



2017 MEDICAL PLANS

COFA PREMIUM ASSISTANCE PROGRAM



Atrio Oregon Standard Silver Plan

32536OR0020004
32536OR0060002 (Deschutes)



BridgeSpan Standard Silver Plan RealValue

63474OR0010002



Kaiser Permanente Oregon Standard Silver Plan

71287OR0420003



Moda Health Oregon Standard Silver

39424OR1560002 (Beacon)
39424OR1560005 (Affinity)



PacificSource Oregon Standard Silver Plan

10091OR0360011 (SCN)
10091OR0360014 (LHN)



Providence Oregon Standard Silver Plan

56707OR0870002
56707OR0870003 (Area D)
56707OR0870004 (Area G)



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SAMPLE BENEFITS WITH 94% COST-SHARING IN-NETWORK PROVIDERS ONLY

	INDIVIDUAL	FAMILY
Maximum Out of Pocket - Medical and Drug (MOOP)	\$750	\$750 per person \$1500 per group
Medical Deductible	\$100	\$100 per person \$200 per group
Drug Deductible	\$0	\$0 per person \$0 per group

Benefits	In Network Cost
Primary Care Visit to Treat an Injury or Illness	\$10
Specialist Visit	\$20
Urgent Care Centers or Facilities	\$30
Emergency Room Services	10% Coinsurance after deductible
Emergency Transportation/Ambulance	10% Coinsurance after deductible
Inpatient Hospital Services (e.g., Hospital Stay)	10% Coinsurance after deductible
Inpatient Physician and Surgical Services	10% Coinsurance after deductible
Skilled Nursing Facility	10% Coinsurance after deductible
Mental/Behavioral Health Outpatient Services	\$10
Mental/Behavioral Health Inpatient Services	10% Coinsurance after deductible
Generic Drugs	\$5
Preferred Brand Drugs	\$10
Non-Preferred Brand Drugs	25%
Specialty Drugs	25%
Outpatient Rehabilitation Services	\$10
Habilitation Services	10% Coinsurance after deductible
Durable Medical Equipment	10% Coinsurance after deductible
Hearing Aids	10% Coinsurance after deductible
Imaging (CT/PET Scans, MRIs)	10% Coinsurance after deductible
Laboratory Outpatient and Professional Services	10% Coinsurance after deductible
X-rays and Diagnostic Imaging	10% Coinsurance after deductible