

2022 Oregon Small Employer Group  
**Gold 1000: 30% 8700**



Samaritan  
Health Plans

<b>Benefit description</b>	<b>Member(s) responsibility</b>
<b>Metal level</b>	Gold
<b>Deductible: single/family <sup>1</sup></b>	\$1,000/\$2,000
<b>Out-of-pocket maximum: single/family <sup>2</sup></b>	\$8,700/\$17,400
<b>Network</b>	EPO
<b>Coinsurance</b>	30%
<b>Physician/Professional/Outpatient care</b>	
<b>Preventive care – men’s and women’s health care: pap test, breast exam, pelvic exam, mammogram, PSA test and digital rectal exam</b>	\$0, deductible waived
<b>Primary care provider office visits: includes family practice, pediatrics, internal medicine, naturopathy, general practice, obstetrics/gynecology</b>	\$40, deductible waived
<b>Specialty provider services: office visits to providers in specialties other than above</b>	\$60, deductible waived
<b>Telemedical services</b>	\$0, deductible waived
<b>Urgent care</b>	\$60, deductible waived
<b>Diagnostic: X-ray/EKG/ultrasound</b>	30%, deductible waived
<b>Diagnostic: laboratory tests</b>	30%, deductible waived
<b>Imaging: CT/MRI/PET/SPECT/EEG</b>	30%
<b>Allergy and therapeutic injections</b>	30%, deductible waived
<b>Maternity delivery care: professional services</b>	30%
<b>Outpatient rehabilitation and habilitation therapy: 30-60 visit limit per year maximum</b>	\$60, deductible waived
<b>Outpatient surgery</b>	30%
<b>Hospital care</b>	
<b>Inpatient hospital services</b>	30%
<b>Inpatient rehabilitation and habilitation therapy: 30 days per year maximum</b>	30%
<b>Emergency services</b>	
<b>Outpatient emergency room services: copay waived if admitted</b>	\$400, then 30%
<b>Inpatient admission from emergency room</b>	30%
<b>Ambulance services: ground and air</b>	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 <sup>3</sup>

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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<sup>1</sup> The specified deductible must be met each calendar year (Jan. 1 through Dec. 31) before Samaritan Health Plans pays any claims.

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

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