

**2021 Standard Bronze Plan Options (Draft)**

Benefit	2020 Standard	Option #1	Option #2	Option #3	Option #1a	Option #2a	
2020 Federal AV	66.96%	64.91%	64.91%	64.90%	64.63% (before insulin cap)	64.58% (before insulin cap)	
Deductible	Combined Medical and Drug \$7,900	Combined Medical and Drug \$8,700	Combined Medical and Drug \$8,700	Combined Medical and Drug \$7,950	Combined Medical and Drug \$8,700	Combined Medical and Drug \$8,700	
Maximum OOP	Combined Medical and Drug \$7,900	Combined Medical and Drug \$8,700	Combined Medical and Drug \$8,700	Combined Medical and Drug \$7,950	Combined Medical and Drug \$8,700	Combined Medical and Drug \$8,700	
Family multiplier	2x Individual; Embedded Approach	2x Individual; Embedded Approach	2x Individual; Embedded Approach	2x Individual; Embedded Approach	2x Individual; Embedded Approach	2x Individual; Embedded Approach	
Primary Care Visit to Treat an Injury or Illness	\$45	\$50	\$50	\$45	\$50	\$50	
Specialist Visit	\$90	\$120	\$90	0% After Deductible	\$140	\$110	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible	
Outpatient Surgery Physician/Surgical Services	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible	
Inpatient Hospital Services (e.g., Hospital Stay)	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible	
Inpatient Physician and Surgical Services	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible	
Inpatient Rehabilitation Services	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible	
Inpatient Habilitation Services	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible	
Urgent Care Centers of Facilities	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible	
Emergency Room Services	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible	
Generic Drugs	\$15	\$15	\$20	0% After Deductible	\$15**	\$20**	
Preferred Brand Drugs	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible**	0% After Deductible**	
Non-Preferred Brand Drugs	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible**	0% After Deductible**	
Specialty Drugs	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible**	0% After Deductible**	
Pediatric Vision	Exams at \$0 for these codes: 92002/92004, 92012/92014, S0620/S0621; for other codes cost shares may apply. Contact lenses - Actuarial equivalent of \$150 per year. Frames - Actuarial equivalent of \$150 per year. Lenses at \$0 for codes V2100-2299, V2300-2399, V2121, V2221, V2321; for other codes cost shares may apply.	Exams at \$0 for these codes: 92002/92004, 92012/92014, S0620/S0621; for other codes cost shares may apply. Contact lenses - Actuarial equivalent of \$150 per year. Frames - Actuarial equivalent of \$150 per year. Lenses at \$0 for codes V2100-2299, V2300-2399, V2121, V2221, V2321; for other codes cost shares may apply.	Exams at \$0 for these codes: 92002/92004, 92012/92014, S0620/S0621; for other codes cost shares may apply. Contact lenses - Actuarial equivalent of \$150 per year. Frames - Actuarial equivalent of \$150 per year. Lenses at \$0 for codes V2100-2299, V2300-2399, V2121, V2221, V2321; for other codes cost shares may apply.	Exams at \$0 for these codes: 92002/92004, 92012/92014, S0620/S0621; for other codes cost shares may apply. Contact lenses - Actuarial equivalent of \$150 per year. Frames - Actuarial equivalent of \$150 per year. Lenses at \$0 for codes V2100-2299, V2300-2399, V2121, V2221, V2321; for other codes cost shares may apply.	Exams at \$0 for these codes: 92002/92004, 92012/92014, S0620/S0621; for other codes cost shares may apply. Contact lenses - Actuarial equivalent of \$150 per year. Frames - Actuarial equivalent of \$150 per year. Lenses at \$0 for codes V2100-2299, V2300-2399, V2121, V2221, V2321; for other codes cost shares may apply.	Exams at \$0 for these codes: 92002/92004, 92012/92014, S0620/S0621; for other codes cost shares may apply. Contact lenses - Actuarial equivalent of \$150 per year. Frames - Actuarial equivalent of \$150 per year. Lenses at \$0 for codes V2100-2299, V2300-2399, V2121, V2221, V2321; for other codes cost shares may apply.	Exams at \$0 for these codes: 92002/92004, 92012/92014, S0620/S0621; for other codes cost shares may apply. Contact lenses - Actuarial equivalent of \$150 per year. Frames - Actuarial equivalent of \$150 per year. Lenses at \$0 for codes V2100-2299, V2300-2399, V2121, V2221, V2321; for other codes cost shares may apply.
Outpatient Rehabilitation Services	\$45 (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 co-insurance.	\$50 (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 co-insurance.	\$50 (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 co-insurance.	\$45 (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 co-insurance.	\$50 (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 co-insurance.	\$60 (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 co-insurance.	
Outpatient Habilitation Services	\$45 (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 co-insurance.	\$50 (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 co-insurance.	\$50 (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 co-insurance.	\$45 (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 co-insurance.	\$50 (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 co-insurance.	\$60 (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 co-insurance.	
Biofeedback	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible	
Cardiac Rehabilitation	\$45	\$50	\$50	\$45	\$50	\$60	
Imaging (CT/PET Scans, MRIs)	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible	
Preventive Benefits *	\$0	\$0	\$0	\$0	\$0	\$0	
Diabetes Education	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible	
Nutritional Counseling	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible	
Diabetic Supplies	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible	
Laboratory Outpatient and Professional Services	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible	
X-rays and Diagnostic Imaging	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible	

\* Preventive Benefits include, but are not limited to, services a carrier is required to provide withoutcost sharing under Oregon Laws 2017, Chapter 721 (HB 3391).

\*\*\$100 cap on member monthly responsibility for insulin