

	Platinum 500 [^]	
	IN NETWORK	OUT OF NETWORK
Deductible Individual / Family	\$500 / \$1,000	\$5,000 / \$10,000
Out-of-Pocket Maximum Individual / Family	\$4,000 / \$8,000	\$7,500 / \$15,000
Preventive Services	Covered in full	50% after deductible
Preventive Drug Coverage	Covered in full	90% after deductible
Accident Benefit	Covered in full up to \$500, within 90 days of accident	
Office Visits: Primary, Urgent Care, and Specialist	Primary/telehealth combined visits 1-3: \$5 no deductible, visits 4+: \$10 no deductible Urgent: \$10 no deductible Specialist: \$20 no deductible	50% after deductible
Telehealth		50% after deductible
Inpatient Hospital	20% after deductible	50% after deductible
Lab / X-ray	20% no deductible	50% after deductible
Physical, Occupational, and Speech Therapy Combined 30 visits per year	\$10 no deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible
Emergency Services	\$250 plus 20% after deductible	
Chiropractic / Acupuncture Visits per benefit period: Chiro: 20 / Acu: 12	\$10 no deductible	50% after deductible
Prescription (Rx) Drug Coverage Out-of-network: 30-day max fill, no more than 3 per year	Tier 1: \$5 no deductible Tier 2: \$15 no deductible Tier 3 & 4: 20% no deductible	90% after deductible

[^]Adult vision included on this plan.

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	Gold 1000^	Gold 2000^	Gold 2500^	Gold 3500^	Gold HSA 3200	
	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK	OUT OF NETWORK
Deductible Individual / Family	\$1,000 / \$2,000	\$2,000 / \$4,000	\$2,500 / \$5,000	\$3,500 / \$7,000	\$3,200 / \$6,400	\$5,000 / \$10,000
Out-of-Pocket Maximum Individual / Family	\$7,000 / \$14,000	\$6,500 / \$13,000	\$6,500 / \$13,000	\$6,500 / \$13,000	\$3,200 / \$6,400	\$7,500 / \$15,000
Preventive Services	Covered in full					50% after deductible
Preventive Drug Coverage	Covered in full					90% after deductible
Accident Benefit	Covered in full up to \$500, within 90 days of accident					
Office Visits: Primary, Urgent Care, and Specialist	Primary/telehealth combined visits 1-3: \$5 no deductible, visits 4+: \$25 no deductible Urgent: \$25 no deductible Specialist: \$75 no deductible				0% after deductible	50% after deductible
Telehealth					0% after deductible	50% after deductible
Inpatient Hospital	30% after deductible				0% after deductible	50% after deductible
Lab / X-ray	30% no deductible				0% after deductible	50% after deductible
Physical, Occupational, and Speech Therapy Combined 30 visits per year	\$25 no deductible				0% after deductible	50% after deductible
Outpatient Surgery	30% after deductible				0% after deductible	50% after deductible
Emergency Services	\$250 plus 30% after deductible				0% after deductible	Same as in-network
Chiropractic / Acupuncture Visits per benefit period: Chiro: 20 / Acu: 12	\$25 no deductible				0% after deductible	50% after deductible
Prescription (Rx) Drug Coverage Out-of-network: 30-day max fill, no more than 3 per year	Tier 1: \$15 no deductible Tier 2: \$45 no deductible Tier 3 & 4: 30% no deductible				0% after deductible	90% after deductible

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2024 Oregon Navigator Small Group Medical Plans

