



2024 Bend Chamber of Commerce Core plan

Network: Signature + OHSU

Core plans		
	35/50/50/2500	35/50/50/5000
In-network		
Deductible Individual / Family	\$2,500 / \$5,000	\$5,000 / \$10,000
Out-of-Pocket Maximum Individual / Family	\$8,000 / \$16,000	\$8,500 / \$17,000
Member pays		
Preventive Services	Covered in full ✓	Covered in full ✓
Office Visits - Primary	\$35 ✓	\$35 ✓
Chiropractic Manipulation (20 visits)	\$35 ✓	\$35 ✓
Acupuncture (12 visits)	\$35 ✓	\$35 ✓
Office Visits Specialty and Urgent Care	\$70 ✓	\$70 ✓
Virtual Care (Primary and Mental Health)	Covered in full ✓	Covered in full ✓
Physical, Occupational, & Speech Therapy	50%	50%
Lab / X-ray	50%*	50%*
Accident Benefit	0% of first \$1,000 within 90 days of the accident ✓	
Emergency Services	50%	50%
Inpatient & Outpatient Hospital (Including surgical procedures & advanced imaging)	50%	50%
Prescription (Rx) Drug Coverage	Plan includes: \$5 / \$10 / 50% / 50% ✓ 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) ✓	

✓ = Deductible waived

*Core Plus plans with Providence Signature + OHSU network only: Covered in full, deductible waived, for the first \$500 of in-network services in a calendar year, then deductible and coinsurance

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

