



# Bend Chamber of Commerce **2017 Health Plans**



People who have earned your trust!

# About Bend Chamber

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.

- Affordable rates and benefits to qualifying Chamber members
- Savings have been substantial in many cases
- 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 five 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.

Note: If an employee lives outside the SmartChoice network plan service area, they will need to choose a PacificSource Network plan. This will ensure they have access to participating providers.

# About PacificSource

## 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 employees use their benefits to their healthiest advantage, managing costs while providing the best possible care experience.

## Benefits that Fit Your Needs

- Domestic Partner Benefits are included for all groups. An affidavit of domestic partnership may be required.
- Broad drug list with \$0 copay for specific preventive generics.
- 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.
- Orthodontic coverage is available to groups of 10 or more enrolled employees.

## Travel Networks

If your employees experience an emergency or need urgent care when traveling outside their plan's network, they have access to providers nationwide. We partner with First Choice Health Network for Washington and Alaska and with the First Health Network® for all other states.

### Assist America®

If your employees experience a medical emergency while 100 or more miles from home or traveling abroad, they can access services provided by Assist America® Global Emergency Services at no cost. Once your employee is under the care of a physician or medical facility, their PacificSource coverage applies.

\* To view current customer satisfaction data, visit [PacificSource.com/performance](https://www.pacificsource.com/performance).

# Medical Plans

## PacificSource Network (PSN) Plans

- For employees living in any location
- Access to participating PSN providers in Oregon, Idaho, Montana, and southern counties in Washington, as well as access to a nationwide travel network of providers
- Referrals not required for specialty care
- Some plans eligible for health savings accounts

## SmartChoice Network (SCN) Plans

- For employees living in the SmartChoice service area
- Partner with a primary care provider (PCP)
- Referrals not required for specialty care
- Some plans eligible for health savings accounts

## HSA Plans

- Pair with a health savings account (HSA)

## Chamber Core Plans:

- Three no-cost office visits per year

## All Medical Plans Feature:

- Coverage of Essential Health Benefits, including coverage for mental health and chemical dependency
- No-cost preventive care
- Calendar year benefits
- All covered medical services apply toward the annual out-of-pocket limit
- Naturopathic office visits covered as any other office visit

## PacificSource and SmartChoice Network Plans:

- Copay for physical therapy visits
- \$200 copay per pregnancy for the physician fee (global charge)
- All PacificSource and SmartChoice plans can be purchased with integrated pharmacy, or you can “buy up” to plans that include copays for prescription drugs
- Deductible waived on lab/x-ray
- Urgent care covered for the same copay as an office visit
- Combined deductible for in- and out-of-network services

## Primary Care Providers for SmartChoice Plans

Several types of providers may have a primary care provider (PCP) designation. Providers who may be PCPs include:

- Doctor of Osteopathic Medicine (DO)
- Medical Doctor (MD)
- Nurse Practitioners (NP)
- Physician Assistants (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/find-a-provider](https://www.pacificsource.com/find-a-provider).

Note: Employees who have a PacificSource Network (PSN) plan, are not required to choose a PCP.

<b>Plan Name</b>	<b>Deductible</b> (individual / family)	<b>Out-of-pocket Limit</b> (individual / family)	<b>Co-insurance</b> (most services; after deductible)	<b>Office Visits</b> (most providers)	<b>Pharmacy (Rx)</b>
<b>PacificSource or SmartChoice Network Plans</b>					
1500+35_30+Rx	\$1,500 / \$3,000	\$5,000 / \$10,000	30%	\$35 co-pay	\$0 preventive care drugs,* 10_50_75 S2, Major Medical
2000+35_30+Rx	\$2,000 / \$4,000	\$6,850 / \$13,700	30%	\$35 co-pay	
3000+35_30+Rx	\$3,000 / \$6,000	\$6,850 / \$13,700	30%	\$35 co-pay	
5000+35_30+Rx	\$5,000 / \$10,000	\$7,000 / \$14,000	30%	\$35 co-pay	

### HSA (PacificSource Network) Plans (HSA-qualified)

HSA 3000_50_Rx	\$3,000 / \$6,000	\$6,000 / \$12,000	50%	50% coinsurance	\$0 preventive care drugs,* Major Medical
HSA 6000_Rx	\$6,000 / \$12,000	\$6,000 / \$12,000	0%	0% coinsurance	

### Chamber Core 5000 Plans

Chamber Core 5000 (PacificSource Network)	\$5,000 / \$10,000	\$7,000 / \$14,000	50%	\$0 copay/visit*§ then 50%	\$0 preventive care drugs,* \$10 generic, all others Major Medical
Chamber Core 5000 (SmartChoice Network)	\$5,000 / \$10,000	\$7,000 / \$14,000	50%	\$0 copay/visit*§ then 50%	

\* *These services are not subject to a deductible.*

§ *Three office visits covered at no charge, then deductible applies.*

Information listed represents participating provider coverage only. Pharmacy co-pays and/or co-insurance apply toward the medical plan out-of-pocket limit.

