



GROUPS SIZED 1-50

# 2015 Plan Overview

# Why choose Providence?

## Choose from a 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.



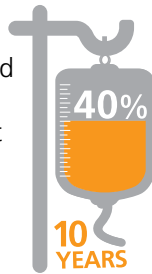
## Experience and innovation mean better care for you.

- 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, online shared decision-making tools, bundled care packages and integrated services between our hospitals and clinics ensures that we provide care more effectively and efficiently.



## 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.<sup>1</sup>



## We're easy to work with

- Our members appreciate our prompt claims processing: 96 percent of our claims are processed within 30 days. Our members also enjoy exceptional local support that provides a better 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.



## Everyone deserves better health.

- It's our Mission to take care of people in need, which is 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, we have been recognized by the Portland Business Journal as one of the most admired health care companies.
- We're a locally based not-for-profit health plan that understands the specific issues and challenges of Oregonians.



## You get more for your health – and your health care dollar.

- Our members receive discounts on massage therapy, fitness classes, gym memberships, LASIK and other extras to keep them healthy, happy and engaged in life.
- Our online tools and classes help members stay on target with their health and wellness goals.



<sup>1</sup>As 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

From platinum to bronze, you can choose from a wide variety of plan types with a range of deductibles to meet the needs of your business. We've standardized our plans and created more differentiation to make it easier to find the best fit.

## Bundled benefits include pediatric dental, vision and pharmacy

Coverage for vision, pharmacy and pediatric dental is included in every plan\*:

- We offer a pediatric dental plan that is compliant with the Affordable Care Act (\*excludes Standard plans).
- Vision coverage for adults and children is offered through the VSP Choice network.
- Members have access to preferred retail and mail-order pharmacy options.

## Coverage for naturopathic and holistic care

- Office visits to alternative care providers, such as naturopaths, have the same cost share as office visits to a primary care provider.
- Employees can see any health care provider, including a naturopath, for periodic health exams and well-baby care as long as the services are within the licensed provider's scope of practice.
- Chiropractic manipulation and acupuncture are included in all plans except our Standard plans.
  - These services are not subject to the medical deductible (all plans except HSA plans).
  - Members are covered for 10 visits per year.
  - Members are responsible for \$25 copays when services are provided by an in-network provider and a 50-percent coinsurance with an out-of-network provider (after the deductible is met for HSA plans).

## 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 who provide education and support for members with chronic conditions
- 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
- Access lab and other test results

## **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

## **Services for a fit business and a healthy workforce**

In addition to medical plans, Providence offers supplemental services that give you everything you need to build a comprehensive benefits program customized to your objectives:

- An employee assistance program designed to help employees resolve issues affecting work and family life through comprehensive counseling and referrals to community resources
- Free full-service COBRA administration services (e.g., billing, eligibility, collection and transaction processing) through Ceridian, the nation's largest COBRA services vendor
- Simplified integration of health saving accounts, health reimbursement accounts and flexible spending accounts with Providence Health Plan through our partner, HealthEquity

# Selling areas

Businesses located anywhere in Oregon can choose Providence Health Plan for their employees. Total, Balance, Value, HSA Qualified, Standard and Choice\* plans are available statewide.



\*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 in the Choice or Connect networks, visit [www.ProvidenceHealthPlan.com/providerdirectory](http://www.ProvidenceHealthPlan.com/providerdirectory).

# Networks

To meet the unique needs of our 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 the expertise and talent 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.

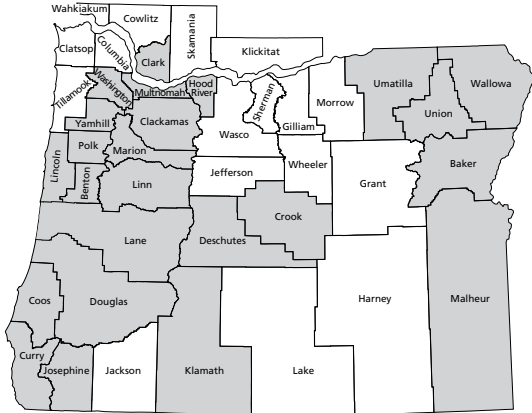
### Providence EPO Network

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 specialists throughout Oregon and southwest Washington. Choose our Total, Balance, Value, HSA Qualified or Standard plans to 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 throughout Oregon and southwest Washington. Clinics in the Choice network are designated as medical homes based on several access, coordination, quality and cost measures, as well as recognition 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](http://www.ProvidenceHealthPlan.com/providerdirectory).

## Plan comparison

| Plan Features   | Total | Balance | Value | HSA Qualified | Choice | Connect | Standard Gold and Silver | Standard Bronze |
|---|-------|---------|-------|---------------|--------|---------|--------------------------|-----------------|
| <b>PROVIDER NETWORK</b>   |       |         |       |               |        |         |                          |                 |
| Broad PPO-style network   | •     | •       | •     | •             |        |         | •                        | •               |
| Local medical home model  |       |         |       |               | •      | •       |                          |                 |
| No referrals required   | •     | •       | •     | •             |        |         | •                        | •               |
| <b>BENEFITS</b>   |       |         |       |               |        |         |                          |                 |
| 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 lab and X-ray   | •     | •       |       |               | •      | •       |                          |                 |
| Deductible waived for generic drugs   | •     | •       | •     |               | •      | •       | •                        |                 |
| Deductible waived for preferred brand name drugs                              | •     | •       |       |               | •      |         | •                        |                 |
| Coverage for chiropractic manipulation and acupuncture                        | •     | •       | •     | •             | •      | •       |                          |                 |
| Pediatric dental (Medical deductible and OOP Max apply)                       | •     | •       | •     | •             | •      | •       |                          |                 |
| Adult vision exams  | •     | •       | •     | •             | •      | •       |                          |                 |
| Adult vision hardware   | •     | •       | •     |               | •      |         |                          |                 |
| Higher cost shares for select services  |       |         |       |               | •      | •       |                          |                 |
| <b>HEALTH AND WELLNESS PROGRAM</b>  |       |         |       |               |        |         |                          |                 |
| ProvRN Free 24/7 nurse line   | •     | •       | •     | •             | •      | •       | •                        | •               |
| Disease management for chronic conditions                                     | •     | •       | •     | •             | •      | •       | •                        | •               |
| LifeBalance recreational discount program                                     | •     | •       | •     | •             | •      | •       | •                        | •               |
| <b>INTEGRATED HSA, HRA AND FSA ACCOUNT ADMINISTRATION</b>                     |       |         |       |               |        |         |                          |                 |
| Can be paired with an integrated HealthEquity® HRA and/or FSA                 | •     | •       | •     |               | •      | •       | •                        |                 |
| Can be paired with an integrated HealthEquity® HSA                            |       |         |       | •             |        |         |                          | •               |

