

2022 Bend Chamber of Commerce Plans

| BCOC Plans 2022 | DEDUCTIBLE | | MOOP | | COINSURANCE | | COMMON TYPES OF CARE | | | | | | | PHARMACY / RX | | | | |
|-----------------------|---|----------------|------------|----------------|-------------|----------------|----------------------|------------|--------------|-------------|------------------|------------------|--------------------|---|--------------|------------|----------------|----------------|
| | Individual amounts shown; family amounts = 2x | | | | | | | | | | | | | Retail 30 day supply shown; retail 61-90 day 3x | | | | |
| | In Network | Out of Network | In Network | Out of Network | 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 |
| 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.

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