



# 2024 Bend Chamber of Commerce Base plan

## Network: Signature+ OHSU

Base 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	35/30/50/6000
In-network							
<b>Deductible Individual / Family</b>	\$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
<b>Out-of-Pocket Maximum Individual / Family</b>	\$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							
<b>Preventive Services</b>	Covered in full ✓	Covered in full ✓	Covered in full ✓	Covered in full ✓	Covered in full ✓	Covered in full ✓	Covered in full ✓
<b>Office Visits - Primary</b>	\$25 ✓	\$25 ✓	\$25 ✓	\$35 ✓	\$35 ✓	\$35 ✓	\$35 ✓
<b>Chiropractic (20 visits)</b>	\$25	\$25	\$25	\$35	\$35	\$35	\$35
<b>Acupuncture (12 visits)</b>	\$25	\$25	\$25	\$35	\$35	\$35	\$35
<b>Virtual Care (Primary and Mental Health)</b>	Covered in full ✓	Covered in full ✓	Covered in full ✓	Covered in full ✓	Covered in full ✓	Covered in full ✓	Covered in full ✓
<b>Office Visits - Specialty and Urgent Care</b>	\$50	\$50	\$50	\$60	\$60	\$60	\$60
<b>Physical Therapy</b>	20%	30%	30%	30%	30%	30%	30%
<b>Lab / X-ray</b>	20%	30%	30%	30%	30%	30%	30%
<b>Accident Benefit</b>	0% of first \$1,000 within 90 days of the accident ✓						
<b>Emergency Services</b>	\$250 + 20%	\$250 + 30%	\$250 + 30%	\$250 + 30%	\$250 + 30%	\$250 + 30%	\$250 + 30%
<b>Hospital (Including surgical procedures and advanced imaging)</b>	20%	30%	30%	30%	30%	30%	30%
<b>Prescription (Rx) Drug Coverage</b>	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.