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.

# Total plans

With a premier level of coverage, our Total plans offer your employees best-in-class benefits with full access to the Providence EPO Network – including nonparticipating providers – for the ultimate flexibility. With Total plans, you don't have to skimp on benefits to keep costs down.

## Total plans offer:

- Rich benefits, with platinum, gold and silver options
- Care from specialists without a referral
- The greatest cost predictability with low copays and deductible-waived benefits
- Copays starting as low as \$10, deductibles as low as \$250, and out-of-pocket maximums as low as \$1,500
- Deductibles waived for doctor and specialist visits, urgent care, lab and X-ray services, generic and preferred brand-name drugs, and chiropractic manipulation and acupuncture
- A combined deductible and out-of-pocket maximum
- The freedom to choose any provider in or out of the Providence EPO Network
- Pediatric dental coverage
- Adult vision coverage (exams and hardware)
- Chiropractic manipulation and acupuncture coverage

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



| 7 plans available  | Deductible (in-/out-of-network) | Out-of-pocket Maximum (in-/out-of-network) |
|--------------------|---------------------------------|--|
| Total 250 Platinum | \$250                           | \$1,500                                    |
| Total 500 Platinum | \$500                           | \$1,500                                    |
| Total 1000 Gold    | \$1,000                         | \$4,000                                    |
| Total 2000 Silver  | \$2,000                         | \$6,000                                    |
| Total 2500 Silver  | \$2,500                         | \$6,000                                    |
| Total 3500 Silver  | \$3,500                         | \$6,000                                    |
| Total 5000 Silver  | \$5,000                         | \$5,000                                    |



## Total plans

| After meeting your deductible, you pay the following amounts for covered services. The deductible is waived for some covered services. These are marked with ✓ | In-network             | Out-of-network        |
|--|------------------------|-----------------------|
| Network  | Providence EPO Network |                       |
| Referral required for in-network benefits  | No                     |                       |
| <b>Preventive Care</b>   |                        |                       |
| Periodic health exams and well-baby care (from any provider licensed to perform the service)   | Covered in full ✓      | 30% to 40% ✓          |
| Maternity prenatal care  | Covered in full ✓      | 30% to 40%            |
| Gynecological exams; Pap tests   | Covered in full ✓      | 30% to 40%            |
| Mammograms   | Covered in full ✓      | 30% to 40%            |
| Colorectal cancer screenings (age 50 and over)   | Covered in full ✓      | 30% to 40%            |
| <b>Office Visits for Medical Services</b>  |                        |                       |
| Personal Physician/Provider  | \$10 to \$25 ✓         | 30% to 40% ✓          |
| Specialist   | \$25 to \$50 ✓         | 30% to 40% ✓          |
| Alternative care provider  | \$10 to \$25 ✓         | 30% to 40% ✓          |
| <b>Hospital Services</b>   |                        |                       |
| Inpatient hospital services and maternity care   | 10% to 20%             | 30% to 40%            |
| <b>Emergency/Urgent Care</b>   |                        |                       |
| Emergency services   | \$250 then 10% to 20%  | \$250 then 10% to 20% |
| Urgent care services   | \$25 to \$50 ✓         | 30% to 40% ✓          |
| <b>Outpatient Diagnostic Services</b>  |                        |                       |
| X-ray and lab services   | 10% to 20% ✓           | 30% to 40%            |
| High tech imaging services (such as PET, CT, MRI)  | 10% to 20%             | 30% to 40%            |
| <b>Other Covered Services</b>  |                        |                       |
| Outpatient surgery at an ambulatory surgery center   | \$150 to \$200         | 30% to 40%            |
| Outpatient surgery at a hospital-based facility  | 10% to 20%             | 30% to 40%            |
| Chiropractic manipulation and acupuncture (limited to 10 visits combined per calendar year)  | \$25 ✓                 | 50% ✓                 |
| <b>Prescription Drugs</b>  |                        |                       |
| Generic  | \$7 to \$15 ✓          | Not Covered           |
| Preferred brand name   | \$30 to \$60 ✓         | Not Covered           |
| Non-preferred brand name and specialty   | 20% to 30%             | Not Covered           |
| <b>Pediatric Vision Services (children up to age 19)</b>   |                        |                       |
| Routine eye exams (limited to one exam per calendar year)  | Covered in full ✓      | Covered ✓             |
| Vision hardware (frames, lenses, contact lenses) Limits apply  | Covered in full ✓      | Covered ✓             |
| <b>Adult Vision Services</b>   |                        |                       |
| Routine eye exams (limited to one exam per calendar year)  | \$30 ✓                 | Covered ✓             |
| Vision hardware (frames, lenses, contact lenses) Limits apply  | Covered ✓              | Covered ✓             |
| <b>Pediatric Dental Services (children up to age 19)</b>   |                        |                       |
| Preventive services (routine exams, cleanings, x-rays, topical fluoride, and sealants)   | Covered in full ✓      | 30% ✓                 |
| Basic services (includes restorative fillings - silver and composite, and space maintainers)   | 50%                    | 70%                   |
| Major services (includes oral surgery, crowns, bridges, periodontics, endodontics/root canals, dentures)   | 50%                    | 70%                   |

# Balance plans

Our Balance plans offer just that: a balance of cost-saving features and coverage for the services your employees use the most. With excellent benefits at an affordable premium, this classic plan design is simple to understand.

