



2020 Plan Overview



Groups sized 51+

ProvidenceHealthPlan.com



Welcome to Providence Health Plan.

Your partnership makes all the difference.

Thank you for being a partner who believes in our mission and who shares our values. We believe health care is a human right. This clear vision drives us in our commitment to transform health care in every community we serve.

This guide will help you and your clients achieve both. It provides an overview of our 2020 Large Group products with new offerings and important changes to some old favorites. Our portfolio includes a broad range of products, many of which offer greater flexibility in designing plans and choosing benefits.

We look forward to partnering with you in 2020 to help you meet all your goals for the year.



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Why choose Providence?

Value. Choice. Integration. Technology. Results.

Value

This is our bottom line. Our commitment to value-based care helps manage costs when we form strategic contracts with providers. Together, we deliver high-quality, cost-effective care that produces positive outcomes.

Choice

With several product and network options – plus ultimate plan design flexibility – clients can design a plan like their current plan or they can pick specific plan benefits they want. Either way, it's the perfect plan.

Integration

Seamless. That's how we describe our member experience. We have the reach and resources of an integrated delivery system. Providence doctors and hospitals coordinate care to fully understand patient needs and work together to meet them.

Technology

Aligning with providers is one important part of getting and keeping members healthy. Our PCP profile panel tool shows member-level demographic information, including top-five risk drivers and pharmacy utilization. Through a shared and secure PCP profile platform, providers have data to deliver the right care to their patients. Along with online member tools, like myProvidence and MyChart, members have real-time connectivity to health and benefit information.

Results

We're results driven. For example, we've received full recognition by the Centers for Disease Control and Prevention (CDC) for Diabetes Prevention Program – one of only 12 recognized programs throughout Oregon. Members who participated averaged a 5.1 percent weight loss.

Discover what's new

We know you'll be pleased with the 2020 product portfolio. Starting this year, match what you have today or create what you need for tomorrow. We've also added new plans and renamed some old favorites. Best of all, you'll be able to better manage costs with more plan choices, robust coverage and access to providers your employees know and trust.

New for 2020

Ultimate flexibility. This year, we're introducing the utmost flexibility for your benefit plan design. You can match what you have today or select new coverage levels that best meet your business and employee needs.

Pairing not required. Connect plans are available as a stand-alone offering and no longer need to be paired alongside a plan with the Providence Signature network. Consider offering a Connect plan alongside other plans to best meet business and employee needs.

Connect Out-of-Area Dependent coverage. If you've delayed purchasing a plan with a geographically-tailored network, we've added Connect Out-of-Area Dependent coverage. It removes barriers to care when an employee has eligible dependents who live outside the Portland metropolitan area. Enrolled dependents have access to in-network benefits when they receive care from any provider on the Providence Signature network.

New names for old favorites. To eliminate some confusion, we've made minor name changes to our Option Advantage plans:

- + The Option Advantage plan will become the Option Advantage **Base** plan
- + The Option Advantage A plan will become the Option Advantage **Plus** (A) plan
- + The Option Advantage B plan will become the Option Advantage **Premium** (B) plan

Embedded vision exam benefit. A fully covered vision exam will be part of all 2020 large group plans.

Significant savings through an improved Ambulatory Surgical Centers (ASC) benefit. Members will potentially save 3-4 times the facility fee when they access care from an ASC rather than in a hospital setting. Coinsurance for services received at an ASC will be 10 percent less than outpatient hospital services.

Out-of-pocket maximum indexed. Plans that currently offer the highest allowed out-of-pocket maximum may be indexed to \$8,150, the new maximum allowed in 2020.

Deductible waived for occupational and speech therapy. Receive treatment for occupational, speech and physical therapy without having to meet a deductible first.

Cardiac rehab. On all non-HSA plans, the first 16 visits are now covered in full, with the deductible waived.

Preferred generic drugs (Tier 1). Copays are now as low as \$0.



What employers get with Providence

Choice. From product types to networks to plan designs, employers can create a health benefit program with robust benefits tailored to their employee population.