	Silver 3500	Silver 4500 [^]	Silver 5000 [^]	Silver 5500 [^]	Silver 6500 [^]	
	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK	OUT OF NETWORK
Deductible Individual / Family	\$3,500 / \$7,000	\$4,500 / \$9,000	\$5,000 / \$10,000	\$5,500 / \$11,000	\$6,500 / \$13,000	Silver 3500, 6500: \$10,000 / \$20,000 Silver 4500, 5000, 5500: \$7,500 / \$15,000
Out-of-Pocket Maximum Individual / Family	\$9,400 / \$18,800	\$9,400 / \$18,800	\$9,400 / \$18,800	\$9,400 / \$18,800	\$9,400 / \$18,800	Silver 3500, 6500: \$15,000 / \$30,000 Silver 4500, 5000, 5500: \$11,250 / \$22,500
Preventive Services	Covered in full					50% after deductible
Preventive Drug Coverage	Covered in full					90% after deductible
Accident Benefit	Covered in full up to \$500, within 90 days of accident					
Office Visits: Primary, Urgent Care, and Specialist	Primary/telehealth combined visits 1-3: \$5 no deductible, visits 4+: \$50 no deductible Urgent: \$50 no deductible Specialist: \$100 no deductible	Primary/telehealth combined visits 1-3: \$5 no deductible, visits 4+: \$40 no deductible Urgent: \$40 no deductible Specialist: \$100 no deductible	Primary/telehealth combined visits 1-3: \$5 no deductible, visits 4+: \$40 no deductible Urgent: \$40 no deductible Specialist: \$80 no deductible	Primary/telehealth combined visits 1-3: \$5 no deductible, visits 4+: \$35 no deductible Urgent: \$35 no deductible Specialist: \$70 no deductible	Primary/telehealth combined visits 1-3: \$5 no deductible, visits 4+: \$35 no deductible Urgent: \$35 no deductible Specialist: \$70 no deductible	50% after deductible
Telehealth						50% after deductible
Inpatient Hospital	50% after deductible	40% after deductible	50% after deductible	40% after deductible	35% after deductible	50% after deductible
Lab / X-ray	50% after deductible	40% after deductible	50% after deductible	40% after deductible	35% after deductible	50% after deductible
Physical, Occupational, and Speech Therapy Combined 30 visits per year	50% after deductible	40% after deductible	50% after deductible	40% after deductible	35% after deductible	50% after deductible
Outpatient Surgery	50% after deductible	40% after deductible	50% after deductible	40% after deductible	35% after deductible	50% after deductible
Emergency Services	50% after deductible	\$250 plus 40% after deductible	\$250 plus 50% after deductible	\$250 plus 40% after deductible	\$250 plus 35% after deductible	Same as in-network
Chiropractic / Acupuncture Visits per benefit period: Chiro: 20 / Acu: 12	\$50 no deductible	\$40 no deductible	\$40 no deductible	\$35 no deductible	\$35 no deductible	50% after deductible
Prescription (Rx) Drug Coverage Out-of-network: 30-day max fill, no more than 3 per year	Tier 1: \$20 no deductible Tier 2: \$50 no deductible Tier 3 & 4: 50% no deductible	Tier 1: \$20 no deductible Tier 2: \$50 no deductible Tier 3 & 4: 40% no deductible	Tier 1: \$10 no deductible Tier 2, 3, & 4: 50% no deductible	Tier 1: \$20 no deductible Tier 2: \$50 no deductible Tier 3 & 4: 40% no deductible	Tier 1: \$20 no deductible Tier 2: \$50 no deductible Tier 3 & 4: 35% no deductible	90% after deductible

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	Silver HSA 3500	Silver HSA 5100	Silver HSA 5500	
	IN NETWORK	IN NETWORK	IN NETWORK	OUT OF NETWORK
Deductible Individual / Family	\$3,500 / \$7,000	\$5,100 / \$10,200	\$5,500 / \$11,000	Silver HSA 3500: \$5,000 / \$10,000 Silver HSA 5100 & 5500: \$7,500 / \$15,000
Out-of-Pocket Maximum Individual / Family	\$7,500 / \$15,000	\$5,100 / \$10,200	\$5,500 / \$11,000	Silver HSA 3500: \$10,000 / \$20,000 Silver HSA 5100 & 5500: \$11,250 / \$22,500
Preventive Services	Covered in full			50% after deductible
Preventive Drug Coverage	Covered in full			90% after deductible
Accident Benefit	Covered in full up to \$500, within 90 days of accident			
Office Visits: Primary, Urgent Care, and Specialist	Primary/telehealth combined visits 1-3: covered in full after deductible, visits 4+: 20% Urgent/Specialist: 20% after deductible	0% after deductible	0% after deductible	50% after deductible
Telehealth		0% after deductible	0% after deductible	50% after deductible
Inpatient Hospital	20% after deductible	0% after deductible	0% after deductible	50% after deductible
Lab / X-ray	20% after deductible	0% after deductible	0% after deductible	50% after deductible
Physical, Occupational, and Speech Therapy Combined 30 visits per year	20% after deductible	0% after deductible	0% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	0% after deductible	0% after deductible	50% after deductible
Emergency Services	20% after deductible	0% after deductible	0% after deductible	Same as in-network
Chiropractic / Acupuncture Visits per benefit period: Chiro: 20 / Acu: 12	20% after deductible	0% after deductible	0% after deductible	50% after deductible
Prescription (Rx) Drug Coverage Out-of-network: 30-day max fill, no more than 3 per year	20% after deductible	0% after deductible	0% after deductible	90% after deductible

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2024 Oregon Navigator Small Group Medical Plans

