2022 Oregon Small Employer Group

Bronze 7050 HDHP

Samaritan Health Plans

Benefit description	Member(s) responsibility
Metal level	Bronze
Deductible: single/family [1]	$7,050/$14,100
Out-of-pocket maximum: single/family [2]	$7,050/$14,100
Network	EPO
Coinsurance	0%
Physician/Professional/Outpatient care	
Preventive care – men's and women's health care: pap test, breast exam, pelvic exam, mammogram, PSA test and digital rectum exam	0%, deductible waived
Primary care provider office visits: includes family practice, pediatrics, internal medicine, naturopathy, general practice, obstetrics/gynecology	0%
Specialty provider services: office visits to providers in specialties other than above	0%
Telemedical services	0%
Urgent care	0%
Diagnostic: X-ray/EKG/ultrasound	0%
Diagnostic: laboratory tests	0%
Imaging: CT/MRI/PET/SPECT/EEG	0%
Allergy and therapeutic injections	0%
Maternity delivery care: professional services	0%
Outpatient rehabilitation and habilitation therapy: 30-60 visit limit per year maximum	0%
Outpatient surgery	0%
Hospital care	
Inpatient hospital services	0%
Inpatient hospital services	0%
Inpatient rehabilitation and habilitation therapy: 30 days per year maximum	0%
Emergency services	
Outpatient emergency room services: copay waived if admitted	0%
Inpatient admission from emergency room	0%
Ambulance services: ground and air	0%

Behavioral services – chemical dependency and mental or nervous conditions	
Provider services: office visit	0%
Outpatient services	0%
Inpatient services	0%
Other services	
Durable medical equipment	0%
Diabetes management: one initial program	0%
Hearing aids	0%
Home health visits	0%
Newborn home visits	0%
Medical supplies: including allergy serum and injected substances	0%
Prosthetic devices/Orthotic devices	0%
Skilled nursing facility care: 60 days per year maximum	0%
Injectable drugs in office setting	0%
Pharmacy [3]	
Low cost tier	0%
Tier 1/Tier 2/Tier 3	0%/0%/0%
Tier 4/Tier 5	0%/0%
Vision	
Pediatric vision exam (age 0-19), one per calendar year	$0, deductible waived
Pediatric vision hardware (age 0-19), one per calendar year	0%, deductible waived
Adult vision exam, one per calendar year	0%
Adult vision hardware, once per calendar year	0%
Alternative care	
Acupuncture **Coverage for up to 12 acupuncture visits per calendar year**	0%
Chiropractic (spinal manipulation) **Coverage for up to 20 spinal manipulation visits per calendar year**	0%
Massage therapy **Coverage for up to 9 massage therapy visits per calendar year**	0%
Naturopath	0%

[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.

This Plan Overview is intended to be used for marketing purposes only and presents general information. Please refer to the Schedule of Benefits and Certificate for details, limitations, exclusions and other terms and conditions of coverage.