

# 2023 Bend Chamber of Commerce Core plan options

	Core plans			
	35/50/50/2500	35/50/50/5000	35/50/50/6500	35/50/50/9100
<b>Network*</b>	Choose from: Providence Signature + OHSU, Choice, or Connect		Choose from: Choice or Connect	
	<b>In-network</b>			
<b>Deductible Individual / Family</b>	\$2,500 / \$5,000	\$5,000 / \$10,000	\$6,500 / \$13,000	\$9,100 / \$18,200
<b>Out-of-Pocket Maximum Individual / Family</b>	\$8,000 / \$16,000	\$8,500 / \$17,000	\$9,100 / \$18,200	\$9,100 / \$18,200
	<b>Member pays</b>			
<b>Preventive Services</b>	Covered in full	Covered in full	Covered in full	Covered in full
<b>Office Visits - Primary</b>	\$35	\$35	\$35	\$35
<b>Chiropractic Manipulation (20 visits per calendar year)</b>	\$35	\$35	\$35	\$35
<b>Acupuncture (12 visits per calendar year)</b>	\$35	\$35	\$35	\$35
<b>Office Visits Specialty and Urgent Care</b>	\$70	\$70	\$70	\$70
<b>Virtual Care (Primary and Mental Health)</b>	Covered in full	Covered in full	Covered in full	Covered in full
<b>Physical, Occupational &amp; Speech Therapy</b>	After deductible, 50%	After deductible, 50%	After deductible, 50%	After deductible, Covered in full
<b>Lab / X-ray</b>	After deductible, 50%**	After deductible, 50%**	After deductible, 50%	After deductible, Covered in full
<b>Accident Benefit</b>	0% of first \$1,000 within 90 days of the accident; not subject to deductible			
<b>Emergency Services</b>	After deductible, 50%	After deductible, 50%	After deductible, 50%	After deductible, Covered in full
<b>Inpatient &amp; Outpatient Hospital (Including surgical procedures &amp; advanced imaging)</b>	After deductible, 50%	After deductible, 50%	After deductible, 50%	After deductible, Covered in full
	<b>No deductible, member pays:</b>			
	RX \$5 / \$10 / 50% / 50%			
	Preventive drugs: \$0			
	<b>30-day supply</b>			
	Tier 1: \$5, Tier 2: \$10, Tier 3: 50%, Tier 4: 50%			
<b>Prescription (Rx) Drug Coverage</b>	2 copays for a 90-day supply of maintenance drugs at preferred retail pharmacy or through mail order			
	<b>Tier 5 Specialty drugs</b>			
	50% (from a participating specialty pharmacy)			
	Up to a 30-day supply			
	<b>Compounded drugs</b>			
	50% (from a participating retail/preferred retail pharmacy)			
	Up to a 30-day supply			
<b>Optional Vision</b>	<b>Services are available from any licensed provider.</b>			
	<b>Pediatric vision services (Covered in full):</b> Exam, frames (limit one per calendar year), lenses, contacts (includes exam and annual supply of contact lenses)			
	<b>Adults:</b> Up to \$400 per calendar year per member (including exam, prescription lenses, contact lenses and frames)			

\* Not all networks are available in all counties

\*\* Core Plus plans with Providence Signature + OHSU network only: Covered in full, deductible waived, for the first \$500 of in-network services in a calendar year, then deductible and coinsurance

Note: Additional cost shares apply when using out-of-network providers, please see benefit summary for details.