	Bronze 7500	Bronze 9400	Bronze HSA 7500	
	IN NETWORK	IN NETWORK	IN NETWORK	OUT OF NETWORK
Deductible Individual / Family	\$7,500 / \$15,000	\$9,400 / \$18,800	\$7,500 / \$15,000	\$10,000 / \$20,000
Out-of-Pocket Maximum Individual / Family	\$9,400 / \$18,800	\$9,400 / \$18,800	\$7,500 / \$15,000	\$15,000 / \$30,000
Preventive Services	Covered in full			50% after deductible
Preventive Drug Coverage	Covered in full			90% after deductible
Accident Benefit	Covered in full up to \$500, within 90 days of accident			
Office Visits: Primary, Urgent Care, and Specialist	Primary/telehealth combined visits 1-3: \$5 no deductible, visits 4+: \$35 no deductible Urgent: \$35 no deductible Specialist: \$100 no deductible	Primary/telehealth combined visits 1-3: \$5 no deductible, visits 4+: 0% after deductible Urgent: 0% after deductible Specialist: 0% after deductible	0% after deductible	50% after deductible
Telehealth			0% after deductible	50% after deductible
Inpatient Hospital	30% after deductible	0% after deductible	0% after deductible	50% after deductible
Lab / X-ray	30% after deductible	0% after deductible	0% after deductible	50% after deductible
Physical, Occupational, and Speech Therapy Combined 30 visits per year	30% after deductible	0% after deductible	0% after deductible	50% after deductible
Outpatient Surgery	30% after deductible	0% after deductible	0% after deductible	50% after deductible
Emergency Services	30% after deductible	0% after deductible	0% after deductible	Same as in-network
Chiropractic / Acupuncture Visits per benefit period: Chiro: 20 / Acu: 12	\$35 no deductible	0% after deductible	0% after deductible	50% after deductible
Prescription (Rx) Drug Coverage Out-of-network: 30-day max fill, no more than 3 per year	30% after deductible	0% after deductible	0% after deductible	90% after deductible

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2024 Oregon Navigator Small Group Medical Plans

	Standard Gold	Standard Silver	Standard Bronze	
	IN NETWORK	IN NETWORK	IN NETWORK	OUT OF NETWORK
Deductible Individual / Family	\$1,800 / \$3,600	\$5,500 / \$11,000	\$9,450 / \$18,900	Standard Gold: \$5,000 / \$10,000 Standard Silver: \$7,500 / \$15,000 Standard Bronze: \$10,000 / \$20,000
Out-of-Pocket Maximum Individual / Family	\$7,550 / \$15,100	\$9,450 / \$18,900	\$9,450 / \$18,900	Standard Gold: \$7,500 / \$15,000 Standard Silver: \$11,250 / \$22,500 Standard Bronze: \$15,000 / \$30,000
Preventive Services	Covered in full			50% after deductible
Preventive Drug Coverage	Covered in full			90% after deductible
Accident Benefit	Not Covered			
Office Visits: Primary, Urgent Care, and Specialist	Primary/telehealth combined visits 1-3: \$5 no deductible, visits 4+: \$20 no deductible Urgent: \$60 no deductible Specialist: \$40 no deductible	Primary/telehealth combined visits 1-3: \$5 no deductible, visits 4+: \$40 no deductible Urgent: \$70 no deductible Specialist: \$80 no deductible	Primary/telehealth combined visits 1-3: \$5 no deductible, visits 4+: \$50 no deductible Urgent: \$100 no deductible Specialist: \$150 no deductible	50% after deductible
Telehealth				50% after deductible
Inpatient Hospital	20% after deductible	30% after deductible	0% after deductible	50% after deductible
Lab / X-ray	20% after deductible	30% after deductible	0% after deductible	50% after deductible
Physical, Occupational, and Speech Therapy Combined 30 visits per year	\$20 no deductible if provided in an office setting	\$40 no deductible if provided in an office setting	\$50 no deductible if provided in an office setting	50% after deductible
Outpatient Surgery	20% after deductible	30% after deductible	0% after deductible	50% after deductible
Emergency Services	20% after deductible	30% after deductible	0% after deductible	Same as in-network
Chiropractic / Acupuncture Visits per benefit period: Chiro: 20 / Acu: 12	\$20 no deductible	\$40 no deductible	\$50 no deductible	50% after deductible
Prescription (Rx) Drug Coverage Out-of-network: 30-day max fill, no more than 3 per year	Tier 1: \$10 no deductible Tier 2: \$30 no deductible Tier 3: 50% no deductible Tier 4: 50% no deductible, \$500 max per script	Tier 1: \$15 no deductible Tier 2: \$60 no deductible Tier 3 & 4: 50% no deductible	Tier 1: \$25 no deductible Tier 2, 3, & 4: 0% after deductible	90% after deductible

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