2025 Standard Silver Plan_FINAL

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Diabetic Supplies \$0 \$0	Diabetic Supplies	\$0	\$0
Laboratory Outpatient and Professional Services 30% After Deductible 30% After Deductible	Laboratory Outpatient and Professional	30% After Deductible	30% After Deductible
X-rays and Diagnostic Imaging 30% After Deductible 30% After Deductible		30% After Deductible	30% After Deductible
Acupuncture \$40 - limit 12 visits per year \$40 - limit 12 visits per year			
Chiropractic \$40 - limit 20 visits per year \$40 - 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