



2024 Bend Chamber of Commerce HSA Qualified plan

Network: Signature + OHSU

HSA Qualified plans			
	50/50/3200	0/50/4000	0/50/6000
In-network			
Deductible Individual / Family	\$3,200 / \$6,400	\$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)	After deductible, 50%	After deductible, Covered in full	After deductible, Covered in full
Acupuncture (12 visits)	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	50% ✓	20% ✓	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	Embedded Rx Preventive drugs: \$0 ✓ 30-day supply Tier 1: 50%, Tier 2: 50%, Tier 3: 50%, Tier 4: 50% 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	Embedded Rx Preventive drugs: \$0 ✓ 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 Tier 5 Specialty drugs Covered in full, up to a 30-day supply	Embedded Rx Preventive drugs: \$0 ✓ 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 Tier 5 Specialty drugs Covered in full, up to a 30-day supply
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) ✓		

✓ = Deductible waived

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