**Balance plans offer:**

- Care from specialists without referral
- Separate deductibles and out-of-pocket maximums, in and out of the network
- Deductibles waived for doctor and specialist visits, urgent care, lab and X-ray services, generic and preferred brand-name drugs, and chiropractic manipulation and acupuncture
- The freedom to choose any provider, in or out of the Providence EPO Network
- Pediatric dental coverage
- Adult vision coverage (exams and hardware)
- Chiropractic manipulation and acupuncture coverage

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



| 5 plans available   | Deductible (in-/out-of-network) | Out-of-pocket Maximum (in-/out-of-network) |
|---------------------|---------------------------------|--|
| Balance 1000 Silver | \$1,000/\$2,000                 | \$6,000/\$12,000                           |
| Balance 1500 Silver | \$1,500/\$3,000                 | \$6,200/\$12,400                           |
| Balance 2500 Silver | \$2,500/\$5,000                 | \$5,500/\$11,000                           |
| Balance 3500 Silver | \$3,500/\$7,000                 | \$5,500/\$11,000                           |
| Balance 6300 Bronze | \$6,300/\$12,600                | \$6,600/\$13,200                           |

## Balance plans

| After meeting your deductible, you pay the following amounts for covered services. The deductible is waived for some covered services. These are marked with ✓ | In-network             | Out-of-network |
|--|------------------------|----------------|
| Network  | Providence EPO Network |                |
| Referral required for in-network benefits  | No                     |                |
| <b>Preventive Care</b>   |                        |                |
| Periodic health exams and well-baby care (from any provider licensed to perform the service)   | Covered in full ✓      | 50% ✓          |
| Maternity prenatal care  | Covered in full ✓      | 50%            |
| Gynecological exams; Pap tests   | Covered in full ✓      | 50%            |
| Mammograms   | Covered in full ✓      | 50%            |
| Colorectal cancer screenings (age 50 and over)   | Covered in full ✓      | 50%            |
| <b>Office Visits for Medical Services</b>  |                        |                |
| Personal Physician/Provider  | \$25 to \$50 ✓         | 50% ✓          |
| Specialist   | \$50 to \$85 ✓         | 50% ✓          |
| Alternative care provider  | \$25 to \$50 ✓         | 50% ✓          |
| <b>Hospital Services</b>   |                        |                |
| Inpatient hospital services and maternity care   | 30%                    | 50%            |
| <b>Emergency/Urgent Care</b>   |                        |                |
| Emergency services   | \$250 then 30%         | \$250 then 30% |
| Urgent care services   | \$50 to \$85 ✓         | 50% ✓          |
| <b>Outpatient Diagnostic Services</b>  |                        |                |
| X-ray and lab services   | 30% ✓                  | 50%            |
| High tech imaging services (such as PET, CT, MRI)  | 30%                    | 50%            |
| <b>Other Covered Services</b>  |                        |                |
| Outpatient surgery at an ambulatory surgery center   | \$300 to \$400         | 50%            |
| Outpatient surgery at a hospital-based facility  | 30%                    | 50%            |
| Chiropractic manipulation and acupuncture (limited to 10 visits combined per calendar year)  | \$25 ✓                 | 50% ✓          |
| <b>Prescription Drugs</b>  |                        |                |
| Generic  | \$15 to \$35 ✓         | Not Covered    |
| Preferred brand name   | \$60 to \$90 ✓         | Not Covered    |
| Non-preferred brand name and specialty   | 50%                    | Not Covered    |
| <b>Pediatric Vision Services (children up to age 19)</b>   |                        |                |
| Routine eye exams (limited to one exam per calendar year)  | Covered in full ✓      | Covered ✓      |
| Vision hardware (frames, lenses, contact lenses) Limits apply  | Covered in full ✓      | Covered ✓      |
| <b>Adult Vision Services</b>   |                        |                |
| Routine eye exams (limited to one exam per calendar year)  | \$30 ✓                 | Covered ✓      |
| Vision hardware (frames, lenses, contact lenses) Limits apply  | Covered ✓              | Covered ✓      |
| <b>Pediatric Dental Services (children up to age 19)</b>   |                        |                |
| Preventive services (routine exams, cleanings, x-rays, topical fluoride, and sealants)   | Covered in full ✓      | 30% ✓          |
| Basic services (includes restorative fillings - silver and composite, and space maintainers)   | 50%                    | 70%            |
| Major services (includes oral surgery, crowns, bridges, periodontics, endodontics/root canals, dentures)   | 50%                    | 70%            |

# Value plans

With a lower premium and simplified benefits, our Value plans offer your employees great value and strong financial protection in the event of a major medical problem.