FitTogether™. Employees can find their ideal fit with FitTogether, our answer to population health management. Whether partnering with a health coach to managing chronic conditions or engaging in classes and programs to make positive changes, our comprehensive services are easy to access and use.

Account integration. We partner with HealthEquity to offer simplified account integration of health savings accounts, health reimbursement accounts and flexible spending accounts.

Employee assistance. Employee health is so much more than eating right, exercising and getting a checkup at the doctor's office. Good health also includes dealing with life's challenges. Consider offering an optional employee assistance program (EAP). These programs help employees address and resolve challenges that affect work and family by offering comprehensive counseling and referrals to community resources.

Member perks



Providence Express Care Virtual

Visit a health care provider at your convenience via your computer or smartphone. Services are covered in full on most Providence health plans. If you're enrolled in an HSA plan, the deductible applies; but, the cost for an Express Care visit is significantly less than a visit to your doctor's office.



Health Coaching – Join the 92 percent of Providence health coaching participants who've made a lifestyle improvement. Call **888-819-8999** or **503-574-6000**.



ProvRN – Get free medical advice from a Providence registered nurse. Call anytime – 24/7 – **800-700-0481** or **503-574-6520 (TTY: 711)**.



ID Protection – With Assist America's Identity Theft Protection, eligible members who enroll are protected from the effects of identity theft. You'll have tools to help prevent theft of personal data, and restore its integrity if used fraudulently.



Travel Assistance – With a single phone call to Assist America, Providence members get access to a unique global emergency assistance program. It immediately connects you to emergency services while traveling 100 miles away from home or if you are in another country.



Active&Fit Direct™ – Tired of paying expensive health club membership fees? Join the Active&Fit Direct program for \$25 a month. Choose from more than 10,000 participating fitness centers nationally.



LifeBalance – Get discounts on the things you love to do, from seeing a movie to getting away for less with unique vacation packages. Visit **LifeBalanceProgram.com**.



ChooseHealthy® – Get discounts on acupuncture, chiropractic care, massage therapy and dietitian services. Visit **ChooseHealthy.com**.

Our provider networks

Great care, robust benefits and the right network can help keep employees healthy and help employers manage costs. Look at our networks, including the Extend PPO network.



Option Advantage plans feature the Providence Signature network

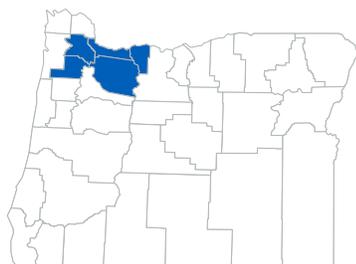
The Providence Signature network is a widespread network with nearly 1 million providers nationwide, and includes providers on the First Choice and First Health networks. Find in-network providers close to home, to work and when you're traveling.

The Extend PPO network

This gives your employees access to providers at Providence Health & Services, plus access to many other providers and facilities. That means employees receive greater choices with in-network rates.

The Providence Connect network

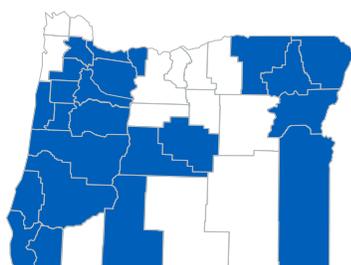
A tailored Portland-area provider network offering access to more than 80 medical home clinics located in Washington, Multnomah, Clackamas and Hood River counties in Oregon, and the city of Newberg in Yamhill County. Clinics in this network have been recognized by the Oregon Health Authority for providing patient-focused, coordinated and affordable care.



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

The Providence Choice network

A tailored provider network offering access to more than 320 medical home clinics located in Oregon and southwest Washington. Clinics in this network have been recognized by the Oregon Health Authority for providing patient-focused, coordinated and affordable care.



