

2022 Bend Chamber of Commerce Plans

BCOC Plans 2022	DEDUCTIBLE		MOOP		COINSURANCE		COMMON TYPES OF CARE							PHARMACY / RX Retail 30 day supply shown; retail 61-90 day 3x				
	Individual amounts shown; family amounts = 2x				In Network	Out of Network	Primary	Specialist	Virtual Care	Urgent Care	Emergency Room	Diagnostic & Lab	Acupuncture/Chiro	Preventive	T1 - Generic	T2 - Brand	T3 - Preferred	T4 - Specialty
	In Network	Out of Network	In Network	Out of Network														
1000	\$1,000	\$1,000	\$6,000	\$6,000	20%	50%	\$25*	\$50*	\$0*	\$50*	\$250 plus 20% [^] *	20%*	\$25*	\$0*	\$10*	\$50*	\$75*	30%*
1500	\$1,500	\$1,500	\$6,000	\$6,000	30%	50%	\$25*	\$50*	\$0*	\$50*	\$250 plus 30% [^] *	30%*	\$25*	\$0*	\$10*	\$50*	\$75*	30%*
2000	\$2,000	\$2,000	\$7,500	\$7,500	30%	50%	\$25*	\$50*	\$0*	\$50*	\$250 plus 30% [^] *	30%*	\$25*	\$0*	\$10*	\$50*	\$75*	30%*
3000	\$3,000	\$3,000	\$8,000	\$8,000	30%	50%	\$35*	\$60*	\$0*	\$60*	\$250 plus 30% [^] *	30%*	\$35*	\$0*	\$10*	\$50*	\$75*	30%*
4000	\$4,000	\$4,000	\$8,500	\$8,500	30%	50%	\$35*	\$60*	\$0*	\$60*	\$250 plus 30% [^] *	30%*	\$35*	\$0*	\$10*	\$50*	\$75*	30%*
5000	\$5,000	\$5,000	\$8,500	\$8,500	30%	50%	\$35*	\$60*	\$0*	\$60*	\$250 plus 30% [^] *	30%*	\$35*	\$0*	\$10*	\$50*	\$75*	30%*
Chamber Core 2500	\$2,500	\$10,000	\$8,000	\$12,700	50%	50%	\$35*	\$70*	\$0*	\$70*	50%	50%	\$35*	\$0*	\$10*	50%*	50%*	50%*
Chamber Core 5000	\$5,000	\$10,000	\$8,500	\$12,700	50%	50%	\$35*	\$70*	\$0*	\$70*	50%	50%	\$35*	\$0*	\$10*	50%*	50%*	50%*
HSA 3000	\$3,000	\$7,500	\$6,000	\$15,000	50%	50%	50%	50%	50%	50%	50%	50%	50%	\$0*	50%	50%	50%	50%
HSA 4000	\$4,000	\$10,000	\$4,000	\$20,000	0%	50%	0%	0%	0%	0%	0%	0%	0%	\$0*	\$0	\$0	\$0	\$0
HSA 6000	\$6,000	\$10,000	\$6,000	\$20,000	0%	50%	0%	0%	0%	0%	0%	0%	0%	\$0*	\$0	\$0	\$0	\$0

NOTES:

* Deductible waived

[^] Copay applies to ER physician and facility charges only. Copay waived if admitted into hospital.

Out-of-network air ambulance is covered at 500% of the Medicare allowance.

Accident Benefit - the first \$1,000 covered expenses within 90 days of an accident is covered up to the maximum benefit available and not subject to deductible.

Premier Plans offer a second Pharmacy Option (\$0* Prev / \$10* T1 / 50%* T2-T4).

Premier Plans' in-network and out-network deductible accumulate together.

HSA and Chamber Core Plans' in-network deductible and out-of-pocket maximum accumulate separately from the out-network deductible and out-of-pocket maximum.

All plans include Alternative Care and Chiropractic Manipulation (12 visits for acupuncture and 20 visits for Chiropractic).

COBRA Administration available at no additional cost.

All plans include an Employee Assistance Program (4 calls/instance). Employees do not need to be enrolled to utilize this benefit.