



# **Bend Chamber of Commerce** **2021 health plans**



Prepared for:





## About Bend Chamber health plans

The Bend Chamber is a vital strategic partner creating resources and opportunities for member success, quality of life, engagement, and meaningful impact. We provide programs and resources to enhance achievement of our members' organizational goals. One such initiative is group health coverage from PacificSource:

- Affordable rates and benefits to qualifying Chamber members
- Opportunity for substantial savings
- Focus on prevention and wellness
- 12-month rate guarantee from enrollment date

To participate in one of the Chamber plans, you must maintain membership in good standing and have an associate agreement with the Bend Chamber.

### **5% Medical premium discount for wellness program participation**

If you're new to the Bend Chamber health plan and have a group of 10 or more enrolled employees, you may be eligible for a five percent wellness discount. This discount is only available for your first year with Bend Chamber. Please see your agent for details.

### **Give your employees a choice of plans**

As an employer with the Bend Chamber, you may be able to offer more than one plan. Employees appreciate having choices, especially when it comes to their healthcare. You can give your employees the opportunity to choose a plan that best suits their needs. Talk with your Johnson Benefit Planning or PacificSource sales representative to learn about your options.

## More than just insurance

At PacificSource, our commitment to serving you goes beyond paying claims and providing outstanding customer service. As a community health plan, our role is to help your enrolled employees use their benefits to their healthiest advantage, managing costs while providing the best possible care experience.

## Benefits that fit your needs

- With Teladoc™, members have on-demand access to doctors by phone, online video, or mobile app.
- A \$0 copay takes care of a broad list of preventive generic drugs.
- Acupuncture/chiropractic manipulation coverage is available to all groups.
- Vision coverage is available to all groups. If a group takes the vision coverage, it will satisfy the pediatric vision requirement.
- Dental plans are available to all medical groups and on a stand-alone basis for groups of five or more. Note: the dental plans do not include pediatric dental benefits.
- Orthodontic coverage is available to groups of 10 or more enrolled employees.
- Domestic partner benefits are available to all groups.
- A \$25,000 Additional Death & Dismemberment employee-only benefit is included for those enrolled in the medical plan. (This benefit is offered through US Able Life.)
- COBRA administration through PacificSource Administrators is available at no extra cost.
- The Zywave Client Cloud portal provides centralized HR and benefits services.
- Employee Assistance Plan (EAP) offered through Cascade Centers Inc.

## Travel networks

If your employees experience an emergency or need urgent care when traveling outside of Idaho, Montana, Oregon, or Washington, they have access to providers nationwide. We partner with First Choice Health™ Network in Alaska and with First Health® Network for all other states.





## Medical plans

### Voyager plans

- For groups located in any location
- Access to participating providers in Oregon, Idaho, Montana, and southern counties in Washington, as well as access to a nationwide travel network of providers

### Navigator plans

- For groups located in Clackamas, Multnomah, Washington, Yamhill, Crook, Deschutes, and Jefferson counties
- Coordinated-care experience at select provider partner groups and facilities

### SmartChoice Network (SCN) plans

- For groups located in Benton, Lane, Linn, Marion, Polk, Coos, Curry, Douglas, Jackson, and Josephine counties
- Partner with a primary care provider (PCP)

### Pathfinder plans

- For groups located in Clackamas, Multnomah, and Washington counties
- Powered by Legacy Health, OHSU, Adventist Health and Tuality Healthcare

## HSA plans

- May be paired with a health savings account (HSA)

## Medical plan benefits

### All plans:

- Coverage of Essential Health Benefits, including coverage for mental health and chemical dependency
- No-cost preventive care
- Calendar-year benefits
- All member out-of-pocket costs for covered services apply toward the annual out-of-pocket limit
- Naturopathic office visits covered at the primary care copayment level
- Referrals not required for specialty care

### In addition, Premier plans feature:

- Deductible waived for outpatient physical therapy visits
- Deductible waived on lab/X-ray
- Urgent care covered for the same copay as an office visit with a specialist
- Combined deductible for in- and out-of-network services

## Primary care providers

Employees are not required to choose a personal doctor (called a primary care provider (PCP)), but are highly encouraged to do so. PCPs know you and your health history best.