**Value plans offer:**

- Simple plan designs that keep premiums low by covering most benefits at a coinsurance after the deductible
- Care from specialists without a referral
- Separate deductibles and out-of-pocket maximums, in and out of the network
- Three primary care provider visits before the deductible applies
- Preventive care, generic drugs and routine vision services, all without a deductible
- The freedom to choose any provider, in or out of the Providence EPO Network
- Pediatric dental coverage
- Adult vision coverage (exams and hardware)
- Chiropractic manipulation and acupuncture coverage

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



| 3 plans available | Deductible (in-/out-of-network) | Out-of-pocket Maximum (in-/out-of-network) |
|-------------------|---------------------------------|--|
| Value 3500 Bronze | \$3,500/\$7,000                 | \$6,600/\$13,200                           |
| Value 4500 Bronze | \$4,500/\$9,000                 | \$6,600/\$13,200                           |
| Value 6600 Bronze | \$6,600/\$13,200                | \$6,600/\$13,200                           |

## Value plans

| After meeting your deductible, you pay the following amounts for covered services. The deductible is waived for some covered services. These are marked with ✓ | In-network             | Out-of-network |
|--|------------------------|----------------|
| Network  | Providence EPO Network |                |
| Referral required for in-network benefits  | No                     |                |
| <b>Preventive Care</b>   |                        |                |
| Periodic health exams and well-baby care (from any provider licensed to perform the service)   | Covered in full ✓      | 50%            |
| Maternity prenatal care  | Covered in full ✓      | 50%            |
| Gynecological exams; Pap tests   | Covered in full ✓      | 50%            |
| Mammograms   | Covered in full ✓      | 50%            |
| Colorectal cancer screenings (age 50 and over)   | Covered in full ✓      | 50%            |
| <b>Office Visits for Medical Services</b>  |                        |                |
| Personal Physician/Provider - first 3 visits   | \$35 ✓                 | 50%            |
| Personal Physician/Provider - after 3 visits   | 50%                    | 50%            |
| Specialist   | 50%                    | 50%            |
| Alternative care provider  | 50%                    | 50%            |
| <b>Hospital Services</b>   |                        |                |
| Inpatient hospital services and maternity care   | 50%                    | 50%            |
| <b>Emergency/Urgent Care</b>   |                        |                |
| Emergency services   | \$250 then 50%         | \$250 then 50% |
| Urgent care services   | 50%                    | 50%            |
| <b>Outpatient Diagnostic Services</b>  |                        |                |
| X-ray and lab services   | 50%                    | 50%            |
| High tech imaging services (such as PET, CT, MRI)  | 50%                    | 50%            |
| <b>Other Covered Services</b>  |                        |                |
| Outpatient surgery at an ambulatory surgery center   | 50%                    | 50%            |
| Outpatient surgery at a hospital-based facility  | 50%                    | 50%            |
| Chiropractic manipulation and acupuncture (limited to 10 visits combined per calendar year)  | \$25 ✓                 | 50% ✓          |
| <b>Prescription Drugs</b>  |                        |                |
| Generic  | \$20 ✓                 | Not Covered    |
| Preferred brand name   | 50%                    | Not Covered    |
| Non-preferred brand name and specialty   | 50%                    | Not Covered    |
| <b>Pediatric Vision Services (children up to age 19)</b>   |                        |                |
| Routine eye exams (limited to one exam per calendar year)  | Covered in full ✓      | Covered ✓      |
| Vision hardware (frames, lenses, contact lenses) Limits apply  | Covered in full ✓      | Covered ✓      |
| <b>Adult Vision Services</b>   |                        |                |
| Routine eye exams (limited to one exam per calendar year)  | \$30 ✓                 | Covered ✓      |
| Vision hardware (frames, lenses, contact lenses) Limits apply  | Covered ✓              | Covered ✓      |
| <b>Pediatric Dental Services (children up to age 19)</b>   |                        |                |
| Preventive services (routine exams, cleanings, x-rays, topical fluoride, and sealants)   | Covered in full ✓      | 30% ✓          |
| Basic services (includes restorative fillings - silver and composite, and space maintainers)   | 50%                    | 70%            |
| Major services (includes oral surgery, crowns, bridges, periodontics, endodontics/root canals, dentures)   | 50%                    | 70%            |

Because the deductible is equal to the out-of-pocket maximum, the Value 6600 Bronze plan has coverage in full for most benefits after the deductible is met. Please refer to a benefit summary for details.

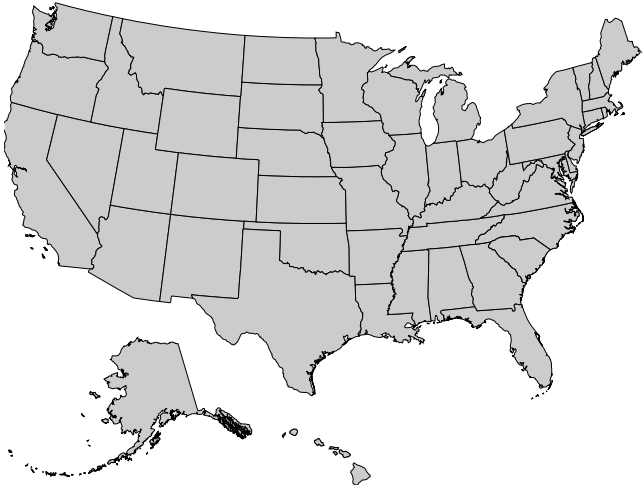
# HSA Qualified plans

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 referral
- Lower premiums with most services subject to the deductible
- In-network preventive care and routine vision services that are covered before the deductible
- Integrated health savings account administration, available through HealthEquity, to simplify 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
- The freedom to choose any provider, in or out of the Providence EPO Network
- Pediatric dental coverage
- Adult vision coverage (exams only)
- Chiropractic manipulation and acupuncture coverage

