



GROUPS SIZED 51+

2015 Plan Overview

Why choose Providence?

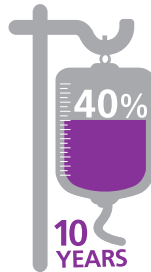
Choose from a wide variety of options to suit your unique needs.

- We offer a broad range of plan types and cost-sharing options that serve the employer, individual and family, self-funded and Medicare markets.
- Our networks range from a local base of medical home providers to nearly 1 million providers nationwide.



We help you manage your costs

- We have one of the lowest pharmacy cost trends in the Oregon/SW Washington region.
- Our care and utilization management programs ensure that members get the right care at the right time and in the right setting, which helps control costs and improve outcomes
- Our nationally recognized disease management program has reduced emergency room and hospital admissions rates nearly 40 percent over the last 10 years.¹
- Our integration with the Providence hospital delivery system means we have the lowest overall contracted rates with Providence providers and facilities, saving money for our clients and members.



Everyone deserves better health.

- It's our Mission to take care of people in need. That's why we strive to improve the quality of life for those in the communities we serve by donating vital health care services.
- For the past eight years, the Portland Business Journal has recognized us as one of the most admired health care companies.
- We're a local not-for-profit health plan that understands the specific issues and challenges of your business.



Experience and innovation mean better care for you.

- We're part of Providence Health & Services, one of the nation's top 10 most integrated health delivery systems, serving the Pacific Northwest for nearly 160 years.
- The innovative work we're doing with telemedicine, bundled care packages and integrated services between our hospitals and clinics ensures that we provide care more effectively and efficiently



We're easy to work with, and we're good at what we do.

- Members appreciate our prompt claims processing: 96 percent of our claims are processed within 30 days. Members also enjoy exceptional local support which provides a better user experience and puts less of a burden on employers and producers.
- Our online claims and benefits information helps members better understand and use their health plan benefits.



We believe in being well on the job.

- Our expert health management consultants work with employers to get employees engaged through online and on-site wellness resources.
- Our programs empower and motivate members to address risk factors, which in turn can improve their productivity and quality of life.



¹As measured by the Disease Management Purchasing Consortium, which also deemed Providence Health Plan's commercial disease management performance as "Best in Region" for 2013.

Get more for your health with Providence

Better plan choices

Providence Health Plan offers a wide range of plans and services to meet evolving business needs. All of our plans are offered in accordance with the Affordable Care Act.

Whether you're interested in a traditional PPO-style plan, a high-deductible HSA Qualified plan or a medical home-based plan with substantial premium savings, we've got the right combination of cost, network and services for each business – and for the people who keep it going.

Members have access to the following preventive services and other health resources, covered in full, regardless of which plan they're on:

- Periodic health exams and well-baby care
- Prenatal maternity services
- Routine immunizations
- Routine women's exams and mammography
- Colorectal cancer screening, for individuals age 50 and older

Providence also offers a full complement of services to build a comprehensive benefits program. These services include:

- Pharmacy and vision benefits
- An employee assistance program
- COBRA administration ²
- Alternative medicine therapies, including chiropractic manipulation, acupuncture and massage therapy
- Integrated health savings, Flexible spending and Health reimbursement account options

² COBRA administration is offered at no additional cost

Exclusive Health Improvement Resources

With FitTogether™ members can take multiple paths to better health with various programs and services, including:

- ProvRN, free health advice 24/7 from a registered nurse
- Tobacco cessation programs that help tobacco users quit for good
- Award-winning case and disease management nurse care coordinators that provide education and support for members with chronic health conditions
- Telephonic health coaching that helps members manage weight, improve nutrition, quit tobacco and reduce stress
- Health and wellness classes that help members manage stress, achieve a healthy weight, begin a yoga practice and more
- An award-winning newsletter packed with health and wellness information from our own medical experts

Innovative tools to maintain and improve health

myProvidence, our secure member portal and complete source for health, wellness and benefits information, which features:

- A personal health assessment where members get a baseline of their overall health
- An online directory to find in-network providers
- Ability to review claims history and calculate how much of your deductible you've met
- A treatment cost estimator and online bill pay options to manage health care costs
- Wellness Central, an integrated health and wellness hub that helps members improve their health with personalized dashboard, health trackers and assessments, a library of health and wellness videos and articles, and meal plans.

MyChart, a secure website that empowers members who see a provider in the Providence Medical Group family of clinics to:

- Schedule appointments online
- Email health care providers
- Pay bills online

Health-enhancing extras for added fitness and fun

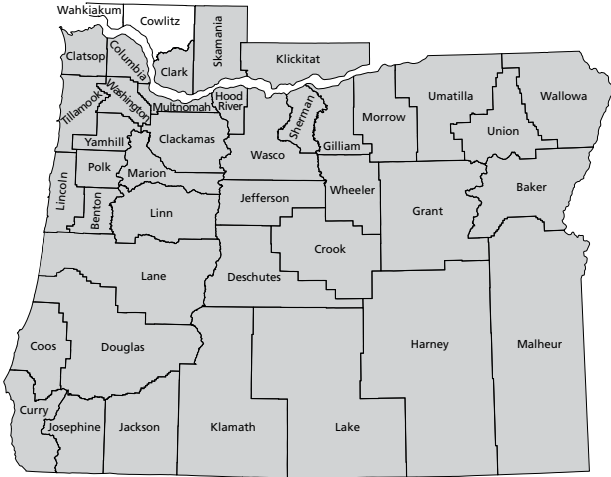
All members enjoy savings on:

- Exclusive recreation discounts through LifeBalance for:
 - Popular local and national family attractions, such as zoos and amusement parks
 - Hundreds of fitness facilities throughout Oregon
 - Discounted tickets to local events, savings at hotels nationwide and more
- Board-certified LASIK vision correction or custom LASIK through our partner, TruVision
- Hearing aids (up to 60 percent off) through our partner, TruHearing

Selling areas

Businesses located anywhere in Oregon and southwest Washington can choose Providence Health Plan for their employees.