- | | | |
|--------------|--------------|--------------|
| + Baker | + Douglas | + Marion |
| + Benton | + Hood River | + Multnomah |
| + Clackamas | + Josephine | + Polk |
| + Clark (WA) | + Klamath | + Umatilla |
| + Coos | + Lane | + Union |
| + Crook | + Lincoln | + Wallowa |
| + Curry | + Linn | + Washington |
| + Deschutes | + Malheur | + Yamhill |

The right product, the right network and tailored plan designs can keep employees and their budgets healthy. Compare our products to see what’s best for your clients this year.

Free services (Services covered in full when care is received in-network)	Option Advantage Base	Option Advantage Plus (A)	Option Advantage Premium (B)	HSA	HSA E	Choice	Connect
On-demand primary provider visit	•	•	•			•	•
ACA preventive care	•	•	•	•	•	•	•
ProvRN	•	•	•	•	•	•	•
Telephonic health coaching	•	•	•	•	•	•	•
LifeBalance	•	•	•	•	•	•	•
Disease management for chronic conditions	•	•	•	•	•	•	•
Health coaching	•	•	•	•	•	•	•
ID protection	•	•	•	•	•	•	•
Travel assistance	•	•	•	•	•	•	•
Network							
Broad PPO-style network	•	•	•	•	•		
Tailored network medical home model						•	•
Referral needed for select specialty care						•	•
Plan Design							
Option to combine in- and out-of-network deductible and out-of-pocket maximum	•	•	•	•	•		
Plan Benefits							
Most services covered after the deductible is met	•			•	•		
Deductible waived for in-network PCP and specialist visits		•	•			•	•
Deductible waived for in-network urgent care visits		•	•				
Specialist copay is the same as PCP copay			•				
Additional cost tiers for select services						•	•
Integrated Account Administration							
Option to pair plan with an integrated health account	•	•	•	•	•	•	•

Option Advantage Base plan

Option Advantage Base offers members affordable coverage and access to our lowest premium compared to all Option Advantage choices. This is an ideal plan for employers who want to offer a low-cost medical plan paired with one of our pharmacy benefit plans, and are able to add any of our supplemental plans.

- Unique plan features:**
- + Lowest premiums of all Option Advantage plans make this an excellent base plan for employers who offer two or more plan options
 - + Comprehensive, robust coverage and predictable costs
 - + Ultimate plan design flexibility
 - + Benefits subject to the deductible
 - + Round out health program offerings with pharmacy benefits plans
 - + Deductible waived on preventive services
 - + Split PCP and specialist copay
 - + Common or separate deductible options
 - + An annual eye exam from participating providers after a \$10 copay (copay only applies to adults)

Ultimate plan design flexibility

Select any value between the ranges shown in the table below.

Option Advantage Base

Variables	Ranges
Deductible	\$0 - \$8,150
Out-of-Pocket Max.	\$250 - \$8,150
Family Multiplier	2X or 3X
Coinsurance	0% - 50%
PCP Copay	\$0 - \$Specialist copay Cannot be higher than the Specialist copay
Specialty Copay	\$PCP - \$ER copay Specialist copay cannot be higher than ER copay
ER Copay	\$100 - \$1,000
Network	Signature and Extend PPO

