

CHAMBERCARE

2026

PRODUCT GUIDE

PRESENTED BY:





CHAMBERCARE

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If you have any questions,
our ChamberCare Agent Services Team
is happy to help!

Email us at quotes@chambercare.org
or call (317) 678-8032.

CHAMBERCARE NETWORK INFORMATION

A Statewide Network Built for Indiana Employers

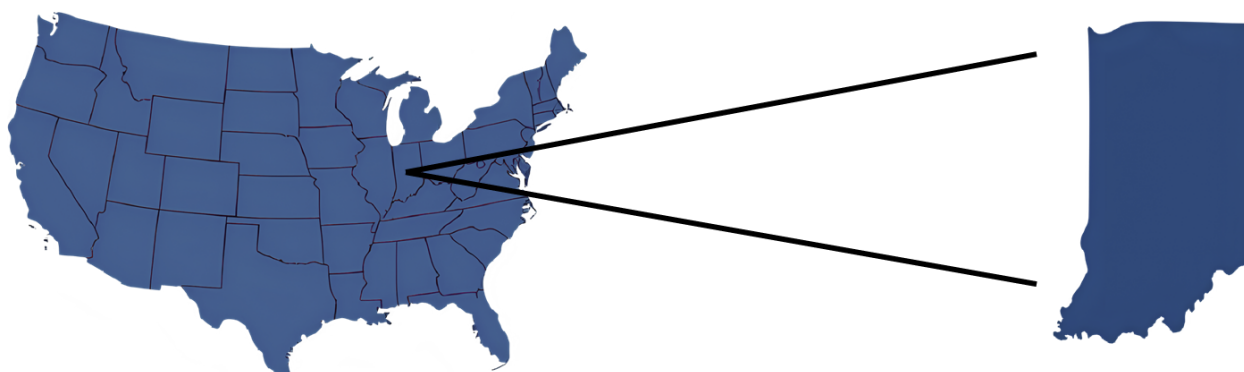


TruConnect ChamberCare is a powerful, Indiana-focused provider network designed to deliver high-quality, accessible healthcare across the state—Built in collaboration with ChamberCare and informed by the needs of their member employers. The TruConnect ChamberCare network ensures broad, strategic access throughout Indiana with all major health systems included and a broad selection of physicians, specialists and outpatient facilities.

National Access Where It Matters



TruConnect ChamberCare integrates with the First Health national network, ensuring members living outside Indiana—or traveling—have out-of-state coverage, access to emergency and urgent care, and a seamless experience with coordinated benefits and provider access.



For more information, please visit: <https://www.chambercare.org/ProviderDirectory.aspx>