Open Option, Core Advantages, Personal Option, HSA Qualified and Choice* are available statewide in Oregon and in Clark, Skamania, and Klickitat counties in Washington



*Medical homes for Choice plans are not available in every county, refer to networks on page 6.

Connect plans are available in Multnomah, Clackamas and Washington counties. Employees who enroll on these plans must work or reside in these same counties.



For a listing of providers for any of these networks, visit www.ProvidenceHealthPlan.com/providerdirectory

Networks

To help meet the unique needs of insured groups and their members, we've developed a variety of provider networks. Each network is designed to support the needs of our different health plan products.

In addition to offering you the expertise of our Providence physicians, specialists and other caregivers, we partner with individual and group providers outside the Providence family. Members can choose from a wide range of expert health care providers in their community to best meet their health care needs.

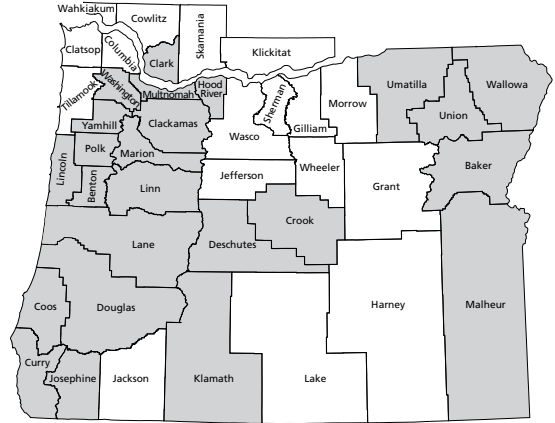
Providence EPO Network

Get access to the broadest selection of health care providers with the Providence EPO Network. The EPO network features nearly 1 million providers nationwide – including 10,000 physicians and specialists throughout Oregon and southwest Washington. Choose our Open Option, Personal Option, Core Advantages or HSA Qualified health plans and take advantage of our broad national EPO network – as well as the exceptional care available from Providence right here in the Northwest. The EPO network is a great fit for organizations that have employees who work outside of Oregon.



Providence Choice Network

With the Providence Choice Network, members choose a medical home from more than 200 primary care clinics in Oregon and southwest Washington. Clinics in the Choice network are designated as medical homes based on access, coordination, quality and cost measures. They are also recognized by the Oregon Health Authority Patient Centered Primary Care Home Program.



Providence Connect Network

With the Portland-area Providence Connect Network, members choose a medical home from more than 65 primary care clinics in Multnomah, Washington and Clackamas counties. As with the Choice network, participating clinics partner with Providence to improve the quality of care and reduce medical costs.



For a listing of providers for any of these networks, visit www.ProvidenceHealthPlan.com/providerdirectory

Plan comparison

Plan Features	Open Option	Core Advantages	Personal Option	HSA Qualified	Choice	Connect
PROVIDER NETWORK						
Network name	EPO	EPO	EPO	EPO	Choice	Connect
Broad PPO-style network	•	•	•	•		
Local medical home model					•	•
No referrals required	•	•	•	•		
BENEFITS						
Combined in-network and out-of-network deductibles and out-of-pocket maximums	•	•		•		
Deductible applies to out-of-pocket maximum	•	•	•	•	•	•
Most preventive care covered in full	•	•	•	•	•	•
Deductible waived for Personal Physician/Provider and specialist visits	•	•	•		•	•
Deductible waived for urgent care visits	•	•	•		•	•
Deductible waived for emergency services for emergency medical conditions	•		•			
Specialist visit copay same as Personal Physician/Provider visit copay	•		•			
Deductible waived for lab and X-ray	•		•		•	•
Lab and X-ray covered in full for first \$500 of in-network services		•				
Deductible waived for high-tech imaging services	•		•			
Alternative care provider office visit copay same as Personal Physician/Provider visit copay*	•	•	•		•	•
Higher cost shares for select services					•	•
HEALTH AND WELLNESS PROGRAM						
ProvRN Free 24/7 nurse line	•	•	•	•	•	•
Disease management for chronic conditions	•	•	•	•	•	•
Telephonic Health Coaching included	•	•	•	•	•	•
LifeBalance recreational discount program	•	•	•	•	•	•
INTEGRATED HSA, HRA AND FSA ACCOUNT ADMINISTRATION						
Can be paired with an integrated HealthEquity® HRA and/or FSA	•	•	•		•	•
Can be paired with an integrated HealthEquity® HSA				•		

*Chiropractic manipulation and acupuncture services covered only if separate rider purchased.

The plan information listed in this booklet is intended to provide an overview only. Please refer to a benefit summary for specific details. Some benefit limitations and exclusions apply to our plans. For a complete listing of benefits and exclusions, please see the plan contract documents.

Open Option plans

Open Option plans provide a premier level of coverage with full access to the Providence EPO Network and non-network providers. These plans are easy to use and provide predictable costs for members.

With an Open Option plan, members:

- Get care from specialists without a referral
- Minimize out-of-pocket expenses through upfront coverage and low copay and coinsurance options
- Combine in-network and out-of-network deductibles and out-of-pocket maximums
- Take advantage of in-network deductible-waived benefits including office visits, health exams, diagnostic services, women's health services, routine immunizations and maternity prenatal care
- Accumulate deductibles toward their out-of-pocket maximum

To be eligible for an Open Option plan, your business must be located in Oregon or in Clark, Skamania or Klickitat counties in Washington.

Providence EPO Network: A nationwide network of nearly 1 million health care providers nationwide, both in Providence facilities and in other locations.