✓ No deductible needs to be met prior to receiving this benefit \$ Copay applies and % coinsurance applies CIF Covered in full	In-network	Out-of-network
On-Demand Provider Visits	What the member pays	
Express Care Virtual or Web-direct visits	CIF ✓	Not covered
Virtual visits to a specialist by phone and video or Web-direct visit	As low as \$0	Not covered
Preventive Care Services	What the member pays	
Periodic health exams and well-baby care	CIF ✓	% ✓
Routine immunizations and shots	CIF ✓	%
Colonoscopy (age 50+)	CIF ✓	%
Gynecologic exams, pap tests	CIF ✓	% ✓
Mammograms	CIF ✓	%
Tobacco cessation, counseling/classes and deterrent medications	CIF ✓	Not covered
Physician/Provider Services		
Office visits to a PCP	As low as \$0	%
Office visit to an alternative care provider	As low as \$0	%
Office visit to a specialist/other providers	As low as \$0	%
Allergy shots and serums	%	%
Infusions and injectable medications	%	%
Surgery, anesthesia in an office or facility	%	%
Diagnostic Services		
Lab and X-ray services	%	%
Imaging services, PET, CT, MRI	%	%
Emergency and Urgent Care Services		
Emergency services (for emergency medical conditions only; if admitted to the hospital all services are subject to inpatient benefits)	\$100 – \$1,000	\$100 – \$1,000
Urgent care services (for non-life-threatening illness/minor injury)	Same as specialist copay	Same as specialist coinsurance
Emergency medical transportation (air and/or ground)	%	%
Hospital Services		
Inpatient/observation care	%	%
Rehabilitative and habilitative care (limited to 30 days per calendar year)	%	%
Skilled nursing facility (limited to 60 days per calendar year)	%	%
Outpatient Services		
Outpatient infusion, dialysis, chemotherapy, radiation	%	%
Outpatient surgery at an Ambulatory Surgical Center (ASC)	10% less than outpatient surgery at a hospital-based facility	%
Cardiac rehabilitation (post-surgery)	First 16 visits CIF ✓, then coinsurance	%
Temporomandibular joint (TMJ) services	50%	Not covered
Outpatient habilitative and rehabilitative physical, occupational or speech therapy	%	%
Maternity Services		
Prenatal office visits	CIF ✓	%
Delivery and postnatal services, routine newborn nursery care	%	%
Vision*		
Pediatric WellVision Exam® (under age 19) every 12 months	CIF ✓	Covered up to \$45 ✓
Adult WellVision Exam®	\$10✓	Covered up to \$45 ✓

*Copays do not apply to the medical out-of-pocket maximums. Provided by VSP.
 For questions about the VSP Choice network call 800-877-7195.

Option Advantage Plus (A) plan

Option Advantage Plus (A) offers members robust coverage with the deductible waived on select services. These plans provide greater choice of in-network providers along with thousands of out-of-network providers.

- Unique plan features:**
- + Comprehensive, robust coverage and predictable costs
 - + Ultimate plan design flexibility
 - + Deductible waived on in-network PCP, specialists, urgent care visits, allergy shots and outpatient physical therapy
 - + First \$500 of in-network lab and X-ray services covered in full; deductible waived
 - + Express Care services are covered in full; deductible waived
 - + Split PCP and specialist copay
 - + Common or separate deductible options
 - + An annual eye exam from participating providers after a \$10 copay (copay only applies to adults)

Ultimate plan design flexibility

Select any value between the ranges shown in the table below.

Option Advantage Plus (A)

Variables	Ranges
Deductible	\$0 - \$8,150
Out-of-Pocket Max.	\$250 - \$8,150
Family Multiplier	2X or 3X
Coinsurance	0% - 50%
PCP Copay	\$0 - \$Specialist copay Cannot be higher than the Specialist copay
Specialty Copay	\$PCP - \$ER copay Specialist copay cannot be higher than ER copay
ER Copay	\$100 - \$1,000
Network	Signature and Extend PPO

