

# Oregon Summary of 2016 Standard Plans and Alternatives for 2017

June 19, 2015 Meeting

Benefit	Bronze	
	2016 Standard	Proposed 2017 Standard
2016 AV	61.9%	61.9%
Estimated Premium Impact*		-1.4%
		<b>PCP / Generic copays; not HSA-qualified</b>
Deductible	Combined Medical and Drug: \$5,000	Combined Medical and Drug: \$6,850
Maximum OOP	Combined Medical and Drug: \$6,350	Combined Medical and Drug: \$6,850
Family Multiplier	2x Individual; Embedded Approach	2x Individual; Embedded Approach
Primary Care Office Visit to Treat an Injury or Illness	\$60 After Deductible	\$60
Specialist Office Visit	\$100 After Deductible	\$100
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	50% After Deductible	0% After Deductible
Outpatient Surgery physician/Surgical Services	50% After Deductible	0% After Deductible
Inpatient Hospital Services (e.g., Hospital Stay)	50% After Deductible	0% After Deductible
Inpatient Physician and Surgical Services	50% After Deductible	0% After Deductible
Urgent Care Centers or Facilities	\$120 After Deductible	\$100
Emergency Room Services	50% After Deductible	0% After Deductible
Generic Drugs	\$20 After Deductible	\$30
Preferred Brand Drugs	\$80 After Deductible	0% After Deductible
Non-Preferred Brand Drugs	50% After Deductible	0% After Deductible
Specialty Drugs	50% After Deductible	0% 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
Imaging (CT/PET Scans, MRIs)	50% After Deductible	0% After Deductible
Laboratory Outpatient and Professional Services	50% After Deductible	0% After Deductible
X-rays and Diagnostic Imaging	50% After Deductible	0% After Deductible

\* Based on Truven Health Benefit Modeler. Actual premium impact will vary based on issuers' pricing models and methodology. Please see the accompanying presentation for more information.

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Benefit	Silver			
	2016 Standard	Alternative 1	Alternative 2	Alternative 3
<b>2016 AV</b>	<b>69.7%</b>	<b>70.1%</b>	<b>69.1%</b>	<b>70.1%</b>
<b>Estimated Premium Impact*</b>		<b>+0.6%</b>	<b>-0.9%</b>	<b>-3.1%</b>
		<b>Change outpatient rehab to coinsurance after deductible</b>	<b>Change MOOP to \$6,850</b>	<b>Combine medical and Rx deductible, adjust Rx coinsurance</b>
Deductible	Medical: \$2,500; Drug: \$0	Medical: \$2,500; Drug: \$0	Medical: \$2,500; Drug: \$0	<b>Combined Medical and Drug: \$2,500</b>
Maximum OOP	Combined Medical and Drug: \$6,350	Combined Medical and Drug: \$6,350	<b>Combined Medical and Drug: \$6,850</b>	Combined Medical and Drug: \$6,350
Family Multiplier	2x Individual; Embedded Approach	2x Individual; Embedded Approach	2x Individual; Embedded Approach	2x Individual; Embedded Approach
Primary Care Office Visit to Treat an Injury or Illness	\$35	\$35	\$35	\$35
Specialist Office Visit	\$70	\$70	\$70	\$70
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	\$90	\$90	\$90
Emergency Room Services	30% After Deductible	30% After Deductible	30% After Deductible	30% After Deductible
Generic Drugs	\$15	\$15	\$15	\$15
Preferred Brand Drugs	\$50	\$50	\$50	\$50
Non-Preferred Brand Drugs	50%	50%	50%	<b>30% After Deductible</b>
Specialty Drugs	50%	50%	50%	<b>30% After Deductible</b>
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.	<b>30% After Deductible</b>	\$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.	\$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.
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

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Benefit	Gold					
	2016 Standard	2017 Alternative 1	2017 Alternative 2	2017 Alternative 3	2017 Alternative 4	2017 Alternative 5
<b>2016 AV</b>	<b>78.4%</b>	<b>79.7%</b>	<b>79.6%</b>	<b>78.5%</b>	<b>78.1%</b>	<b>78.3%</b>
<b>Estimated Premium Impact*</b>		<b>+1.4%</b>	<b>+1.2%</b>	<b>+1.0%</b>	<b>-0.3%</b>	<b>-1.3%</b>
		<b>Rx all copays</b>	<b>Rx all copays</b>	<b>Cap on specialty out-of-pocket</b>	<b>\$6,850 MOOP</b>	<b>20% coinsurance, lower deductible</b>
Deductible	Medical: \$1,250; Drug: \$0	Medical: \$975; Drug: \$0				
Maximum OOP	Combined Medical and Drug: \$6,350	Combined Medical and Drug: \$6,850	Combined Medical and Drug: \$6,350			
Family Multiplier	2x Individual; Embedded Approach					
Primary Care Office Visit to Treat an Injury or Illness	\$20	\$20	\$20	\$20	\$20	\$20
Specialist Office Visit	\$40	\$40	\$40	\$40	\$40	\$40
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	10% After Deductible	20% After Deductible				
Outpatient Surgery physician/Surgical Services	10% After Deductible	20% After Deductible				
Inpatient Hospital Services (e.g., Hospital Stay)	10% After Deductible	20% After Deductible				
Inpatient Physician and Surgical Services	10% After Deductible	20% After Deductible				
Urgent Care Centers or Facilities	\$60	\$60	\$60	\$60	\$60	\$60
Emergency Room Services	10% After Deductible	20% After Deductible				
Generic Drugs	\$10	\$10	\$10	\$10	\$10	\$10
Preferred Brand Drugs	\$30	\$30	\$30	\$30	\$30	\$30
Non-Preferred Brand Drugs	50%	\$50	\$60	50%	50%	50%
Specialty Drugs	50%	\$150	\$300	50% with \$500 cap	50%	50%
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 (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 (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 (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 (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 (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.
Imaging (CT/PET Scans, MRIs)	10% After Deductible	20% After Deductible				
Laboratory Outpatient and Professional Services	10% After Deductible	20% After Deductible				
X-rays and Diagnostic Imaging	10% After Deductible	20% After Deductible				

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