

# Silver Oregon Standard Silver

You're practical, so you want your plan to cover what you need – prescription drugs, doctor visits, tests and specialty care – at a reasonable price.

	In-network, you pay	Out-of-network, you pay
<b>Calendar year costs</b>		
Deductible per person	\$2,500	\$5,000
Deductible per family	\$5,000	\$10,000
Out-of-pocket max per person	\$6,350	\$12,700
Out-of-pocket max per family	\$12,700	\$25,400
<b>Care &amp; services</b>		
Primary care physician (PCP) office visit	\$35/visit <sup>1</sup>	50%
Specialist office visit	\$70/visit <sup>1</sup>	50%
Urgent care visit	\$90/visit <sup>1</sup>	50%
Inpatient care (includes maternity)	30%	50%
Outpatient care	30%	50%
Outpatient diagnostic X-ray & lab	30%	50%
Outpatient mental health/ chemical dependency	\$35/visit <sup>1</sup>	50%
Emergency room	30%	30%
Ambulance	30%	30%
Physical, speech or occupational therapy	\$35/visit <sup>1</sup>	50%
Alternative care visit	Not covered	Not covered
Accident benefit	Paid as any other illness subject to deductible/coinsurance	
<b>Prescription drugs<sup>1</sup></b>		
Value/Select generic	\$15	\$15
Preferred	\$50	\$50
Brand	50%	50%
<b>Features</b>		
Provider network	ODS Plus Network	
Travel network	Healthy Directions	
Preventive care <sup>1</sup>	In-network, you pay 0% for eligible preventive care	
Embedded pediatric dental	Not covered	
Embedded pediatric vision <sup>2</sup>	Pediatric vision care is covered for members up to age 19.	

<sup>1</sup> Deductible waived

<sup>2</sup> See glossary of terms for more about this benefit