*The benefit information in this brochure is a summary designed for comparative purposes. For specific information on plan benefits, exclusions, and limitations, please refer to a proposal, contract, or Member Benefit Handbook.*

*For plan details, please contact us or your local agent.*

# Prescription Drug **Benefits**

## OR 10-50-75 S2 (PSN Plans)

<b>Drug List</b>	PDL
<b>Copays for 30-day Supply:</b>	Preventive: \$0 Generic: \$10 Preferred: \$50 Nonpreferred: \$75
<b>Retail Copays for 90-day Supply:</b>	3 x copay
<b>Mail Order Copays for 90-day Supply:</b>	2 x copay for generic, 3 x copay for preferred and nonpreferred

## OR 10-50-75 S2 (SmartChoice Plans)

<b>Drug List</b>	OR
<b>Copays for 30-day Supply:</b>	Preventive: \$0 Generic: \$10 Preferred: \$50 Nonpreferred: \$75
<b>Retail Copays for 90-day Supply:</b>	3 x copay
<b>Mail Order Copays for 90-day Supply:</b>	2 x copay for generic, 3 x copay for preferred and nonpreferred

## OR 10-50P-50P S2 (Chamber Core RX)

<b>Drug List</b>	OR
<b>Copays for 30-day Supply:</b>	Preventive: \$0 Generic: \$10 Preferred: 50% Nonpreferred: 50%
<b>Retail Copays for 90-day Supply:</b>	3 x copay
<b>Mail Order Copays for 90-day Supply:</b>	3 x copay

# Vision Care **Benefits**

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<b>Routine vision exams</b>	\$10 copay* for participating providers. No charge* up to \$40 benefit maximum for nonparticipating providers, then 100% coinsurance
<b>Vision Hardware (age 19 or older)</b>	No charge* up to \$150 maximum
<b>Vision Hardware (through age 18)</b>	No charge for one pair per calendar year for frames and/or lenses

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Vision is an option with all plans.

*\*Members can limit their out-of-pocket expense by using PacificSource participating providers.*

# Alternative Care **Benefits**

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<b>Covered services</b>	Acupuncture and chiropractic manipulation
<b>Benefit</b>	Mirrors the medical plan's copay for physician office visits
<b>Maximum benefit</b>	\$1,000 per person per calendar year
<b>Eligible providers</b>	Licensed acupuncturists and chiropractors

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Alternative care benefits are an option with all plans.

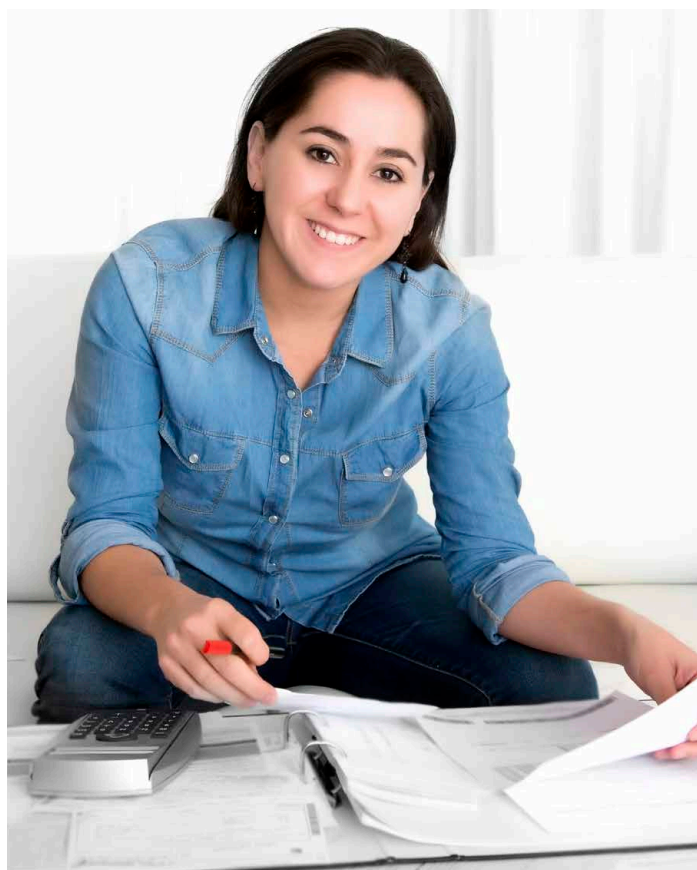
# Dental Advantage

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

Buy-up plan: You may select two dental plans to offer to 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.**



## **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 (two treatments per year, through age 18 only)
- 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 20/50/75 50/1000

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### Network

A group of dental providers your employees must choose from in order for their plan to pay as shown here.

