2025
Standard Silver Plan_FINAL

Benefit	2024 Standard Silver	2025 Standard Silver
2025 Federal AV	n/a	71.44%
Deductible	Medical: $5,500 Drug: $0	Medical: $5,500 Drug: $0
Maximum OOP	Combined Medical and Drug $9,450	Combined Medical and Drug $9,200
Family multiplier	2x Individual; Embedded Approach	2x Individual; Embedded Approach
Primary Care Visit to Treat an Injury or Illness	$40(†)	$40(†)
Specialist Visit	$80	$80
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	30% After Deductible	30% After Deductible
Outpatient Surgery Physician/Surgical Services	30% After Deductible	30% After Deductible
Inpatient Hospital Services (e.g., Hospital Stay)	30% After Deductible	30% After Deductible
Inpatient Physician and Surgical Services	30% After Deductible	30% After Deductible
Inpatient Rehabilitation Services	30% After Deductible	30% After Deductible
Inpatient Habilitation Services	30% After Deductible	30% After Deductible
Urgent Care Centers of Facilities	$70	$70
Emergency Room Services	30% After Deductible	30% After Deductible
Generic Drugs	$15**	$15**
Preferred Brand Drugs	$60**	$60**
Non-Preferred Brand Drugs	50%**	50%**
Specialty Drugs	50%**	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.	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.	$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.	$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	$40
Cardiac Rehabilitation	$40	$40
Imaging (CT/PET Scans, MRIs)	30% After Deductible	30% After Deductible
Preventive Benefits *	$0	$0
Diabetes Education	$0	$0
Nutritional Counseling	$0	$0
Diabetic Supplies	$0	$0
Laboratory Outpatient and Professional Services	30% After Deductible	30% After Deductible
X-rays and Diagnostic Imaging	30% After Deductible	30% After Deductible
Acupuncture	$40 - limit 12 visits per year	$40 - limit 12 visits per year
Chiropractic	$40 - limit 20 visits per year	$40 - limit 20 visits per year

* Preventive Benefits include, but are not limited to, services a carrier is required to provide without cost sharing under Oregon Laws 2017, Chapter 721 (HB 3391).

**ORS 743A.069 Limits cost-sharing for health benefit plan coverage of insulin prescribed for treatment of diabetes. SB 1508 amends this to $35 for each 30-day supply and $105 for each 90-day supply.

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

2025
Standard Bronze Plan_FINAL

Benefit	2024 Standard Bronze	2025 Standard Bronze
2025 Federal AV	**n/a**	**63.10%**
Deductible	Combined Medical and Drug $9,450	Combined Medical and Drug $9,200
Maximum OOP	Combined Medical and Drug $9,450	Combined Medical and Drug $9,200
Family multiplier	2x Individual; Embedded Approach	2x Individual; Embedded Approach
Primary Care Visit to Treat an Injury or Illness	$50(†)	$50(†)
Specialist Visit	$150	$150
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	0% After Deductible	0% After Deductible
Outpatient Surgery Physician/Surgical Services	0% After Deductible	0% After Deductible
Inpatient Hospital Services (e.g., Hospital Stay)	0% After Deductible	0% After Deductible
Inpatient Physician and Surgical Services	0% After Deductible	0% After Deductible
Inpatient Rehabilitation Services	0% After Deductible	0% After Deductible
Inpatient Habilitation Services	0% After Deductible	0% After Deductible
Urgent Care Centers of Facilities	$100	$100
Emergency Room Services	0% After Deductible	0% After Deductible
Generic Drugs	$25**	$25**
Preferred Brand Drugs	0% After Deductible**	0% After Deductible**
Non-Preferred Brand Drugs	0% After Deductible**	0% After Deductible**
Specialty Drugs	0% After Deductible**	0% After Deductible**
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.	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	$50 (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.	$50 (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	$50 (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.	$50 (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	0% After Deductible	0% After Deductible
Cardiac Rehabilitation	$50	$50
Imaging (CT/PET Scans, MRIs)	0% After Deductible	0% After Deductible
Preventive Benefits *	$0	$0
Diabetes Education	0% After Deductible	0% After Deductible
Nutritional Counseling	0% After Deductible	0% After Deductible
Diabetic Supplies	0% After Deductible	0% After Deductible
Laboratory Outpatient and Professional Services	0% After Deductible	0% After Deductible
X-rays and Diagnostic Imaging	0% After Deductible	0% After Deductible
Acupuncture	$50 - limit 12 visits per year	$50 - limit 12 visits per year
Chiropractic	$50 - limit 20 visits per year	$50 - limit 20 visits per year

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