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



| 5 plans available         | Deductible (in-/out-of-network) | Out-of-pocket Maximum (in-/out-of-network) |
|---------------------------|---------------------------------|--|
| HSA Qualified 1500 Silver | \$1,500/\$3,000                 | \$5,000/\$10,000                           |
| HSA Qualified 2500 Bronze | \$2,500/\$5,000                 | \$6,200/\$12,400                           |
| HSA Qualified 3500 Bronze | \$3,500/\$7,000                 | \$6,200/\$12,400                           |
| HSA Qualified 5000 Bronze | \$5,000/\$10,000                | \$6,200/\$12,400                           |
| HSA Qualified 6200 Bronze | \$6,200/\$12,400                | \$6,200/\$12,400                           |

## HSA Qualified plans

| After meeting your deductible, you pay the following amounts for covered services. The deductible is waived for some covered services. These are marked with ✓ | In-network             | Out-of-network |
|--|------------------------|----------------|
| Network  | Providence EPO Network |                |
| Referral required for in-network benefits  | No                     |                |
| <b>Preventive Care</b>   |                        |                |
| Periodic health exams and well-baby care (from any provider licensed to perform the service)   | Covered in full ✓      | 50%            |
| Maternity prenatal care  | Covered in full ✓      | 50%            |
| Gynecological exams; Pap tests   | Covered in full ✓      | 50%            |
| Mammograms   | Covered in full ✓      | 50%            |
| Colorectal cancer screenings (age 50 and over)   | Covered in full ✓      | 50%            |
| <b>Office Visits for Medical Services</b>  |                        |                |
| Personal Physician/Provider  | 20% to 50%             | 50%            |
| Specialist   | 20% to 50%             | 50%            |
| Alternative care provider  | 20% to 50%             | 50%            |
| <b>Hospital Services</b>   |                        |                |
| Inpatient hospital services and maternity care   | 20% to 50%             | 50%            |
| <b>Emergency/Urgent Care</b>   |                        |                |
| Emergency services   | 20% to 50%             | 20% to 50%     |
| Urgent care services   | 20% to 50%             | 50%            |
| <b>Outpatient Diagnostic Services</b>  |                        |                |
| X-ray and lab services   | 20% to 50%             | 50%            |
| High tech imaging services (such as PET, CT, MRI)  | 20% to 50%             | 50%            |
| <b>Other Covered Services</b>  |                        |                |
| Outpatient surgery at an ambulatory surgery center   | 20% to 50%             | 50%            |
| Outpatient surgery at a hospital-based facility  | 20% to 50%             | 50%            |
| Chiropractic manipulation and acupuncture (limited to 10 visits combined per calendar year)  | \$25                   | 50%            |
| <b>Prescription Drugs</b>  |                        |                |
| Generic  | 30% to 50%             | Not Covered    |
| Preferred brand name   | 30% to 50%             | Not Covered    |
| Non-preferred brand name and specialty   | 30% to 50%             | Not Covered    |
| <b>Pediatric Vision Services (children up to age 19)</b>   |                        |                |
| Routine eye exams (limited to one exam per calendar year)  | Covered in full ✓      | Covered ✓      |
| Vision hardware (frames, lenses, contact lenses) Limits apply  | Covered in full ✓      | Covered ✓      |
| <b>Adult Vision Services</b>   |                        |                |
| Routine eye exams (limited to one exam per calendar year)  | \$25 ✓                 | Covered ✓      |
| Vision hardware (frames, lenses, contact lenses) Limits apply  | Not Covered            | Not Covered    |
| <b>Pediatric Dental Services (children up to age 19)</b>   |                        |                |
| Preventive services (routine exams, cleanings, x-rays, topical fluoride, and sealants)   | Covered in full ✓      | 30% ✓          |
| Basic services (includes restorative fillings - silver and composite, and space maintainers)   | 50%                    | 70%            |
| Major services (includes oral surgery, crowns, bridges, periodontics, endodontics/root canals, dentures)   | 50%                    | 70%            |

Because the deductible is equal to the out-of-pocket maximum, the HSA Qualified 6200 Bronze plan has coverage in full for some benefits after the deductible is met. Please refer to a benefit summary for details.

# Choice plans

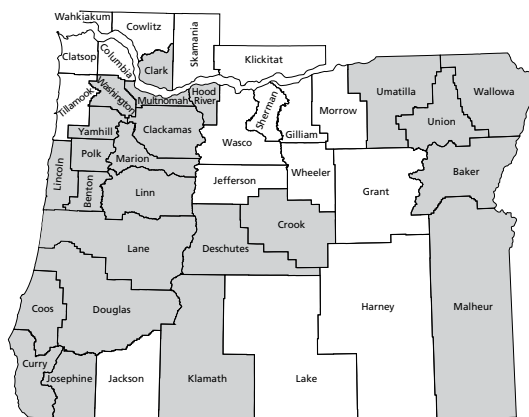
Choice plans utilize a medical home model which provides a team of health professionals dedicated to each member’s overall well-being. Members select a medical home at time of enrollment from the Providence Choice Network. The medical home team then works collaboratively to support all aspects of a member’s 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 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 in-network for doctor and specialist visits, urgent care, lab and X-ray services, chiropractic manipulation and acupuncture, and generic and preferred brand-name drugs
- 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 the network
- Pediatric dental coverage
- Adult vision coverage (exams and hardware).
- Chiropractic manipulation and acupuncture coverage

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 (Total, Balance, Value, HSA Qualified and Standard plans).

