

2019 Plan Overview

GROUPS SIZED 1-50



 **PROVIDENCE**
Health Plan

ProvidenceHealthPlan.com

WELCOME TO PROVIDENCE HEALTH PLAN, YOUR TRUSTED PARTNER FOR EMPLOYEE HEALTH NEEDS.

Providence St. Joseph Health has been serving the community for more than 160 years. Through our ministries, we have a singular commitment to improve the health of all, especially the poor and vulnerable. The communities we serve rely on our compassionate care and our steadfast commitment to helping all people find their True Health. Our goal is simple: to transform health care. Providence is taking steps to make health care *more convenient, more accessible and more affordable* for everyone.

This guide gives you an overview of Providence Health Plan's 2019 small group products, all designed to meet the unique needs of area businesses. Our 2019 product portfolio includes a number of plans, some with broad networks, others with tailored networks. Each plan offers a range of cost share options and many plans include benefits that are covered in full.

We'd be honored to partner with you and help meet your business goals this year.



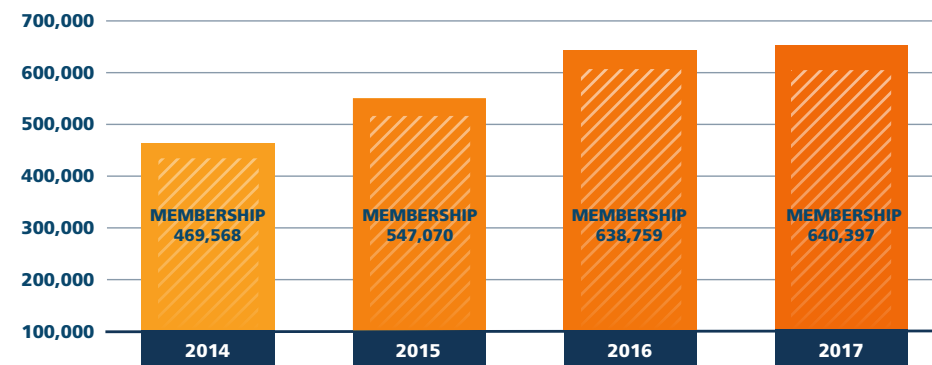
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Why Choose Providence?

A TRUSTED
PARTNER
SERVING THE
COMMUNITY
FOR MORE THAN
32 YEARS

GROWING RESPONSIBLY



We've grown steadily the past several years, allowing us to serve more than 600,000 members throughout Oregon and southwest Washington. Our growth demonstrates that we are doing the right thing—offering the right products—for customers, and offering compassionate, quality care for members.

Financially Strong



Have confidence that you are partnering with a company that's financially strong and stable. The state of Oregon requires

insurance carriers to have strong financial reserves so they are positioned to honor commitments to groups and members.

Providence Health Plan is proud to exceed the state's reserve requirement by three times, allowing us to steadfastly serve our members and the greater community.

High-Performing Quality Products



- A range of quality products and choice of plan designs with broad or tailored provider networks help you better manage health benefit program costs.

- A full suite of health plans for a complete health benefit program: medical, pharmacy, dental, vision, chiropractic and acupuncture plus many free extras to encourage members to get and stay engaged with their health—and have some fun while they're doing it!

Medicare Advantage Plans 5-Star Rating



5 STARS IN 2018 THE HIGHEST RATING POSSIBLE

We are one of only 23 plans nationally that achieved 5-star status including D-SNP MA populations after two years retaining a 4.5 star rating.

Historic CMS star rating

2017	4.5	★★★★★
2016	4.5	★★★★★
2015	5	★★★★★
2014	5	★★★★★

The Right Care to Manage Rising Costs

READMISSION AVOIDANCE

In 2016, we averaged a 7 percent readmission rate—**85 percent better** than the national readmission rate.



Best of all—our approach to the right care means that employees are present and healthy at work and **our community is healthier.**

OPTIMIZING CARE GUIDELINES



We're optimizing site-of-care guidelines to help curb escalating prescription drug costs. We're also providing assistance to members to help them adhere to taking medications as prescribed.

BEST-IN-CLASS GENERIC DRUG UTILIZATION



Our **91 percent generic drug prescribing rate** helps manage rising costs of prescription medications. For every one percent increase in generic fill rates, plan costs can be reduced up to 2.5 percent.

Superior Service—True to Our Mission

We know that excellent, accurate and compassionate service means a better experience for you and your employees.

98.7% of total clean claims are processed within 30 days

97.5% of overall claims are processed accurately—the first time

99.7% of financial claims are accurate

What members get with Providence

Members get extra value for their health care dollars. Our extra values and discounts can help them stay active and healthy.



Providence Express Care Virtual.

Members can visit a health care provider at their convenience via their computer, smartphone or tablet. Services are covered in full on most Providence health plans, meaning they can access care when they want it at no cost. If they're enrolled in an HSA plan the deductible applies, but an Express Care Virtual visit is significantly less expensive than an office visit.



Travel Assistance. Providence members can enjoy complete peace of mind, free from dealing with complex decisions and financial considerations during difficult times when they're away from home. With a single phone call to Assist America, members get access to a unique global emergency assistance program. It immediately connects members to doctors, hospitals, pharmacies and other services if they experience a medical emergency while traveling 100 miles away from home or outside the U.S. For more information, visit AssistAmerica.com.



Health Coaching. Whether they'd like to lose weight, increase their physical activity or just feel better, when members call us they will join the 93 percent of Providence health coaching participants who've made a lifestyle improvement.



