

2024 Bend Chamber of Commerce Choice or Connect Premier plan

Network: Choice or Connect

Premier plans						
	25/20/50/1000	25/30/50/1500	25/30/50/2000	35/30/50/3000	35/30/50/4000	35/30/50/5000
In-network						
Deductible Individual / Family	\$1,000 / \$2,000	\$1,500 / \$3,000	\$2,000 / \$4,000	\$3,000 / \$6,000	\$4,000 / \$8,000	\$5,000 / \$10,000
Out-of-Pocket Maximum Individual / Family	\$6,000 / \$12,000	\$6,000 / \$12,000	\$7,500 / \$15,000	\$8,000 / \$16,000	\$8,500 / \$17,000	\$8,500 / \$17,000
Member pays						
Preventive Services	Covered in full ✓	Covered in full✓	Covered in full ✓	Covered in full✓	Covered in full ✓	Covered in full ✓
Office Visits - Primary	\$25✓	\$25✓	\$25✓	\$35✓	\$35✓	\$35✓
Chiropractic (20 visits)	\$25✓	\$25✓	\$25✓	\$35✓	\$35✓	\$35✓
Acupuncture (12 visits)	\$25✓	\$25✓	\$25✓	\$35✓	\$35✓	\$35✓
Virtual Care (Primary and Mental Health)	Covered in full ✓	Covered in full✓	Covered in full ✓	Covered in full✓	Covered in full ✓	Covered in full ✓
Office Visits - Specialty and Urgent Care	\$50✓	\$50✓	\$50✓	\$60✓	\$60✓	\$60✓
Physical Therapy	20%✓	30%✓	30%✓	30%✓	30%✓	30%✓
Lab / X-ray	20%✓	30%✓	30%✓	30%✓	30%✓	30%✓
Accident Benefit	0% of first \$1,000 within 90 days of the accident ✓					
Emergency Services	\$250 + 20% √	\$250 + 30% √	\$250 + 30% √	\$250 + 30% √	\$250 + 30% √	\$250 + 30% √
Hospital (Including surgical procedures and advanced imaging)	20%	30%	30%	30%	30%	30%
Prescription (Rx) Drug Coverage	Plans can be paired with: \$5 / \$10 / 50% / 50% OR \$5 / \$10 / \$50 / \$75 ✓ 2 copays for a 90-day supply of maintenance drugs at preferred retail pharmacy or through mail order					

Services are available from any licensed provider.

Adults: Up to \$400 per calendar year per member (including exam, prescription lenses, contact lenses and frames) ✓







Optional Vision Rider