Copay Options	
	\$10
	\$15
	\$20
	\$25
	\$35

Coinsurance Options	
In-Network	Out-of-Network
10%	20%
20%	30%
20%	40%
30%	50%

Calendar-Year Common Out-of-Pocket Maximum Options	
Individual	Family
\$2000	\$4000
\$2500	\$5000
\$3000	\$6000
\$3500	\$7000
\$4000	\$8000
\$5000	\$10000
\$6350	\$12700

Calendar-Year Common Deductible Options	
Individual	Family
\$250	\$500
\$500	\$1000
\$750	\$1500
\$1000	\$2000
\$1500	\$3000
\$2000	\$4000
\$2500	\$5000
\$3000	\$6000
\$5000	\$10000

Open Option Plans Benefit Highlights

✓ No deductible needs to be met prior to receiving this benefit. \$ Copay applies % Coinsurance applies	In-network copay or coinsurance (after deductible, when using an in-network provider)	Out-of-network copay or coinsurance (after deductible, when using a non-network provider)
PREVENTIVE CARE		
Periodic health exams and well-baby care	Covered in full ✓	% ✓
Routine immunizations and shots	Covered in full ✓	% ✓
Colonoscopy (age 50+)	Covered in full ✓	%
Gynecologic exams; Pap tests	Covered in full ✓	% ✓
Mammograms	Covered in full ✓	%
Tobacco cessation, counseling/classes and deterrent medications	Covered in full ✓	Not covered
PHYSICIAN/PROVIDER SERVICES		
Office visits	\$ / visit ✓	% ✓
Office visits to alternative care providers (does not include chiropractic manipulation or acupuncture services)	\$ / visit ✓	% ✓
Allergy shots, serums, infusions injectable medications	%	%
Inpatient hospital visits	%	%
Surgery; anesthesia	%	%
DIAGNOSTIC SERVICES		
X-ray and lab services	% ✓	%
High-tech imaging services (such as PET, CT or MRI scans)	% ✓	%
Sleep studies	% ✓	%
EMERGENCY AND URGENT SERVICES		
Emergency services (for emergency medical conditions only; if admitted to the hospital, all services are subject to inpatient benefits)	\$250 ✓	\$250 ✓
Urgent care services (non-life threatening illness/minor injury)	\$ / visit ✓	% ✓
Emergency medical transportation (air or ground)	%	%
HOSPITAL SERVICES		
Inpatient/observation care	%	%
Rehabilitative care (30 days per calendar year)	%	%
Skilled nursing facility (60 days per calendar year)	%	%
OUTPATIENT SERVICES		
Outpatient surgery, dialysis, infusion, chemo and radiation therapy	%	%
Outpatient rehabilitative services: physical, occupational or speech therapy (limited to 30 visits per calendar year)	%	%
MATERNITY SERVICES		
Prenatal care	Covered in full ✓	%
Delivery and postnatal services	10x OV / delivery ✓	%
Inpatient hospital/facility services	%	%
Routine newborn nursery care	% ✓	%

Core Advantages plans

With a Core Advantages plan, members enjoy robust benefits and first-dollar coverage for certain preventive and frequently used services, while offering some upfront premium savings.

Members have full access to the Providence EPO Network – including non-participating providers. With a Core Advantages plan, members:

- Get care from specialists without a referral
- Combine in-network and out-of-network deductibles and out-of-pocket maximums
- Take advantage of in-network deductible-waived benefits including office visits, health exams, diagnostic services, women’s health services, routine immunizations and maternity prenatal care
- Have in-network X-ray and lab services covered in full for the first \$500 in a calendar year
- Pay a cost-sharing differential for services provided by specialists vs. personal physician/provider
- Accumulate deductibles towards their out-of-pocket maximum

To be eligible for a Core Advantage plan, your business must be located in Oregon or in Clark, Skamania or Klickitat counties in Washington.

Providence EPO Network: A nationwide network of nearly 1 million health care providers nationwide, both in Providence facilities and in other locations.



Copay	
Personal Physician	Specialist
\$10	\$20
\$15	\$25
\$20	\$30
\$25	\$35
\$35	\$45

Calendar-Year Common Out-of-Pocket Maximum Options	
Individual	Family
\$3500	\$7000
\$4000	\$8000
\$5000	\$10000
\$6350	\$12700

Calendar-Year Common Deductible Options	
Individual	Family
\$250	\$500
\$500	\$1000
\$750	\$1500
\$1000	\$2000
\$1500	\$3000
\$2000	\$4000
\$2500	\$5000
\$3000	\$6000
\$5000	\$10000

Coinsurance Options	
In-Network	Out-of-Network
10%	20%
20%	30%
20%	40%
20%	50%
30%	50%