**Providence Choice Network:** A network of over 200 primary care clinics located throughout 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](http://www.ProvidenceHealthPlan.com/providerdirectory).

| 6 plans available  | Deductible (in-/out-of-network) | Out-of-pocket Maximum (in-/out-of-network) |
|--------------------|---------------------------------|--|
| Choice 1000 Silver | \$1,000/\$2,000                 | \$6,000/\$12,000                           |
| Choice 1500 Silver | \$1,500/\$3,000                 | \$6,000/\$12,000                           |
| Choice 2500 Silver | \$2,500/\$5,000                 | \$6,000/\$12,000                           |
| Choice 3500 Silver | \$3,500/\$7,000                 | \$6,000/\$12,000                           |
| Choice 4500 Silver | \$4,500/\$9,000                 | \$6,200/\$12,400                           |
| Choice 6400 Bronze | \$6,400/\$12,800                | \$6,600/\$13,200                           |



## Choice plans

| After meeting your deductible, you pay the following amounts for covered services. The deductible is waived for some covered services. These are marked with ✓ | In-network                | Out-of-network         |
|--|---------------------------|------------------------|
| Network  | Providence Choice Network |                        |
| Referral required for in-network benefits  | Yes                       |                        |
| <b>Preventive Care</b>   |                           |                        |
| Periodic health exams and well-baby care (from any provider licensed to perform the service)   | Covered in full ✓         | 50%                    |
| Maternity prenatal care  | Covered in full ✓         | 50%                    |
| Gynecological exams; Pap tests   | Covered in full ✓         | 50%                    |
| Mammograms   | Covered in full ✓         | 50%                    |
| Colorectal cancer screenings (age 50 and over)   | Covered in full ✓         | 50%                    |
| <b>Office Visits for Medical Services</b>  |                           |                        |
| Personal Physician/Provider  | \$15 to \$50 ✓            | 50%                    |
| Specialist   | \$50 to \$90 ✓            | 50%                    |
| Alternative care provider  | \$15 to \$50 ✓            | 50%                    |
| <b>Hospital Services</b>   |                           |                        |
| Inpatient hospital services and maternity care   | 30% to 50%                | 50%                    |
| <b>Emergency/Urgent Care</b>   |                           |                        |
| Emergency services   | \$250 then 30% to 50%     | \$250 then 30% to 50%  |
| Urgent care services   | \$50 to \$90 ✓            | Covered in full to 50% |
| <b>Outpatient Diagnostic Services</b>  |                           |                        |
| X-ray and lab services   | 30% to 50% ✓              | 50%                    |
| High tech imaging services (such as PET, CT, MRI)  | 30% to 50%                | 50%                    |
| <b>Other Covered Services</b>  |                           |                        |
| Outpatient surgery at an ambulatory surgery center   | \$300 to \$350            | 50%                    |
| Outpatient surgery at a hospital-based facility  | 30% to 50%                | 50%                    |
| Chiropractic manipulation and acupuncture (limited to 10 visits combined per calendar year)  | \$25 ✓                    | 50% ✓                  |
| <b>Prescription Drugs</b>  |                           |                        |
| Generic  | \$15 to \$25 ✓            | Not Covered            |
| Preferred brand name   | \$45 to \$95 ✓            | Not Covered            |
| Non-preferred brand name and specialty   | 50%                       | Not Covered            |
| <b>Pediatric Vision Services (children up to age 19)</b>   |                           |                        |
| Routine eye exams (limited to one exam per calendar year)  | Covered in full ✓         | Covered ✓              |
| Vision hardware (frames, lenses, contact lenses) Limits apply  | Covered in full ✓         | Covered ✓              |
| <b>Adult Vision Services</b>   |                           |                        |
| Routine eye exams (limited to one exam per calendar year)  | \$30 ✓                    | Covered ✓              |
| Vision hardware (frames, lenses, contact lenses) Limits apply  | Covered ✓                 | Covered ✓              |
| <b>Pediatric Dental Services (children up to age 19)</b>   |                           |                        |
| Preventive services (routine exams, cleanings, x-rays, topical fluoride, and sealants)   | Covered in full ✓         | 30% ✓                  |
| Basic services (includes restorative fillings - silver and composite, and space maintainers)   | 50%                       | 70%                    |
| Major services (includes oral surgery, crowns, bridges, periodontics, endodontics/root canals, dentures)   | 50%                       | 70%                    |

# 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 1-50
- More than 65 medical home clinics in the Portland metro area
- Access to 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, lab and X-ray services, chiropractic manipulation and acupuncture, and generic drugs
- 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 the network.
- Pediatric dental coverage
- Adult vision coverage (exams only)
- Chiropractic manipulation and acupuncture coverage

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 (Total, Balance, Value, HSA Qualified and Standard plans).

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



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

For a complete list of available medical homes and providers by location, visit [www.ProvidenceHealthPlan.com/providerdirectory](http://www.ProvidenceHealthPlan.com/providerdirectory).

| 5 plans available   | Deductible (in-/out-of-network) | Out-of-pocket Maximum (in-/out-of-network) |
|---------------------|---------------------------------|--|
| Connect 500 Gold    | \$500/\$1,000                   | \$5,000/\$10,000                           |
| Connect 1500 Silver | \$1,500/\$3,000                 | \$5,000/\$10,000                           |
| Connect 2500 Silver | \$2,500/\$5,000                 | \$6,000/\$12,000                           |
| Connect 3500 Silver | \$3,500/\$7,000                 | \$6,000/\$12,000                           |
| Connect 6300 Bronze | \$6,300/\$12,600                | \$6,600/\$13,200                           |