Active&Fit Direct™. Instead of paying expensive health club membership fees, Providence members can join the Active&Fit program for \$25 a month. They can choose from more than 9,000 participating fitness centers nationally.



ProvRN. Members can call anytime—24/7—to get free medical advice from a Providence registered nurse.



ChooseHealthy®. With ChooseHealthy, members get discounts on acupuncture, chiropractic care, massage therapy and dietitian services—for a well-rounded approach to self-care.



LifeBalance. Members can participate in fun activities and get discounts on things they love to do, from seeing a movie to getting away for less with unique vacation packages.



ID Protection. With Assist America's Identify Theft Protection, eligible members who enroll are protected from the often devastating consequences of identity theft. This program provides tools to help prevent theft of personal data, and restore its integrity if used fraudulently.



What employers get with Providence

Employers have access to a variety of resources, designed to create a healthy and fit workforce.



Choice of Plans. A variety of plan types with a range of cost share options to meet business needs. Coverage options include medical, pharmacy, chiropractic manipulation and acupuncture, vision and dental services.



Employee Assistance. An optional employee assistance program is designed to help employees resolve issues affecting work and family through comprehensive counseling and referrals to community resources.



Account Integration. An option with Providence, simplified integration of health savings accounts, health reimbursement accounts and flexible spending accounts through our partner, HealthEquity.



FitTogether. An answer to population health management, FitTogether empowers employees to find their fit. Whether partnering with a health coach to manage chronic conditions or engaging in classes and programs to make positive lifestyle changes, our suite of services includes secure online health tools. Encourage enrolled employees to sign up for FitTogether, a newsletter dedicated to members' health.



TRUE HEALTH IS

being true to the people you serve

MULTIPLE PLAN OFFERING

When you choose the multiple plan offering option with Providence Health Plan, you're able to offer your employees a choice of up to three plans instead of just one. The advantages of this option for the employer include:

- Eliminating the burden of having to choose one plan that satisfies all employees
- Greater employee satisfaction with benefit choices

The advantages of this option for employees include:

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

The plans you choose must meet a few guidelines:

- Groups with one to four benefit-eligible employees can offer up to two plans
- Groups with five or more benefit-eligible employees 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 plans, you also must offer at least one option that includes the Signature Network (Total Enhanced, Balance, Standard or HSA Qualified)

ROBUST PLAN CHOICES

Choose from a wide variety of plan types with a range of cost share options to meet the needs of your business with coverage for vision, pharmacy services and pediatric dental included in every plan:

- Affordable Care Act (ACA) compliant pediatric dental coverage*
- Vision coverage for adults and children is offered through the VSP Choice network. OR Standard plans do cover pediatric vision but not adult vision.
- Members have access to preferred retail and mail-order pharmacy options
- Most plans include coverage for chiropractic manipulation and acupuncture*

*Not available with Standard plans

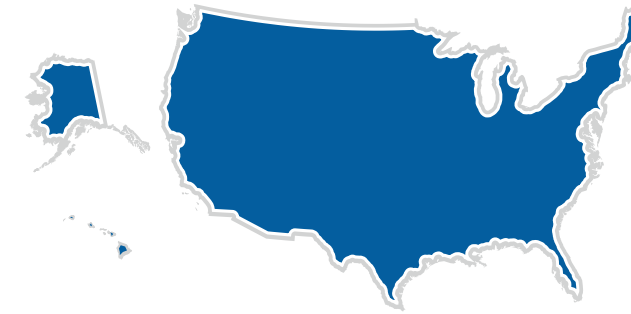
Compare 2019 Plans

Plan Features	Total Enhanced	Balance	HSA Qualified	Connect	Standard Gold & Silver	Standard Bronze
Provider Network						
Broad PPO-style network	•	•	•		•	•
Local medical home model				•		
No in-network referrals required	•	•	•		•	•
Benefits						
Combined in-network and out-of-network deductibles and out-of-pocket maximums	•					
Deductible applies to out-of-pocket maximum	•	•	•	•	•	•
ACA preventive care covered in full	•	•	•	•	•	•
Deductible waived for Primary Care 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	•	•	•	•		
Deductible waived for chiropractic manipulations, physical therapy and acupuncture	•	•		•		
Pediatric dental	•	•	•	•		
Adult vision exams	•	•	•	•		
Adult vision hardware	•	•				
Higher cost shares for select services				•		
Health and Wellness Program						
ProvRN free 24/7 nurse line	•	•	•	•	•	•
Disease management for chronic conditions	•	•	•	•	•	•
LifeBalance recreational discount program	•	•	•	•	•	•
Health coaching (12 sessions/year)	•	•	•	•	•	•
Integrated HSA, HRA and FSA Account Administration						
Can be paired with an integrated HealthEquity account	HRA, FSA	HRA, FSA	HSA	HRA, FSA	HRA, FSA	HRA, FSA

***Gold and Silver plans only:** 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.

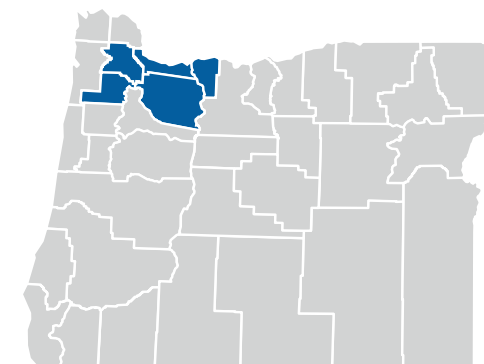
Our Provider Networks

Great care, robust benefits and the right network can help keep employees healthy and help employers manage costs. Take a look at our networks:



The Providence Signature Network

A robust network with nearly **1 million** providers nationwide.



