






OEBB "Bronze Plan" Medical/Rx Summary of Benefits 2018-19

	 Bronze Plan HMO Kaiser Permanente Facilities (HSA Optional)		 Bronze Plan CCM Synergy or Summit Network (HSA Optional)		 Bronze Plan PPO Connexus Network (HSA Optional)	
	In-network Members Pay	Out-of-network Members Pay	In-network Members Pay	Out-of-network Members Pay	In-network Members Pay	Out-of-network Members Pay
Employee Only						
Plan Year Deductible	\$5,000	See Plan Handbook	\$5,000	\$10,000	\$5,000	\$10,000
Plan Year Out-of-Pocket Limit	\$6,550	See Plan Handbook	\$6,550	\$13,100	\$6,550	\$13,100
Employee and One or More Dependents						
Plan Year Deductible per family	\$10,000	See Plan Handbook	\$10,000	\$20,000	\$10,000	\$20,000
Embedded Per Member OOP	\$6,550	See Plan Handbook	\$6,550	\$13,100	\$6,550	\$13,100
Plan Year Out-of-Pocket Limit Per family	\$13,100	See Plan Handbook	\$13,100	\$26,200	\$13,100	\$26,200
Care & Services						
Preventive Care ²	\$0/visit ¹	Not Covered	\$0/visit ^{1,4}	50%	\$0/visit ¹	50%
Primary Care Physician (PCP) Office Visit	30%	Not Covered	30% ₄	50%	30%	50%
Specialist Office Visit	30%	Not Covered	30%	50%	30%	50%
Urgent Care Visit	30%	See Plan Handbook	30%	50%	30%	50%
In-patient/Out-patient Care	30%	See Plan Handbook	30%	50%	30%	50%
Out-patient Diagnostic X-ray & Lab	30%	Not Covered	30%	50%	30%	50%
Out-patient Mental Health/Chemical Dependency	30%	Not Covered	30%	50%	30%	50%
Emergency Room	30%	30%	30%	30%	30%	30%
Ambulance	30%	30%	30%	30%	30%	30%
Physical, Speech or Occupational Therapy	30%	Not Covered	30%	50%	30%	50%
Alternative Care	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Prescription Medications						
Value	Not Applicable	Not Applicable	\$2 ¹	\$2 ¹	\$2 ¹	\$2 ¹
Select/Generic	\$15 per 30-day supply	See Plan Handbook	40%	40%	40%	40%
Preferred Brand ⁵	\$50 per 30-day supply	See Plan Handbook	40%	40%	40%	40%
Non-preferred Brand	30%	See Plan Handbook	50%	50%	50%	50%
Specialty	50%	See Plan Handbook	50% ³	Not Covered	50% ³	Not Covered

¹ Deductible waived

² For services 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 If enrolled in a Summit/Synergy Bronze Plan option, members must see a provider at their preselected medical home to receive the in-network benefit for primary and preventive care services.

⁵ A formulary exception must be approved for non-preferred brand prescription medication.

NOTE: These options are only available for use by the ACA Employee Group. Use must be authorized by OEBB.