### Primary care providers (PCPs) may include practitioner designations such as:

- Doctor of Osteopathic Medicine (DO)
- Medical Doctor (MD)
- Nurse Practitioner (NP)
- Physician Assistant (PA)

### PCPs may be providers who specialize in:

- Family Practice
- General Practice
- Geriatrics
- Internal Medicine
- Obstetrics-Gynecology
- Pediatrics

To check if a specific provider has a PCP designation for your health plan, visit our Provider Directory at **PacificSource.com** and click on "Find a Doctor" in the upper right.



# 2021 Bend Chamber Association plan options

Premier plans						
	1000+25-50_20 S2	1500+25-50_30 S2	2000+25-50_30 S2	3000+35-60_30 S2	4000+35-60_30 S2	5000+35-60_30 S2
<b>CHOOSE A NETWORK<sup>^^</sup></b>	Voyager   Navigator   SmartChoice   Pathfinder					
	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK
<b>DEDUCTIBLE</b> Individual / Family	\$1,000 / \$2,000	\$1,500 / \$3,000	\$2,000 / \$4,000	\$3,000 / \$6,000	\$4,000 / \$8,000	\$5,000 / \$10,000
<b>OUT-OF-POCKET MAXIMUM</b> Individual / Family	\$4,000 / \$8,000	\$5,000 / \$10,000	\$6,850 / \$13,700	\$7,500 / \$15,000	\$7,500 / \$15,000	\$8,000 / \$16,000
	MEMBER PAYS:	MEMBER PAYS:	MEMBER PAYS:	MEMBER PAYS:	MEMBER PAYS:	MEMBER PAYS:
<b>PREVENTIVE SERVICES</b>	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full
<b>OFFICE VISITS</b> Primary	\$25	\$25	\$25	\$35	\$35	\$35
<b>ALTERNATIVE CARE*</b>	\$25	\$25	\$25	\$35	\$35	\$35
<b>OFFICE VISITS</b> Specialty and Urgent Care	\$50	\$50	\$50	\$60	\$60	\$60
<b>TELEMEDICINE</b>	\$10	\$10	\$10	\$10	\$10	\$10
<b>PHYSICAL, OCCUPATIONAL, AND SPEECH THERAPY</b>	20%	30%	30%	30%	30%	30%
<b>LAB / X-RAY</b>	20%	30%	30%	30%	30%	30%
<b>ACCIDENT BENEFIT</b>	0% of first \$1,000 within 90 days of the accident. Not subject to deductible.					
<b>EMERGENCY SERVICES</b>	\$250, then 20%					\$250, then 30%
<b>INPATIENT AND OUTPATIENT HOSPITAL</b> Including surgical procedures and advanced imaging	20% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:
	☐ OR 10-50p-50p S2		<b>Pick one<sup>^</sup>:</b>		☐ OR 10-50-75 S2	
<b>PRESCRIPTION (Rx) DRUG COVERAGE<sup>^</sup></b>	<b>Preventive drugs: \$0</b>			<b>Preventive drugs: \$0</b>		
	<b>30-day supply</b> Tier 1: \$10, Tier 2: 50%, Tier 3: 50%			<b>30-day supply</b> Tier 1: \$10, Tier 2: \$50, Tier 3: \$75		
	<b>90-day retail or mail order supply</b> All Tiers: 3 x copay			<b>90-day retail or mail order supply</b> Tier 1: 2 x copay (mail order) / 3 x copay (retail), Tier 2 and 3: 3 x copay		
	<b>OPTIONAL BENEFITS</b>					
<b>VISION</b>	Routine vision exam: \$10   Vision hardware (age 19 and older): Covered in full up to \$200   Vision hardware (through age 19): One pair per calendar year covered in full (frames and lenses)					

\* Acupuncture and chiropractic manipulation; \$1,000 maximum per person per calendar year.