PPO Plans



	0064: ICC \$500/20%/\$4,000 PPO			0063: ICC \$1,000/20%/\$4,000 PPO			0062: ICC \$1,500/20%/\$5,500 PPO	
	ChamberCare TruConnect	Out-of-Network		ChamberCare TruConnect	Out-of-Network		ChamberCare TruConnect	Out-of-Network
Annual Single Deductible	\$500	\$2,000		\$1,000	\$3,000		\$1,500	\$4,500
Annual Family Deductible	\$1,500	\$4,000		\$3,000	\$6,000		\$3,000	\$9,000
Annual OOP Max - Single (incl Deductible, copay, coinsurance)	\$4,000	\$12,000		\$4,000	\$12,000		\$5,500	\$16,500
Annual OOP Max - Family (incl Deductible, copay, coinsurance)	\$8,000	\$24,000		\$8,000	\$24,000		\$11,000	\$33,000
PCP Office Visit	\$25	Ded, 50%		\$25	Ded, 50%		\$25	Ded, 50%
Specialist Office Visit	\$50	Ded, 50%		\$50	Ded, 50%		\$50	Ded, 50%
Preventive Care	\$0	Ded, 50%		\$0	Ded, 50%		\$0	Ded, 50%
Inpatient Hospital Services	Ded, 20%	Ded, 50%		Ded, 20%	Ded, 50%		Ded, 20%	Ded, 50%
Outpatient Hospital Services	Ded, 20%	Ded, 50%		Ded, 20%	Ded, 50%		Ded, 20%	Ded, 50%
Professional Services (In & Out)	Ded, 20%	Ded, 50%		Ded, 20%	Ded, 50%		Ded, 20%	Ded, 50%
Emergency Room	\$350, 20%	\$350, 20%		\$350, 20%	\$350, 20%		\$350, 20%	\$350, 20%
Urgent Care Facility	\$75	Ded, 50%		\$75	Ded, 50%		\$75	Ded, 50%
Ambulance	Ded, 20%	Ded, 20%		Ded, 20%	Ded, 20%		Ded, 20%	Ded, 20%
PT/OT/Speech Therapy (20 visit annual max each)	\$50	Ded, 50%		\$50	Ded, 50%		\$50	Ded, 50%
Chiropractic Services (12 visit annual max)	\$50	Ded, 50%		\$50	Ded, 50%		\$50	Ded, 50%
DME/Orthotics & Prosthetic Devices	Ded, 20%	Ded, 50%		Ded, 20%	Ded, 50%		Ded, 20%	Ded, 50%
Inpatient Behavioral Health	Ded, 20%	Ded, 50%		Ded, 25%	Ded, 50%		Ded, 20%	Ded, 50%
Outpatient Behavioral Health	\$25	Ded, 50%		\$25	Ded, 50%		\$25	Ded, 50%
Skilled Nursing Facility (90 visits)	Ded, 20%	Ded, 50%		Ded, 20%	Ded, 50%		Ded, 20%	Ded, 50%
Long Term Acute Care	Ded, 20%	Ded, 50%		Ded, 20%	Ded, 50%		Ded, 20%	Ded, 50%
Acute Inpatient Rehabilitation	Ded, 20%	Ded, 50%		Ded, 20%	Ded, 50%		Ded, 20%	Ded, 50%
Home Health (100 visits)	Ded, 20%	Ded, 50%		Ded, 20%	Ded, 50%		Ded, 20%	Ded, 50%
Hospice	Ded, 20%	Ded, 50%		Ded, 20%	Ded, 50%		Ded, 20%	Ded, 50%
Pharmacy:								
Generic Drug (Mail order available at 2x)	\$10	Not Covered		\$10	Not Covered		\$10	Not Covered
Brand Name Formulary	\$60	Not Covered		\$60	Not Covered		\$60	Not Covered
Brand Name Non-Formulary	\$125	Not Covered		\$125	Not Covered		\$125	Not Covered
Specialty Drugs—Generic	\$10	Not Covered		\$10	Not Covered		\$10	Not Covered
Specialty Drugs—Preferred Brand	30%	Not Covered		30%	Not Covered		30%	Not Covered
Specialty Drugs—Non-Preferred Brand	30%	Not Covered		30%	Not Covered		30%	Not Covered

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PPO Plans



	0061: ICC \$2,000/20%/\$5,500 PPO			0060: ICC \$2,500/20%/\$6,000 PPO			0059: ICC \$3,000/20%/\$6,500 RX PPO	
Embedded	ChamberCare TruConnect	Out-of-Network		ChamberCare TruConnect	Out-of-Network		ChamberCare TruConnect	Out-of-Network
Annual Single Deductible	\$2,000	\$6,000		\$2,500	\$7,500		\$3,000	\$9,000
Annual Family Deductible	\$4,000	\$12,000		\$5,000	\$15,000		\$6,000	\$18,000
Annual OOP Max - Single (incl Deductible, copay, coinsurance)	\$5,500	\$16,500		\$6,000	\$18,000		\$6,500	\$19,500
Annual OOP Max - Family (incl Deductible, copay, coinsurance)	\$11,000	\$33,000		\$12,000	\$36,000		\$13,000	\$39,000
PCP Office Visit	\$25	Ded, 50%		\$30	Ded, 50%		\$30	Ded, 50%
Specialist Office Visit	\$50	Ded, 50%		\$60	Ded, 50%		\$60	Ded, 50%
Preventive Care	\$0	Ded, 50%		\$0	Ded, 50%		\$0	Ded, 50%
Inpatient Hospital Services	Ded, 20%	Ded, 50%		Ded, 20%	Ded, 50%		Ded, 20%	Ded, 50%
Outpatient Hospital Services	Ded, 20%	Ded, 50%		Ded, 20%	Ded, 50%		Ded, 20%	Ded, 50%
Professional Services (In & Out)	Ded, 20%	Ded, 50%		Ded, 20%	Ded, 50%		Ded, 20%	Ded, 50%
Emergency Room	\$350, 20%	\$350, 20%		\$350, 20%	\$350, 20%		\$350, 20%	\$350, 20%
Urgent Care Facility	\$75	Ded, 50%		\$75	Ded, 50%		\$75	Ded, 50%
Ambulance	Ded, 20%	Ded, 20%		Ded, 20%	Ded, 20%		Ded, 20%	Ded, 20%
PT/OT/Speech Therapy (20 visit annual max each)	\$50	Ded, 50%		\$60	Ded, 50%		\$60	Ded, 50%
Chiropractic Services (12 visit annual max)	\$50	Ded, 50%		\$60	Ded, 50%		\$60	Ded, 50%
DME/Orthotics & Prosthetic Devices	Ded, 20%	Ded, 50%		Ded, 20%	Ded, 50%		Ded, 20%	Ded, 50%
Inpatient Behavioral Health	Ded, 20%	Ded, 50%		Ded, 20%	Ded, 50%		Ded, 20%	Ded, 50%
Outpatient Behavioral Health	\$25	Ded, 50%		\$30	Ded, 50%		\$30	Ded, 50%
Skilled Nursing Facility (90 visits)	Ded, 20%	Ded, 50%		Ded, 20%	Ded, 50%		Ded, 20%	Ded, 50%
Long Term Acute Care	Ded, 20%	Ded, 50%		Ded, 20%	Ded, 50%		Ded, 20%	Ded, 50%
Acute Inpatient Rehabilitation	Ded, 20%	Ded, 50%		Ded, 20%	Ded, 50%		Ded, 20%	Ded, 50%
Home Health (100 visits)	Ded, 20%	Ded, 50%		Ded, 20%	Ded, 50%		Ded, 20%	Ded, 50%
Hospice	Ded, 20%	Ded, 50%		Ded, 20%	Ded, 50%		Ded, 20%	Ded, 50%
Pharmacy:								
Generic Drug	\$10	Not Covered		\$10	Not Covered		\$5	Not Covered
Brand Name Formulary	\$60	Not Covered		\$60	Not Covered		50%	Not Covered
Brand Name Non-Formulary	\$125	Not Covered		\$125	Not Covered		50%	Not Covered
Specialty Drugs—Generic	\$10	Not Covered		\$10	Not Covered		\$5	Not Covered
Specialty Drugs—Preferred Brand	30%	Not Covered		30%	Not Covered		50%	Not Covered
Specialty Drugs—Non-Preferred Brand	30%	Not Covered		30%	Not Covered		50%	Not Covered

