





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

	 <b>Bronze Plan</b> Kaiser Permanente Facilities (HSA Optional)		 <b>Bronze Plan</b> Connexus Network HDHP HSA Compliant		
	In-Network Member Pays	Out-of-Network Member Pays	In-Network Coordinated Care <sup>4</sup> Member Pays	In-Network Non-Coordinated Care <sup>4</sup> Member Pays	Any Out-of-Network Services Member Pays
<b>Employee Only</b>					
Plan Year deductible	\$5,000	See Plan Handbook	\$5,000	\$5,100	\$10,000
Plan Year out-of-pocket limit	\$6,550	See Plan Handbook	\$6,550	\$6,750	\$13,100
<b>Employee and One or More Dependents</b>					
Plan Year deductible per family	\$10,000	See Plan Handbook	\$10,200	\$10,200	\$20,000
Embedded per member out-of-pocket limit	\$6,550	See Plan Handbook	\$6,550	\$6,750	\$13,100
Plan Year out-of-pocket limit per family	\$13,100	See Plan Handbook	\$13,500	\$13,500	\$26,200
<b>Care &amp; Services</b>					
Preventive care <sup>2</sup>	\$0/visit <sup>1</sup>	Not Covered	\$0/visit <sup>1</sup>	\$0/visit <sup>1</sup>	50%
Primary Care Provider (PCP) office visit	30%	Not Covered	30% <sup>4</sup>	35%	50%
Virtual Care (Kaiser Plan) / CirrusMD telehealth (Moda Plan)	\$0	Not Covered	\$0 <sup>6</sup>	\$0 <sup>6</sup>	Not Covered
Specialist office Visit	30%	Not Covered	30%	35%	50%
Urgent care visit	30%	See Plan Handbook	30%	35%	50%
In-patient/Out-patient care	30%	See Plan Handbook	30%	35%	50%
Out-patient diagnostic x-ray & lab	30%	Not Covered	30%	35%	50%
Out-patient 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%	Not Covered	30%	35%	50%
Alternative care	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
<b>Prescription Medications</b>					
Value (Moda plan only)	Not Applicable	Not Applicable		\$6 <sup>1</sup>	Not Applicable
Generic (Kaiser plans) / Select generic (Moda Plans)	\$15 per 30-day supply	See Plan Handbook		40%	Not Applicable
Preferred brand	\$50 per 30-day supply	See Plan Handbook		40%	Not Applicable
Non-preferred brand <sup>5</sup>	30%	See Plan Handbook		50%	Not Applicable
Specialty	50%	See Plan Handbook		50% <sup>3</sup>	Not Covered

<sup>1</sup> Deductible waived

<sup>2</sup> For services as required under the Affordable Care Act

<sup>3</sup> On Moda plans, specialty medications must be accessed through Moda's exclusive specialty pharmacy provider and require prior authorization.

<sup>4</sup> 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.

<sup>5</sup> A formulary exception must be approved for non-preferred brand prescription medication.

<sup>6</sup> CirrusMD telehealth is covered at no member cost sharing. All other virtual care for primary and urgent care services (defined as 2-way video conferencing visits) is covered at 70%, subject to the deductible.

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