

2023 Bend Chamber of Commerce Premier plan options

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
Network*	Choose from: Providence Signature + OHSU, Choice or Connect					
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 Manipulation (20 visits per calendar year)	\$25	\$25	\$25	\$35	\$35	\$35
Acupuncture (12 visits per calendar year)	\$25	\$25	\$25	\$35	\$35	\$35
Office Visits Specialty and Urgent Care	\$50	\$50	\$50	\$60	\$60	\$60
Virtual Care (Primary and Mental Health)	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
Physical, Occupational & Speech 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; not subject to deductible					
Emergency Services	\$250 + 20%	\$250 + 30%	\$250 + 30%	\$250 + 30%	\$250 + 30%	\$250 + 30%
Inpatient & Outpatient Hospital (Including surgical procedures & advanced imaging)	After deductible, 20%	After deductible, 30%	After deductible, 30%	After deductible, 30%	After deductible, 30%	After deductible, 30%
No deductible, member pays:						
Choose one						
Prescription (Rx) Drug Coverage	RX \$5 / \$10 / 50% / 50%			RX \$5 / \$10 / \$50 / \$75		
	Preventive drugs: \$0			Preventive drugs: \$0		
	30-day supply Tier 1: \$5, Tier 2: \$10, Tier 3: 50%, Tier 4: 50%			30-day supply Tier 1: \$5, Tier 2: \$10, Tier 3: \$50, Tier 4: \$75		
	2 copays for a 90-day supply of maintenance drugs at preferred retail pharmacy or through mail order			2 copays for a 90-day supply of maintenance drugs at preferred retail pharmacy or through mail order		
	Tier 5 Specialty drugs 50% (from a participating specialty pharmacy) Up to a 30-day supply			Tier 5 Specialty drugs 30% (from a participating specialty pharmacy) Up to a 30-day supply		
	Compounded drugs 50% (from a participating retail/preferred retail pharmacy) Up to a 30-day supply			Compounded drugs 50% (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)				

* Not all networks are available in all counties

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