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PPO Plans



	0058: ICC \$3,000/20%/\$6,500 PPO		0056: ICC \$3,500/20%/\$7,000 PPO		0052: ICC \$4,000/20%/\$8,000 PPO	
Embedded	ChamberCare TruConnect	Out-of-Network	ChamberCare TruConnect	Out-of-Network	ChamberCare TruConnect	Out-of-Network
Annual Single Deductible	\$3,000	\$9,000	\$3,500	\$10,500	\$4,000	\$12,000
Annual Family Deductible	\$6,000	\$18,000	\$7,000	\$21,000	\$8,000	\$24,000
Annual OOP Max - Single (incl Deductible, copay, coinsurance)	\$6,500	\$19,500	\$7,000	\$21,000	\$8,000	\$24,000
Annual OOP Max - Family (incl Deductible, copay, coinsurance)	\$13,000	\$39,000	\$14,000	\$42,000	\$16,000	\$48,000
PCP Office Visit	\$30	Ded, 50%	\$30	Ded, 50%	\$30	Ded, 50%
Specialist Office Visit	\$60	Ded, 50%	\$60	Ded, 50%	\$60	Ded, 50%
Preventive Care	\$0	Ded, 50%	\$0	Ded, 50%	\$0	Ded, 50%
Inpatient Hospital Services	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%
Outpatient Hospital Services	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%
Professional Services (In & Out)	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%
Emergency Room	\$350, 20%	\$350, 20%	\$350, 20%	\$350, 20%	\$350, 20%	\$350, 20%
Urgent Care Facility	\$75	Ded, 50%	\$75	Ded, 50%	\$75	Ded, 50%
Ambulance	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%
PT/OT/Speech Therapy (20 visit annual max each)	\$60	Ded, 50%	\$60	Ded, 50%	\$60	Ded, 50%
Chiropractic Services (12 visit annual max)	\$60	Ded, 50%	\$60	Ded, 50%	\$60	Ded, 50%
DME/Orthotics & Prosthetic Devices	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%
Inpatient Behavioral Health	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%
Outpatient Behavioral Health	\$30	Ded, 50%	\$30	Ded, 50%	\$30	Ded, 50%
Skilled Nursing Facility (90 visits)	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%
Long Term Acute Care	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%
Acute Inpatient Rehabilitation	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%
Home Health (100 visits)	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%
Hospice	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%
Pharmacy:						
Generic Drug	\$10	Not Covered	\$10	Not Covered	\$10	Not Covered
Brand Name Formulary	\$60	Not Covered	\$60	Not Covered	\$60	Not Covered
Brand Name Non-Formulary	\$125	Not Covered	\$125	Not Covered	\$125	Not Covered
Specialty Drugs—Generic	\$10	Not Covered	\$10	Not Covered	\$10	Not Covered
Specialty Drugs—Preferred Brand	30%	Not Covered	30%	Not Covered	30%	Not Covered
Specialty Drugs—Non-Preferred Brand	30%	Not Covered	30%	Not Covered	30%	Not Covered

