Bend Chamber of Commerce
2022 health plans

PacificSource HEALTH PLANS

Prepared for:

BEND CHAMBER ASSOCIATION HEALTH PLAN

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, your business must be headquartered in the state of Oregon, and your Chamber membership must be maintained.

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

- Premier plans feature 11 benefits that are not subject to the deductible.
- With Teladoc,™ members have on-demand access to doctors by phone, online video, or mobile app with a $0 copay.
- A $0 copay takes care of a broad list of preventive generic drugs.
- Chiropractic manipulation/acupuncture coverage is available to all groups and included in all plans.
- 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.
- Preventive care is paid in addition to the annual maximum benefit. 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, Inc. is available at no extra cost.
- The Zywave Client Cloud portal provides centralized HR and benefits services.
- Employee Assistance Plan (EAP) is offered through Cascade Centers Inc.

Out of area network

Members have access to participating providers in Oregon, Idaho, Montana, and Washington, as well as access to a nationwide network of providers for those traveling or residing outside of the service area. We partner with First Choice Health™ Network in Alaska and with First Health® Network for all other states.

Medical plans

Navigator plans

- For groups located in any area.
- Cost-effective care coordination that puts members at the center.

Voyager plans

- For groups located in Baker, Douglas, Jackson, Josephine, and Malheur Counties.

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.

2022 Bend Chamber Association plan options

	Premier plans					
	1000+25-50_20 S2	1500+25-50_30 S2	2000+25-50_30 S2	3000+35-60_30 S2	4000+35-60_30 S2	5000+35-60_30 S2
CHOOSE A NETWORK^^	Navigator | Voyager					
	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK
DEDUCTIBLE Individual / Family	$1,000 / $2,000	$1,500 / $3,000	$2,000 / $4,000	$3,000 / $6,000	$4,000 / $8,000	$5,000 / $10,000
OUT-OF-POCKET MAXIMUM Individual / Family	$6,000 / $12,000	$6,000 / $12,000	$7,500 / $15,000	$8,000 / $16,000	$8,500 / $17,000	$8,500 / $17,000
	MEMBER PAYS:	MEMBER PAYS:	MEMBER PAYS:	MEMBER PAYS:	MEMBER PAYS:	MEMBER PAYS:
PREVENTIVE SERVICES	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full
OFFICE VISITS Primary	$25	$25	$25	$35	$35	$35
CHIROPRACTIC MANIPULATION (20 visits per benefit year)	$25	$25	$25	$35	$35	$35
ACUPUNCTURE (12 visits per benefit year)	$25	$25	$25	$35	$35	$35
OFFICE VISITS Specialty and Urgent Care	$50	$50	$50	$60	$60	$60
TELEMEDICINE	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full
PHYSICAL, OCCUPATIONAL, AND SPEECH THERAPY	20%	30%	30%	30%	30%	30%
LAB / X-RAY	20%	30%	30%	30%	30%	30%
ACCIDENT BENEFIT	0% of first $1,000 within 90 days of the accident. Not subject to deductible.					
EMERGENCY SERVICES	$250, then 20%	$250, then 30%				
INPATIENT AND OUTPATIENT HOSPITAL Including surgical procedures and advanced imaging	20% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
PRESCRIPTION (Rx) DRUG COVERAGE	NO DEDUCTIBLE, MEMBER PAYS:					
	☐ OR 10-50p-50p S2		Pick one:	☐ OR 10-50-75 S2		
	Preventive drugs: $0			**Preventive drugs: $0**		
	30-day supply Tier 1: $10, Tier 2: 50%, Tier 3: 50%		OR	**30-day supply** Tier 1: $10, Tier 2: $50, Tier 3: $75		
	90-day retail or mail order supply All Tiers: 3 x copay			**90-day retail or mail order supply** Tier 1: 2 x copay (mail order) / 3 x copay (retail), Tier 2 and 3: 3 x copay		
	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)					

^^ 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.

