# OEBB "Bronze Plan" Medical/Rx Summary of Benefits 2021-22

## Employee Only

<table>
<thead>
<tr>
<th></th>
<th>In-Network Member Pays</th>
<th>Out-of-Network Member Pays</th>
<th>In-Network Coordinated Care Member Pays</th>
<th>Non-Coordinated Care Member Pays</th>
<th>Any Out-of-Network Services Member Pays</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Plan Year deductible</strong></td>
<td>$5,000</td>
<td>See Plan Handbook</td>
<td>$5,000</td>
<td>$5,100</td>
<td>$10,000</td>
</tr>
<tr>
<td><strong>Plan Year out-of-pocket limit</strong></td>
<td>$6,550</td>
<td>See Plan Handbook</td>
<td>$6,550</td>
<td>$6,750</td>
<td>$13,100</td>
</tr>
<tr>
<td><strong>Plan Year deductible per family</strong></td>
<td>$10,000</td>
<td>See Plan Handbook</td>
<td>$10,200</td>
<td>$10,200</td>
<td>$20,000</td>
</tr>
<tr>
<td><strong>Embedded per member out-of-pocket limit</strong></td>
<td>$6,550</td>
<td>See Plan Handbook</td>
<td>$6,550</td>
<td>$6,750</td>
<td>$13,100</td>
</tr>
<tr>
<td><strong>Plan Year out-of-pocket limit per family</strong></td>
<td>$13,100</td>
<td>See Plan Handbook</td>
<td>$13,500</td>
<td>$13,500</td>
<td>$26,200</td>
</tr>
</tbody>
</table>

## Employees and One or More Dependents

<table>
<thead>
<tr>
<th></th>
<th>In-Network Member Pays</th>
<th>Out-of-Network Member Pays</th>
<th>In-Network Coordinated Care Member Pays</th>
<th>Non-Coordinated Care Member Pays</th>
<th>Any Out-of-Network Services Member Pays</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Plan Year deductible</strong></td>
<td>$5,000</td>
<td>See Plan Handbook</td>
<td>$5,000</td>
<td>$5,100</td>
<td>$10,000</td>
</tr>
<tr>
<td><strong>Plan Year out-of-pocket limit</strong></td>
<td>$6,550</td>
<td>See Plan Handbook</td>
<td>$6,550</td>
<td>$6,750</td>
<td>$13,100</td>
</tr>
<tr>
<td><strong>Plan Year deductible per family</strong></td>
<td>$10,000</td>
<td>See Plan Handbook</td>
<td>$10,200</td>
<td>$10,200</td>
<td>$20,000</td>
</tr>
<tr>
<td><strong>Embedded per member out-of-pocket limit</strong></td>
<td>$6,550</td>
<td>See Plan Handbook</td>
<td>$6,550</td>
<td>$6,750</td>
<td>$13,100</td>
</tr>
<tr>
<td><strong>Plan Year out-of-pocket limit per family</strong></td>
<td>$13,100</td>
<td>See Plan Handbook</td>
<td>$13,500</td>
<td>$13,500</td>
<td>$26,200</td>
</tr>
</tbody>
</table>

## Care & Services

1. **Preventive care**
   - See Plan Handbook
2. **Primary Care Provider (PCP) office visit**
   - 30% Not Covered
3. **Virtual Care (Kaiser Plan) / CirrusMD telehealth (Moda Plan)**
   - $0 Not Covered
4. **Specialist office Visit**
   - 30% Not Covered
5. **Urgent care visit**
   - 30% See Plan Handbook
6. **In-patient/Out-patient care**
   - 30% See Plan Handbook
7. **Out-patient diagnostic x-ray & lab**
   - 30% Not Covered
8. **Out-patient mental health/chemical dependency**
   - 30% Not Covered
9. **Emergency room**
   - 30% 30% 30% 35% See Member Handbook
10. **Ambulance**
    - 30% 30% 30% 35% See Member Handbook
11. **Physical, speech, or occupational therapy**
    - 30% Not Covered
12. **Alternative care**
    - Not Covered

## Prescription Medications

1. **Value (Moda plan only)**
   - Not Applicable
2. **Generic (Kaiser plans) / Select generic (Moda Plans)**
   - $15 per 30-day supply See Plan Handbook
3. **Preferred brand**
   - $50 per 30-day supply See Plan Handbook
4. **Non-preferred brand**
   - 30% Not Covered
5. **Prescription Medications (Moda plan only)**
   - Not Applicable
6. **Specialty**
   - 50% Not Covered

### Notes:
- Deductible waived
- For services as required under the Affordable Care Act
- If enrolled in a Moda medical plan, each covered individual must choose a PCP 360 with Moda for that individual to receive the enhanced “coordinated” benefit shown in the far left column under that plan when using a provider in the Connexus network. If an individual has not chosen a PCP 360 with Moda, they will receive the “non-coordinated” benefit shown in the center column under that plan if using a provider in the Connexus network. Any services by a provider outside the Connexus network will be paid at the “out-of-network” level (far right column under that plan) regardless of whether or not the individual has chosen a PCP 360 with Moda.
- 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.