<sup>^</sup> Voyager network uses the Preferred Drug List (PDL). Navigator, Pathfinder, and SmartChoice networks use the Oregon Drug List (ODL).

<sup>^^</sup> Not all networks are available in all counties.

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



# 2021 Bend Chamber Association plan options

	HSA plans			Chamber Core plan	Chamber Core plan
	HSA 3000_50_RX S2	HSA 4000 S2	HSA 6000_RX S2	2500+35-70_50 S2	5000+35-70_50 S2
<b>CHOOSE A NETWORK<sup>^^</sup></b>	Voyager   Navigator   SmartChoice   Pathfinder			Voyager   Navigator   SmartChoice   Pathfinder	
	<b>IN NETWORK</b>	<b>IN NETWORK</b>	<b>IN NETWORK</b>	<b>IN NETWORK</b>	<b>IN NETWORK</b>
<b>DEDUCTIBLE</b> Individual / Family	\$3,000 / \$6,000	\$4,000 / \$8,000	\$6,000 / \$12,000	\$2,500 / \$5,000	\$5,000 / \$10,000
<b>OUT-OF-POCKET MAXIMUM</b> Individual / Family	\$6,000 / \$12,000	\$4,000 / \$8,000	\$6,000 / \$12,000	\$7,500 / \$15,000	\$8,000 / \$16,000
	<b>NO DEDUCTIBLE, MEMBER PAYS:</b>	<b>NO DEDUCTIBLE, MEMBER PAYS:</b>	<b>NO DEDUCTIBLE, MEMBER PAYS:</b>	<b>NO DEDUCTIBLE, MEMBER PAYS:</b>	<b>NO DEDUCTIBLE, MEMBER PAYS:</b>
<b>PREVENTIVE SERVICES</b>	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full
<b>OFFICE VISITS</b> Primary	After Deductible, 50%	After Deductible, Covered in Full	After Deductible, Covered in Full	\$35	\$35
<b>ALTERNATIVE CARE*</b>	After Deductible, 50%	After Deductible, Covered in Full	After Deductible, Covered in Full	\$35	\$35
<b>OFFICE VISITS</b> Specialty and Urgent Care	After Deductible, 50%	After Deductible, Covered in Full	After Deductible, Covered in Full	\$70	\$70
<b>TELEMEDICINE</b>	After Deductible, 50%	After Deductible, Covered in Full	After Deductible, Covered in Full	\$10	\$10
<b>PHYSICAL, OCCUPATIONAL, AND SPEECH THERAPY</b>	After Deductible, 50%	After Deductible, Covered in Full	After Deductible, Covered in Full	After Deductible, 50%	After Deductible, 50%
<b>LAB / X-RAY</b>	After Deductible, 50%	After Deductible, Covered in Full	After Deductible, Covered in Full	After Deductible, 50%	After Deductible, 50%
<b>ACCIDENT BENEFIT</b>	0% of first \$1,000 within 90 days of the accident. Not subject to deductible.			0% of first \$1,000 within 90 days of the accident. Not subject to deductible.	
<b>EMERGENCY SERVICES</b>	After Deductible, 50%	After Deductible, Covered in Full	After Deductible, Covered in Full	After Deductible, 50%	After Deductible, 50%
<b>INPATIENT AND OUTPATIENT HOSPITAL</b> Including surgical procedures and advanced imaging	After Deductible, 50%	Covered in Full	Covered in Full	After Deductible, 50%	After Deductible, 50%
	<b>AFTER DEDUCTIBLE, MEMBER PAYS:</b>	<b>AFTER DEDUCTIBLE, MEMBER PAYS:</b>	<b>AFTER DEDUCTIBLE, MEMBER PAYS:</b>	<b>NO DEDUCTIBLE, MEMBER PAYS:</b>	<b>NO DEDUCTIBLE, MEMBER PAYS:</b>
	OR 50P 3000D S2	OR 0-4000D S2	OR 0-6000D S2	OR 10-50P-50P S2 ODL	OR 10-50P-50P S2 ODL
	<b>Preventive drugs: \$0</b>	<b>Preventive drugs: \$0</b>	<b>Preventive drugs: \$0</b>	<b>Preventive drugs: \$0</b>	<b>Preventive drugs: \$0</b>
<b>PRESCRIPTION (Rx) DRUG COVERAGE<sup>^</sup></b>	<b>30-day supply</b> Tier 1: 50%, Tier 2: 50%, Tier 3: 50%	<b>30-day supply</b> Tier 1: 0%, Tier 2: 0%, Tier 3: 0%	<b>30-day supply</b> Tier 1: 0%, Tier 2: 0%, Tier 3: 0%	<b>30-day supply</b> Tier 1: \$10, Tier 2: 50%, Tier 3: 50%	<b>30-day supply</b> Tier 1: \$10, Tier 2: 50%, Tier 3: 50%
	<b>90-day retail or mail order supply</b> 50%	<b>90-day retail or mail order supply</b> 0%	<b>90-day retail or mail order supply</b> 0%	<b>90-day retail or mail order supply</b> All Tiers: 3 x copay	<b>90-day retail or mail order supply</b> All Tiers: 3 x copay
	<b>OPTIONAL BENEFITS</b>			<b>OPTIONAL BENEFITS</b>	
<b>VISION</b>	Routine vision exam: \$10   Vision hardware (age 19 and older): Covered in full up to \$200 Vision hardware (through age 19): One pair per calendar year covered in full (frames or lenses)			Routine vision exam: \$10   Vision hardware (age 19 and older): Covered in full up to \$200 Vision hardware (through age 19): One pair per calendar year covered in full (frames or lenses)	

