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Regence 		2026 Direct plans on the Individual Connect network							
OREGON		WHAT YOU PAY FOR CARE							
Direct plans are available statewide									
Family deductible and out-of-pocket maximum (OOPM) is 2x individual	Bronze 8000	Bronze Essential 9000 With 4 Copay No Deductible Office Visits	Bronze HSA 7000	Silver 6500	Silver 5000	Gold 2300	Standard Bronze Plan	Standard Silver Plan	Standard Gold Plan
In-network deductible	\$8,000	\$9,000	\$7,000	\$6,500	\$5,000	\$2,300	\$9,200	\$6,100	\$1,800
In-network OOPM	\$10,600	\$10,600	\$8,300	\$10,600	\$10,600	\$10,150	\$9,200	\$9,200	\$8,150
Preventive care	Covered in full								
Virtual care	\$10	Covered in full	50%	\$10	\$10	\$10	\$5 for first 3 combined primary, behavioral or virtual visits, then \$50 copay	\$5 for first 3 combined primary, behavioral or virtual visits, then \$40 copay	\$5 for first 3 combined primary, behavioral or virtual visits, then \$20 copay
Outpatient behavioral health	\$60	10%	50%	\$20	\$20	\$10			
Primary care (in person)	\$60	\$60 per visit (4 max); then deductible & coinsurance; primary / spec. / urgent	50%	\$20	\$20	\$10			
Specialist (in person)	\$100		50%	\$60	\$70	\$60			
Urgent care (in person)	\$100		50%	\$60	\$70	\$60	\$100	\$70	\$60
Emergency room	50%	10%	50%	10%	10%	10%	0%	30%	20%
Lab & X-ray	\$60	10%	50%	10%	10%	10%	0%	30%	20%
Inpatient hospital	50%	10%	50%	10%	10%	10%	0%	30%	20%
Acupuncture (12 visits / year) / spinal manipulations (20 visits / year)	\$60	10%	50%	\$20	\$20	\$10	\$50	\$40	\$20
Outpatient rehab (physical, occupational, pulmonary, and speech therapy) 30 visits / year	50%	10%	50%	10%	10%	10%	\$50 (deductible applies for biofeedback)	\$40	\$20
In-network coinsurance for other covered medical care	50%	10%	50%	10%	10%	10%	0%	30%	20%
Pediatric dental & vision up to age 19	Vision: 1 routine eye exam and eyewear; Dental: 2 exams and cleanings covered 100%, plus coverage for basic and major services (dental not covered on Bronze 8000 and all Standard plans)								
Insulin cost cap	\$35 cap on member cost-share per 30-day supply. \$105 cap on member cost-share up to 90-day supply.								
Optimum Value Medication List	Deductible waived for specific medications used to treat chronic conditions (cardiovascular, diabetes, mental health, respiratory, osteoporosis) and anticonvulsants. See the list.							N/A	
Tier 1: Rx generic	\$15	\$15	20%	\$9	\$15	\$10	\$25	\$15	\$10
Tier 2: Rx preferred brand-name	30%	30%	30%	20%	30%	20%	0%	\$60	\$30
Tier 3: Rx brand-name	40%	40%	40%	40%	40%	40%	0%	50%	50%
Tier 4: Rx specialty	50%	50%	50%	50%	50%	50%	0%	50%	50% with a \$500 cap per prescription

= Deductible waived

= Coinsurance percentage applies after deductible is met