Core Advantages Plans Benefit Highlights

✓ No deductible needs to be met before receiving this benefit \$ Copay applies % Coinsurance applies	In-network copay or coinsurance (when using an in-network provider)	Out-of-network copay or coinsurance (when using a non-network provider)
PREVENTIVE CARE		
Periodic health exams and well-baby care	Covered in full ✓	% ✓
Routine immunizations and shots	Covered in full ✓	%
Colonoscopy (age 50+)	Covered in full ✓	%
Gynecologic exams; Pap tests	Covered in full ✓	% ✓
Mammograms	Covered in full ✓	%
Tobacco cessation, counseling/classes and deterrent medications	Covered in full ✓	Not covered
PHYSICIAN/PROVIDER SERVICES		
Office visits to personal physician/provider	\$ / visit ✓	% ✓
Office visits to specialist	\$ / visit ✓	% ✓
Office visits to alternative care providers (does not include chiropractic manipulation or acupuncture services)	\$ / visit ✓	% ✓
Allergy shots, serums, infusions, injectable medications	%	%
Inpatient hospital visits	%	%
Surgery; anesthesia	%	%
DIAGNOSTIC SERVICES		
X-ray and lab services (covered in full for the first \$500 of in-network services in a calendar year)	%	%
High-tech imaging services (such as PET, CT or MRI scans)	%	%
Sleep studies	%	%
EMERGENCY AND URGENT SERVICES		
Emergency services (for emergency medical conditions only; if admitted to the hospital, all services are subject to inpatient benefits)	\$250	\$250
Urgent care services (non-life threatening illness/minor injury)	\$ specialist OV / visit ✓	%
Emergency medical transportation (air or ground)	%	%
HOSPITAL SERVICES		
Inpatient/observation care	%	%
Rehabilitative care (30 days per calendar year)	%	%
Skilled nursing facility (60 days per calendar year)	%	%
OUTPATIENT SERVICES		
Outpatient surgery, dialysis, infusion, chemo and radiation therapy	%	%
Outpatient rehabilitative services: physical, occupational or speech therapy (limited to 30 visits per calendar year)	%	%
MATERNITY SERVICES		
Prenatal care	Covered in full ✓	%
Delivery and postnatal services	%	%
Inpatient hospital/facility services	%	%
Routine newborn nursery care	%	%

Personal Option plans

With a Personal Option plan, members get excellent coverage and predictable costs along with premium savings based on coverage specifically with in-network providers in our EPO network.

With a Personal Option plan, members:

- Get care from specialists without a referral
- Take advantage of deductible-waived benefits including office visits, health exams, diagnostic services, women’s health services, routine immunizations and maternity prenatal care
- Accumulate deductibles towards reaching their out-of-pocket maximum

To be eligible for a Personal Option plan, your business must be located in Oregon or in Clark, Skamania or Klickitat counties in Washington.

Providence EPO Network: A nationwide network of nearly 1 million health care providers nationwide, both in Providence facilities and in other locations.



Copay
\$10
\$15
\$20
\$25
\$35

Coinsurance Options
10%
20%
30%
40%

Calendar-Year Common Out-of-Pocket Maximum Options	
Individual	Family
\$2000	\$4000
\$2500	\$5000
\$3000	\$6000
\$3500	\$7000
\$4000	\$8000
\$5000	\$10000
\$5500	\$11000
\$6350	\$12700

Calendar-Year Common Deductible Options	
Individual	Family
\$250	\$500
\$500	\$1000
\$750	\$1500
\$1000	\$2000
\$1500	\$3000
\$2000	\$4000
\$2500	\$5000
\$3000	\$6000
\$5000	\$10000

Personal Option Plans Benefit Highlights

✓ No deductible needs to be met before receiving this benefit \$ Copay applies % Coinsurance applies	In-network copay or coinsurance (after deductible, when using an in-network provider)
PREVENTIVE CARE	
Periodic health exams and well-baby care	Covered in full ✓
Routine immunizations and shots	Covered in full ✓
Colonoscopy (age 50+)	Covered in full ✓
Gynecologic exams; Pap tests	Covered in full ✓
Mammograms	Covered in full ✓
Tobacco cessation, counseling/classes and deterrent medications	Covered in full ✓
PHYSICIAN/PROVIDER SERVICES	
Office visits	\$/visit ✓
Office visits to alternative care providers (does not include chiropractic manipulation or acupuncture services)	\$/visit ✓
Allergy shots, infusions, serums, injectable medications	%
Inpatient hospital services	%
Surgery; anesthesia	%
DIAGNOSTIC SERVICES	
X-ray and lab services	% ✓
High-tech imaging services (such as PET, CT or MRI scans)	% ✓
Sleep studies	% ✓
EMERGENCY AND URGENT SERVICES	
Emergency services (for emergency medical conditions only; if admitted to the hospital, all services are subject to inpatient benefits)	\$250 ✓
Urgent care services (non-life threatening illness/minor injury)	\$ / visit ✓
Emergency medical transportation (air or ground)	%
HOSPITAL SERVICES	
Inpatient/observation care	%
Rehabilitative care (30 days per calendar year)	%
Skilled nursing facility (60 days per calendar year)	%
OUTPATIENT SERVICES	
Outpatient surgery, dialysis, infusion, chemo and radiation therapy	%
Outpatient rehabilitative services: physical, occupational or speech therapy (limited to 30 visits per calendar year)	%
MATERNITY SERVICES	
Prenatal care	Covered in full ✓
Delivery and postnatal services	10x OV / delivery ✓
Inpatient hospital/facility services	%
Routine newborn nursery care	% ✓

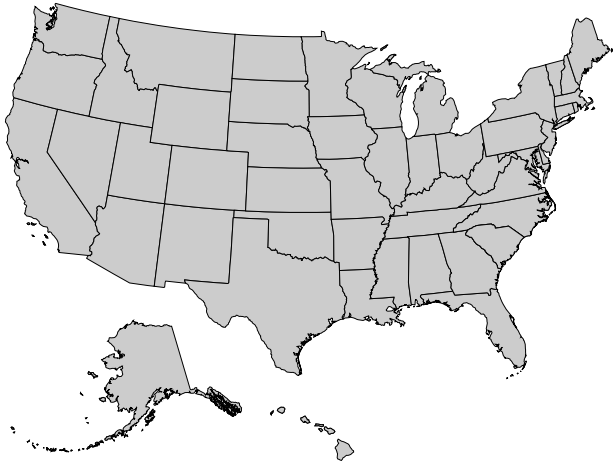
HSA Qualified plans

These lower-premium, high-deductible health plans give members affordable coverage and the flexibility to choose any provider. They also help members save for future health care needs via a tax-advantaged health savings account. Members can keep this account even if they change employers.