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PPO Plans



	0050: ICC \$4,500/20%/\$8,000 RX PPO		0047: ICC \$6,000 /20%/\$8,500 RX PPO		0045: ICC \$6,500/30%/\$9,000 PPO	
Embedded	ChamberCare TruConnect	Out-of-Network	ChamberCare TruConnect	Out-of-Network	ChamberCare TruConnect	Out-of-Network
Annual Single Deductible	\$4,500	\$13,500	\$6,000	\$18,000	\$6,500	\$19,500
Annual Family Deductible	\$9,000	\$27,000	\$12,000	\$36,000	\$13,000	\$39,000
Annual OOP Max - Single (incl Deductible, copay, coinsurance)	\$8,000	\$24,000	\$8,500	\$25,500	\$9,000	\$27,000
Annual OOP Max - Family (incl Deductible, copay, coinsurance)	\$16,000	\$48,000	\$17,000	\$51,000	\$18,000	\$54,000
PCP Office Visit	\$30	Ded, 50%	\$30	Ded, 50%	\$40	Ded, 50%
Specialist Office Visit	\$60	Ded, 50%	\$60	Ded, 50%	\$80	Ded, 50%
Preventive Care	\$0	Ded, 50%	\$0	Ded, 50%	\$0	50%
Inpatient Hospital Services	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%	Ded, 30%	Ded, 50%
Outpatient Hospital Services	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%	Ded, 30%	Ded, 50%
Professional Services (In & Out)	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%	Ded, 30%	Ded, 50%
Emergency Room	\$350, 20%	\$350, 20%	\$350, 20%	\$350, 20%	\$600, 30%	\$600, 30%
Urgent Care Facility	\$75	Ded, 50%	\$75	Ded, 50%	\$75	Ded, 50%
Ambulance	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 20%	Ded, 30%	Ded, 30%
PT/OT/Speech Therapy (20 visit annual max each)	\$60	Ded, 50%	\$60	Ded, 50%	\$80	Ded, 50%
Chiropractic Services (12 visit annual max)	\$60	Ded, 50%	\$60	Ded, 50%	\$80	Ded, 50%
DME/Orthotics & Prosthetic Devices	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%	Ded, 30%	Ded, 50%
Inpatient Behavioral Health	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%	Ded, 30%	Ded, 50%
Outpatient Behavioral Health	\$30	Ded, 50%	\$30	Ded, 50%	\$40	Ded, 50%
Skilled Nursing Facility (90 visits)	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%	Ded, 30%	Ded, 50%
Long Term Acute Care	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%	Ded, 30%	Ded, 50%
Acute Inpatient Rehabilitation	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%	Ded, 30%	Ded, 50%
Home Health (100 visits)	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%	Ded, 30%	Ded, 50%
Hospice	Ded, 20%	Ded, 50%	Ded, 20%	Ded, 50%	Ded, 30%	Ded, 50%
Pharmacy:						
Generic Drug	\$5	Not Covered	\$5	Not Covered	\$10	Not Covered
Brand Name Formulary	50%	Not Covered	50%	Not Covered	\$60	Not Covered
Brand Name Non-Formulary	50%	Not Covered	50%	Not Covered	\$125	Not Covered
Specialty Drugs—Generic	\$5	Not Covered	\$5	Not Covered	\$10	Not Covered
Specialty Drugs—Preferred Brand	50%	Not Covered	50%	Not Covered	30%	Not Covered
Specialty Drugs—Non-Preferred Brand	50%	Not Covered	50%	Not Covered	30%	Not Covered