\* Acupuncture and chiropractic manipulation; \$1,000 maximum per person per calendar year.

<sup>^</sup> Voyager network uses the Preferred Drug List (PDL). Navigator, Pathfinder, and SmartChoice networks use the Oregon Drug List (ODL).

<sup>^^</sup> Not all networks are available in all counties.

**CLASS I SERVICES:**

**Preventive**

- Examinations (two exams per year)
- Bitewing films (four films every six months)
- Dental cleaning or periodontal maintenance (three services per year)
- Fluoride (four treatments per year)
- Sealants

**Note: Preventive care does not apply toward the annual maximum benefit.**

**CLASS II SERVICES:**

**Restorative or complicated treatment**

- Fillings
- Simple surgical extractions
- Periodontal scaling
- Complicated oral surgery
- Root canal therapy
- Periodontal surgery

**CLASS III SERVICES:**

**Major treatment**

- Crowns
- Dentures
- Bridges
- Implants



**Dental Advantage**

**8% discount on dental**

Pair a PacificSource dental plan with your PacificSource medical plan and receive an eight percent discount on the dental plan.

Buy-up plan: You may select two dental plans to offer your employees—a “base” plan and a “buy-up” plan. If an employee selects the buy-up dental plan, they would pay the difference in premium.

Stand-alone dental plans are available for groups of five or more enrolled employees.

**When members use an Advantage Network dentist, they will not be responsible for any excess charges and will pay only their plan’s coinsurance amount, up to the annual plan maximum. When member use an out-of-network provider, a \$50 deductible applies to all services.**

	Dental Advantage 20/50/75 50/1000	Dental Advantage 0/20/50 50/1000 or 0/20/50 50/1500
<b>NETWORK</b>	<b>Dental Advantage</b>	<b>Dental Advantage</b>
<b>ANNUAL DEDUCTIBLE</b>	<b>None</b>	<b>None</b>
<b>ANNUAL MAXIMUM BENEFIT</b> Per person	<b>\$1,000</b>	<b>\$1,000 or \$1,500</b>
<b>COINSURANCE:</b>	<b>AFTER DEDUCTIBLE, MEMBER PAYS:</b>	<b>AFTER DEDUCTIBLE, MEMBER PAYS:</b>
<b>CLASS I SERVICES</b>	20%	0%
<b>CLASS II SERVICES</b>	50%	20%
<b>CLASS III SERVICES</b>	75%	50%
<b>WAIT PERIOD</b> Per person	Class III: 6 months	Class III: 6 months
<b>ORTHODONTIA*</b>	\$1,000 max (optional)	\$1,000 max (optional)

\*Groups of 10 or more enrolled employees may purchase orthodontia coverage with any of the above dental policies. This coverage pays 50% of the charge for orthodontics up to a \$1,000 per person lifetime maximum. Additional eligibility requirements may apply.





