



2021 MEDICAL PLANS

COFA PREMIUM ASSISTANCE PROGRAM



BridgeSpan Standard Silver Plan
EPO RealValue 63474OR0600010
EPO OHSU Health 63474OR0600005
EPO Legacy LHP 63474OR0600012



KP Oregon Standard Silver Plan
71287OR0420003



Moda Health Oregon Standard Silver
39424OR1610005 (Affinity)
39424OR1610002 (Beacon)



PacificSource Oregon Standard Silver
Plan
10091OR0680003 (SCN)
10091OR0680007 (NAV)



Providence Oregon Standard Silver Plan
Signature Network 56707OR1360004
Choice Network 56707OR1330004



Regence BlueCross BlueShield of Oregon is an independent
Licensee of the Blue Cross and Blue Shield Association

Regence Standard Silver Plan
EPO Individual and Family Network
77969OR5290001
EPO OHSU Health 77969OR5290003
EPO Legacy LHP 77969OR5290008



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SAMPLE BENEFITS WITH 94% COST SHARING

IN-NETWORK PROVIDERS ONLY

	INDIVIDUAL	FAMILY
Maximum Out of Pocket - Medical and Drug (MOOP)	\$1,000	\$1,000 per person \$2,000 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