

# Comparing 2026 Oregon Health Coverage Tiers



|                                         | Oregon Health Plan (OHP) and OHP Bridge | Oregon Standard Bronze     | Oregon Standard Silver | Standard Silver: 201-250% | Standard Silver: 151-200% | Standard Silver: 139-150% | Oregon Standard Gold |
|-----------------------------------------|-----------------------------------------|----------------------------|------------------------|---------------------------|---------------------------|---------------------------|----------------------|
| Medical Deductible                      | \$0                                     | \$9,200 combined           | \$6,100                | \$5,000                   | \$1,175                   | \$150                     | \$1,800              |
| Rx Deductible                           | \$0                                     |                            | \$0                    | \$0                       | \$0                       | \$0                       | \$0                  |
| Maximum Out-of-Pocket                   | \$0                                     | \$9,200                    | \$9,200                | \$8,050                   | \$3,350                   | \$1,175                   | \$8,150              |
| Inpatient                               | \$0                                     | No charge after deductible | 30% after deductible   | 30% after deductible      | 10% after deductible      | 10% after deductible      | 20% after deductible |
| Outpatient                              | \$0                                     | No charge after deductible | 30% after deductible   | 30% after deductible      | 10% after deductible      | 10% after deductible      | 20% after deductible |
| Emergency Room                          | \$0                                     | No charge after deductible | 30% after deductible   | 30% after deductible      | 10% after deductible      | 10% after deductible      | 20% after deductible |
| X-Ray and Diagnostic Imaging            | \$0                                     | No charge after deductible | 30% after deductible   | 30% after deductible      | 10% after deductible      | 10% after deductible      | 20% after deductible |
| Preventive Care                         | \$0                                     | \$0                        | \$0                    | \$0                       | \$0                       | \$0                       | \$0                  |
| Primary Care/Mental Health office visit | \$0                                     | \$50*                      | \$40*                  | \$40*                     | \$15*                     | \$10*                     | \$20*                |
| Specialist visit                        | \$0                                     | \$150                      | \$100                  | \$90                      | \$40                      | \$25                      | \$40                 |
| Urgent Care                             | \$0                                     | \$100                      | \$70                   | \$70                      | \$40                      | \$30                      | \$60                 |
| Generic Rx                              | \$0                                     | \$25                       | \$15                   | \$15                      | \$10                      | \$5                       | \$10                 |
| Rx Preferred Brand                      | \$0                                     | No charge after deductible | \$60                   | \$60                      | \$25                      | \$10                      | \$30                 |
| Rx Non-Preferred Brand/Specialty        | \$0                                     | No charge after deductible | 50%                    | 50%                       | 50%                       | 25%                       | 50%                  |
| Physical Therapy                        | \$0                                     | \$50                       | \$40                   | \$40                      | \$15                      | \$10                      | \$20                 |
| Speech and Occupational Therapy         | \$0                                     | \$50                       | \$40                   | \$40                      | \$15                      | \$10                      | \$20                 |
| Acupuncture                             | \$0                                     | \$50                       | \$40                   | \$40                      | \$15                      | \$10                      | \$20                 |
| Chiropractic                            | \$0                                     | \$50                       | \$40                   | \$40                      | \$15                      | \$10                      | \$20                 |

\*First three visits are \$5.

# Understanding **health coverage**

## **Coinsurance**

The percentage of costs of a covered health care service you pay; 20 percent for an X-ray, for example.

## **Copayment**

A fixed amount you pay for a covered health care service; \$20 for a visit with the doctor, for example.

## **Cost sharing**

Health insurance company and enrollee shares the cost of covered benefits.

## **Deductible**

The amount you pay before the plan starts to pay for some covered services. In Oregon, many plans do not require that the enrollee pays the deductible when they have office visits, but they will pay the deductible for services such as hospital stays or surgeries. It is extremely important to remember that there are many services covered by health plans, either in full or at least in part, before meeting the deductible.

## **Maximum out-of-pocket (OOP)**

The most you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance for in-network care and services, your health plan pays 100 percent of the costs of covered benefits. Things that do not count towards the out-of-pocket maximum are:

- Your monthly premium
- Anything you spend for services your plan doesn't cover
- Out-of-network care and services

## **Network**

A group of providers, clinics, hospitals and pharmacies who are contracted with an insurance company to provide care or services for enrollees. Find out if your preferred provider or facility is in-network by contacting your insurance company or searching their provider directory, which can be found at [orhim.info/health-plans](https://orhim.info/health-plans).

## **Premium**

The amount you pay for your health insurance each month.

## **Preventive services**

Preventive and wellness services are typically covered with no copayments or coinsurance before you meet your plan's deductible, as long as they are ordered by your doctor and you're getting the services from an in-network provider or facility. Your health insurance company can't limit sex-specific recommended preventive services based on your sex assigned at birth, gender identity, or recorded gender — for example, a transgender man who has residual breast tissue or an intact cervix getting a mammogram or pap smear.

## **Provider**

Someone who provides health care services, such as a doctor, dentist, or therapist.

Learn more about Marketplace health coverage at [orhim.info/marketplace](https://orhim.info/marketplace).