2026–27 OEBB Bronze Plan Medical and Prescription Drug Summary of Benefits

- These are high-deductible health plans (HDHP) and are HSA-compliant. The Health Savings Account (HSA) is optional.
- These options are available only to the ACA Employee Group. Use must be authorized by OEBB.

Deductibles and out-of-pocket limits

Member costs by plan and network.

	Kaiser Permanente Facilities		Moda Health – Connexus Network		
Coverage level / benefit	**In-Network**	**Out-of-Network**	**In-Network Coordinated Care[4]**	**In-Network Non-Coordinated Care[4]**	**Out-of-Network Services**
Employee only Plan-year deductible	$5,000	See Plan Handbook	$5,500	$5,650	$10,500
Employee only Plan-year out-of-pocket limit	$6,550	See Plan Handbook	$7,700	$7,900	$14,250
Employee + dependent(s) Plan-year family deductible	$10,000	See Plan Handbook	$11,300	$11,300	$21,100
Employee + dependent(s) Embedded per-member out-of-pocket limit	$6,550	See Plan Handbook	$7,700	$7,900	$14,250
Employee + dependent(s) Plan-year family out-of-pocket limit	$13,100	See Plan Handbook	$15,800	$15,800	$28,500

Care and services

Member cost share for covered services.

	Kaiser Permanente Facilities		Moda Health – Connexus Network		
Service	**In-Network**	**Out-of-Network**	**In-Network Coordinated Care[4]**	**In-Network Non-Coordinated Care[4]**	**Out-of-Network Services**
Preventive care[2]	$0 per visit[1]	Not covered	$0 per visit[1]	$0 per visit[1]	50%
Primary care provider (PCP) office visit	30%	Not covered	30%[4]	35%	50%
Virtual care (Kaiser) / CirrusMD telehealth (Moda)	$0	Not covered	$0[6]	$0[6]	Not covered
Specialist office visit	30%	Not covered	30%	35%	50%
Urgent care visit	30%	See Plan Handbook	30%	35%	50%
Inpatient / outpatient care	30%	See Plan Handbook	30%	35%	50%
Outpatient diagnostic X-ray and lab	30%	Not covered	30%	35%	50%
Outpatient mental health / chemical dependency	30%	Not covered	30%	35%	50%
Emergency room	30%	30%	30%	35%	See Member Handbook
Ambulance	30%	30%	30%	35%	See Member Handbook
Physical, speech or occupational therapy	30%[7]	Not covered	30%	35%	50%
Alternative care	Not covered	Not covered	Not covered	Not covered	Not covered

Prescription medications

	Kaiser Permanente Facilities		Moda Health – Connexus Network		
Medication type	**In-Network**	**Out-of-Network**	**In-Network Coordinated Care[4]**	**In-Network Non-Coordinated Care[4]**	**Out-of-Network Services**
Value (Moda plan only)	Not applicable	Not applicable	$6[1]	$6[1]	Not applicable
Generic (Kaiser) / select generic (Moda)	$15 per 30-day supply	See Plan Handbook	40%	40%	Not applicable
Preferred brand	$50 per 30-day supply	See Plan Handbook	40%	40%	Not applicable
Non-preferred brand[5]	30%	See Plan Handbook	50%	50%	Not applicable
Specialty	50%	See Plan Handbook	50%[3]	50%[3]	Not covered

Notes

1. Deductible waived.
2. Preventive care is covered 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. Connexus coordinated care: If enrolled in a Moda medical plan, each covered individual must choose a PCP 360 with Moda to receive the enhanced coordinated benefit when using a provider in the Connexus network. If an individual has not chosen a PCP 360 with Moda, the non-coordinated benefit applies when using a Connexus network provider. Services from a provider outside the Connexus network are paid at the out-of-network level, whether or not the individual has chosen a PCP 360 with Moda.
5. A formulary exception must be approved for non-preferred brand prescription medication.
6. CirrusMD telehealth is covered with no member cost sharing after the deductible has been met. All other virtual care for primary and urgent care services (defined as two-way video conferencing visits) is covered at 70%, subject to the deductible.
7. Up to 20 visits per therapy per year.