

2025
Standard Bronze Plan_FINAL

Benefit	2024 Standard Bronze	2025 Standard Bronze
2025 Federal AV	n/a	63.10%
Deductible	Combined Medical and Drug \$9,450	Combined Medical and Drug \$9,200
Maximum OOP	Combined Medical and Drug \$9,450	Combined Medical and Drug \$9,200
Family multiplier	2x Individual; Embedded Approach	2x Individual; Embedded Approach
Primary Care Visit to Treat an Injury or Illness	\$50(+)	\$50(+)
Specialist Visit	\$150	\$150
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	0% After Deductible	0% After Deductible
Outpatient Surgery Physician/Surgical Services	0% After Deductible	0% After Deductible
Inpatient Hospital Services (e.g., Hospital Stay)	0% After Deductible	0% After Deductible
Inpatient Physician and Surgical Services	0% After Deductible	0% After Deductible
Inpatient Rehabilitation Services	0% After Deductible	0% After Deductible
Inpatient Habilitation Services	0% After Deductible	0% After Deductible
Urgent Care Centers of Facilities	\$100	\$100
Emergency Room Services	0% After Deductible	0% After Deductible
Generic Drugs	\$25**	\$25**
Preferred Brand Drugs	0% After Deductible**	0% After Deductible**
Non-Preferred Brand Drugs	0% After Deductible**	0% After Deductible**
Specialty Drugs	0% After Deductible**	0% After Deductible**
Pediatric Vision	Exams at \$0 for these codes: 92002/92004, 92012/92014, S0620/S0621; for other codes cost shares may apply. Contact lenses - Actuarial equivalent of \$150 per year. Frames - Actuarial equivalent of \$150 per year. Lenses at \$0 for codes V2100-2299, V2300-2399, V2121, V2221, V2321; for other codes cost shares may apply.	Exams at \$0 for these codes: 92002/92004, 92012/92014, S0620/S0621; for other codes cost shares may apply. Contact lenses - Actuarial equivalent of \$150 per year. Frames - Actuarial equivalent of \$150 per year. Lenses at \$0 for codes V2100-2299, V2300-2399, V2121, V2221, V2321; for other codes cost shares may apply.
Outpatient Rehabilitation Services	\$50 (Applies to PT,OT, ST provided in an office setting); PT OT, ST provided in emergency room or urgent care setting is subject to applicable co-insurance.	\$50 (Applies to PT,OT, ST provided in an office setting); PT OT, ST provided in emergency room or urgent care setting is subject to applicable co-insurance.
Outpatient Habilitation Services	\$50 (Applies to PT,OT, ST provided in an office setting); PT OT, ST provided in emergency room or urgent care setting is subject to applicable co-insurance.	\$50 (Applies to PT,OT, ST provided in an office setting); PT OT, ST provided in emergency room or urgent care setting is subject to applicable co-insurance.
Biofeedback	0% After Deductible	0% After Deductible
Cardiac Rehabilitation	\$50	\$50
Imaging (CT/PET Scans, MRIs)	0% After Deductible	0% After Deductible
Preventive Benefits *	\$0	\$0
Diabetes Education	0% After Deductible	0% After Deductible
Nutritional Counseling	0% After Deductible	0% After Deductible
Diabetic Supplies	0% After Deductible	0% After Deductible
Laboratory Outpatient and Professional Services	0% After Deductible	0% After Deductible
X-rays and Diagnostic Imaging	0% After Deductible	0% After Deductible
Acupuncture	\$50 - limit 12 visits per year	\$50 - limit 12 visits per year
Chiropractic	\$50 - limit 20 visits per year	\$50 - limit 20 visits per year

* Preventive Benefits include, but are not limited to, services a carrier is required to provide without cost sharing under Oregon Laws 2017, Chapter 721 (HB 3391).

ORS 743A.069 Limits cost-sharing for health benefit plan coverage of insulin prescribed for treatment of diabetes. **SB 1508 amends this to \$35 for each 30-day supply and \$105 for each 90-day supply.

(+) First three primary care visits must be covered at \$5 copayment