

Washington PY25 Individual Exchange Plan Designs

Plan Name	Metal Level	Annual Deductible (Individual/Family)		MOOP (Individual/Family)		PCP Visit	Mental Health Office Visit	Specialist Visit	Virtual Urgent Care	Inpatient Hospital Care	Outpatient Surgery	Office Based Labs
UnitedHealthcare of Oregon, Inc. Cascade Bronze	Bronze	\$6,000	\$12,000	\$9,200	\$18,400	Visits 1-3 \$1 Visits 4+ \$50	Visits 1-3 \$1 Visits 4+ \$50	✓ \$100	\$50	✓ 40%	✓ 40%	✓ 40%
UHC Bronze Value HSA	Bronze	\$6,300	\$8,050	\$8,050	\$16,100	✓ \$50	✓ \$100	✓ \$100	✓ \$75	✓ 30%	✓ 30%	✓ 30%
UnitedHealthcare of Oregon, Inc. Cascade Silver	Silver	\$2,500	\$5,000	\$9,200	\$18,400	Visits 1-3 \$1 Visits 4+ \$30	Visits 1-3 \$1 Visits 4+ \$30	\$65	\$30	\$800 (5-day max)	✓ \$600	\$40
UHC Silver Copay Focus	Silver	\$0	\$0	\$7,850	\$15,700	\$20	\$45	\$50	\$0	\$2,500 (3-day max)	\$750	\$25
UnitedHealthcare of Oregon, Inc. Cascade Gold	Gold	\$600	\$1,200	\$7,000	\$14,000	\$15	\$15	\$40	\$15	\$525 (5-day max)	✓ \$350	\$20
UHC Gold Advantage	Gold	\$500	\$1,000	\$7,500	\$15,000	\$10	\$35	\$40	\$0	\$1,500 (3-day max)	✓ \$300	\$10

Check (✓) indicates that this benefit is subject to the annual deductible.



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Plan Name	Rx Deductible (Individual/Family)	Tier 1 Preventive	Tier 2 Generic	Tier 3 Preferred Brand	Tier 4 Non- Preferred Brand	Tier 5 Specialty	Adult Dental & Vision	HSA
UnitedHealthcare of Oregon, Inc. Cascade Bronze	Same As Medical	\$0	\$32	✓ 40%	✓ 40%	✓ 40%		
UHC Bronze Value HSA	Same As Medical	\$0	✓ \$30	✓ 35%	✓ 45%	✓ 50%		●
UnitedHealthcare of Oregon, Inc. Cascade Silver	Same As Medical	\$0	\$25	\$75	✓ \$250	✓ \$250		
UHC Silver Copay Focus	\$1,500 \$3,000	\$0	\$25	✓ \$85	✓ 40%	✓ 50%		
UnitedHealthcare of Oregon, Inc. Cascade Gold	Same As Medical	\$0	\$10	\$60	\$100	\$100		
UHC Gold Advantage	Same As Medical	\$0	\$3	\$60	✓ 30%	✓ 40%		

Check (✓) indicates that this benefit is subject to the annual deductible.