HSA Qualified plans offer:

- Care from specialists without a referral
- Lower premiums with most services subject to the deductible
- In-network preventive care covered before the deductible
- Integrated health savings Account administration, available through HealthEquity, which simplifies employee account setup and contributions
- A seamless member experience through integrated claims that makes it simple to track and pay for HSA Qualified plan expenses through HealthEquity
- Freedom to choose any provider in and out of the Providence EPO Network

Providence EPO Network: A nationwide network of nearly 1 million health care providers nationwide, both in Providence facilities and in other locations.



To be eligible for an HSA Qualified plan, your business must be located in Oregon or in Clark, Skamania or Klickitat counties in Washington.

Coinsurance		Calendar-Year Common Out-of-Pocket Maximum Options		Calendar-Year Common Deductible Options	
In-Network	Out-of-Network	Individual	Family	Individual	Family
20%	40%	\$3500	\$7000	\$1500	\$3000
50%	50%	\$4000	\$8000	\$2500	\$5000
		\$5500	\$11000	\$3000	\$6000
		\$6350	\$12700	\$3500	\$7000
				\$5000	\$10000
				\$6350	\$12700

HSA Qualified Plans Benefit Highlights

✓ No deductible needs to be met before receiving this benefit % Coinsurance applies	In-network coinsurance (after deductible, when using an in-network provider)	Out-of-network coinsurance (after deductible, when using a non-network provider)
PREVENTIVE CARE		
Periodic health exams and well-baby care	Covered in full ✓	%
Routine immunizations and shots	Covered in full ✓	%
Colonoscopy (age 50+)	Covered in full ✓	%
Gynecologic exams; Pap tests	Covered in full ✓	%
Mammograms	Covered in full ✓	%
Tobacco cessation, counseling/classes and deterrent medications	Covered in full ✓	Not covered
PHYSICIAN/PROVIDER SERVICES		
Office visits to primary physician/provider	%	%
Office visits to specialist	%	%
Office visits to alternative care providers (does not include chiropractic manipulation or acupuncture services)	%	%
Allergy shots, serums, infusions, injectable medications	%	%
Inpatient hospital visits	%	%
Surgery; anesthesia	%	%
PRESCRIPTION DRUGS (up to a 30-day supply/retail and preferred retail pharmacies; 90-day supply/mail-order and preferred retail pharmacies)		
Generic and brand-name drugs	%	Not covered
Compounded drugs	%	Not covered
DIAGNOSTIC SERVICES		
X-ray and lab services	%	%
High-tech imaging services (such as PET, CT or MRI scans)	%	%
Sleep studies	%	%
EMERGENCY AND URGENT SERVICES		
Emergency services (for emergency medical conditions only; if admitted to the hospital, all services are subject to inpatient benefits)	%	%
Urgent care services (non-life threatening illness/minor injury)	%	%
Emergency medical transportation (air or ground)	%	%
HOSPITAL SERVICES		
Inpatient/observation care	%	%
Rehabilitative care (30 days per calendar year)	%	%
Skilled nursing facility (60 days per calendar year)	%	%
OUTPATIENT SERVICES		
Outpatient surgery, dialysis, infusion, chemo and radiation therapy	%	%
Outpatient rehabilitative services: physical, occupational or speech therapy (limited to 30 visits per calendar year)	%	%
MATERNITY SERVICES		
Prenatal care	Covered in full ✓	%
Delivery and postnatal services	%	%
Inpatient hospital/facility services	%	%
Routine newborn nursery care	%	%

Choice plans

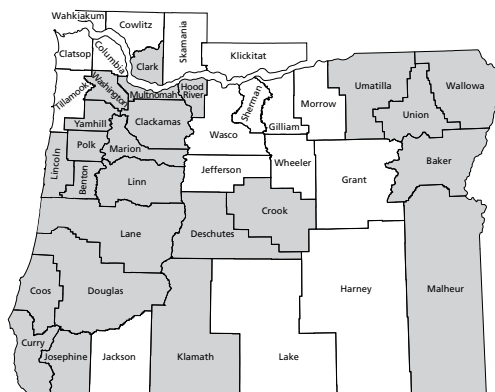
Choice plans utilize a medical home model which provides a team of health professionals dedicated to each member’s overall well-being.

Members select a medical home at time of enrollment from the Providence Choice Network. The medical home team then works collaboratively to support all aspects of a member’s health, from wellness and prevention to active management of chronic conditions.

Choice plans offer:

- More than 200 medical home clinics in Oregon and southwest Washington that provide a patient-focused, coordinated care experience
- Access to a broad network of specialists and facilities via referral from the medical home in order to receive coverage at the in-network level.
- Deductibles waived for in-network doctor and specialist visits, urgent care, lab and X-ray services, and women’s health services.
- Higher cost shares for selected services such as knee and hip replacement, sleep studies, and sinus surgery.
- Separate deductibles and out-of-pocket maximums in and out-of-network.

Providence Choice Network: A network of over 200 primary care clinics located in Oregon and southwest Washington designated as medical homes.



For a complete list of available medical homes and providers by location, visit www.ProvidenceHealthPlan.com/providerdirectory

To ensure coverage for members outside the Choice Network service area, a Choice plan must be paired with another Providence health plan that uses the Providence EPO network (Open Option, Core Advantages, Personal Option, or HSA Qualified plans).