✓ No deductible needs to be met prior to receive this benefit \$ Copay applies and % coinsurance applies CIF Covered in full	In-network	Out-of-network
On-Demand Provider Visits	What the member pays	
Express Care Virtual or Web-direct visits	CIF ✓	Not covered
Virtual visits to a specialist by phone and video or Web-direct visit	As low as \$0 ✓	Not covered
Preventive Care Services	What the member pays	
Periodic health exams and well-baby care	CIF ✓	% ✓
Routine immunizations and shots	CIF ✓	%
Colonoscopy (age 50+)	CIF ✓	%
Gynecologic exams, pap tests	CIF ✓	% ✓
Mammograms	CIF ✓	%
Tobacco cessation, counseling/classes and deterrent medications	CIF ✓	Not covered
Physician/Provider Services		
Office visits to a PCP	As low as \$0 ✓	% ✓
Office visit to an alternative care provider	As low as \$0 ✓	% ✓
Office visit to a specialist/other providers	As low as \$0 ✓	% ✓
Allergy shots and serums	% ✓	%
Infusions and injectable medications	%	%
Surgery, anesthesia in an office or facility	%	%
Diagnostic Services		
Lab and X-ray services up to \$500	CIF ✓	%
Lab and X-ray after \$500	%	%
Imaging services, PET, CT, MRI	%	%
Emergency and Urgent Care Services		
Emergency services (for emergency medical conditions only; if admitted to the hospital all services are subject to inpatient benefits)	\$100 – \$1,000	\$100 – \$1,000
Urgent care services (for non-life-threatening illness/minor injury)	Same as specialist copay ✓	Same as specialist coinsurance ✓
Emergency medical transportation (air and/or ground)	%	%
Hospital Services		
Inpatient/observation care	%	%
Rehabilitative and habilitative care (limited to 30 days per calendar year)	%	%
Skilled nursing facility (limited to 60 days per calendar year)	%	%
Outpatient Services		
Outpatient infusion, dialysis, chemotherapy, radiation	%	%
Outpatient surgery at an Ambulatory Surgical Center (ASC)	10% less than outpatient surgery at a hospital-based facility	%
Cardiac rehabilitation (post-surgery)	First 16 visits CIF ✓, then coinsurance	%
Temporomandibular joint (TMJ) services	50%	Not covered
Outpatient rehabilitative and habilitative physical, occupational or speech therapy	% ✓	%
Maternity Services		
Prenatal office visits	CIF ✓	%
Delivery and postnatal services, routine newborn nursery care	%	%
Vision*		
Pediatric WellVision Exam® (under age 19) every 12 months	CIF ✓	Covered up to \$45 ✓
Adult WellVision Exam®	\$10 ✓	Covered up to \$45 ✓

*Copays do not apply to the medical out-of-pocket maximums. Provided by VSP.
 For questions about the VSP Choice network call 800-877-7195.

Option Advantage Premium (B) plan

Option Advantage Premium (B) offers members robust coverage with the deductible waived on select services. With greater choice of in-network providers along with thousands of out-of-network providers, members find these plans easy to use.

- Unique plan features:**
- + Comprehensive, robust coverage and predictable costs
 - + Ultimate plan design flexibility
 - + Deductible waived on in-network PCP, specialists, ER, urgent care, allergy shots, routine immunizations, outpatient physical therapy and lab and X-ray, and imaging services (PET, CT, MRI)
 - + Deductible waived on in-network delivery, postnatal and routine newborn nursery care; delivery is 10x PCP copay
 - + Express Care services are covered in full; deductible waived
 - + Split PCP and specialist copay
 - + Common or separate deductible options
 - + An annual eye exam from participating providers after a \$10 copay (copay only applies to adults)

Ultimate plan design flexibility

Select any value between the ranges shown in the table below.

Option Advantage Premium (B) Plan

Variables	Ranges
Deductible	\$0 – \$8,150
Out-of-Pocket Max.	\$250 – \$8,150
Family Multiplier	2X or 3X
Coinsurance	0% – 50%
PCP Copay	\$0 – \$Specialist copay Cannot be higher than the Specialist copay
Specialty Copay	\$PCP – \$ER copay Specialist copay cannot be higher than ER copay
ER Copay	\$100 – \$1,000
Network	Signature and Extend PPO

