

Oregon Summary of 2016 Standard and 2015 Most Popular Plans

Small Group 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	Gold D	Gold E
	ACA	Non-ACA	Non-ACA	ACA	ACA	ACA
Deductible	Medical: \$1,250; Rx: \$0	Combined Medical and Drug: \$1,000	Combined Medical and Drug: \$500	Combined Medical and Drug: \$4,000	Medical: \$500; Rx: \$0	Medical: Combined In/Out Network \$1000; Rx: Combined In/Out Network \$0
Maximum OOP	Combined Medical and Drug: \$6,350	Combined Medical and Drug: \$2,000	Combined Medical and Drug: \$2,000	Combined Medical and Drug: \$4,000	Combined Medical and Drug: \$4,000	Combined Medical and Drug In/Out Network: \$4,500
Family Multiplier	2x Individual	3x Individual	3x Individual	2x Individual	2x Individual	2x Individual
Primary Care Office Visit to Treat an Injury or Illness	\$20	\$20	\$20	\$25	\$20	\$30
Specialist Office Visit	\$40	\$20	\$20	\$45	\$30	\$30
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	10% After Deductible	20% After Deductible	20% After Deductible	\$150 Copay after deductible; 0% Coinsurance after deductible	20% After Deductible	15% After Deductible
Outpatient Surgery physician/Surgical Services	10% After Deductible	20% After Deductible	20% After Deductible	No Charge after deductible; 10% Coinsurance after Deductible	20% After Deductible	20% After Deductible
Urgent Care Centers or Facilities	\$60	\$40	\$40	\$45	\$40	\$50
Emergency Room Services	10% After Deductible	20% After Deductible	20% After Deductible	250 Copay; 20% After Deductible	20% After Deductible	\$250 Copay; 20%
Inpatient Hospital Services (e.g., Hospital Stay)	10% After Deductible	20% After Deductible	20% After Deductible	20% After Deductible	20% After Deductible	20% After Deductible
Inpatient Physician and Surgical Services	10% After Deductible	20% After Deductible	20% After Deductible	20% After Deductible	20% After Deductible	20% After Deductible
Generic Drugs	\$10	\$15	\$15	\$10	\$10	\$15
Preferred Brand Drugs	\$30	\$30	\$30	\$40	\$20	\$30
Non-Preferred Brand Drugs	50%	\$50	\$50	30% After Deductible	\$60	50
Specialty Drugs	50%	Not in the Summary	Not in the Summary	30% After Deductible	\$150	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.	\$20 after Deductible	\$20 after Deductible	20% After Deductible	\$30 After Deductible	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	Silver D
	ACA	ACA	ACA	Non-ACA	ACA
Deductible	Medical: \$2,500; Rx: \$0	Medical: \$1,500; Rx: \$0	Combined Medical and Drug: \$6,000	Combined Medical and Drug: \$5,000	Combined Medical and Drug: \$2,000
Maximum OOP	Combined Medical and Drug: \$6,350	Combined Medical and Drug: \$6,350	Combined Medical and Drug: \$6,000	Combined Medical and Drug: \$3,000	Combined Medical and Drug: \$6,600
Family Multiplier	2x Individual	2x Individual	2x Individual	3x Individual	2x Individual
Primary Care Office Visit to Treat an Injury or Illness	\$35	\$30	\$25	\$30	\$35
Specialist Office Visit	\$70	\$40	\$50	\$30	\$50
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	30% After Deductible	20% After Deductible	\$200 Copay after deductible	30% After Deductible	30% After Deductible
Outpatient Surgery physician/Surgical Services	30% After Deductible	20% After Deductible	20% After Deductible	30% After Deductible	30% After Deductible
Urgent Care Centers or Facilities	\$90	\$50	\$50	\$50	\$35
Emergency Room Services	30% After Deductible	20% After Deductible	\$250 Copay After Deductible; 20% After Deductible	30% After Deductible	\$250 Copay After Deductible; 30%
Inpatient Hospital Services (e.g., Hospital Stay)	30% After Deductible	20% After Deductible	20% After Deductible	30% After Deductible	30% After Deductible
Inpatient Physician and Surgical Services	30% After Deductible	20% After Deductible	20% After Deductible	30% After Deductible	30% After Deductible
Generic Drugs	\$15	\$20	\$15	\$15	\$10
Preferred Brand Drugs	\$50	\$40	\$60	\$30	\$50
Non-Preferred Brand Drugs	50%	30%	20% After Deductible	\$50	\$75
Specialty Drugs	50%	30%	20% After Deductible	Not in the Summary	\$250
*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.	\$40 After Deductible	20% After Deductible	\$30 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	Bronze E
	ACA	Non-ACA	Non-ACA	ACA	ACA	ACA
Deductible	Combined Medical and Drug: \$5,000	Combined Medical and Drug: \$5,000	Combined In/Out Network, Medical and Drug: \$7,500	Combined Medical and Drug: \$3,500	Combined Medical and Drug: \$4,500	Combined Medical and Drug: \$2,500
Maximum OOP	Combined Medical and Drug: \$6,350	Combined Medical and Drug: \$6,000	Combined Medical and Drug: \$4,000	Integrated Medical/Rx: \$6,500	Integrated Medical/Rx: \$6,350	Integrated Medical/Rx: \$6,250
Family Multiplier	2x Individual	Deductible: 3x Individual; MOOP: 2x Individual	3x Individual	2x Individual	2x Individual	2x Individual
Primary Care Office Visit to Treat an Injury or Illness	\$60 After Deductible	\$35	\$35	\$50	\$50	50% After Deductible
Specialist Office Visit	\$100 After Deductible	Not in the summary	\$70	\$70	\$60	50% After Deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	50% After Deductible	30% After Deductible	15%	30% After Deductible	30% After Deductible	50% After Deductible
Outpatient Surgery physician/Surgical Services	50% After Deductible	30% After Deductible	20%	30% After Deductible	30% After Deductible	50% After Deductible
Urgent Care Centers or Facilities	\$120 After Deductible	\$35	\$50	\$70	\$70	50% After Deductible
Emergency Room Services	50% After Deductible	\$250 co-pay/visit plus 30% co-insurance	20%	30% After Deductible	30% After Deductible	50% After Deductible
Inpatient Hospital Services (e.g., Hospital Stay)	50% After Deductible	30% After Deductible	20%	30% After Deductible	30% After Deductible	50% After Deductible
Inpatient Physician and Surgical Services	50% After Deductible	30% After Deductible	20%	30% After Deductible	30% After Deductible	50% After Deductible
Generic Drugs	\$20 After Deductible	\$10	Not in the summary	\$20 After Deductible	\$20 After Deductible	50% After Deductible
Preferred Brand Drugs	\$80 After Deductible	\$50	Not in the summary	\$75 After Deductible	\$60 After Deductible	50% After Deductible
Non-Preferred Brand Drugs	50% After Deductible	\$75	Not in the summary	50% After Deductible	50% After Deductible	50% After Deductible
Specialty Drugs	50% After Deductible	\$100 or 20%, whichever is less	Not in the summary	50% After Deductible	50% 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.	30% After Deductible	20%	\$60 After Deductible	\$60 After Deductible	50% After Deductible