The Providence Connect Network

A tailored Portland-area provider network offering access to more than 70 medical home clinics located in Washington, Multnomah, Clackamas and Hood River counties in Oregon, and the city of Newberg in Yamhill County. Clinics in this network have been recognized by the Oregon Health Authority for providing patient-focused, coordinated and affordable care.

- Clackamas County
- Hood River County
- Multnomah County
- Washington County
- The city of Newberg in Yamhill County

Total Enhanced Plans

THE PROVIDENCE SIGNATURE NETWORK



A nationwide network of nearly **1 MILLION** providers.

With the most robust level of coverage, Total Enhanced plans offer best-in-class benefits with full access to the Providence Signature Network—for the ultimate flexibility.

TOTAL ENHANCED PLANS OFFER:

- Rich benefits with platinum, gold and silver options
- The greatest cost predictability with low copays and deductible-waived benefits
- Deductibles waived for doctor and specialist visits, ER and urgent care, in-network lab and X-ray services, physical therapy, and chiropractic manipulation and acupuncture
- Fully covered Express Care Clinic and Express Care Virtual visits
- In- and out-of-network combined deductible and out-of-pocket maximum
- Deductible waived on all six pharmacy tiers
- Lowest prescription drug copays
- Best adult vision coverage, including annual exams, lenses and hardware
- Provider choice in or out of the Providence Signature Network
- Pediatric dental coverage
- Up to 15 combined chiropractic manipulation and acupuncture visits per year

Nine plans available	Individual deductible (Common in-/out-of-network)	Individual out-of-pocket maximum (Common in-/out-of-network)
Total Enhanced 250 Platinum	\$250	\$3,500
Total Enhanced 500 Platinum	\$500	\$3,500
Total Enhanced 1000 Gold	\$1,000	\$6,000
Total Enhanced 1500 Gold	\$1,500	\$6,000
Total Enhanced 2500 Gold	\$2,500	\$6,000
NEW! Total Enhanced 3500 Gold	\$3,500	\$6,000
NEW! Total Enhanced 4500 Gold	\$4,500	\$6,000
Total Enhanced 5500 Gold	\$5,500	\$6,000
NEW! Total Enhanced 7000 Silver	\$7,000	\$7,900

Total Enhanced Plans: Benefit Highlights

✓ No deductible needs to be met prior to receiving this benefit CIF = Covered in full	In-network	Out-of-network
On-demand Provider Visits		
Express Care Clinics, Express Care Virtual or Web-direct visits	CIF ✓	Not Covered
Virtual visits to specialist by phone and video	\$15 - \$55 ✓	Not Covered
Preventive Care Services		
Periodic health exams and well-baby care (from any provider licensed to perform the service), routine immunizations and shots	CIF ✓	30% to 40% ✓
Maternity prenatal care, gynecological exams, pap tests, mammograms	CIF ✓	30% to 40%
Colorectal cancer screenings (preventive, age 50 and over)	CIF ✓	30% to 40%
Office Visits for Medical Services		
Primary care provider	\$20 to \$50 ✓	30% to 40% ✓
Alternative care provider, such as naturopaths	\$20 to \$50 ✓	30% to 40% ✓
Specialist	\$30 to \$70 ✓	30% to 40% ✓
Hospital Services		
Inpatient hospital services and maternity care	10% to 30%	30% to 40%
Emergency and Urgent Care Services		
Emergency services	\$250 then 10% to 30% ✓	\$250 then 10% to 30% ✓
Urgent care services	\$30 to \$70 ✓	30% to 40% ✓
Outpatient Diagnostic Services		
X-ray and lab services (includes ultrasound)	10% to 30% ✓	30% to 40%
High-tech imaging services (such as PET, CT, MRI)	10% to 30%	30% to 40%
Other Covered Services		
Outpatient surgery at a hospital-based facility or ASC	10% to 30%	30% to 40%
Chiropractic manipulation & acupuncture (limited to 15 visits combined per calendar year); does not apply to out-of-pocket maximum	\$25 ✓	50% ✓
Prescription Drugs		
Preferred generic	\$10 to \$15 ✓	Not Covered
Non-preferred generic	\$15 to \$25 ✓	Not Covered
Preferred brand name	\$25 to \$65 ✓	Not Covered
Non-preferred brand name	30% to 40% ✓	Not Covered
NEW! Preferred specialty	50% ✓ with a \$200 per script cap	Not Covered
Non-preferred specialty	50% ✓	Not Covered
Pediatric Vision Services (children under age 19)		
Routine eye exams (limited to one exam per calendar year)	CIF ✓	Covered ✓
Vision hardware (frames, lenses, contact lenses); limits apply	CIF ✓	Covered ✓
Adult Vision Services		
Routine eye exams (limited to one exam per calendar year)	\$30 ✓	Covered ✓
Vision hardware (frames, lenses, contact lenses); limits apply	Covered ✓	Covered ✓
Pediatric Dental Services (children under age 19)		
Preventive services (routine exams, cleanings, bitewing X-rays, topical fluoride, space maintainers)	CIF ✓	30% ✓
Basic services (restorative fillings)	50%	70%
Major services (oral surgery, endodontics, periodontics, crowns, and denture and bridge work)	50%	70%

For a complete list of covered services and benefits, please see the plan's benefit summary.