# Manage your plans and the health of your employees

## Personalized insurance information for your organization

Get secure, convenient, administrator-only access to manage your account via our portal, InTouch for Employers.

Once you have an InTouch account, you can set up roles for your administration team. If you administer multiple groups, you only need one login.

Use InTouch to:

- Pay your bill securely online
- Access past statements and payment history
- Administer enrollment
- Order ID cards and print temporary ones
- Generate reports
- Access benefit handbook, contract documents, and forms
- Download free articles, posters, and payroll stuffers
- Contact your PacificSource representative

## Employees can access benefits 24/7 with InTouch for Members

Through InTouch, our secure website for members, your employees can check out their claims, preauthorization status, progress toward their plan's deductibles, and more. They can log in or sign up for InTouch at **PacificSource.com**.

## Health on the go

The free myPacificSource mobile app lets employees access their PacificSource coverage info, no matter where they are.

Employees can:

- Access their ID card, anytime.
- Call our 24-Hour NurseLine.
- Find a provider, hospital, or urgent care center.
- Check their deductible and out-of-pocket totals.

The app can be downloaded from Google Play or the Apple App Store.

## See if a service requires preauthorization

Sometimes, your employees will need a medical service, procedure, or prescription that needs to be preauthorized—approved in advance—before their health plan will pay.

Our preauthorization lists outline common instances when your employees will need to get preauthorization. However, some plans may not cover all items on the lists.

Visit **PacificSource.com** and click on Providers, then Medical, and then Preauthorization for more information.

## See how a drug is covered

We offer prescription drug lists to providers so they have the information they need to keep drug costs low for your employees. To help with that, we substitute generic drugs in place of name brand drugs whenever we can. In most cases, we also offer preventive drugs at no cost.

For more information, visit **PacificSource.com**, click on Find a Drug, and select the drug list for your plan.

## Healthy resources

Your employees have access to free tools, benefits, and programs to help them make the most of their plans and live healthier lives. These no-cost extras include:

- Fitness center discount
- 24-Hour NurseLine
- Global Emergency Services
- Case management
- Condition support
- Health education reimbursement
- Prenatal program
- Tobacco cessation
- Weight management
- Health engagement portal

You'll find details about these programs and services at **PacificSource.com** by clicking on Members, then Individuals, and then Healthy Resources.



## Questions?

You're always welcome to contact your local agent or us.

### Agent

Johnson Benefit Planning  
541-382-3571 or toll-free 800-314-3571  
Fax: 541-382-3807  
Email: [lisa@johnsonbenefitplanning.com](mailto:lisa@johnsonbenefitplanning.com)  
Website: [JohnsonBenefitPlanning.com](http://JohnsonBenefitPlanning.com)  
777 NW Wall St Ste 100, Bend OR 97703

### Bend Chamber of Commerce

Bend Chamber  
541-382-3221  
Fax: 541-385-9929  
Email: [shelley@bendchamber.org](mailto:shelley@bendchamber.org)  
Website: [BendChamber.org/membership/association-health-plan](http://BendChamber.org/membership/association-health-plan)  
777 NW Wall St Ste 200, Bend OR 97703

## Contact PacificSource

### Bend:

541-330-8896 | 888-877-7996  
[bendsales@pacificsource.com](mailto:bendsales@pacificsource.com)  
[PacificSource.com/bcoc](http://PacificSource.com/bcoc)

**Your employees' privacy is important to us.** To learn more about how we protect our members' personal information, check out our privacy policy at [PacificSource.com/privacy](http://PacificSource.com/privacy).