

Oregon standardized health plans: Summary of Coverage

These plans are for small employers and individuals who buy coverage on their own. Coverage starts Jan. 1, 2022. Standardized means all companies offer the same benefits.	Gold* Plan pays an estimated 81.9% of medical costs	Silver Plan pays estimated 71.9% of medical costs	Bronze Plan pays estimated 64.7% of medical costs
Annual deductibles and out-of-pocket limit on your expenses			
Yearly medical deductible – the amount you pay before the plan begins to pay for some services	<ul style="list-style-type: none"> • \$1,500 single • \$3,000 family Doesn't apply to preventive care, office visits, or urgent care	<ul style="list-style-type: none"> • \$3,650 single • \$7,300 family Doesn't apply to preventive care, office visits, or urgent care	<ul style="list-style-type: none"> • \$8,700 single • \$17,400 family Doesn't apply to preventive care, office visits, or urgent care
Prescription drug deductible	None	None	Yes. combined with medical deductible
Yearly out-of-pocket limit on what you must pay for services covered by your plan	\$7,300 single \$14,600 family	\$8,550 single \$17,100 family	\$8,700 single \$17,400 family
Medical service co-pays and co-insurance (your share of costs)			
Inpatient (usually means overnight stay in hospital, nursing facility, mental health or substance abuse facility, etc.): Includes maternity	20% after deductible	30% after deductible	0% after deductible
Outpatient (leave same day): Includes ambulatory service centers	20% after deductible	30% after deductible	0% after deductible
Emergency room: Co-pay waived if admitted	20% after deductible	30% after deductible	0% after deductible
Radiology (MRI, CT, PET), lab (X-ray)	20% after deductible	30% after deductible	0% after deductible
Preventive care	\$0	\$0	\$0
Primary care provider office visit	\$20	\$40	\$50
Nonspecialist visit (physical, speech, occupational therapy, mental health, and substance abuse)	\$20	\$40	\$50
Specialist visit	\$40	\$80	\$100
Urgent care	\$60	\$70	\$100
Ambulance	20% after deductible	30% after deductible	0% after deductible
Acupuncture	\$20 - limit 12 visits per year	\$40 - limit 12 visits per year	\$50 - limit 12 visits per year
Chiropractic	\$20 - limit 20 visits per year	\$40 - limit 20 visits per year	\$50 - limit 20 visits per year
Prescription drugs (your share of costs)			
Generic	\$10**	\$15**	\$20**
Preferred brands	\$30**	\$60**	0% after deductible**
Nonpreferred brands	50%**	50%**	0% after deductible**
Specialty drugs	50% with \$500 per script cap**	50%**	0% after deductible**

*Not required to be sold outside healthcare.gov

**HB 2623 limits cost sharing for health benefit plan coverage of insulin prescribed for treatment of diabetes
All costs assume you use in-network providers, hospitals, etc.



Department of Consumer and Business Services