Providence Health Plan

Introducing $250 and $500 Low Deductible Premier Plans

Same great network, including Signature + OHSU access

Providence and Bend Chamber of Commerce are excited to introduce two new Premier plan options that are flexible and affordable. Together, we are dedicated to serving your healthcare plan needs.

Benefit highlights include:

- **Enjoy quality healthcare coverage and manageable costs with our new $250 and $500 low deductible Premier plan options.**
- **Reduced Primary Care Provider (PCP) and specialist copayments of $10/$25.**
- **Access healthcare services from anywhere with fully covered virtual visits.**
- **Lower in-network coinsurance of only 10%.**

Have Questions?

Employers: Please reach out to your producer or visit the Bend Chamber microsite. To learn more, go to **ProvidenceHealthPlan.com/Bend-Chamber**.

Producers: Please contact Johnson Benefit Planning at **541-382-3571** or call **800-314-3571**.

BEND CHAMBER

Premier plans featuring the Signature + OHSU Network

Compare to some of our current plan offerings.

Premier plans					
	NEW! 10/10/50/250	NEW! 10/10/50/500	25/20/50/1000	25/30/50/1500	25/30/50/2000
Network	Signature + OHSU				
In-network					
Deductible Individual / Family	$250 / $500	$500 / $1,000	$1,000 / $2,000	$1,500 / $3,000	$2,000 / $4,000
Out-of-Pocket Maximum Individual / Family	$3,500 /$7,000	$3,500 / $7,000	$6,000 / $12,000	$6,000 / $12,000	$7,500 / $15,000
Member pays					
Preventative Services	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
Office Visits - Primary	$10	$10	$25	$25	$25
Chiropractic Manipulation	$10	$10	$25	$25	$25
Acupuncture	$10	$10	$25	$25	$25
Office Visits Specialty and Urgent Care	$25	$25	$50	$50	$50
Virtual Care (Primary and Mental Health)	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
Physical, Occupational, and Speech Therapy	10%	10%	20%	30%	30%
Lab / X-ray	10%	10%	20%	30%	30%
Accident Benefit	0% of first $1,000 within 90 days of the accident; not subject to deductible				
Emergency Services	$250 + 10%	$250 + 10%	$250 + 20%	$250 + 30%	$250 + 30%
Inpatient and Outpatient Hospital (Including surgical procedures and advanced imaging)	After deductible, 10%	After deductible, 10%	After deductible, 20%	After deductible, 30%	After deductible, 30%
No deductible, member pays					
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				
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)				

BEND CHAMBER | Providence Health Plan