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 USAble Life.)
- COBRA administration through PacificSource Administrators is available at no extra cost.
- The Zynwave 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

<table>
<thead>
<tr>
<th>Plan Options</th>
<th>Deductible</th>
<th>Out-of-Pocket Maximum</th>
<th>Preventive Services</th>
<th>Office Visits</th>
<th>Alternative Care*</th>
<th>Specialty and Urgent Care</th>
<th>Telemedicine</th>
<th>Physical, Occupational, and Speech Therapy</th>
<th>Lab / X-Ray</th>
<th>Accident Benefit</th>
<th>Emergency Services</th>
<th>Inpatient and Outpatient Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>1000+25-50, 20 S2</td>
<td>$1,000 / $2,000</td>
<td>$4,000 / $8,000</td>
<td>Covered in Full</td>
<td>$25</td>
<td>$25</td>
<td>$50</td>
<td>$10</td>
<td>20%</td>
<td>20%</td>
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<td>$250, then 20%</td>
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<tr>
<td>1500+25-50, 30 S2</td>
<td>$1,500 / $3,000</td>
<td>$5,000 / $10,000</td>
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<td>$25</td>
<td>$50</td>
<td>$10</td>
<td>30%</td>
<td>30%</td>
<td>$250, then 30%</td>
<td>$250, then 30%</td>
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<tr>
<td>2000+25-50, 30 S2</td>
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<td>$6,850 / $13,700</td>
<td>Covered in Full</td>
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<td>$25</td>
<td>$50</td>
<td>$10</td>
<td>30%</td>
<td>30%</td>
<td>$250, then 30%</td>
<td>$250, then 30%</td>
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</tr>
<tr>
<td>3000+35-60, 30 S2</td>
<td>$3,000 / $6,000</td>
<td>$7,500 / $15,000</td>
<td>Covered in Full</td>
<td>$35</td>
<td>$35</td>
<td>$60</td>
<td>$10</td>
<td>30%</td>
<td>30%</td>
<td>$250, then 30%</td>
<td>$250, then 30%</td>
<td></td>
</tr>
<tr>
<td>4000+35-60, 30 S2</td>
<td>$4,000 / $8,000</td>
<td>$7,500 / $15,000</td>
<td>Covered in Full</td>
<td>$35</td>
<td>$35</td>
<td>$60</td>
<td>$10</td>
<td>30%</td>
<td>30%</td>
<td>$250, then 30%</td>
<td>$250, then 30%</td>
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</tr>
<tr>
<td>5000+35-60, 30 S2</td>
<td>$5,000 / $10,000</td>
<td>$8,000 / $16,000</td>
<td>Covered in Full</td>
<td>$35</td>
<td>$35</td>
<td>$60</td>
<td>$10</td>
<td>30%</td>
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<td>$250, then 30%</td>
<td>$250, then 30%</td>
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</tr>
</tbody>
</table>

### Optional Benefits

- **Vision**: 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)

### Notes
- Acupuncture and chiropractic manipulation: $1,000 maximum per person per calendar year.
- Voyager network uses the Preferred Drug List (PDL), Navigator, Pathfinder, and SmartChoice networks use the Oregon Drug List (ODL).
- 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

<table>
<thead>
<tr>
<th>CHOOSE A NETWORK*</th>
<th>Voyager</th>
<th>Navigator</th>
<th>SmartChoice</th>
<th>Pathfinder</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DEDUCTIBLE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual / Family</td>
<td>$3,000 / $6,000</td>
<td>$4,000 / $8,000</td>
<td>$6,000 / $12,000</td>
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</tr>
<tr>
<td>OUT-OF-POCKET MAXIMUM</td>
<td>$6,000 / $12,000</td>
<td>$4,000 / $8,000</td>
<td>$6,000 / $12,000</td>
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## Chamber Core plan

<table>
<thead>
<tr>
<th>CHOOSE A NETWORK*</th>
<th>Voyager</th>
<th>Navigator</th>
<th>SmartChoice</th>
<th>Pathfinder</th>
</tr>
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<tbody>
<tr>
<td><strong>DEDUCTIBLE</strong></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual / Family</td>
<td>$2,500 / $5,000</td>
<td>$5,000 / $10,000</td>
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<tr>
<td>OUT-OF-POCKET MAXIMUM</td>
<td>$7,500 / $15,000</td>
<td>$8,000 / $16,000</td>
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### IN NETWORK

<table>
<thead>
<tr>
<th>PREVENTIVE SERVICES</th>
<th>Covered in Full</th>
<th>Covered in Full</th>
<th>Covered in Full</th>
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<tbody>
<tr>
<td>OFFICE VISITS</td>
<td>After Deductible, 50%</td>
<td>After Deductible, Covered in Full</td>
<td>After Deductible, Covered in Full</td>
</tr>
<tr>
<td>ALTERNATIVE CARE*</td>
<td>After Deductible, 50%</td>
<td>After Deductible, Covered in Full</td>
<td>After Deductible, Covered in Full</td>
</tr>
<tr>
<td>OFFICE VISITS</td>
<td>After Deductible, 50%</td>
<td>After Deductible, Covered in Full</td>
<td>After Deductible, Covered in Full</td>
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<tr>
<td>TELEMEDICINE</td>
<td>After Deductible, 50%</td>
<td>After Deductible, Covered in Full</td>
<td>After Deductible, Covered in Full</td>
</tr>
<tr>
<td>PHYSICAL, OCCUPATIONAL, AND SPEECH THERAPY</td>
<td>After Deductible, 50%</td>
<td>After Deductible, Covered in Full</td>
<td>After Deductible, Covered in Full</td>
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<tr>
<td>LAB / X-RAY</td>
<td>After Deductible, 50%</td>
<td>After Deductible, Covered in Full</td>
<td>After Deductible, Covered in Full</td>
</tr>
</tbody>
</table>

### INPATIENT AND OUTPATIENT HOSPITAL

Including surgical procedures and advanced imaging

### AFTER DEDUCTIBLE, MEMBER PAYS:

<table>
<thead>
<tr>
<th>DRUG COVERAGE^</th>
<th>Prescriptions (Rx)</th>
<th>Preventive services</th>
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<tr>
<td>OR 50-30000 S2</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>OR 0-40000 S2</td>
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<tr>
<td>OR 0-60000 S2</td>
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<td>$0</td>
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### OPTICAL BENEFITS

<table>
<thead>
<tr>
<th>VISION</th>
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* Acupuncture and chiropractic manipulation: $1,000 maximum per person per calendar year.

* Voyager network uses the Preferred Drug List (PDL). Navigator, Pathfinder, and SmartChoice networks use the Oregon Drug List (ODL).

** 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.
### 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.

#### 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

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**Dental Advantage**

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

*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.

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**Dental Advantage**

**20%**

**50%**

**$1,000 or $1,500**

**$1,000 max (optional)**

**Class III: 6 months**

**50%**

**AFTER DEDUCTIBLE, MEMBER Pays:**

**20%**

**75%**

**$1,000 max (optional)**

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**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.

**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
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: shelley@bendchamber.org
Website: 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
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.