Balance Plans

THE PROVIDENCE SIGNATURE NETWORK



A nationwide network of nearly **1 MILLION** providers.

Our Balance plans offer a harmonious mix of cost-saving features and coverage for the services members use the most. With excellent benefits at a lower premium, this classic plan design is straightforward and flexible.

BALANCE

PLANS OFFER:

- A variety of deductible options and out-of-pocket maximums
- Separate deductibles and out-of-pocket maximums, in and out of network
- Deductibles waived for doctor and specialist visits, urgent care, physical therapy, and chiropractic manipulation and acupuncture
- Deductibles waived in Gold and Silver plans for lab and X-ray and all drug tiers except Specialty
- Fully covered Express Care Clinic and Express Care Virtual visits
- Provider choice in or out of the Providence Signature Network
- Pediatric dental coverage
- Adult vision coverage (exams and hardware)
- Up to 10 combined chiropractic manipulation and acupuncture visits per year

Eight plans available	Individual deductible (In-/out-of-network)	Individual out-of-pocket maximum
Balance 750 Gold	\$750/\$1,500	\$5,500/\$11,000
Balance 1500 Gold	\$1,500/\$3,000	\$5,500/\$11,000
Balance 2500 Silver	\$2,500/\$5,000	\$7,900/\$15,800
Balance 3500 Silver	\$3,500/\$7,000	\$7,900/\$15,800
Balance 4500 Silver	\$4,500/\$9,000	\$7,900/\$15,800
Balance 6000 Silver	\$6,000/\$12,000	\$7,900/\$15,800
NEW! Balance 7000 Bronze	\$7,000/\$14,000	\$7,900/\$15,800
Balance 7900 Bronze	\$7,900/\$15,800	\$7,900/\$15,800

Balance Plans: Benefit Highlights

✓ No deductible needs to be met prior to receiving this benefit CIF = Covered in full	In-network	Out-of-network
On-demand Provider Visits		
Express Care Clinics, Express Care Virtual or Web-direct visits	CIF ✓	Not Covered
Virtual visits to specialist by phone and video	\$40 - \$110 ✓	Not Covered
Preventive Care		
Periodic health exams and well-baby care (from any provider licensed to perform the service), routine immunizations and shots	CIF ✓	50% ✓
Maternity prenatal care, gynecological exams, pap tests, mammograms	CIF ✓	50% *
Colorectal cancer screenings (preventive, age 50 and over)	CIF ✓	50% *
Office Visits for Medical Services		
Primary care provider	\$35 to \$65 ✓	50% ✓
Alternative care provider, such as naturopaths	\$35 to \$65 ✓	50% ✓
Specialist	\$55 to \$125 ✓	50% ✓
Hospital Services		
Inpatient hospital services and maternity care	20% to 50% *	50% *
Emergency and Urgent Care Services		
Emergency services	\$250 then 20% to 50% *	\$250 then 20% to 30% *
Urgent care services	\$55 to \$125 ✓	50% ✓
Outpatient Diagnostic Services		
X-ray and lab services (includes ultrasound) – Gold and Silver	20% to 30% ✓	50% *
– Bronze	50% *	50% *
High-tech imaging services (such as PET, CT, MRI)	20% to 50% *	50% *
Other Covered Services		
Outpatient surgery at a hospital-based facility or ASC	20% to 50% *	50% *
Chiropractic manipulation and acupuncture (limited to 10 visits combined per calendar year); does not apply to out-of-pocket maximum	\$25 ✓	50% ✓
Prescription Drugs		
Preferred generic	\$15 to \$35 ✓	Not Covered
Non-preferred generic	\$20 to \$60 ✓	Not Covered
Preferred brand name – Gold and Silver	\$50 to \$75 ✓	Not Covered
– Bronze	50% *	Not covered
Non-preferred brand name – Gold and Silver	50% ✓	Not covered
– Bronze	50% *	Not Covered
NEW! Preferred specialty	50% * with a \$200 per script cap	Not Covered
Non-preferred specialty	50% *	Not covered
Pediatric Vision Services (children under age 19)		
Routine eye exams (limited to one exam per calendar year)	CIF ✓	Covered ✓
Vision hardware (frames, lenses, contact lenses); limits apply	CIF ✓	Covered ✓
Adult Vision Services		
Routine eye exams (limited to one exam per calendar year)	\$30 ✓	Covered ✓
Vision hardware (frames, lenses, contact lenses); limits apply	Covered ✓	Covered ✓
Pediatric Dental Services (children under age 19)		
Preventive services (routine exams, cleanings, bitewing X-rays, topical fluoride, space maintainers)	CIF ✓	30% ✓
Basic services (restorative fillings)	50% *	70% *
Major services (oral surgery, endodontics, periodontics, crowns, and denture and bridge work)	50% *	70% *

*Balance 7900 Bronze plan: Because the deductible is equal to the out-of-pocket maximum, the benefit is covered in full after the deductible is paid. For a complete list of covered services and benefits, please see the plan's benefit summary.

HSA Qualified Plans

THE PROVIDENCE SIGNATURE NETWORK



A nationwide network of nearly **1 MILLION** providers.

Lower-premium, high-deductible health plans offer affordable coverage and the flexibility to choose any provider in the Signature Network. Members can save for future health care needs via a tax advantaged health savings account.