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HSA Plans



	0065: ICC \$3,400/0%/\$3,800 HSA		0055: ICC \$3,500/0%/\$5,000 HSA RX PV		0054: ICC \$3,500/20%/\$6,000 HSA	
Embedded	ChamberCare TruConnect	Out-of-Network	ChamberCare TruConnect	Out-of-Network	ChamberCare TruConnect	Out-of-Network
Annual Single Deductible	\$3,400	\$9,900	\$3,500	\$10,500	\$3,500	\$10,500
Annual Family Deductible	\$6,800	\$19,800	\$7,000	\$21,000	\$7,000	\$21,000
Annual OOP Max - Single (incl Deductible, copay, coinsurance)	\$3,800	\$11,400	\$5,000	\$15,000	\$6,000	\$18,000
Annual OOP Max - Family (incl Deductible, copay, coinsurance)	\$7,600	\$22,800	\$10,000	\$30,000	\$12,000	\$36,000
PCP Office Visit	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 50%	Ded, 20%	Ded, 50%
Specialist Office Visit	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 50%	Ded, 20%	Ded, 50%
Preventive Care	\$0	Ded, 50%	\$0	Ded, 50%	\$0	Ded, 50%
Inpatient Hospital Services	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 50%	Ded, 20%	Ded, 50%
Outpatient Hospital Services	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 50%	Ded, 20%	Ded, 50%
Professional Services (In & Out)	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 50%	Ded, 20%	Ded, 50%
Emergency Room	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 20%	Ded, 20%
Urgent Care Facility	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 50%	Ded, 20%	Ded, 50%
Ambulance	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 20%	Ded, 20%
PT/OT/Speech Therapy (20 visit annual max each)	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 50%	Ded, 20%	Ded, 50%
Chiropractic Services (12 visit annual max)	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 50%	Ded, 20%	Ded, 50%
DME/Orthotics & Prosthetic Devices	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 50%	Ded, 20%	Ded, 50%
Inpatient Behavioral Health	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 50%	Ded, 20%	Ded, 50%
Outpatient Behavioral Health	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 50%	Ded, 20%	Ded, 50%
Skilled Nursing Facility (90 visits)	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 50%	Ded, 20%	Ded, 50%
Long Term Acute Care	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 50%	Ded, 20%	Ded, 50%
Acute Inpatient Rehabilitation	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 50%	Ded, 20%	Ded, 50%
Home Health (100 visits)	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 50%	Ded, 20%	Ded, 50%
Hospice	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 50%	Ded, 20%	Ded, 50%
Pharmacy:						
Generic Drug	Ded, \$10	Not Covered	Ded, \$10	Not Covered	Ded, \$10	Not Covered
Brand Name Formulary	Ded, \$60	Not Covered	Ded, \$60	Not Covered	Ded, \$60	Not Covered
Brand Name Non-Formulary	Ded, \$125	Not Covered	Ded, \$125	Not Covered	Ded, \$125	Not Covered
Specialty Drugs—Generic	Ded, \$10	Not Covered	Ded, \$10	Not Covered	Ded, \$10	Not Covered
Specialty Drugs—Preferred Brand	Ded, \$400	Not Covered	Ded, \$400	Not Covered	Ded, \$400	Not Covered
Specialty Drugs—Non-Preferred Brand	Ded, \$400	Not Covered	Ded, \$400	Not Covered	Ded, \$400	Not Covered

