

2025 Schedule of Benefits: Plan comparison

The table below summarizes the 2025 medical benefits for the Samaritan Choice PPO and High-Deductible Health Plan with HSA. Please refer to your plan documents for a detailed description of your benefits.

Samaritan Choice plan options: In-network only

Service	2025 PPO Plan Member pays	2025 High-Deductible Plan with HSA Member pays
Deductible	- Per calendar year. - Medical. - Some services do not apply to the deductible, as indicated below.	- Per calendar year. - Medical and pharmacy. - Some services do not apply to the deductible, as indicated below.
Individual	\$500	\$3,300
Family	\$1,000	\$6,600
Out-of-pocket limit	- Per calendar year. - Medical and pharmacy.	- Per calendar year. - Medical and pharmacy.
Individual	\$7,200	\$5,000
Family	\$14,400	\$10,000

All copay costs shown in this chart are after your deductible has been met, if a deductible applies.

Preventive services		
Well-baby care	No charge, deductible does not apply	No charge, deductible does not apply
Routine physicals	No charge, deductible does not apply	No charge, deductible does not apply
Routine gynecological exams	No charge, deductible does not apply	No charge, deductible does not apply
Immunizations	No charge, deductible does not apply	No charge, deductible does not apply
Colorectal screening	No charge, deductible does not apply	No charge, deductible does not apply

Service	2025 PPO Plan Member pays	2025 High-Deductible Plan with HSA Member pays
Professional services		
Primary care visits ¹	\$25, deductible does not apply	\$25, deductible applies
In-office procedures	\$25, deductible does not apply	\$25, deductible applies
Specialist visits	\$40, deductible does not apply	\$40, deductible applies
In-office procedures	\$40, deductible does not apply	\$40, deductible applies
Telehealth visit	No charge, deductible does not apply	No charge, deductible does not apply
Telehealth visit with KeyCare	\$59 up front payment. Reimbursable, deductible does not apply.	\$59 up front payment. Reimbursable, deductible does not apply.
Telehealth visit with Teladoc Health	No charge, deductible does not apply	No charge, deductible does not apply
Urgent care center visits	\$40, deductible applies	\$40, deductible applies
Surgery professional (at hospital or ASC)	\$60, deductible applies	\$60, deductible applies
Care coordination services For asthma, diabetes, congestive heart failure (CHF), coronary artery disease (CAD), chronic obstructive pulmonary disease (COPD).		
Office visit	No charge, deductible applies	No charge, deductible applies
Hospital / inpatient services		
Inpatient room and board (SHS facility)	\$175/day, up to \$875 maximum per stay, deductible applies	\$175/day, up to \$875 maximum per stay, deductible applies
Inpatient room and board (non-SHS facility)	\$300/day, up to \$1,500 maximum per stay, deductible applies	\$300/day, up to \$1,500 maximum per stay, deductible applies
Inpatient rehabilitative care (SHS facility)	\$175/day, up to \$875 maximum per stay, deductible applies	\$175/day, up to \$875 maximum per stay, deductible applies
Inpatient rehabilitative care (non-SHS facility)	\$300/day, up to \$1,500 maximum per stay, deductible applies	\$300/day, up to \$1,500 maximum per stay, deductible applies

Service	2025 PPO Plan Member pays	2025 High-Deductible Plan with HSA Member pays
Hospital / inpatient services (continued)		
Skilled nursing facility care	No charge, deductible applies	No charge, deductible applies
Bariatric surgery ²	\$5,000, deductible does not apply (does not apply to OOP limit ³)	\$5,000, deductible applies (applies to OOP limit ³)
Outpatient services		
Outpatient surgery (SHS designated facility) (does not include in-office procedures)	\$150, deductible applies	\$150, deductible applies
Outpatient surgery (non-SHS facility) (does not include in-office procedures)	\$250, deductible applies	\$250, deductible applies
Emergency department visits (unless admitted to hospital)	\$150, deductible applies	\$150, deductible applies
Radiology	\$25, deductible applies	\$25, deductible applies
Electrocardiograms (ECG/EKG)	\$25, deductible applies	\$25, deductible applies
Lab	No charge, deductible applies	No charge, deductible applies
Specified surgical procedures (Spine surgery for pain, arthroscopies, shoulder surgery for osteoarthritis)	20%, deductible applies	20%, deductible applies
High-tech imaging services (CT scans, MRIs, PET scans)	20%, deductible applies	20%, deductible applies
Substance use disorder		
Office visits	\$25, deductible does not apply	\$40, deductible applies
Inpatient care (SHS facility)	\$175/day, up to \$875 maximum per stay, deductible applied	\$175/day, up to \$875 maximum per stay, deductible applies