✓ No deductible needs to be met prior to receive this benefit \$ Copay applies and % coinsurance applies CIF Covered in full	In-network	Out-of-network
On-Demand Provider Visits	What the member pays	
Express Care Virtual or Web-direct visits	CIF ✓	Not covered
Virtual visits to a specialist by phone and video or Web-direct visit	As low as \$0 ✓	Not covered
Preventive Care Services	What the member pays	
Periodic health exams and well-baby care	CIF ✓	% ✓
Routine immunizations and shots	CIF ✓	% ✓
Colonoscopy (age 50+)	CIF ✓	%
Gynecologic exams, pap tests	CIF ✓	% ✓
Mammograms	CIF ✓	%
Tobacco cessation, counseling/classes and deterrent medications	CIF ✓	Not covered
Physician/Provider Services		
Office visits to a PCP	As low as \$0 ✓	% ✓
Office visit to an alternative care provider	As low as \$0 ✓	% ✓
Office visit to a specialist/other providers	As low as \$0 ✓	% ✓
Allergy shots and serums	% ✓	%
Infusions and injectable medications	%	%
Surgery, anesthesia in an office or facility	%	%
Diagnostic Services		
Lab and X-ray services	% ✓	%
Imaging services, PET, CT, MRI	% ✓	%
Emergency and Urgent Care Services		
Emergency services (for emergency medical conditions only; if admitted to the hospital all services are subject to inpatient benefits)	\$100 – \$1,000 ✓	\$100 – \$1,000 ✓
Urgent care services (for non-life-threatening illness/minor injury)	Same as specialist copay ✓	Same as specialist coinsurance ✓
Emergency medical transportation (air and/or ground)	%	%
Hospital Services		
Inpatient/observation care	%	%
Rehabilitative and habilitative care (limited to 30 days per calendar year)	%	%
Skilled nursing facility (limited to 60 days per calendar year)	%	%
Outpatient Services		
Outpatient infusion, dialysis, chemotherapy, radiation	%	%
Outpatient surgery at an Ambulatory Surgical Center (ASC)	10% less than outpatient surgery at a hospital-based facility	%
Cardiac rehabilitation (post-surgery)	First 16 visits CIF ✓, then coinsurance	%
Temporomandibular joint (TMJ) services	50%	Not covered
Outpatient rehabilitative and habilitative physical, occupational or speech therapy	% ✓	%
Maternity Services		
Prenatal office visits	CIF ✓	%
Delivery and postnatal services, routine newborn nursery care	% ✓	%
Vision*		
Pediatric WellVision Exam® (under age 19) every 12 months	CIF ✓	Covered up to \$45 ✓
Adult WellVision Exam®	\$10 ✓	Covered up to \$45 ✓

*Copays do not apply to the medical out-of-pocket maximums. Provided by VSP.
 For questions about the VSP Choice network call 800-877-7195.

HSA Qualified plans

Our HSA Qualified plans offer premium savings and encourage members to manage health care costs. When combined with a qualified health savings account, there are also tax advantages to save for future health care expenses.

Embedded deductible and Aggregate deductible plan options

Embedded deductible: Each covered family member only needs to satisfy his/her individual deductible prior to receiving benefits.

Aggregate deductible: When two or more members are enrolled, the entire family deductible must be met before the plan begins to pay benefits for any individual family member.

Unique plan features:

- + Affordable premiums with most services subject to the deductible
- + Ultimate plan design flexibility
- + Deductible waived on in-network preventive care services
- + Express Care services are covered in full after deductible
- + Common or separate deductible options
- + A seamless member experience for tracking and paying qualified plan expenses through integrated claims processing available with Health Equity
- + An annual eye exam from participating providers after a \$10 copay (copay only applies to adults)

Ultimate plan design flexibility

Select any value between the ranges shown in the table below.

Providence HSA (Aggregate deductible and out-of-pocket maximum)

Variables	Ranges HSA Aggregate
Deductible	\$1,400 – \$6,900
Out-of-Pocket Max.	\$1,400 – \$6,900
Family Multiplier	2X or 3X
Coinsurance	0% – 50%
PCP Cost Share	0% – Specialist % Cannot be higher than the Specialist copay
Specialty Cost Share	PCP% – ER% Specialist copay cannot be higher than ER copay
ER Cost Share	0% – 50%; 0% when deductible and out-of-pocket maximum match
Network	Signature, Connect or Extend PPO

Providence HSA (Embedded deductible and out-of-pocket maximum)

Variables	Ranges HSA Embedded
Deductible	\$2,800 – \$6,900
Out-of-Pocket Max.*	\$2,800 – \$6,900
Family Multiplier	2X or 3X
Coinsurance	0% – 50%
PCP Cost Share	0% – Specialist % Cannot be higher than the Specialist copay
Specialty Cost Share	PCP% – ER% Specialist copay cannot be higher than ER copay
ER Cost Share	0% – 50%; 0% when deductible and out-of-pocket maximum match
Network	Signature, Connect or Extend PPO

*Out-of-Pocket Max. has to be either the same or higher than deductible amounts. The OOP Max. is how much a member pays overall before benefits start to be free for them.

