



Oregon Health Plan benefits chart

OHP Plus and OHP with Limited Drug clients must pay a \$3 copayment for outpatient services and professional services (office and home visits) received on a fee-for-service basis.

- Emergency medical services, family planning services and supplies, preferred Plan Drug List (PDL) drugs, and prescription drugs ordered through DMAP's home delivery pharmacy program do not require copayments.
- Some OHP Plus and OHP with Limited Drug clients are not required to pay copayments. See OAR [410-120-1230](#) for exceptions.

* = \$3 OHP Plus copayment applies for outpatient services, office/home visits, or other services

Services	OHP Standard (KIT)	OHP Plus (BMH)	OHP with Limited Drug (BMD)
Acupuncture*	Limited	X	X
Chemical dependency services*	X	X	X
Chiropractic services*		X	X
Dental*	Limited	X	X
		\$3 for restorative services	
Emergency/Urgent hospital services	X	X	X
Hearing aids & hearing aid exams		X	X
		\$3 for audiology services	
Home health*		X	X
Hospice care	X	X	X
Hospital care*	Limited	X	X
		\$3 for outpatient services and non-emergent ER visits	
Immunizations	X	X	X
Labor & delivery	X	X	X
Laboratory & X-ray	X	X	X
Medical equipment & supplies (DME)	Limited	X	X
Medical transportation	Limited	X	X

* = \$3 OHP Plus copayment applies for outpatient services, office/home visits, or other services

Services	OHP Standard (KIT)	OHP Plus (BMH)	OHP with Limited Drug (BMD)
Mental health services*	X	X	X
		\$3 for outpatient services, inpatient hospitalization, ECT professional fee, initial assessment/evaluation by psychiatrist	
Naturopathic services		X	X
Occupational therapy*		X	X
Physical therapy*		X	X
Physician services*	X	X	X
Podiatry services*	X	X	X
Prescription drugs*	X	X	Limited
		<ul style="list-style-type: none"> • \$1 for non-preferred PDL or Generics in non-PDL classes costing more than \$10 • \$0 for preferred PDL Generic or Generics in non-PDL classes costing less than \$10 • \$0 for preferred PDL brands • \$3 for all other non-PDL brands 	
Private duty nursing*		X	X
Speech therapy*		X	X
Vision care*	Limited	X	X
		\$3 for medical exams and exams for glasses	

CAWEM (CWM) covers only emergency services or labor and delivery.

CAWEM Plus (CWX) covers most OHP Plus services for pregnant CAWEM clients in Multnomah and Deschutes counties.

Qualified Medicare Beneficiary (MED) covers Medicare premiums, copayments (except on drugs) and deductibles.

BMM is for clients who have both QMB and OHP with Limited Drug benefits).