Service	2025 PPO Plan Member pays	2025 High-Deductible Plan with HSA Member pays
Substance use disorder (continued)		
Inpatient care (non-SHS facility)	\$300/day, up to \$1,500 maximum per stay, deductible applies	\$300/day, up to \$1,500 maximum per stay, deductible applies
Outpatient intensive services and programs (including partial hospitalization) for substance use disorder	30%, deductible applies	30%, deductible applies
Residential programs	30%, deductible applies	30%, deductible applies
Mental health		
Office visits	\$25, deductible does not apply	\$40, deductible applies
Inpatient care (SHS facility)	\$175/day, up to \$875 maximum per stay, deductible applies	\$175/day, up to \$875 maximum per stay, deductible applies
Inpatient care (non-SHS facility)	\$300/day, up to \$1,500 maximum per stay, deductible applies	\$300/day, up to \$1,500 maximum per stay, deductible applies
Partial hospitalization	30%, deductible applies	30%, deductible applies
Residential programs	30%, deductible applies	30%, deductible applies
Other covered services		
Outpatient Rehabilitative Services		
• Occupational therapy	\$35, deductible applies	\$35, deductible applies
• Physical therapy	\$30 (SHS provider) / \$35, deductible applies	\$30 (SHS provider) / \$35, deductible applies
• Speech therapy	\$35, deductible applies	\$35, deductible applies
Allergy injections (most) ⁴	\$15, deductible applies	\$15, deductible applies
Injectables and other drugs administered in the office (other than oral medications) ⁴	20%, deductible applies	20%, deductible applies

Service	2025 PPO Plan Member pays	2025 High-Deductible Plan with HSA Member pays
Other covered services (continued)		
Ambulance, ground	20%, deductible applies	20%, deductible applies
Ambulance, air	20%, deductible applies	20%, deductible applies
Durable medical equipment (DME), prosthetics, orthotics and medical supplies	30%, deductible applies	30%, deductible applies
Continuous glucose monitors	No charge, deductible applies	No charge, deductible applies
Home health care	\$30, deductible applies	\$30, deductible applies
Hospice	No charge, deductible applies	No charge, deductible applies
Hearing aids	Covered up to \$3,000 every three years, deductible applies No limit for children ages 20 and under	Covered up to \$3,000 every three years, deductible applies No limit for children ages 20 and under
Acupuncture	\$35, deductible applies	\$35, deductible applies
Naturopath ¹	\$25, deductible does not apply	\$25, deductible applies
Wigs	20%, deductible applies	20%, deductible applies
Chiropractic ⁵	\$25, deductible applies. Covered up to 12 visits per year	\$25, deductible applies. Covered up to 12 visits per year
Panniculectomy ⁶	50%, deductible does not apply ⁶ (does not apply to OOP limit ³)	50%, deductible applies (applies to OOP limit ³)
Fertility services ⁷ Assistant Reproductive Technology services (ARTs) and artificial insemination	\$20,000 annual limit \$60,000 lifetime limit 20%, deductible does not apply	Not covered
Other fertility services ⁷	\$20,000 annual limit \$60,000 lifetime limit 50%, deductible does not apply	Not covered

- ¹ Primary care provider visit is defined as services provided by a pediatric, family medicine, internal medicine, naturopath or OB-GYN provider.
- ² Bariatric surgery is covered only at in-network/designated facilities and subject to its policies and surgical criteria.
- ³ OOP: Out-of-pocket limit.
- ⁴ Contact Customer Service at **541-768-4550** or toll free **800-832-4580** (TTY **800-735-2900** or **711**) to determine your copayment or coinsurance levels for applicable services.
- ⁵ Chiropractic benefit only includes manipulations and exams. This benefit does not include X-rays, labs, other radiology or other services that are not considered to be a manipulation treatment.
- ⁶ Panniculectomy coinsurance does not apply to the out-of-pocket limit or deductible. Services will only be covered when bariatric surgery has been performed at an in-network provider facility and will only be allowed after bariatric surgery has been authorized and performed by an in-network/designated facility.
- ⁷ Fertility benefits do not apply to out-of-pocket limit or deductible. Benefit includes a \$20,000 annual and \$60,000 lifetime limit for medical and pharmacy expenses.

2025 Schedule of Benefits: Prescription drug

The table below summarizes the 2025 pharmacy benefits for the Samaritan Choice PPO Plan and High-Deductible Plan with HSA. Please refer to your plan documents for a detailed description of your benefits.

Drug tiers	2025 PPO Plan Pharmacy benefits	2025 High-Deductible Plan with HSA Pharmacy benefits
Tier 1: preventive	No charge, deductible does not apply	No charge, deductible does not apply
Tier 2: low-cost therapeutic	30-day supply: \$3, deductible does not apply 90-day supply: \$9, deductible does not apply	30-day supply: \$3, deductible applies 90-day supply: \$9, deductible applies
Tier 3: preferred	30-day supply: \$15, deductible does not apply 90-day supply: \$45, deductible does not apply	30-day supply: \$15, deductible applies 90-day supply: \$45, deductible applies
Tier 4: high-cost preferred	\$25 or 25% (whichever is less), deductible does not apply	\$65 or 25% (whichever is less), deductible applies
Tier 5: non-preferred	\$250 or 50% (whichever is less), deductible does not apply	\$250 or 50% (whichever is less), deductible applies
Tier 6: high-cost specialty	15%, deductible does not apply	15%, deductible applies



2300 NW Walnut Blvd., Corvallis, OR 97330
800-832-4580 (TTY 800-735-2900)

samhealthplans.org/Choice-Benefits