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HSA Plans



	0053: ICC \$3,500/10%/ \$4,500 HSA		0051: ICC \$4,000/0%/ \$5,000 HSA		0049: ICC \$5,000/20%/ \$6,500 HSA	
Embedded	ChamberCare TruConnect	Out-of-Network	ChamberCare TruConnect	Out-of-Network	ChamberCare TruConnect	Out-of-Network
Annual Single Deductible	\$3,500	\$10,500	\$4,000	\$12,000	\$5,000	\$15,000
Annual Family Deductible	\$7,000	\$21,000	\$8,000	\$24,000	\$10,00	\$30,000
Annual OOP Max - Single (incl Deductible, copay, coinsurance)	\$4,500	\$13,500	\$5,000	\$15,000	\$6,500	\$19,500
Annual OOP Max - Family (incl Deductible, copay, coinsurance)	\$9,000	\$27,000	\$10,000	\$30,000	\$13,000	\$39,000
PCP Office Visit	Ded, \$30	Ded, 50%	Ded, 0%	Ded, 50%	Ded, 20%	Ded, 50%
Specialist Office Visit	Ded, \$60	Ded, 50%	Ded, 0%	Ded, 50%	Ded, 20%	Ded, 50%
Preventive Care	\$0	Ded, 50%	\$0	Ded, 50%	\$0	Ded, 50%
Inpatient Hospital Services	Ded, 10%	Ded, 50%	Ded, 0%	Ded, 50%	Ded, 20%	Ded, 50%
Outpatient Hospital Services	Ded, 10%	Ded, 50%	Ded, 0%	Ded, 50%	Ded, 20%	Ded, 50%
Professional Services (In & Out)	Ded, 10%	Ded, 50%	Ded, 0%	Ded, 50%	Ded, 20%	Ded, 50%
Emergency Room	Ded, \$350	Ded, \$350	Ded, 0%	Ded, 0%	Ded, 20%	Ded, 20%
Urgent Care Facility	Ded, \$75	Ded, 50%	Ded, 0%	Ded, 50%	Ded, 20%	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 0%	Ded, 0%	Ded, 20%	Ded, 20%
PT/OT/Speech Therapy (20 visit annual max each)	Ded, 10%	Ded, 50%	Ded, 0%	Ded, 50%	Ded, 20%	Ded, 50%
Chiropractic Services (12 visit annual max)	Ded, 10%	Ded, 50%	Ded, 0%	Ded, 50%	Ded, 20%	Ded, 50%
DME/Orthotics & Prosthetic Devices	Ded, 10%	Ded, 50%	Ded, 0%	Ded, 50%	Ded, 20%	Ded, 50%
Inpatient Behavioral Health	Ded, 10%	Ded, 50%	Ded, 0%	Ded, 50%	Ded, 20%	Ded, 50%
Outpatient Behavioral Health	Ded, \$30	Ded, 50%	Ded, 0%	Ded, 50%	Ded, 20%	Ded, 50%
Skilled Nursing Facility (90 visits)	Ded, 10%	Ded, 50%	Ded, 0%	Ded, 50%	Ded, 20%	Ded, 50%
Long Term Acute Care	Ded, 10%	Ded, 50%	Ded, 0%	Ded, 50%	Ded, 20%	Ded, 50%
Acute Inpatient Rehabilitation	Ded, 10%	Ded, 50%	Ded, 0%	Ded, 50%	Ded, 20%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 50%	Ded, 0%	Ded, 50%	Ded, 20%	Ded, 50%
Hospice	Ded, 10%	Ded, 50%	Ded, 0%	Ded, 50%	Ded, 20%	Ded, 50%
Pharmacy:						
Generic Drug	Ded, \$10	Not Covered	Ded, \$10	Not Covered	Ded, \$10	Not Covered
Brand Name Formulary	Ded, \$60	Not Covered	Ded, \$60	Not Covered	Ded, \$60	Not Covered
Brand Name Non-Formulary	Ded, \$125	Not Covered	Ded, \$125	Not Covered	Ded, \$125	Not Covered
Specialty Drugs—Generic	Ded, \$10	Not Covered	Ded, \$10	Not Covered	Ded, \$10	Not Covered
Specialty Drugs—Preferred Brand	Ded, \$400	Not Covered	Ded, \$400	Not Covered	Ded, \$400	Not Covered
Specialty Drugs—Non-Preferred Brand	Ded, \$400	Not Covered	Ded, \$400	Not Covered	Ded, \$400	Not Covered

Disclaimer: This is a draft of product offerings. The intention of this document is to provide an overview of the plans and does not include plan exclusions and limitations.