Copay Options	
Physician	Specialist
\$10	\$20
\$15	\$30
\$20	\$40
\$25	\$50
\$30	\$60
\$35	\$70

Coinsurance Options	
In-Network	Out-of-Network
10%	30%
20%	30%
20%	40%
30%	50%

Calendar-Year Out-of-Pocket Maximum Options*	
Individual	Family
\$2000	\$4000
\$2500	\$5000
\$3000	\$6000
\$3500	\$7000
\$4000	\$8000
\$5000	\$10000
\$5500	\$11000
\$6350	\$12700

Calendar-Year Deductible Options*	
Individual	Family
\$250	\$500
\$500	\$1000
\$750	\$1500
\$1000	\$2000
\$1500	\$3000
\$2000	\$4000
\$2500	\$5000
\$3000	\$6000
\$3500	\$7000

*There are separate out-of-pocket maximums for in-network and out-of-network expenses, and separate in-network and out-of-network deductibles. Out-of-network values = 2x the in-network values.

Choice Plans Benefit Highlights

✓ No deductible needs to be met before receiving this benefit \$ Copay applies % Coinsurance applies	In-network copay or coinsurance (after deductible) from your medical home with a referral	Out-of-network copay or coinsurance (after deductible) from a non-network provider or without a referral
PREVENTIVE CARE		
Periodic health exams and well-baby care	Covered in full ✓	%
Routine immunizations and shots	Covered in full ✓	%
Colonoscopy (age 50+)	Covered in full ✓	%
Gynecologic exams; Pap tests	Covered in full ✓	%
Mammograms	Covered in full ✓	%
Tobacco cessation, counseling/classes and deterrent medications	Covered in full ✓	Not covered
PHYSICIAN/PROVIDER SERVICES		
Office visits to primary physician/provider	\$ / visit ✓	%
Office visits to specialist	\$ / visit ✓ [2x PPP OV]	%
Office visits to alternative care providers (does not include chiropractic manipulation or acupuncture services)	\$ / visit ✓	%
Allergy shots, serums, infusions, injectable medications	%	%
Inpatient hospital visits	%	%
Surgery; anesthesia	%	%
DIAGNOSTIC SERVICES		
X-ray and lab services	% ✓	%
High-tech imaging services (such as PET, CT or MRI scans)	%	%
EMERGENCY AND URGENT SERVICES		
Emergency services (for emergency medical conditions only; if admitted to the hospital, all services are subject to inpatient benefits)	\$250	\$250
Urgent care services (non-life threatening illness/minor injury)	\$(specialist OV) / visit ✓	%
Emergency medical transportation (air or ground)	%	%
HOSPITAL SERVICES		
Inpatient/observation care	%	%
Rehabilitative care (30 days per calendar year)	%	%
Skilled nursing facility (60 days per calendar year)	%	%
OUTPATIENT SERVICES		
Outpatient surgery, dialysis, infusion, chemo and radiation therapy	%	%
Outpatient rehabilitative services: physical, occupational or speech therapy (limited to 30 visits per calendar year)	%	%
MATERNITY SERVICES		
Prenatal care	Covered in full ✓	%
Delivery and postnatal services	%	%
Inpatient hospital/facility services	%	%
Routine newborn nursery care	%	%

Connect plans

Connect plans combine a medical home model of care with a narrow provider network to achieve substantial premium savings.

Members choose a medical home at time of enrollment from our Portland metro-area Providence Connect Network. The medical home model provides a team of health professionals dedicated to the member's overall well-being. The medical home team members work collaboratively to support all aspects of health, from wellness and prevention to active management of chronic conditions.

Connect plans offer:

- Some of the lowest premiums of any Providence plan for groups sized 51 plus
- More than 65 medical home clinics in the Portland metro area
- Access specialists and facilities via referral from the medical home in order to receive coverage at the in-network level.
- Deductibles waived for in-network doctor and specialist visits, urgent care, lab and X-ray services, and women's health services.
- Higher cost shares for select services such as knee and hip replacement, sleep studies, and sinus surgery
- Separate deductibles and out-of-pocket maximums in and out-of-network.

To be eligible for a Connect plan, your business must be located in Washington, Multnomah, or Clackamas counties in Oregon.

To ensure coverage for members outside the Connect Network selling/service area, a Connect plan must be paired with another Providence health plan that uses the Providence EPO network (Open Option, Core Advantages, Personal Option, or HSA Qualified plans).

Providence Connect Network: A Portland-area network of over 65 primary care clinics in Multnomah, Washington and Clackamas counties designated as medical homes.



For a complete list of available medical homes and providers by location, visit www.ProvidenceHealthPlan.com/providerdirectory

Copay Options	
Physician	Specialist
\$10	\$20
\$15	\$30
\$20	\$40
\$25	\$50
\$30	\$60
\$35	\$70

Coinsurance Options	
In-Network	Out-of-Network
10%	30%
20%	30%
20%	40%
30%	50%

Calendar-Year Out-of-Pocket Maximum Options*	
Individual	Family
\$2000	\$4000
\$2500	\$5000
\$3000	\$6000
\$3500	\$7000
\$4000	\$8000
\$5000	\$10000
\$5500	\$11000
\$6350	\$12700

Calendar-Year Deductible Options*	
Individual	Family
No deductible	
\$250	\$500
\$500	\$1000
\$750	\$1500
\$1000	\$2000
\$1500	\$3000
\$2000	\$4000
\$2500	\$5000
\$3000	\$6000
\$3500	\$7000

*There are separate deductible and out-of-pocket maximums for in-network and out-of-network services. Out-of-network values = 2x the in-network values.