- HSA QUALIFIED PLANS OFFER:**
- Provider choice in or out of the Providence Signature Network
 - Lower premiums with most services subject to the deductible
 - **NEW!** Deductible waived on diabetic supplies
 - Separate deductibles and out-of-pocket maximums, in and out of the network
 - Fully covered Express Care Clinic and Express Care Virtual visits (after deductible)
 - In-network Preventive Care Services that are covered in full; deductible waived
 - Integrated health savings account administration, through HealthEquity, to simplify employee account setup and contributions
 - A seamless member experience for tracking and paying HSA qualified plan expenses through integrated claims processing, available with HealthEquity
 - A formulary that includes ACA preventive and safe harbor medications that are exempt from the deductible, with the member paying the applicable tier cost share
 - Pediatric dental coverage
 - Adult vision exam coverage
 - Up to 10 combined chiropractic manipulation and acupuncture visits per year; deductible applies

Six plans available	Individual deductible (In-/out-of-network)	Individual out-of-pocket maximum (In-/out-of-network)
HSA Qualified 1700 Silver	\$1,700/\$3,400	\$6,650/\$13,300
HSA Qualified 2500 Silver	\$2,500/\$5,000	\$6,650/\$13,300
HSA Qualified 3000 Silver	\$3,000/\$6,000	\$6,650/\$13,300
HSA Qualified 4500 Bronze	\$4,500/\$9,000	\$6,650/\$13,300
HSA Qualified 5500 Bronze	\$5,500/\$11,000	\$6,650/\$13,300
HSA Qualified 6650 Bronze	\$6,650/\$13,300	\$6,650/\$13,300

If any dependents are enrolled in addition to the subscriber, the in-network per person annual cost-sharing limit is \$7,900.

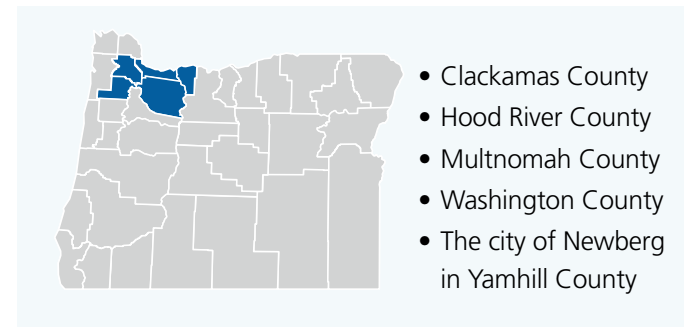
HSA Qualified Plans: Benefit Highlights

✓ No deductible needs to be met prior to receiving this benefit CIF = Covered in full	In-network	Out-of-network
On-demand Provider Visits		
Express Care Clinics, Express Care Virtual or Web-direct visits	CIF	Not Covered
Virtual visits to specialist by phone and video	20% to 40%*	Not Covered
Preventive Care		
Periodic health exams and well-baby care (from any provider licensed to perform the service), routine immunizations and shots	CIF ✓	50%
Maternity prenatal care, gynecological exams, pap tests, mammograms	CIF ✓	50%
Colorectal cancer screenings (preventive, age 50 and over)	CIF ✓	50%
Office Visits for Medical Services		
Primary care provider	30% to 50%*	50%*
Alternative care provider, such as naturopaths	30% to 50%*	50%*
Specialist	30% to 50%*	50%*
Hospital Services		
Inpatient hospital services and maternity care	30% to 50%*	50%*
Emergency and Urgent Care Services		
Emergency services/urgent care services	30% to 50%*	50%*
Outpatient Diagnostic Services		
X-ray and lab services (includes ultrasound)	30% to 50%*	50%*
High-tech imaging services (such as PET, CT, MRI)	30% to 50%*	50%*
Other Covered Services		
Outpatient surgery at a hospital-based facility or ASC	30% to 50%*	50%*
Chiropractic manipulation and acupuncture (limited to 10 visits combined per calendar year); does not apply to out-of-pocket maximum	\$25*	50%*
Prescription Drugs		
Preferred generic / preferred brand name	30% to 50%*	Not Covered
Non-preferred generic / non-preferred brand name	30% to 50%*	Not Covered
NEW! Preferred specialty	50%* with \$200 per script cap	Not Covered
Non-preferred specialty	50%*	Not Covered
Pediatric Vision Services (children under age 19)		
Routine eye exams (limited to one exam per calendar year)	CIF ✓	Covered ✓
Vision hardware (frames, lenses, contact lenses); limits apply	CIF ✓	Covered ✓
Adult Vision Services		
Routine eye exams (limited to one exam per calendar year)	\$25 ✓	Covered ✓
Vision hardware (frames, lenses, contact lenses); limits apply	Not Covered	Not Covered
Pediatric Dental Services (children under age 19)		
Preventive services (routine exams, cleanings, bitewing X-rays, topical fluoride, space maintainers)	CIF ✓	30% ✓
Basic services (restorative fillings)	50%*	70%*
Major services (oral surgery, endodontics, periodontics, crowns, and denture and bridge work)	50%*	70%*

*For the HSA Qualified 6650 Bronze plan, most benefits are covered in full after the deductible is met because the deductible is equal to the out-of-pocket maximum. Please refer to a benefit summary for details.

For a complete list of covered services and benefits, please see the plan's benefit summary.

Connect Plans



- Clackamas County
- Hood River County
- Multnomah County
- Washington County
- The city of Newberg in Yamhill County

Substantial premium savings by combining a medical home model of care with a tailored provider network. Members choose a medical home, with a team of medical professionals, from our Portland metro area Providence Connect Network.

