

# 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.	<b>Gold*</b> Plan pays an estimated 81.9% of medical costs	<b>Silver</b> Plan pays estimated 71.9% of medical costs	<b>Bronze</b> Plan pays estimated 64.7% of medical costs
<b>Annual deductibles and out-of-pocket limit on your expenses</b>			
Yearly medical deductible – the amount you pay before the plan begins to pay for some services	<ul style="list-style-type: none"> <li>• \$1,500 single</li> <li>• \$3,000 family</li> </ul> Doesn't apply to preventive care, office visits, or urgent care	<ul style="list-style-type: none"> <li>• \$3,650 single</li> <li>• \$7,300 family</li> </ul> Doesn't apply to preventive care, office visits, or urgent care	<ul style="list-style-type: none"> <li>• \$8,700 single</li> <li>• \$17,400 family</li> </ul> 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
<b>Medical service co-pays and coinsurance (your share of costs)</b>			
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 physician office visit	\$20	\$40	\$50
Non-specialist 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
<b>Prescription drugs (your share of costs)</b>			
Generic	\$10**	\$15**	\$20**
Preferred brands	\$30**	\$60**	0% after deductible**
Non-preferred 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 doctors, hospitals, etc.



Department of Consumer and Business Services