Connect Plans Benefit Highlights

✓ No deductible needs to be met before receiving this benefit \$ Copay applies % Coinsurance applies	In-network copay or coinsurance (after deductible) from your medical home with a referral	Out-of-network copay or coinsurance (after deductible) from a non-network provider or without a referral
PREVENTIVE CARE		
Periodic health exams and well-baby care	Covered in full ✓	%
Routine immunizations and shots	Covered in full ✓	%
Colonoscopy (age 50+)	Covered in full ✓	%
Gynecologic exams; Pap tests	Covered in full ✓	%
Mammograms	Covered in full ✓	%
Tobacco cessation, counseling/classes and deterrent medications	Covered in full ✓	Not covered
PHYSICIAN/PROVIDER SERVICES		
Office visits to primary physician/provider	\$ / visit ✓	%
Office visits to specialist	\$ / visit ✓ [2x PPP OV]	%
Office visits to alternative care providers (does not include chiropractic manipulation or acupuncture services)	\$ / visit ✓	%
Allergy shots, serums, infusions, injectable medications	%	%
Inpatient hospital visits	%	%
Surgery; anesthesia	%	%
DIAGNOSTIC SERVICES		
X-ray and lab services	% ✓	%
High-tech imaging services (such as PET, CT or MRI scans)	%	%
EMERGENCY AND URGENT SERVICES		
Emergency services (for emergency medical conditions only; if admitted to the hospital, all services are subject to inpatient benefits)	\$250	\$250
Urgent care services (non-life threatening illness/minor injury)	\$(specialist OV) / visit ✓	%
Emergency medical transportation (air or ground)	%	%
HOSPITAL SERVICES		
Inpatient/observation care	%	%
Rehabilitative care (30 days per calendar year)	%	%
Skilled nursing facility (60 days per calendar year)	%	%
OUTPATIENT SERVICES		
Outpatient surgery, dialysis, infusion, chemo and radiation therapy	%	%
Outpatient rehabilitative services: physical, occupational or speech therapy (limited to 30 visits per calendar year)	%	%
MATERNITY SERVICES		
Prenatal care	Covered in full ✓	%
Delivery and postnatal services – primary care provider or certified nurse midwife	10% less than regular coinsurance	%
Delivery and postnatal services – OB/GYN	%	%
Inpatient hospital/facility services	%	%
Routine newborn nursery care	%	%

Pharmacy Benefit plans

The following features are standard on all of our pharmacy plans, regardless of which plan and options you choose:

- Access to more than 25,000 participating pharmacies at discounted rates
- 90-day supply of prescription drugs available via mail-order and preferred pharmacies
- New member 90-day pharmacy transition period for prescriptions that normally require prior authorization
- No separate out-of-pocket maximum; all member prescription cost shares go toward their medical plan out-of-pocket maximum
- Care management for members with chronic conditions, including support for medication adherence, help identifying harmful drug interactions and help identifying opportunities to reduce health care costs

Standard Prescription Drug Plans

Standard prescription drug plans feature a two-tier formulary, with copays starting at \$10 for a 30-day supply of generic medications. Generics have the same active-ingredient formula and effectiveness as their brand-name drug equivalent. RXtra plans, available at many different copay levels, feature the same 30-day supply copay as well as provide significant discounts on 90-day supply prescriptions.

	Participating/Preferred Retail 30-day supply		Mail-Order/Preferred Retail 90-day supply maintenance prescriptions		RXtra Available?*
	Copays/Coinsurance		Copays/Coinsurance		
	Generic	Brand	Generic	Brand	
Rx \$10/\$20	\$10	\$20	\$30	\$60	Y
Rx \$10/\$30	\$10	\$30	\$30	\$90	Y
Rx \$10/50%	\$10	50%	\$30	50%	Y**
Rx \$15/\$30	\$15	\$30	\$45	\$90	Y
Rx \$15/\$45	\$15	\$45	\$45	\$135	Y
Rx \$15/50%	\$15 or 50% whichever is greater		\$45 or 50% whichever is greater		Y***
Rx \$15/\$60	\$15	\$60	\$45	\$180	Y
Rx \$15/\$75	\$15	\$75	\$45	\$225	Y
Rx \$20/\$40	\$20	\$40	\$60	\$120	N

* RXtra plans provide standard 30-day prescriptions and allow members to purchase up to a 90-day supply of each prescription medication at one time through a preferred or mail order pharmacy for the cost of two copayments. For example, if a 30-day supply of a generic drug has a copay of \$10, a 90-day supply of that same medication would, under RXtra, have a copay of \$20 instead of \$30.

** For the RXtra \$10/50% plan, the copay for a 90-day supply of generic drugs is \$20 or 50% for brand drugs.

*** For the RXtra \$15/50% plan, the copay for a 90-day supply of both generic and brand drugs is \$30 or 50%, whichever is greater.

Value-Based Prescription Drug Plans

Providence’s value-based prescription drug plans use a four-tier formulary and offer low copays on a large number of value drugs. Value drugs are commonly prescribed first-line treatments for common risk factors and conditions, such as asthma, diabetes, heart disease and high cholesterol. The other tiers of this plan feature generic drugs, brand-name drugs included in the Providence formulary (the list of FDA-approved prescription medication choices for covered conditions), and brand-name drugs not included in the formulary (“non-formulary”). The additional tiers are meant to encourage members to talk with their health care providers about cost-effective medication options.

	Participating/Preferred Retail 30-day supply				Mail-Order/Preferred Retail 90-day supply maintenance prescriptions			
	Copays/Coinsurance				Copays/Coinsurance			
	Value	Generic	Formulary- brand name	Non- Formulary- brand name	Value	Generic	Formulary- brand name	Non- Formulary- brand name
Rx \$5/\$10/\$30/50%	\$5	\$10	\$30	50%	\$15	\$30	\$90	50%
Rx \$5/\$10/\$50/50%	\$5	\$10	\$50	50%	\$15	\$30	\$150	50%
Rx \$5/\$15/\$30/50%	\$5	\$15	\$30	50%	\$15	\$45	\$90	50%
Rx \$5/\$15/\$40/50%	\$5	\$15	\$40	50%	\$15	\$45	\$120	50%

Vision plans

We offer vision benefits through Vision Service Plan (VSP), the largest nonprofit vision benefits and services company in the U.S. The VSP Choice Network gives members access to 50,000 highly skilled providers in more than 48,000 locations nationwide.