A Portland-area network with more than 70 medical home clinics in Washington, Multnomah, Clackamas and Hood River counties, and the city of Newberg in Yamhill county, all designated as medical homes for providing patient-focused, coordinated and affordable care.

CONNECT PLANS OFFERS:

- Some of the lowest premiums of any Providence small group plan
- Access to Connect network specialists and facilities via referral from the medical home in order to receive coverage at the in-network level
- Deductibles waived for doctor and specialist visits, urgent care, physical therapy, and chiropractic manipulation and acupuncture
- Deductibles waived in Gold and Silver plans for lab and X-ray, and all drug tiers except Specialty
- Fully covered Express Care Clinic and Express Care Virtual visits
- Higher cost shares for select services, such as knee and hip replacement, and sinus surgery
- Separate deductibles and out-of-pocket maximums in and out of the network
- Pediatric dental coverage
- Adult vision exam coverage
- Up to 10 combined chiropractic manipulation and acupuncture visits per year (out-of-pocket maximum doesn't apply)

Eight plans available	Individual deductible (In-/out-of-network)	Individual out-of-pocket maximum (In-/out-of-network)
Connect 750 Gold	\$750 / \$1,500	\$5,500/\$11,000
Connect 1500 Gold	\$1,500/\$3,000	\$5,500/\$11,000
Connect 2500 Silver	\$2,500/\$5,000	\$7,900/\$15,800
Connect 3500 Silver	\$3,500/\$7,000	\$7,900/\$15,800
Connect 4500 Silver	\$4,500/\$9,000	\$7,900/\$15,800
Connect 6000 Silver	\$6,000/\$12,000	\$7,900/\$15,800
NEW! Connect 7000 Bronze	\$7,000/\$14,000	\$7,900/\$15,800
Connect 7900 Bronze	\$7,900/\$15,800	\$7,900/\$15,800

Connect Plans: Benefit Highlights

✓ No deductible needs to be met prior to receiving this benefit CIF = Covered in full A referral from your medical home is required to receive in-network benefits	In-network	Out-of-network
On-Demand Provider Visits	What the member pays:	
Express Care Clinics, Express Care Virtual or Web-direct visits	CIF ✓	Not covered
Virtual visits to a specialist by phone and video	\$40 - \$110 ✓	Not covered
Preventive Care Services	What the member pays:	
Periodic health exams and well-baby care (from any provider licensed to perform the service), routine immunizations and shots	CIF ✓	50%*
Maternity prenatal care, gynecological exams, pap tests, mammograms	CIF ✓	50%*
Colorectal cancer screenings (preventive, age 50 and over)	CIF ✓	50%*
Office Visits for Medical Services		
Primary care provider	\$35 to \$65 ✓	50%*
Alternative care provider, such as naturopaths	\$35 to \$65 ✓	50%*
Specialist	\$55 to \$125 ✓	50%*
Hospital Services		
Inpatient hospital services and maternity care	20% to 50%*	50%*
Emergency and Urgent Care Services		
Emergency services	\$250 then 20% to 50%*	\$250 then 20% to 50%*
Urgent care services	\$55 to \$125 ✓	50%*
Outpatient Diagnostic Services		
X-ray and lab services (includes ultrasound) – Gold and Silver	20% to 30% ✓	50%*
– Bronze	50%*	50%*
High-tech imaging services (such as PET, CT, MRI)	20% to 50%*	50%*
Other Covered Services		
Outpatient surgery at a hospital-based facility or ASC	20% to 50%*	50%*
Chiropractic manipulation and acupuncture (limited to 10 visits combined per calendar year); does not apply to out-of-pocket maximum	\$25 ✓	50% ✓
Prescription Drugs		
Preferred generic	\$15 to \$35 ✓	Not Covered
Non-preferred generic	\$20 to \$60 ✓	Not Covered
Preferred brand name – Gold and Silver	\$50 to \$75 ✓	Not Covered
– Bronze	50%	Not Covered
Non-preferred brand name – Gold and Silver	50% ✓	Not Covered
– Bronze	50%*	Not Covered
NEW! Preferred specialty	50%* with \$200 per script cap	Not Covered
Non-preferred specialty	50%*	Not Covered
Pediatric Vision Services (children under age 19)		
Routine eye exams (limited to one exam per calendar year)	CIF ✓	Covered ✓
Vision hardware (frames, lenses, contact lenses); limits apply	CIF ✓	Covered ✓
Adult Vision Services		
Routine eye exams (limited to one exam per calendar year)	\$25 ✓	Covered ✓
Vision hardware (frames, lenses, contact lenses); limits apply	Not Covered	Not Covered
Pediatric Dental Services (children under age 19)		
Preventive services (routine exams, cleanings, bitewing X-rays, topical fluoride, space maintainers)	CIF ✓	30% ✓
Basic services (restorative fillings)	50%*	70%*
Major services (oral surgery, endodontics, periodontics, crowns, and denture and bridge work)	50%*	70%*

*Connect 7900 Bronze plan: Because the deductible is equal to the out-of-pocket maximum, the benefit is covered in full after the deductible is paid.

Standard Plans

THE PROVIDENCE SIGNATURE NETWORK



A nationwide network of nearly **1 MILLION** providers.

Standard plans can be purchased through the federal government's Small Business Health Options Program (SHOP) Marketplace and in the private market. Choose from gold, silver and bronze plans with deductibles ranging from \$1,000 to \$6,550.

