x Individual	2x Individual	2x Individual	2x Individual
Primary Care Office Visit to Treat an Injury or Illness	\$35	\$25	\$15	\$30
Specialist Office Visit	\$70	\$25	25% After Deductible	\$50
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	30% After Deductible	30% After Deductible	25% After Deductible	30% After Deductible
Outpatient Surgery physician/Surgical Services	30% After Deductible	30% After Deductible	25% After Deductible	30% After Deductible
Urgent Care Centers or Facilities	\$90	\$25	\$15 copay/visit for first three; 25% coinsurance for subsequent visits	\$50
Emergency Room Services	30% After Deductible	30% After Deductible	25% ( Deductible applies to mental health and substance abuse services. )	\$350
Inpatient Hospital Services (e.g., Hospital Stay)	30% After Deductible	30% After Deductible	25% After Deductible	30% After Deductible
Inpatient Physician and Surgical Services	30% After Deductible	30% After Deductible	25% After Deductible	30% After Deductible
Generic Drugs	\$15	Value drugs: \$2 copay retail, \$6 copay mail-order; Select tier drugs: \$10 copay retail, \$30 copay mail-order	Value drugs: \$2 copay retail, \$6 copay mail-order; Select tier drugs: \$10 copay retail, \$30 copay mail-order	\$15
Preferred Brand Drugs	\$50	40%	40%	\$45 After Deductible
Non-Preferred Brand Drugs	50%	50%	50%	30% After Deductible
Specialty Drugs	50%	50%	50%	30% After Deductible
*Outpatient Rehabilitation Services	\$35 (Applies to PT, OT, ST provided in an office setting); PT, OT, ST provided in emergency room or urgent care setting is subject to applicable coinsurance.	\$25	25% After Deductible	\$30 After Deductible

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Benefit as listed on the B 91 Exhibit document	Bronze				
	Bronze Standard	Bronze A	Bronze B	Bronze C	Bronze D
	ACA	ACA	ACA	ACA	ACA
Deductible	Combined Medical and Drug: \$5,000	Combined Medical and Drug: \$5,250	Combined Medical and Drug: \$6,350	Combined Medical and Drug: \$5,250	Medical: \$4,500; Rx: \$500
Maximum OOP	Combined Medical and Drug: \$6,350	Combined Medical and Drug: \$6,350	Combined Medical and Drug: \$6,350	Combined Medical and Drug: \$5,250	Combined Medical and Drug: \$6,350
Family Multiplier	2x Individual	2x Individual	2x Individual	2x Individual	2x Individual
Primary Care Office Visit to Treat an Injury or Illness	\$60 After Deductible	40% After Deductible	\$20	0% After Deductible	\$50
Specialist Office Visit	\$100 After Deductible	40% After Deductible	\$50	0% After Deductible	\$70
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	50% After Deductible	40% After Deductible	0% After Deductible	0% After Deductible	20% After Deductible
Outpatient Surgery physician/Surgical Services	50% After Deductible	40% After Deductible	0% After Deductible	0% After Deductible	20% After Deductible
Urgent Care Centers or Facilities	\$120 After Deductible	40% After Deductible	\$20	0% After Deductible	\$70
Emergency Room Services	50% After Deductible	40% After Deductible	\$250	0% After Deductible	20% After Deductible
Inpatient Hospital Services (e.g., Hospital Stay)	50% After Deductible	40% After Deductible	0% After Deductible	0% After Deductible	20% After Deductible
Inpatient Physician and Surgical Services	50% After Deductible	40% After Deductible	0% After Deductible	0% After Deductible	20% After Deductible
Generic Drugs	\$20 After Deductible	50% After Deductible	0% After Deductible	0% After Deductible	\$25
Preferred Brand Drugs	\$80 After Deductible	50% After Deductible	0% After Deductible	0% After Deductible	50% After Deductible
Non-Preferred Brand Drugs	50% After Deductible	50% After Deductible	0% After Deductible	0% After Deductible	50% After Deductible
Specialty Drugs	50% After Deductible	50% After Deductible	0% After Deductible	0% After Deductible	50% After Deductible
*Outpatient Rehabilitation Services	\$60 After Deductible (Applies to PT, OT, ST provided in an office setting); PT, OT, ST provided in emergency room or urgent care setting is subject to applicable coinsurance.	40% After Deductible	0% After Deductible	0% After Deductible	\$50 After Deductible