

**2024  
Standard Silver Plan**

Exhibit 2 to OAR 836-053-0013

Benefit	2024 Standard Silver
<b>2024 Federal AV</b>	<b>71.88%</b>
Deductible	Medical: \$5,500 Drug: \$0
Maximum OOP	Combined Medical and Drug \$9,450
Family multiplier	2x Individual; Embedded Approach
Primary Care Visit to Treat an Injury or Illness	\$40(†)
Specialist Visit	\$80
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	30% After Deductible
Outpatient Surgery Physician/Surgical Services	30% After Deductible
Inpatient Hospital Services (e.g., Hospital Stay)	30% After Deductible
Inpatient Physician and Surgical Services	30% After Deductible
Inpatient Rehabilitation Services	30% After Deductible
Inpatient Habilitation Services	30% After Deductible
Urgent Care Centers of Facilities	\$70
Emergency Room Services	30% After Deductible
Generic Drugs	\$15**
Preferred Brand Drugs	\$60**
Non-Preferred Brand Drugs	50%**
Specialty Drugs	50%**
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.
Outpatient Rehabilitation Services	\$40 (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	\$40 (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	\$40
Cardiac Rehabilitation	\$40
Imaging (CT/PET Scans, MRIs)	30% After Deductible
Preventive Benefits *	\$0
Diabetes Education	\$0
Nutritional Counseling	\$0
Diabetic Supplies	\$0
Laboratory Outpatient and Professional Services	30% After Deductible
X-rays and Diagnostic Imaging	30% After Deductible
Acupuncture	\$40 - limit 12 visits per year
Chiropractic	\$40 - limit 20 visits per year

\*ORS 743A.067 Preventive Benefits include, but are not limited to, services a carrier is required to provide without cost sharing.

\*\*ORS 743A.069 Limits cost-sharing for health benefit plan coverage of insulin prescribed for treatment of diabetes

(†) First three primary care visits must be covered at \$5 copayment