

2022 Oregon Small Employer Group
Gold 2500: 30% 6200



Samaritan
Health Plans

Benefit description	Member(s) responsibility
Metal level	Gold
Deductible: single/family ¹	\$2,500/\$5,000
Out-of-pocket maximum: single/family ²	\$6,200/\$12,400
Network	EPO
Coinsurance	30%
Physician/Professional/Outpatient care	
Preventive care – men’s and women’s health care: pap test, breast exam, pelvic exam, mammogram, PSA test, and digital rectal exam	\$0, deductible waived
Primary care provider office visits: includes family practice, pediatrics, internal medicine, naturopathy, general practice, obstetrics/gynecology	\$40, deductible waived
Specialty provider services: office visits to providers in specialties other than above	\$60, deductible waived
Telemedical services	\$0, deductible waived
Urgent care	\$60, deductible waived
Diagnostic: X-ray/EKG/ultrasound	30%, deductible waived
Diagnostic: laboratory tests	30%, deductible waived
Imaging: CT/MRI/PET/SPECT/EEG	30%
Allergy and therapeutic injections	30%, deductible waived
Maternity delivery care: professional services	30%
Outpatient rehabilitation and habilitation therapy: 30-60 visit limit per year maximum	\$60, deductible waived
Outpatient surgery	30%
Hospital care	
Inpatient hospital services	30%
Inpatient rehabilitation and habilitation therapy: 30 days per year maximum	30%
Emergency services	
Outpatient emergency room services: copay waived if admitted	\$400, then 30%
Inpatient admission from emergency room	30%
Ambulance services: ground and air	30%

Behavioral services – chemical dependency and mental or nervous conditions

Provider services: office visit	\$40, deductible waived
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Outpatient services	30%
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Inpatient services	30%
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Other services

Durable medical equipment	30%
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Diabetes management: one initial program	\$0, deductible waived
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Hearing aids	30%
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Home health visits	30%
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Newborn home visits	\$0, deductible waived
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Medical supplies: including allergy serum and injected substances	30%
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Prosthetic devices/Orthotic devices	30%
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Skilled nursing facility care: 60 days per year maximum	0%
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Injectable drugs in office setting	30%
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Pharmacy ³

Low cost tier	\$5, deductible waived
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Tier 1/Tier 2/Tier 3	\$15/\$50/\$100, deductible waived - all tiers
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Tier 4/Tier 5	40%/50%, deductible waived - all tiers
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Vision

Pediatric vision exam (age 0-19), one per calendar year	\$0, deductible waived
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Pediatric vision hardware (age 0-19), one per calendar year	No deductible up to \$150, then 30% after deductible
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Adult vision exam, one per calendar year	\$25, deductible waived
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Adult vision hardware, once per calendar year	\$175 allowance
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Alternative care

Acupuncture Coverage for up to 12 acupuncture visits per calendar year	\$40, deductible waived
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Chiropractic (spinal manipulation) Coverage for up to 20 spinal manipulation visits per calendar year	\$40, deductible waived
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Massage therapy Coverage for up to 9 massage therapy visits per calendar year	\$40, deductible waived
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Naturopath	\$40, deductible waived
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¹ The specified deductible must be met each calendar year (Jan. 1 through Dec. 31) before Samaritan Health Plans pays any claims.

² The annual out-of-pocket maximum includes the annual deductible, copays and coinsurance.

³ Insulin prescribed for the treatment of diabetes is not subject to a deductible and may not exceed \$75 for each 30-day supply.