- 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 \$1,000
 - Provider choice in or out of the Providence Signature Network

HOW STANDARD WORKS: Eligible Oregon employers may purchase a SHOP-certified plan and take advantage of the IRS Small Business Health Care Tax Credit for 2019. Our Standard plans are all certified for SHOP. Dental plans are not available when purchasing plans through the SHOP marketplace.

Three plans available	Individual deductible (In-/out-of-network)	Individual out-of-pocket maximum (In-/out-of-network)
Providence Oregon Standard Gold Plan*	\$1,000/\$2,000	\$6,850/\$13,700
Providence Oregon Standard Silver Plan*	\$2,850/\$5,700	\$7,900/\$15,800
Providence Oregon Standard Bronze Plan*	\$6,550/\$13,100	\$6,550/\$13,100

Standard Plans*: Benefit Highlights

✓ No deductible needs to be met prior to receiving this benefit CIF = Covered in full	Providence Oregon Standard Gold		Providence Oregon Standard Silver		Providence Oregon Standard Bronze	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
On-Demand Provider Visits						
Express Care Clinics, Express Care Virtual or Web-direct visits	CIF ✓	Not Covered	CIF ✓	Not Covered	CIF	Not Covered
Virtual visits to a specialist by phone and video	\$25 ✓	Not Covered	\$65 ✓	Not Covered	CIF	Not Covered
Preventive Care						
Periodic health exams and well-baby care (from any provider licensed to perform the service), routine immunizations & shots	CIF ✓	50%	CIF ✓	50%	CIF ✓	CIF
Maternity prenatal care, mammograms	CIF ✓	50%	CIF ✓	50%	CIF ✓	CIF
Gynecological exams, pap tests	CIF ✓	50%	CIF ✓	50%	CIF ✓	CIF
Colorectal cancer screenings (preventive, age 50 and over)	CIF ✓	50%	CIF ✓	50%	CIF ✓	CIF
Office Visits for Medical Services						
Primary care provider	\$20 ✓	50%	\$40 ✓	50%	CIF	CIF
Alternative care provider, such as naturopaths	\$40 ✓	50%	\$80	50%	CIF	CIF
Specialist	\$40 ✓	50%	\$80	50%	CIF	CIF
Hospital Services						
Inpatient hospital services / maternity care	20%	50%	30%	50%	CIF	CIF
Emergency/Urgent Care						
Emergency services	20%	20%	30%	30%	CIF	CIF
Urgent care services	\$60 ✓	50%	\$70 ✓	50%	CIF	CIF
Diagnostic Services						
X-ray and lab services (includes ultrasound)	20%	50%	30%	50%	CIF	CIF
High-tech imaging services (such as PET, CT, MRI)	20%	50%	30%	50%	CIF	CIF
Other Covered Services						
Outpatient surgery at a hospital-based facility or ASC	20%	50%	30%	50%	CIF	CIF
Chiropractic manipulation and acupuncture	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Prescription Drugs						
Preferred generic	\$10 ✓	Not Covered	\$15 ✓	Not Covered	CIF	Not Covered
Non-preferred generic	\$10 ✓		\$15 ✓			
Preferred brand name	\$30 ✓		\$60 ✓			
Non-preferred brand name	50% ✓		50% ✓			
NEW! Preferred specialty*	50% ✓ with \$500 per script cap		50% ✓			
Non-preferred specialty*	50% ✓ with \$500 per script cap		50% ✓			
Pediatric Vision Services (children under age 19)						
Routine eye exams (limited to one exam per calendar year)	CIF ✓	Covered ✓	CIF ✓	Covered ✓	CIF ✓	Covered ✓
Vision hardware (frames, lenses, contact lenses); limits apply	CIF ✓	Covered ✓	CIF ✓	Covered ✓	CIF ✓	Covered ✓
Adult Vision Services & Pediatric Dental Services (children under age 19)	Not covered					

*Standard plans do not include chiropractic manipulation, acupuncture, adult routine vision exams and vision hardware, or pediatric dental services. For a complete list of covered services and benefits, please see the plan's benefit summary.



Pharmacy Benefits

Coverage for prescription drugs is included in all of our plans. Providence Health Plan is actively taking steps to mitigate the impact of increasing drug costs, while ensuring members continue to have access to safe, effective and affordable medications.

One way to help keep premiums affordable is through the structure of our pharmacy benefits. These plans help to balance costs while providing the following benefits:

- A 90-day supply of maintenance medication through mail-order or preferred retail pharmacies; for a list of preferred pharmacies, visit ProvidenceHealthPlan.com/pharmacylist.
- Different copays for preferred and non-preferred generic and brand-name drugs to provide the best cost for the most commonly used medications.
- Coverage for specialty medications at 50% member responsibility
 - Preferred specialty capped at \$200 per script on all plans except OR Standard
 - Preferred and Non-preferred specialty capped at \$500 per script on OR Standard Gold
- 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.

The pharmacy tier structure for all plans is:

- Preferred generic
- Non-preferred generic
- Preferred brand name
- Non-preferred brand name
- Preferred specialty
- Non-preferred specialty

Formulary (six-tier) structure, drug usage and costs

A formulary is a list of medications that are covered by the plan. The description below outlines what each formulary tier means and includes a range of member cost shares for a 30-day supply from a preferred pharmacy, depending on the plan selected.