## Connect plans

| After meeting your deductible, you pay the following amounts for covered services. The deductible is waived for some covered services. These are marked with ✓ | In-network                 | Out-of-network        |
|--|----------------------------|-----------------------|
| Network  | Providence Connect Network |                       |
| Referral required for in-network benefits  | Yes                        |                       |
| <b>Preventive Care</b>   |                            |                       |
| Periodic health exams and well-baby care (from any provider licensed to perform the service)   | Covered in full ✓          | 50%                   |
| Maternity prenatal care  | Covered in full ✓          | 50%                   |
| Gynecological exams; Pap tests   | Covered in full ✓          | 50%                   |
| Mammograms   | Covered in full ✓          | 50%                   |
| Colorectal cancer screenings (age 50 and over)   | Covered in full ✓          | 50%                   |
| <b>Office Visits for Medical Services</b>  |                            |                       |
| Personal Physician/Provider  | \$15 to \$35 ✓             | 50%                   |
| Specialist   | \$50 to \$90 ✓             | 50%                   |
| Alternative care provider  | \$15 to \$35 ✓             | 50%                   |
| <b>Hospital Services</b>   |                            |                       |
| Inpatient hospital services and maternity care   | 10% to 30%                 | 50%                   |
| <b>Emergency/Urgent Care</b>   |                            |                       |
| Emergency services   | \$250 then 10% to 30%      | \$250 then 10% to 30% |
| Urgent care services   | \$50 to \$90 ✓             | 50%                   |
| <b>Outpatient Diagnostic Services</b>  |                            |                       |
| X-ray and lab services   | 10% to 30% ✓               | 50%                   |
| High tech imaging services (such as PET, CT, MRI)  | 10% to 30%                 | 50%                   |
| <b>Other Covered Services</b>  |                            |                       |
| Outpatient surgery at an ambulatory surgery center   | \$300 to \$350             | 50%                   |
| Outpatient surgery at a hospital-based facility  | 10% to 30%                 | 50%                   |
| Chiropractic manipulation and acupuncture (limited to 10 visits combined per calendar year)  | \$25 ✓                     | 50% ✓                 |
| <b>Prescription Drugs</b>  |                            |                       |
| Generic  | \$15 to \$25 ✓             | Not Covered           |
| Preferred brand name   | \$45 to \$100              | Not Covered           |
| Non-preferred brand name and specialty   | 30% to 50%                 | Not Covered           |
| <b>Pediatric Vision Services (children up to age 19)</b>   |                            |                       |
| Routine eye exams (limited to one exam per calendar year)  | Covered in full ✓          | Covered ✓             |
| Vision hardware (frames, lenses, contact lenses) Limits apply  | Covered in full ✓          | Covered ✓             |
| <b>Adult Vision Services</b>   |                            |                       |
| Routine eye exams (limited to one exam per calendar year)  | \$25 ✓                     | Covered ✓             |
| Vision hardware (frames, lenses, contact lenses) Limits apply  | Not Covered                | Not Covered           |
| <b>Pediatric Dental Services (children up to age 19)</b>   |                            |                       |
| Preventive services (routine exams, cleanings, x-rays, topical fluoride, and sealants)   | Covered in full ✓          | 30% ✓                 |
| Basic services (includes restorative fillings - silver and composite, and space maintainers)   | 50%                        | 70%                   |
| Major services (includes oral surgery, crowns, bridges, periodontics, endodontics/root canals, dentures)   | 50%                        | 70%                   |

# Standard plans

Standard plans can be purchased through the federal government’s SHOP Marketplace and in the private market. Choose from gold, silver and bronze plans with deductibles ranging from \$1,300 to \$5,000.

## Standard plans offer:

- Separate deductibles and out-of-pocket maximums in and out of the network
- Copays starting as low as \$20, and deductibles as low as \$1,300
- The freedom to choose any provider in or out of the Providence EPO Network

To note: Employees with Standard plans do not have coverage for chiropractic manipulation, acupuncture, adult routine vision exams and vision hardware, or pediatric dental services.

Eligible Oregon employers may purchase a SHOP-certified plan and take advantage of the IRS Small Business Health Care Tax Credit for 2015. Our Standard plans are all certified for SHOP.

To find out more, visit

**[www.ProvidenceHealthPlan.com](http://www.ProvidenceHealthPlan.com)**

or ask your insurance producer.

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



| 3 plans available                       | Deductible (in-/out-of-network) | Out-of-pocket Maximum (in-/out-of-network) |
|---|---------------------------------|--|
| Providence Oregon Standard Gold Plan    | \$1,300/\$2,600                 | \$6,350/\$12,700                           |
| Providence Oregon Standard Silver Plan  | \$2,500/\$5,000                 | \$6,350/\$12,700                           |
| Providence Oregon Standard Bronze Plan* | \$5,000/\$10,000                | \$6,350/\$12,700                           |

