2023 Bend Chamber of Commerce HSA Qualified plan options

	HSA Qualified plans		
	50/50/3000	0/50/4000	0/50/6000
Network	Providence Signature + OHSU		
	In-network		
Deductible Individual / Family	$3,000 / $6,000	$4,000 / $8,000	$6,000 / $12,000
Out-of-Pocket Maximum Individual / Family	$6,000 / $12,000	$4,000 / $8,000	$6,000 / $12,000
	Member pays		
Preventive Services	Covered in full	Covered in full	Covered in full
Office Visits - Primary	After deductible, 50%	After deductible, Covered in full	After deductible, Covered in full
Chiropractic Manipulation (20 visits per calendar year)	After deductible, 50%	After deductible, Covered in full	After deductible, Covered in full
Acupuncture (12 visits per calendar year)	After deductible, 50%	After deductible, Covered in full	After deductible, Covered in full
Office Visits Specialty and Urgent Care	After deductible, 50%	After deductible, Covered in full	After deductible, Covered in full
Virtual Care (Primary and Mental Health)	After deductible, 50%	After deductible, Covered in full	After deductible, Covered in full
Physical, Occupational & Speech Therapy	After deductible, 50%	After deductible, Covered in full	After deductible, Covered in full
Lab / X-ray	After deductible, 50%	After deductible, Covered in full	After deductible, Covered in full
Diabetic Supplies	Deductible waived, 50%	Deductible waived, 20%	Deductible waived, 20%
Emergency Services	After deductible, 50%	After deductible, Covered in full	After deductible, Covered in full
Inpatient & Outpatient Hospital (Including surgical procedures & advanced imaging)	After deductible, 50%	After deductible, Covered in full	After deductible, Covered in full
Prescription (Rx) Drug Coverage	**After deductible, member pays:**		
	Embedded Rx	Embedded Rx	Embedded Rx
	Preventive drugs: $0 (no deductible)	Preventive drugs: $0 (no deductible)	Preventive drugs: $0 (no deductible)
	30-day supply Tier 1: 50%, Tier 2: 50%, Tier 3: 50%, Tier 4: 50%	**30-day supply** Tiers 1 - 4: Covered in full	**30-day supply** Tiers 1 - 4: Covered in full
	50% for a 90-day supply of maintenance drugs at preferred retail pharmacy or through mail order	50% for a 90-day supply of maintenance drugs at preferred retail pharmacy or through mail order	50% for a 90-day supply of maintenance drugs at preferred retail pharmacy or through mail order
	Tier 5 Specialty drugs 50% Up to a 30-day supply	**Tier 5 Specialty drugs** Covered in full Up to a 30-day supply	**Tier 5 Specialty drugs** Covered in full Up to a 30-day supply
	Compounded drugs 50% (from a participating retail/preferred retail pharmacy) Up to a 30-day supply	**Compounded drugs** Covered in full (from a participating retail/preferred retail pharmacy) Up to a 30-day supply	**Compounded drugs** Covered in full (from a participating retail/preferred retail pharmacy) Up to a 30-day supply
Optional Vision	**Services are available from any licensed provider.** **Pediatric vision services (Covered in full)**: Exam, frames (limit one per calendar year), lenses, contacts (includes exam and annual supply of contact lenses) **Adults**: Up to $400 per calendar year per member (including exam, prescription lenses, contact lenses and frames)		

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