HSA Plans



	0048: ICC \$5,000/10%/\$6,500 HSA RX PV		0046: ICC \$6,000/0%/\$6,200 HSA		0044: ICC \$7,500/0%/\$8,000 HSA	
Embedded	ChamberCare TruConnect	Out-of-Network	ChamberCare TruConnect	Out-of-Network	ChamberCare TruConnect	Out-of-Network
Annual Single Deductible	\$5,000	\$15,000	\$6,000	\$18,000	\$7,500	\$22,500
Annual Family Deductible	\$10,000	\$30,000	\$12,000	\$36,000	\$15,000	\$45,000
Annual OOP Max - Single (incl Deductible, copay, coinsurance)	\$6,500	\$19,500	\$6,200	\$18,600	\$8,000	\$24,000
Annual OOP Max - Family (incl Deductible, copay, coinsurance)	\$13,000	\$39,000	\$12,400	\$37,200	\$16,000	\$48,000
PCP Office Visit	Ded, \$30	Ded, 50%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 50%
Specialist Office Visit	Ded, \$60	Ded, 50%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 50%
Preventive Care	\$0	Ded, 50%	\$0	Ded, 50%	\$0	Ded, 50%
Inpatient Hospital Services	Ded, 10%	Ded, 50%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 50%
Outpatient Hospital Services	Ded, 10%	Ded, 50%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 50%
Professional Services (In & Out)	Ded, 10%	Ded, 50%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 50%
Emergency Room	Ded, \$350	Ded, \$350	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%
Urgent Care Facility	Ded, \$75	Ded, 50%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 50%
Ambulance	Ded, 10%	Ded, 10%	Ded, 0%	Ded, 0%	Ded, 0%	Ded, 0%
PT/OT/Speech Therapy (20 visit annual max each)	Ded, 10%	Ded, 50%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 50%
Chiropractic Services (12 visit annual max)	Ded, 10%	Ded, 50%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 50%
DME/Orthotics & Prosthetic Devices	Ded, 10%	Ded, 50%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 50%
Inpatient Behavioral Health	Ded, 10%	Ded, 50%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 50%
Outpatient Behavioral Health	Ded, \$30	Ded, 50%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 50%
Skilled Nursing Facility (90 visits)	Ded, 10%	Ded, 50%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 50%
Long Term Acute Care	Ded, 10%	Ded, 50%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 50%
Acute Inpatient Rehabilitation	Ded, 10%	Ded, 50%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 50%
Home Health (100 visits)	Ded, 10%	Ded, 50%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 50%
Hospice	Ded, 10%	Ded, 50%	Ded, 0%	Ded, 50%	Ded, 0%	Ded, 50%
Pharmacy:						
Generic Drug	Ded, \$10	Not Covered	Ded, \$10	Not Covered	Ded, \$10	Not Covered
Brand Name Formulary	Ded, \$60	Not Covered	Ded, \$60	Not Covered	Ded, \$60	Not Covered
Brand Name Non-Formulary	Ded, \$125	Not Covered	Ded, \$125	Not Covered	Ded, \$125	Not Covered
Specialty Drugs—Generic	Ded, \$10	Not Covered	Ded, \$10	Not Covered	Ded, \$10	Not Covered
Specialty Drugs—Preferred Brand	Ded, \$400	Not Covered	Ded, \$400	Not Covered	Ded, \$400	Not Covered
Specialty Drugs—Non-Preferred Brand	Ded, \$400	Not Covered	Ded, \$400	Not Covered	Ded, \$400	Not Covered

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CHAMBERCARE

DENTAL & VISION BENEFITS

Delta Dental and DeltaVision of Indiana provide integrated, affordable coverage focused on preventative care and convenience.



Delta delivers unmatched quality and expertise in programs and services, and offers hassle-free customer service, with 99% of all claims processed in 10 business days or less.

Delta Dental of Indiana offers six comprehensive dental plans designed to meet a variety of needs and budgets. As a client, your employees gain access to the nation's largest dental networks – Delta Dental PPO and Delta Dental Premier – with 4 out of 5 dentists participating nationwide.

DeltaVision administered by VSP™ Vision Care offers four comprehensive vision plans.

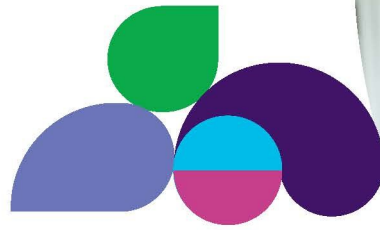
These networks provide:

- Extensive access to care
- Reduced fees through negotiated rates
- No balance billing when visiting participating providers

Health plan members can also visit out-of-network dentists, though they may be subject to balance billing and higher out-of-pocket costs. Lower claims costs help keep your rates competitive, making Delta Dental and DeltaVision a smart choice for your benefits package.

Please visit <https://chambercarehealth.com/employers/dental-vision> for more information regarding Dental and Vision plans.

Talk to a doctor anytime by phone or video.



**Download the Teladoc Health app for an
easy way to feel better, faster.**



Talk to a doctor anytime

Talk to a U.S. board-certified physician by phone or video from anywhere



Treatment for non-emergency conditions

Our doctors treat conditions like the flu, bronchitis, and much more



Avoid the waiting room

Talk to a doctor without waiting hours or weeks for care

Talk to a doctor

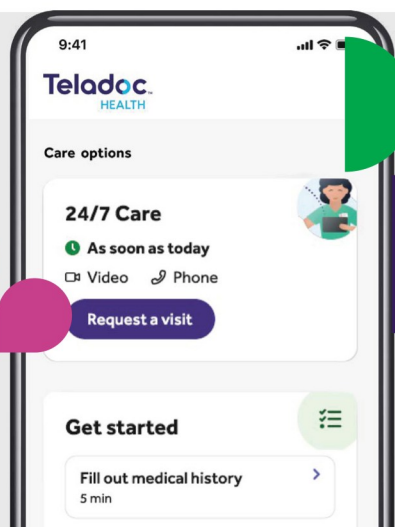
Visit TeladocHealth.com

Call 1-800-835-2362 | Download the app  

*Teladoc Health is not available internationally.