\*HSA qualified

## Standard plans

| After meeting your deductible, you pay the following amounts for covered services. The deductible is waived for some covered services. These are marked with ✓ | Providence Oregon Standard Gold Plan |                | Providence Oregon Standard Silver Plan |                | Providence Oregon Standard Bronze Plan* |                |
|--|--------------------------------------|----------------|--|----------------|---|----------------|
|  | In-network                           | Out-of-network | In-network                             | Out-of-network | In-network                              | Out-of-network |
| Network  | Providence EPO Network               |                | Providence EPO Network                 |                | Providence EPO Network                  |                |
| Referral needed  | No referral required                 |                | No referral required                   |                | No referral required                    |                |
| <b>Preventive Care</b>   |                                      |                |  |                |   |                |
| Periodic health exams and well-baby care (from any provider licensed to perform the service)   | Covered in full ✓                    | 50%            | Covered in full ✓                      | 50%            | Covered in full ✓                       | 50%            |
| Maternity prenatal care  | Covered in full ✓                    | 50%            | Covered in full ✓                      | 50%            | Covered in full ✓                       | 50%            |
| Gynecological exams; Pap tests   | Covered in full ✓                    | 50%            | Covered in full ✓                      | 50%            | Covered in full ✓                       | 50%            |
| Mammograms   | Covered in full ✓                    | 50%            | Covered in full ✓                      | 50%            | Covered in full ✓                       | 50%            |
| Colorectal cancer screenings (age 50 and over)   | Covered in full ✓                    | 50%            | Covered in full ✓                      | 50%            | Covered in full ✓                       | 50%            |
| <b>Office Visits for Medical Services</b>  |                                      |                |  |                |   |                |
| Personal Physician/Provider  | \$20 ✓                               | 50%            | \$35 ✓                                 | 50%            | \$60                                    | 50%            |
| Specialist   | \$40 ✓                               | 50%            | \$70 ✓                                 | 50%            | \$100                                   | 50%            |
| Alternative care provider  | \$40 ✓                               | 50%            | \$70 ✓                                 | 50%            | \$100                                   | 50%            |
| <b>Hospital Services</b>   |                                      |                |  |                |   |                |
| Inpatient hospital services and maternity care   | 10%                                  | 50%            | 30%                                    | 50%            | 50%                                     | 50%            |
| <b>Emergency/Urgent Care</b>   |                                      |                |  |                |   |                |
| Emergency services   | 10%                                  | 10%            | 30%                                    | 30%            | 50%                                     | 50%            |
| Urgent care services   | \$60 ✓                               | 50%            | \$90 ✓                                 | 50%            | \$120                                   | 50%            |
| <b>Outpatient Diagnostic Services</b>  |                                      |                |  |                |   |                |
| X-ray and lab services   | 10%                                  | 50%            | 30%                                    | 50%            | 50%                                     | 50%            |
| High tech imaging services (such as PET, CT, MRI)  | 10%                                  | 50%            | 30%                                    | 50%            | 50%                                     | 50%            |
| <b>Other Covered Services</b>  |                                      |                |  |                |   |                |
| Outpatient surgery at an ambulatory surgery center   | 10%                                  | 50%            | 30%                                    | 50%            | 50%                                     | 50%            |
| Outpatient surgery at a hospital-based facility  | 10%                                  | 50%            | 30%                                    | 50%            | 50%                                     | 50%            |
| Chiropractic manipulation and acupuncture (limited to 10 visits combined per calendar year)  | Not Covered                          | Not Covered    | Not Covered                            | Not Covered    | Not Covered                             | Not Covered    |
| <b>Prescription Drugs</b>  |                                      |                |  |                |   |                |
| Generic  | \$10 ✓                               | Not Covered    | \$15 ✓                                 | Not Covered    | \$20                                    | Not Covered    |
| Preferred brand name   | \$30 ✓                               | Not Covered    | \$50 ✓                                 | Not Covered    | \$80                                    | Not Covered    |
| Non-preferred brand name and specialty   | 50% ✓                                | Not Covered    | 50% ✓                                  | Not Covered    | 50%                                     | Not Covered    |
| <b>Pediatric Vision Services (children up to age 19)</b>   |                                      |                |  |                |   |                |
| Routine eye exams (limited to one exam per calendar year)  | Covered in full ✓                    | Covered ✓      | Covered in full ✓                      | Covered ✓      | Covered in full ✓                       | Covered ✓      |
| Vision hardware (frames, lenses, contact lenses) Limits apply  | Covered in full ✓                    | Covered ✓      | Covered in full ✓                      | Covered ✓      | Covered in full ✓                       | Covered ✓      |
| <b>Adult Vision Services Not Covered</b>   |                                      |                |  |                |   |                |
| <b>Pediatric Dental Services (children up to age 19) Not Covered</b>   |                                      |                |  |                |   |                |

\*HSA qualified

# 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 your employees' costs and support their choice and flexibility, and you can benefit from tax advantages. These plans also encourage employees 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, HSA and FSA 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 employee 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](http://www.healthequity.net/ProvidenceDemo).

# Best Fit

## Which plan works best for your employees? Offering a Best Fit defined contribution option lets them choose.

Are you looking for cost savings and predictability while giving your employees a stronger voice in their health coverage choices? A defined contribution allows your company to give each employee a fixed dollar amount that they can use to buy or help pay for a health plan. Each employee chooses the plan that best fits his or her needs from a group of options that your company has chosen to offer. Employees may share the cost of coverage depending on which plan they choose and your company's contribution.

### The advantages of a Best Fit option for the employer include:

- Eliminates the burden of having to choose one plan that satisfies all employees
- Better prediction and control of insurance costs, regardless of fluctuations in insurance rates and employee census
- Higher employee satisfaction with benefit choices

### The advantages of a Best Fit option for employees include:

- Greater control, involvement and choice in benefit selection
- The ability to stretch benefit dollars by choosing lower-priced options
- Higher satisfaction with coverage that they've chosen to best meet their needs

### Best Fit

When you choose the Best Fit defined contribution option with Providence Health Plan, you're able to offer your employees a choice of two or three plans instead of just one. The plans you choose must meet a few guidelines:

- Groups with one to four benefit-eligible subscribers can offer up to two plans.
- Groups with five or more benefit-eligible subscribers can offer up to three plans.
- The employer contribution must be at least 50 percent of the employee-only rate for the lowest-cost plan.
- If you offer Connect or Choice plans, you also must offer at least one option that includes the full EPO Network (Total, Balance, Value, Standard or HSA Qualified).

### Here's an example:

ABC Company has defined a benefit-eligible employee as someone who works 40-plus hours per week. This group has nine employees, six of whom are eligible for benefits, so the group may choose up to three plans.

### Plans chosen:

**Plan A** = \$560 monthly premium

**Plan B** = \$330 monthly premium

**Plan C** = \$220 monthly premium

### Employer contribution:

This amount is up to the employer, but it must be a minimum of \$110 (50 percent of the lowest premium) in this example.

### **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

[www.ProvidenceHealthPlan.com](http://www.ProvidenceHealthPlan.com)



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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