Dental Advantage

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### Annual maximum benefit

The most we will pay in a calendar year for adults 19 and older. Preventive care does not apply toward the annual maximum benefit.

\$1,000

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### Annual deductible

The amount your employees have to pay in a calendar year before their plan pays for class II and III services.

None

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### Co-insurance

Your employees' share of costs, after their deductible has been paid (if applicable).

Class I: 20%  
Class II: 50%  
Class III: 75%

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### Waiting period

There is a six-month waiting period for class III services.

Class III: 6 months

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### Orthodontia\*

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.

\$1,000 max (optional)

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## Dental Advantage 0/20/50 50/1000 or 0/20/50 50/1500

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### Network

A group of dental providers your employees must choose from in order for their plan to pay as shown here.

Dental Advantage

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### Annual maximum benefit

The most we will pay in a calendar year for adults 19 and older. Preventive care does not apply toward the annual maximum benefit.

\$1,000 or \$1,500

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### Annual deductible

The amount your employees have to pay in a calendar year before their plan pays for class II and III services.

None

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### Co-insurance

Your employees' share of costs, after their deductible has been paid (if applicable).

Class I: 0%  
Class II: 20%  
Class III: 50%

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### Waiting period

There is a six-month waiting period for class III services.

Class III: 6 months

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### Orthodontia\*

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.

\$1,000 max (optional)

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# Free **Tools and Programs**

## Manage your company's plan with InTouch for Employers.

Once your employees are all signed up and enjoying their coverage, you can manage your organization's health plan using InTouch for Employers. This is kind of like InTouch for Members, except this one is for you, the group administrator. With InTouch for Employers, you can:

- Access member information, request ID cards, and print temporary ID cards
- Administer enrollment and run basic reports
- Add or update personal information
- Download enrollment data
- View and pay bills

## 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 deductible, and more. They can log in or sign up for InTouch at [PacificSource.com](http://PacificSource.com).

## 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/provider/preauthorization](http://PacificSource.com/provider/preauthorization) for more information.

## See how a drug is covered.

We offer prescription drug lists to providers so that 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/drug-list](http://PacificSource.com/drug-list), and select the drug list for your plan.



## Check out these extras for your health.

Your employees can also enjoy these extra benefits and wellness programs:

- 24-Hour NurseLine
- Assist America® Global Emergency Services
- Case management services
- Condition support program
- Hospital-based health and wellness class reimbursement
- Prenatal program
- Quit For Life® tobacco cessation
- Weight management programs

You'll find details about these programs and services at [PacificSource.com/extras](https://PacificSource.com/extras).

## Wait, there's more!

Your employees will also have free access to:

- myPacificSource mobile app ([PacificSource.com/mobile](https://PacificSource.com/mobile))
- CaféWell health and wellness portal ([PacificSource.com/cafewell](https://PacificSource.com/cafewell))



## Working together for you.

We've teamed up with Legacy Health, and we're taking what we each do best to create something great! With our health insurance expertise and Legacy's strong hospital and provider networks of more than 2,400 practitioners, you and your employees get the best of both worlds.

And while Legacy primarily serves the Portland Metro area in Oregon, we're taking all that we learn from this partnership and applying that to how we serve all of our communities across Idaho, Montana, and Oregon.

Together, we're creating a future of healthcare where providers and insurance carriers work together to give you and your employees the quality healthcare you deserve.

## 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: [sandy@bendchamber.org](mailto:sandy@bendchamber.org)  
Website: [bendchamber.org/association-health-plan](http://bendchamber.org/association-health-plan)  
777 NW Wall St Ste 200, Bend OR 97703

## Contact PacificSource.

Bend: (541) 330-8896 | (888) 877-7996  
Email: [OregonSales@pacificsource.com](mailto:OregonSales@pacificsource.com)  
Web: [PacificSource.com](http://PacificSource.com)

### 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).