2022 Bend Chamber Association plan options

	HSA plans			Chamber Core plan	Chamber Core plan
	HSA 3000_50_RX S2	HSA 4000 S2	HSA 6000_RX S2	2500+35-70_50 S2	5000+35-70_50 S2
CHOOSE A NETWORK^^	Navigator | Voyager			Navigator | Voyager	
	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK
DEDUCTIBLE Individual / Family	$3,000 / $6,000	$4,000 / $8,000	$6,000 / $12,000	$2,500 / $5,000	$5,000 / $10,000
OUT-OF-POCKET MAXIMUM Individual / Family	$6,000 / $12,000	$4,000 / $8,000	$6,000 / $12,000	$8,000 / $16,000	$8,500 / $17,000
	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:
PREVENTIVE SERVICES	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full
OFFICE VISITS Primary	After Deductible, 50%	After Deductible, Covered in Full	After Deductible, Covered in Full	$35	$35
CHIROPRACTIC MANIPULATION (20 visits per benefit year)	After Deductible, 50%	After Deductible, Covered in Full	After Deductible, Covered in Full	$35	$35
ACUPUNCTURE (12 visits per benefit year)	After Deductible, 50%	After Deductible, Covered in Full	After Deductible, Covered in Full	$35	$35
OFFICE VISITS Specialty and Urgent Care	After Deductible, 50%	After Deductible, Covered in Full	After Deductible, Covered in Full	$70	$70
TELEMEDICINE	After Deductible, 50%	After Deductible, Covered in Full	After Deductible, Covered in Full	Covered in Full	Covered in Full
PHYSICAL, OCCUPATIONAL, AND SPEECH THERAPY	After Deductible, 50%	After Deductible, Covered in Full	After Deductible, Covered in Full	After Deductible, 50%	After Deductible, 50%
LAB / X-RAY	After Deductible, 50%	After Deductible, Covered in Full	After Deductible, Covered in Full	After Deductible, 50%	After Deductible, 50%
ACCIDENT BENEFIT	0% of first $1,000 within 90 days of the accident. Not subject to deductible.			0% of first $1,000 within 90 days of the accident. Not subject to deductible.	
EMERGENCY SERVICES	After Deductible, 50%	After Deductible, Covered in Full	After Deductible, Covered in Full	After Deductible, 50%	After Deductible, 50%
INPATIENT AND OUTPATIENT HOSPITAL Including surgical procedures and advanced imaging	After Deductible, 50%	Covered in Full	Covered in Full	After Deductible, 50%	After Deductible, 50%
PRESCRIPTION (Rx) DRUG COVERAGE	AFTER DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	AFTER DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:	NO DEDUCTIBLE, MEMBER PAYS:
	OR 50P 3000D S2	OR 0-4000D S2	OR 0-6000D S2	OR 10-50P-50P S2 ODL	OR 10-50P-50P S2 ODL
	Preventive drugs: $0	**Preventive drugs: $0**	**Preventive drugs: $0**	**Preventive drugs: $0**	**Preventive drugs: $0**
	30-day supply Tier 1: 50%, Tier 2: 50%, Tier 3: 50%	**30-day supply** Tier 1: 0%, Tier 2: 0%, Tier 3: 0%	**30-day supply** Tier 1: 0%, Tier 2: 0%, Tier 3: 0%	**30-day supply** Tier 1: $10, Tier 2: 50%, Tier 3: 50%	**30-day supply** Tier 1: $10, Tier 2: 50%, Tier 3: 50%
	90-day retail or mail order supply 50%	**90-day retail or mail order supply** 0%	**90-day retail or mail order supply** 0%	**90-day retail or mail order supply** All Tiers: 3 x copay	**90-day retail or mail order supply** All Tiers: 3 x copay
	OPTIONAL BENEFITS			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 or lenses)			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 or lenses)	

^^ 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.

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 is paid for by the plan at the rate shown and that amount is not subtracted from the annual maximum benefit total.

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

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 members use out-of-network providers, a $50 deductible applies to all services.

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

*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.

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 or print ID cards
- Generate reports
- Access your benefit handbook, contract documents, and forms
- Download free articles and posters
- 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, prior authorization 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.

The app can be downloaded from Google Play or the Apple App Store.

See if a service requires prior authorization

Sometimes, your employees will need a medical service, procedure, or prescription that needs to be approved in advance before their health plan will pay.

Our prior authorization lists outline common instances when your employees will need to get prior authorization. However, some plans may not cover all items on the lists.

Visit PacificSource.com and click on Providers, then Medical, and then prior authorization 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
JBPAdmin@JohnsonBenefitPlanning.com
JohnsonBenefitPlanning.com
550 NW Franklin Ave, Suite 378 Bend, OR 97703

Bend Chamber of Commerce
Bend Chamber
541-382-3221
Fax: 541-385-9929
Shelley@BendChamber.org
BendChamber.org/Membership/Association-Health-Plan
1567 SW Chandler Ave. Ste. 204, Bend, OR 97702

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.