All vision plans include:

- No deductible
- An annual eye exam from participating providers after a low copay
- Basic lenses for adults covered in full with a \$130 allowance toward frames or contacts³; progressive lenses are available with a \$50 copay
- Full coverage for eye exam, lens and frames for children up to age 19 every 12 months with no copay³
- No referral required (out-of-pocket costs will be less with an in-network provider)
- Discounts on additional exams, extra features and options such as lens tinting and hardware and nonprescription sunglasses

Vision Plan	Exam Frequency	Lens Frequency	Frame Frequency	Exam Copay	Adult Frame or Contact Lens Allowance	Children's Frame
Vision Exam	12 months	N/A	N/A	\$10	N/A	N/A
Vision Basic	12 months	24 months	24 months	\$10	\$130	Any from Otis and Piper Eyewear or equivalent value ⁴
Vision Basic Featuring Otis and Piper Eyewear	12 months	24 months	24 months	\$10	\$130	Any from Otis and Piper Eyewear
Vision Plus	12 months	12 months	24 months	\$10	\$130	Any from Otis and Piper Eyewear or equivalent value ⁴
Vision Plus Featuring Otis and Piper Eyewear	12 months	12 months	24 months	\$10	\$130	Any from Otis and Piper Eyewear
Vision Premium	12 months	12 months	12 months	\$10	\$130	Any from Otis and Piper Eyewear or equivalent value ⁴
Vision Premium Featuring Otis & Piper Eyewear	12 months	12 months	12 months	\$10	\$130	Any from Otis and Piper Eyewear

³ Except for the Vision Exam plan, which does not cover frames or lenses.

⁴ Any frame from Otis and Piper Eyewear or the equivalent value can be applied towards any other frame.

Alternative medicine treatments:

Chiropractic manipulation, acupuncture and massage therapy

Providence offers the following products, all of which provide medically necessary chiropractic manipulation and acupuncture, with massage therapy also included with two of the plans:

	Chiropractic Manipulation and Acupuncture	Chiropractic Manipulation, Acupuncture and Massage Therapy	Chiropractic Manipulation and Acupuncture Plus	Chiropractic Manipulation, Acupuncture and Massage Therapy Plus
Providers	In-network licensed practitioner	In-network licensed practitioner	Any licensed practitioner	Any licensed practitioner
Massage Therapy included?	N	Y	N	Y

All four plans offer the following choices of copay/benefit combinations

Copay	\$15	\$15	\$15	\$25	\$25	\$25
Maximum calendar year benefit (per member)	\$500	\$1000	\$1500	\$500	\$1000	\$1500

For all plans and options

- No provider referral is required
- No deductible needs to be met, and copayments do not apply toward the medical plan out of pocket maximum (except for members on an HSA Qualified plan)
- Treatment must be medically necessary
- Preventive care is not covered.
- Only one copay is required per visit, regardless of the number of covered services received during the visit.

Integrated HSA, HRA and FSA

Providence Health Plan partners with HealthEquity® to provide best-in-class health care accounts delivered seamlessly with our health plans at a competitive price.

An integrated HSA, HRA or FSA, can lower members’ costs and support their choice and flexibility, and employers can benefit from tax advantages. These plans also encourage members to be more judicious with their health care dollars and make more informed health care decisions.

Through a partnership with HealthEquity, the nation’s oldest and largest dedicated health savings trustee, Providence makes integrated HRA/FSA/HSA easy with:

- Live 24/7 customer service
- The ability to pay providers and view claims and payment information online, anytime, anywhere
- Integrated plan setup, enrollment, claims administration and billing so that health plan and member health care accounts are set up in one place
- A fully equipped employer portal that lets you manage contributions, view reporting and upload contribution information
- A free HealthEquity mobile app that gives members on-the-go access to account balances and claims history, and the ability to send payments and reimbursements, initiate and document claims, and manage debit card transactions

Account type	Employee account activation and setup	Monthly administration	Employer plan setup and annual plan maintenance fee (paid directly to HealthEquity)
Health Savings Account (HSA)	Free	\$2.70 per account (paid as part of Providence bill)	Free
Health Reimbursement Arrangement (HRA)	Free	\$3.45 per account (paid as part of Providence bill)	\$250 - \$500
Flexible Spending Account (FSA)	Free	\$3.45 per account (paid directly to HealthEquity)	\$250 - \$500
Limited Purpose Flexible Spending Account (LPFSA)	Free	\$1.95 per account (paid directly to HealthEquity)	Free

To learn more about HealthEquity and for access to employer and employee demos, go to www.healthequity.net/ProvidenceDemo.

Additional info and resources

Producer main page: <https://healthplans.providence.org/Pages/producers.aspx>

Producer training and forums: <https://healthplans.providence.org/producers/forums-training/Pages/default.aspx>

Benefit summaries: <https://healthplans.providence.org/producers/products-services/administration/pages/default.aspx>

News and producer compensation: <https://healthplans.providence.org/producers/products-services/news-notices/pages/default.aspx>

HealthEquity: www.healthequity.com/ed/providence

MyChart: mychartor.providence.org/mychart/

Pharmacy resources: <https://healthplans.providence.org/producers/products-services/large-group/optional-products/pages/pharmacy-benefit.aspx>

Reference Notes

Our Mission

As people of Providence,
we reveal God's love for all,
especially the poor and vulnerable,
through our compassionate service.

Our Core Values

Respect, Compassion, Justice,
Excellence, Stewardship

Dedicated customer service resources

503-574-7500 or 800-878-4445, TTY: 711
Monday – Friday, 8 a.m. to 5 p.m.

Sales

503-574-6300 or 877-245-4077



Providence Health & Services, a not-for-profit health system, is an equal-opportunity organization in the provision of health care services and employment opportunities.

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