



Bend Chamber of Commerce **2018 Health Plans**



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

- Teladoc® on-demand, virtual medical care.
- Broad drug list with \$0 co-pay 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.
- Domestic partner benefits are included for all groups. An affidavit of domestic partnership may be required.
- \$25,000 Additional Death & Dismemberment included on the employee only who are enrolled in the medical plan.

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.

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)

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 PCP co-payment level

In addition, PacificSource and SmartChoice Network Plans feature:

- Deductible waived for physical therapy visits
- Deductible waived on lab/x-ray
- Urgent care covered for the same co-pay as a PCP office visit
- Combined deductible for in- and out-of-network services

Medical Plans

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.



2018 Bend Chamber Association Plan Options

	1500+25-50_30 S2		2000+25-50_30 S2		3000+25-50_30 S2		5000+25-50_30 S2		HSA 3000_50_RX S2		HSA 6000_RX S2		5000+35-70_50 S2	
CHOOSE A NETWORK	<input type="checkbox"/> PSN	<input type="checkbox"/> SmartChoice	<input type="checkbox"/> PSN	<input type="checkbox"/> SmartChoice	<input type="checkbox"/> PSN	<input type="checkbox"/> SmartChoice	<input type="checkbox"/> PSN	<input type="checkbox"/> SmartChoice	<input type="checkbox"/> PSN	<input type="checkbox"/> SmartChoice	<input type="checkbox"/> PSN	<input type="checkbox"/> SmartChoice	<input type="checkbox"/> PSN	<input type="checkbox"/> SmartChoice
	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
DEDUCTIBLE Individual / Family	\$1,500 / \$3,000	\$1,500 / \$3,000	\$2,000 / \$4,000	\$2,000 / \$4,000	\$3,000 / \$6,000	\$3,000 / \$6,000	\$5,000 / \$10,000	\$5,000 / \$10,000	\$3,000 / \$6,000	\$7,500 / \$15,000	\$6,000 / \$12,000	\$10,000 / \$20,000	\$5,000 / \$10,000	\$10,000 / \$20,000
OUT-OF-POCKET MAXIMUM Individual / Family	\$5,000/\$10,000	\$7,000 / NA	\$6,850 / \$13,700	\$8,350 / NA	\$6,850 / \$13,700	\$9,350 / NA	\$7,000 / \$14,000	\$11,350 / NA	\$6,000 / \$12,000	\$15,000 / \$30,000	\$6,000 / \$12,000	\$20,000 / \$40,000	\$7,000 / \$14,000	\$12,700 / \$25,400
	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:
PREVENTIVE SERVICES	Covered in Full	50%	Covered in Full	50%	Covered in Full	50%	Covered in Full	50%	Covered in Full	50%	Covered in Full	50%	Covered in Full	50%
OFFICE VISITS Primary (including urgent care and telemedicine)	\$25	50%	\$25	50%	\$25	50%	\$25	50%	After Deductible 50%	After Deductible 50%	After deductible, covered in full	50%	\$35	50%
OFFICE VISITS Specialty	\$50	50%	\$50	50%	\$50	50%	\$50	50%	After Deductible 50%	After Deductible 50%	After deductible, covered in full	50%	\$70	50%
PHYSICAL, OCCUPATIONAL AND SPEECH THERAPY	30%	50%	30%	50%	30%	50%	30%	50%	After Deductible 50%	After Deductible 50%	After deductible, covered in full	50%	After Deductible 50%	After Deductible 50%
LAB / XRAY	30%	50%	30%	50%	30%	50%	30%	50%	After Deductible 50%	After Deductible 50%	After deductible, covered in full	50%	After Deductible 50%	After Deductible 50%
ACCIDENT BENEFIT	0% of first \$1,000 within 90 days of the accident. Not subject to deductible.													
EMERGENCY SERVICES	\$200, then 30%								After deductible, 50%		After deductible, covered in full		After deductible, 50%	
	AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:		AFTER DEDUCTIBLE, MEMBER PAYS:	
INPATIENT AND OUTPATIENT HOSPITAL Including surgical procedures and advanced imaging	30%	50%	30%	50%	30%	50%	30%	50%	50%	50%	Covered in Full	50%	50%	50%
	Pick one^:								<input type="checkbox"/> OR 0-50P S2 ODL		<input type="checkbox"/> OR 0-6000D S2 ODL		<input type="checkbox"/> OR 10-50P-50P S2 ODL	
PRESCRIPTION (RX) DRUG COVERAGE^	<input type="checkbox"/> OR 10-50p-50p S2				<input type="checkbox"/> OR 10-50-75 S2				Preventive drugs: \$0 30-day supply Tier 1: 50%, Tier 2: 50%, Tier 3: 50%		Preventive drugs: \$0 30-day supply Tier 1: 50%, Tier 2: 50%, Tier 3: 50%		Preventive drugs: \$0 30-day supply Tier 1: \$10, Tier 2: 50%, Tier 3: 50%	
	Preventive drugs: \$0 30-day supply Tier 1: \$10, Tier 2: 50%, Tier 3: 50%				Preventive drugs: \$0 30-day supply Tier 1: \$10, Tier 2: \$50, Tier 3: \$75				90-day mail order supply 50%		90-day mail order supply 50%		90-day mail order supply All Tiers: 3 x co-pay	
	90-day mail order supply All Tiers: 3 x co-pay				90-day mail order supply Tier 1: 2 x co-pay, Tier 2 and 3: 3 x co-pay									
	OPTIONAL BENEFITS													
ALTERNATIVE CARE*	\$25	After Deductible 50%	\$25	After Deductible 50%	\$25	After Deductible 50%	\$25	After Deductible 50%	After Deductible 50%	After Deductible 50%	Deductible then No Charge	After Deductible 50%	\$35	After Deductible 50%
VISION	Routine vision exam: \$10 Vision hardware (age 19 and older): Covered in full up to \$150 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.

^ PSN network uses the Preferred Drug List (PDL). SmartChoice network uses the Oregon Drug List (ODL).

Dental Advantage

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

Pair a PacificSource dental plan with your PacificSource medical plan and receive a eight 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.



Dental Advantage 20/50/75 50/1000

Network

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

Dental Advantage

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

Annual deductible

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

None

Co-insurance

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

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

Waiting period

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

Class III: 6 months

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)

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

Network

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

Dental Advantage

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

Annual deductible

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

None

Co-insurance

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

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

Waiting period

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

Class III: 6 months

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)

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.

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 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, and select the drug list for your plan.

Free Tools and Programs

Check out these extras for your health

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

- Active&Fit® gym membership program
- 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.

Wait, there's more!

Your employees will also have free access to:

- myPacificSource mobile app (PacificSource.com/mobile)
- CaféWell health and wellness portal (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
Website: 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
Website: 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

Web

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.