Tier/category	Tier description and drug usage	Cost shares
Preferred generic	The most frequently prescribed generic drugs that treat common conditions; 60 percent of drugs used are in this tier	\$10 to \$35, 30% to 50% for HSA plans
Non-preferred generic	Generic drugs with higher costs than preferred generics; about 23 percent of drugs used are in this tier	\$10 to \$60, 30% to 50% for HSA plans
Preferred brand name	The lowest-cost brand-name drugs; about 4 percent of drugs used are in this tier	\$25 to \$75, 30% to 50% for HSA plans
Non-preferred brand name	The highest-cost brand-name drugs; about 4 percent of drugs used are in this tier	30% to 50%
NEW! Preferred specialty	Very high-cost drugs that require special monitoring and/or handling; only 0.5 percent of drugs used are in this tier	50% with \$200 per script cap on non-Standard plans and with \$500 per script cap on Standard Gold
Non-preferred specialty	Specialty drugs with higher costs than preferred specialty drugs are included in this tier	50% on non-Standard plans and with \$500 per script cap on Standard Gold

For HSA plans only:

The HSA Formulary includes safe harbor preventive medications that are exempt from the deductible, with the member paying the applicable cost share. The safe harbor drug list is made up of medications that Providence Health Plan has selected, with the guidance of our Clinical Pharmacy Division. These are first-line medications that may prevent the onset of a disease or condition when taken by a person who has developed risk factors for the disease or condition that has not yet manifested itself, or has not become clinically apparent, or may prevent the recurrence of a disease or condition from which a person has recovered.

See a benefit summary for specific copay/coinsurance information for a specific plan.

Find the tiers of specific drugs by looking in the plan's formulary at ProvidenceHealthPlan.com/SGformulary.

Optional Dental Plans

Providence dental plans provide comprehensive benefits that help promote good health. Through the plan, you have access to more than 2,300 in-network dental provider listings in Oregon and southwest Washington and more than 270,000 in-network provider listings nationwide. Search for a dentist at [ProvidenceHealthPlan.com/findaprovider](https://www.providencehealthplan.com/findaprovider).

With Providence dental plans, you get:

- Four dental plan choices to meet your employees' needs and your budget
- Robust coverage for services received both in and outside the network
- No waiting periods
- In-network Diagnostic and Preventive Care Services, such as exams, cleanings and X-rays covered in full
- Most plans offer coverage for more extensive services, such as root canals, crowns, bridges and dentures

Diagnostic and preventive services do not count toward the annual maximum. A dental plan must be paired with a PHP medical plan, and medical and dental enrollment must match. Orthodontics /orthodontia are not available.

✓ No deductible needs to be met prior to receiving this benefit	Providence Preventive		Providence Essential		Providence Essential Access		Providence Advantage Access	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Network	Providence	All other providers	Providence	All other providers	Providence	All other providers	Providence	All other providers
Deductible	None		\$50		\$50		\$25	
Annual maximum	None		\$1,000		\$1,000		\$1,500	
Waiting period	None							
Diagnostic and preventive services (includes routine exams, cleanings, bitewing X-rays, topical fluoride [age 16 and younger], space maintainers)	CIF ✓	CIF ✓	CIF ✓	10% ✓	CIF ✓	10% ✓	CIF ✓	CIF ✓
Basic services (includes restorative fillings, oral surgery, endodontics, periodontics)	N/A		20%	30%	20%	30%	20%	20%
Major services (includes crowns, dentures, bridge work)	N/A		50%	60%	50%	50%	50%	50%
Out-of-network*	MAC		MAC		UCR 90 th percentile		UCR 90 th percentile	
2019 rates								
Subscriber only	\$10.20		\$29.00		\$34.70		\$38.60	
Subscriber and spouse	\$20.15		\$57.95		\$69.40		\$77.20	
Subscriber and children	\$20.65		\$52.00		\$62.25		\$69.25	
Subscriber, spouse and children	\$30.55		\$82.60		\$98.90		\$110.05	

*Balance billing may apply for out-of-network services



Integrated HSA, HRA or FSA

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

With an integrated HSA, HRA or FSA, you 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:

- In-person, 24/7 customer service
- The ability to pay providers and to 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 reports and upload contribution information
- A free HealthEquity mobile app that gives members on-the-go access to account balances and claims history, 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	No additional charge	Free
Health Reimbursement Arrangement (HRA)	Free	\$3.45 per account (paid directly to HealthEquity)	\$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 HealthEquity.com/providence.

Important Contact Information

2019 small group benefit summaries

ProvidenceHealthPlan.com

Express Care Clinics and Express Care Virtual

Providence.org/expresscare

Employer website

ProvidenceHealthPlan.com/employers

HealthEquity

HealthEquity.com/providence

Health and wellness for members

ProvidenceHealthPlan.com/findyourfit

myProvidence

myProvidence.com

Pharmacy resources

ProvidenceHealthPlan.com/pharmacy

Producer compensation, news and notices

ProvidenceHealthPlan.com/producernotices

Producer website

ProvidenceHealthPlan.com/producers

Providence creditable coverage

ProvidenceHealthPlan.com/2019creditable

Providence Dental

ProvidenceHealthPlan.com/smallgroupdental

Providence Employee Assistance Program

ProvidenceHealthPlan.com/eap

Providence Health Coaching

ProvidenceHealthPlan.com/healthcoach

Provider directory

ProvidenceHealthPlan.com/findaprovider

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

Our Mission

As expressions of God's healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.

Our Values

Compassion

Dignity

Justice

Excellence

Integrity

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

