

# Oregon Summary of 2016 Standard Plans and Alternatives for 2017

June 2, 2015 Meeting

Benefit	Gold			
	Standard	Alternative 1	Alternative 2	Alternative 3
2016 AV	78.36%	78.48%	78.56%	78.67%
		Rx, lab and x-ray copays	Combined medical and drug deductible	Combined medical and drug deductible, more services under deductible
Deductible	Medical: \$1,250; Drug: \$0	Medical: \$1,000; Drug: \$0	Combined Medical and Drug: \$1,000	Combined Medical and Drug: \$750
Maximum OOP	Combined Medical and Drug: \$6,350	Combined Medical and Drug: \$5,000	Combined Medical and Drug: \$5,000	Combined Medical and Drug: \$6,000
Family Multiplier	2x Individual	2x Individual	2x Individual	2x Individual
Primary Care Office Visit to Treat an Injury or Illness	\$20	\$20	\$20	\$15
Specialist Office Visit	\$40	\$45	\$45	25% After Deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	10% After Deductible	20% After Deductible	20% After Deductible	25% After Deductible
Outpatient Surgery physician/Surgical Services	10% After Deductible	20% After Deductible	20% After Deductible	25% After Deductible
Inpatient Hospital Services (e.g., Hospital Stay)	10% After Deductible	20% After Deductible	20% After Deductible	25% After Deductible
Inpatient Physician and Surgical Services	10% After Deductible	20% After Deductible	20% After Deductible	25% After Deductible
Urgent Care Centers or Facilities	\$60	\$45	\$45	\$45
Emergency Room Services	10% After Deductible	20% After Deductible	20% After Deductible	25% After Deductible
Generic Drugs	\$10	\$10	\$10	\$10
Preferred Brand Drugs	\$30	\$30	\$30	\$30
Non-Preferred Brand Drugs	50%	\$50	20% After Deductible	25% After Deductible
Specialty Drugs	50%	\$150	20% After Deductible	25% After Deductible
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.	\$45	\$45	25% After Deductible
Imaging (CT/PET Scans, MRIs)	10% After Deductible	20% After Deductible	20% After Deductible	25% After Deductible
Laboratory Outpatient and Professional Services	10% After Deductible	\$20	\$20	25% After Deductible
X-rays and Diagnostic Imaging	10% After Deductible	\$45	\$45	25% After Deductible

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Benefit	Silver			
	Standard	Alternative 1	Alternative 2	Alternative 3
<b>2016 AV</b>	<b>69.69%</b>	<b>68.94%</b>	<b>69.19%</b>	<b>68.59%</b>
		<b>Combined medical and drug deductible; copays for office visits, generic and preferred brand</b>	<b>Lower PCP copay, specialists subject to deductible and coinsurance</b>	<b>More copay based</b>
Deductible	Medical: \$2,500; Drug: \$0	Combined Medical and Drug: \$3,000	Combined Medical and Drug: \$3,000	Medical: \$3,000; Drug: \$0
Maximum OOP	Combined Medical and Drug: \$6,350	Combined Medical and Drug: \$6,500	Combined Medical and Drug: \$6,500	Combined Medical and Drug: \$6,500
Family Multiplier	2x Individual	2x Individual	2x Individual	2x Individual
Primary Care Office Visit to Treat an Injury or Illness	\$35	\$30	\$15	\$30
Specialist Office Visit	\$70	\$80	30% After Deductible	\$80
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	30% After Deductible	30% After Deductible	30% After Deductible	30% After Deductible
Outpatient Surgery physician/Surgical Services	30% After Deductible	30% After Deductible	30% After Deductible	30% After Deductible
Inpatient Hospital Services (e.g., Hospital Stay)	30% After Deductible	30% After Deductible	30% After Deductible	30% After Deductible
Inpatient Physician and Surgical Services	30% After Deductible	30% After Deductible	30% After Deductible	30% After Deductible
Urgent Care Centers or Facilities	\$90	\$50	\$50	\$50
Emergency Room Services	30% After Deductible	30% After Deductible	30% After Deductible	30% After Deductible
Generic Drugs	\$15	\$15	\$10	\$15
Preferred Brand Drugs	\$50	\$60	\$60	\$60
Non-Preferred Brand Drugs	50%	30% After Deductible	30% After Deductible	\$90
Specialty Drugs	50%	30% After Deductible	30% After Deductible	\$300
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.	30% After Deductible	30% After Deductible	30% After Deductible
Imaging (CT/PET Scans, MRIs)	30% After Deductible	30% After Deductible	30% After Deductible	30% After Deductible
Laboratory Outpatient and Professional Services	30% After Deductible	30% After Deductible	30% After Deductible	30% After Deductible
X-rays and Diagnostic Imaging	30% After Deductible	30% After Deductible	30% After Deductible	30% After Deductible

# Oregon Summary of 2016 Standard Plans and Alternatives for 2017

June 2, 2015 Meeting

Benefit	Bronze			
	Standard	Alternative 1	Alternative 2	Alternative 3
<b>2016 AV</b>	<b>61.90%</b>	<b>61.75%</b>	<b>61.92%</b>	<b>60.78%</b>
		<b>100% after deductible; HSA-qualified</b>	<b>PCP / Generic copays; not HSA-qualified</b>	<b>Lower deductible; HSA-qualified</b>
Deductible	Combined Medical and Drug: \$5,000	Combined Medical and Drug: \$6,000	Combined Medical and Drug: \$6,850	Combined Medical and Drug: \$4,500
Maximum OOP	Combined Medical and Drug: \$6,350	Combined Medical and Drug: \$6,000	Combined Medical and Drug: \$6,850	Combined Medical and Drug: \$6,500
Family Multiplier	2x Individual	2x Individual	2x Individual	2x Individual
Primary Care Office Visit to Treat an Injury or Illness	\$60 After Deductible	0% After Deductible	\$60	50% After Deductible
Specialist Office Visit	\$100 After Deductible	0% After Deductible	\$100	50% After Deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	50% After Deductible	0% After Deductible	0% After Deductible	50% After Deductible
Outpatient Surgery physician/Surgical Services	50% After Deductible	0% After Deductible	0% After Deductible	50% After Deductible
Inpatient Hospital Services (e.g., Hospital Stay)	50% After Deductible	0% After Deductible	0% After Deductible	50% After Deductible
Inpatient Physician and Surgical Services	50% After Deductible	0% After Deductible	0% After Deductible	50% After Deductible
Urgent Care Centers or Facilities	\$120 After Deductible	0% After Deductible	\$100	50% After Deductible
Emergency Room Services	50% After Deductible	0% After Deductible	0% After Deductible	50% After Deductible
Generic Drugs	\$20 After Deductible	0% After Deductible	\$30	50% After Deductible
Preferred Brand Drugs	\$80 After Deductible	0% After Deductible	0% After Deductible	50% After Deductible
Non-Preferred Brand Drugs	50% After Deductible	0% After Deductible	0% After Deductible	50% After Deductible
Specialty Drugs	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.	0% After Deductible	0% After Deductible	50% After Deductible
Imaging (CT/PET Scans, MRIs)	50% After Deductible	0% After Deductible	0% After Deductible	50% After Deductible
Laboratory Outpatient and Professional Services	50% After Deductible	0% After Deductible	0% After Deductible	50% After Deductible
X-rays and Diagnostic Imaging	50% After Deductible	0% After Deductible	0% After Deductible	50% After Deductible