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General Medical: What to know about this benefit



Did you know 60% of patients have to wait 2 weeks to see their primary physician and only 10% are able to get in to see their regular doctor the same day they need care?¹

Our Teladoc Health benefit gives you access to compassionate care from U.S. board certified clinicians, anytime, anywhere. Providers are available in all 50 states and you can meet with them 24/7 by phone or video.

The average Emergency Room care costs 10 times more than an urgent care visit for the same diagnosis.²

Teladoc Health can help you skip the trip to the ER or urgent care for non-emergency problems, avoid long wait times and save money since you can see a clinician within minutes by phone or video. Teladoc Health is here to listen, answer your questions and help you feel better faster.

- **What services does Teladoc Health provide?** Teladoc Health provides healthcare for the whole you and can help you with everyday, non-emergency health needs like prescription refills, coughs, colds, UTIs, sinus, allergies and much more. Teladoc Health helps you get healthy and live healthy.
- **How much does Teladoc Health cost?** Your out of pocket cost varies based on your plan. If you do have to pay, you will see your cost before you finish requesting your visit. You can pay with a credit card, prepaid debit card, HSA (health savings account), or by PayPal.
- **How do I sign up?** To sign up for Teladoc Health, scan the QR code below to download the app, call 1-800-835-2362, or visit the website. Visits can be by phone or video and there is no time limit on how long the visit is.
- **How does it work if I am traveling and not in the state I live in when I need help?** Teladoc Health is available in all 50 U.S. states, so the service can be used even if you are traveling. Some restrictions may apply.
- **Can Teladoc Health providers prescribe medicine?** Yes they can when it makes sense medically. But, Teladoc Health providers do not prescribe controlled substances, drugs like Viagra and Cialis, and/or other drugs that have a higher risk of abuse. If a prescription is not needed, the Teladoc Health provider may give you instructions for managing symptoms.

Call 1-800-835-2362

Visit TeladocHealth.com | Download the app  | 

¹ <https://plus.credit-suisse.com/rpc4/ravDocView?docid=V7r1Oh2AN-ZqC1>

² <https://www.ucaoa.org/LinkClick.aspx?fileticket=Q4TP7cypW94%3D&portalid=80>

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CHAMBERCARE

UNDERWRITING REQUIREMENTS

Required to Quote:

- 2-50 employees (All W-2 Employees must be counted)
- 50% minimum participation net of waivers
- Employer must be situs in Indiana
- Company Information
- Member census required to quote
 - First & Last Name
 - DOB
 - Gender
 - Zip Code
 - Relationship to Subscriber (Employee, Spouse, Child, etc).
 - Enrollment Tier (if applicable)
 - COBRA status (if applicable)
 - Include waiver members
 - Subscriber email address for groups that require IHQs
- Current rates (if applicable)
- Current plan designs (if applicable)
- Minimum 50% employer contribution for employee-only tier on the cheapest plan option
- Retirees will not be covered
- Dual options available for 10 enrolled employees or more
- Maximum plan differentials for dual options will be 15%
- If 2-life group is comprised of 2 spouses, both must have a W-2

Bind/Firm:

- Participation agreement
- Paid membership dues
- IHQs <10 members
- Member census within 60 days of effective date ≥ 10 members
 - IHQs may apply on an exception basis
- IHQ for new enrollees will be required if additional lives enroll from the time of UW after OE
- Require renewal if group isn't ACA rated (i.e., is experience rated)
- Proposal valid for 60 days before needing an updated census
- Tax and Wage Statement: Please note any part-time, terminated, waived, and COBRA employees
- Minimum 25% enrollment in each plan for dual options

For a Quote Request please, send complete submission to: quotes@chambercare.org¹⁴

CHAMBERCARE

ELIGIBILITY & COBRA GUIDELINES

Eligibility

Email: Eligibility@ChamberCare.org

The **ChamberCare Portal** is the primary method for all eligibility communications.

Use the portal to submit:

- Eligibility questions
- Paper change forms
- Enrollment requests
- Supporting documents

Coordination of Benefits (COB)

Email: COB@ChamberCare.org

- Please use this email for all COB questions and documentation.

COBRA

Email: COBRA@ChamberCare.org

- Please direct all COBRA-related questions, documents, and change requests to this address.

Termination reasons are required for all groups we administer. For groups where we also manage **dental and vision COBRA** (for non-ChamberCare dental/vision plans), we need **dental and vision termination details** to accurately notify members of their COBRA rights. Please include termination reasons with every request.