



2024 Bend Chamber of Commerce Premier plan

Network: Signature+ OHSU

| Premier plans | | | | | | | | | |
|--|--|-------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| | 10/10/50/250 | 10/10/50/500 | 25/20/50/1000 | 25/30/50/1500 | 25/30/50/2000 | 35/30/50/3000 | 35/30/50/4000 | 35/30/50/5000 | 35/30/50/6000 |
| In-network | | | | | | | | | |
| Deductible Individual / Family | \$250 / \$500 | \$500 / \$1,000 | \$1,000 / \$2,000 | \$1,500 / \$3,000 | \$2,000 / \$4,000 | \$3,000 / \$6,000 | \$4,000 / \$8,000 | \$5,000 / \$10,000 | \$6,000 / \$12,000 |
| 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 | \$8,000 / \$16,000 | \$8,500 / \$17,000 | \$8,500 / \$17,000 | \$9,450 / \$18,900 |
| Member pays | | | | | | | | | |
| Preventive Services | Covered in full ✓ | Covered in full ✓ | Covered in full ✓ | Covered in full ✓ | Covered in full ✓ | Covered in full ✓ | Covered in full ✓ | Covered in full ✓ | Covered in full ✓ |
| Office Visits - Primary | \$10 ✓ | \$10 ✓ | \$25 ✓ | \$25 ✓ | \$25 ✓ | \$35 ✓ | \$35 ✓ | \$35 ✓ | \$35 ✓ |
| Chiropractic (20 visits) | \$10 ✓ | \$10 ✓ | \$25 ✓ | \$25 ✓ | \$25 ✓ | \$35 ✓ | \$35 ✓ | \$35 ✓ | \$35 ✓ |
| Acupuncture (12 visits) | \$10 ✓ | \$10 ✓ | \$25 ✓ | \$25 ✓ | \$25 ✓ | \$35 ✓ | \$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 ✓ | Covered in full ✓ | Covered in full ✓ | Covered in full ✓ |
| Office Visits - Specialty and Urgent Care | \$25 ✓ | \$25 ✓ | \$50 ✓ | \$50 ✓ | \$50 ✓ | \$60 ✓ | \$60 ✓ | \$60 ✓ | \$60 ✓ |
| Physical Therapy | 10% ✓ | 10% ✓ | 20% ✓ | 30% ✓ | 30% ✓ | 30% ✓ | 30% ✓ | 30% ✓ | 30% ✓ |
| Lab / X-ray | 10% ✓ | 10% ✓ | 20% ✓ | 30% ✓ | 30% ✓ | 30% ✓ | 30% ✓ | 30% ✓ | 30% ✓ |
| Accident Benefit | 0% of first \$1,000 within 90 days of the accident ✓ | | | | | | | | |
| Emergency Services | \$250 + 10% ✓ | \$250 + 10% ✓ | \$250 + 20% ✓ | \$250 + 30% ✓ | \$250 + 30% ✓ | \$250 + 30% ✓ | \$250 + 30% ✓ | \$250 + 30% ✓ | \$250 + 30% ✓ |
| Hospital (Including surgical procedures and advanced imaging) | 10% | 10% | 20% | 30% | 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 | | | | | | | | |

Optional Vision Rider

Services are available from any licensed provider.
Adults: Up to \$400 per calendar year per member (including exam, prescription lenses, contact lenses and frames) ✓

The deductible does not apply to services marked with a ✓.
Note: Additional cost shares apply when using out-of-network providers, please see benefit summary for details.

