

2022 Oregon Small Employer Group  
**Gold 1250: 20% 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>	\$1,250/\$2,500
<b>Out-of-pocket maximum: single/family <sup>2</sup></b>	\$8,700/\$17,400
<b>Network</b>	EPO
<b>Coinsurance</b>	20%
<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>	\$25, deductible waived
<b>Specialty provider services: office visits to providers in specialties other than above</b>	\$45, deductible waived
<b>Telemedical services</b>	\$0, deductible waived
<b>Urgent care</b>	\$45, deductible waived
<b>Diagnostic: X-ray/EKG-ultrasound</b>	20%, deductible waived
<b>Diagnostic: laboratory tests</b>	20%, deductible waived
<b>Imaging: CT/MRI/PET/SPECT/EEG</b>	20%
<b>Allergy and therapeutic injections</b>	20%, deductible waived
<b>Maternity delivery care: professional services</b>	20%
<b>Outpatient rehabilitation and habilitation therapy: 30-60 visit limit per year maximum</b>	\$45, deductible waived
<b>Outpatient surgery</b>	20%
<b>Hospital care</b>	
<b>Inpatient hospital services</b>	20%
<b>Inpatient rehabilitation and habilitation therapy: 30 days per year maximum</b>	20%
<b>Emergency services</b>	
<b>Outpatient emergency room services: copay waived if admitted</b>	\$300, then 20%
<b>Inpatient admission from emergency room</b>	20%
<b>Ambulance services: ground and air</b>	20%

## Behavioral services – chemical dependency and mental or nervous conditions

Provider services: office visit \$25, deductible waived

Outpatient services 20%

Inpatient services 20%

## Other services

Durable medical equipment 20%

Diabetes management: one initial program \$0, deductible waived

Hearing aids 20%

Home health visits 20%

Newborn home visits \$0, deductible waived

Medical supplies: including allergy serum and injected substances 20%

Prosthetic devices/Orthotic devices 20%

Skilled nursing facility care: 60 days per year maximum 0%

Injectable drugs in office setting 20%

## Pharmacy <sup>3</sup>

Low cost tier \$5, deductible waived

Tier 1/Tier 2/Tier 3 \$10/\$35/\$75, deductible waived - all tiers

Tier 4/Tier 5 40%/50%, deductible waived - all tiers

## Vision

Pediatric vision exam (age 0-19), one per calendar year \$0, deductible waived

Pediatric vision hardware (age 0-19), one per calendar year No deductible up to \$150, then 20% after deductible

Adult vision exam, one per calendar year \$25, deductible waived

Adult vision hardware, once per calendar year \$175 allowance

## Alternative care

Acupuncture  
Coverage for up to 12 acupuncture visits per calendar year \$25, deductible waived

Chiropractic (spinal manipulation)  
Coverage for up to 20 spinal manipulation visits per calendar year \$25, deductible waived

Massage therapy  
Coverage for up to 9 massage therapy visits per calendar year \$25, deductible waived

Naturopath \$25, deductible waived

<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.

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.