HSA and HSA E Qualified plans

✓ No deductible needs to be met prior to receiving this benefit \$ Copay applies and % coinsurance applies CIF Covered in full	In-network	Out-of-network
On-Demand Provider Visits	What the member pays	
Express Care Virtual or Web-direct visits	CIF	N/A
Virtual visits to a specialist by phone and video or Web-direct visit	%	Not covered
Preventive Care Services		
Periodic health exams and well-baby care	CIF ✓	%
Routine immunizations and shots	CIF ✓	%
Colonoscopy (age 50+)	CIF ✓	%
Gynecologic exams, pap tests	CIF ✓	%
Mammograms	CIF ✓	%
Tobacco cessation, counseling/classes and deterrent medications	CIF ✓	Not covered
Physician/Provider Services		
Office visits to a PCP	%	%
Office visits to alternative care providers (does not include chiropractic manipulation or acupuncture services)	%	%
Office visits to specialists/other providers	%	%
Allergy shots and serums	%	%
Infusions and injectable medications	%	%
Surgery, anesthesia in an office or facility	%	%
Inpatient hospital visits	%	%
Prescription Drugs (up to a 30-day supply/retail and preferred retail pharmacies; 90-day supply/mail order and preferred retail pharmacies; Safe Harbor drugs are exempt from the deductible subject to the formulary and applicable cost share)		
ACA preventive drugs	CIF ✓	Not covered
Preferred generic drugs	%	
Non-preferred generic drugs	%	
Preferred brand-name drugs	%	
Specialty drugs (limited to a 30-day supply and must be obtained through a contracted specialty pharmacy)	%	
Compounded drugs (limited to a 30-day supply and must be obtained through a retail/preferred retail pharmacy)	%	
Diagnostic Services		
Lab and X-ray services	%	%
High-tech imaging services (such as PET, CT, MRI)	%	%

✓ No deductible needs to be met prior to receiving this benefit \$ Copay applies and % coinsurance applies CIF Covered in full	In-network	Out-of-network
Emergency and Urgent Care Services		
Emergency services (for emergency medical conditions only; if admitted to the hospital all services are subject to inpatient benefits)	%	%
Urgent care services (for non-life-threatening illness/minor injury)	%	%
Emergency medical transportation (air and/or ground)	%	%
Hospital Services		
Inpatient/observation care	%	%
Rehabilitative and habilitative care (limited to 30 days per calendar year)	%	%
Skilled nursing facility (limited to 60 days per calendar year)	%	%
Outpatient Services		
Outpatient infusion, dialysis, chemotherapy, radiation therapy	%	%
Outpatient surgery at an Ambulatory Surgical Center (ASC)	10% less than outpatient surgery at a hospital-based facility	%
Cardiac rehabilitation (post-surgery)	%	%
Temporomandibular joint (TMJ) services	%	Not covered
Outpatient rehabilitative and habilitative physical, occupational and speech therapy	%	%
Maternity Services		
Prenatal office visits	CIF ✓	%
Delivery and postnatal services, routine newborn nursery care	%	%
Vision*		
Pediatric WellVision Exam® (under age 19) every 12 months	CIF ✓	Covered up to \$45 ✓
Adult WellVision Exam®	\$10 ✓	Covered up to \$45 ✓

*Copays do not apply to the medical out-of-pocket maximums. Provided by VSP.
 For questions about the VSP Choice network call 800-877-7195.

Integrated HSA, HRA or FSA

An integrated Health Savings Account (HSA), Health Reimbursement Arrangement (HRA) or Flexible Spending Account (FSA) can lower out-of-pocket costs for employees. Plus, these plans encourage members to be more engaged in their health and more careful with their health care dollars. Both employers and employees can benefit from tax advantages associated with these accounts.

Providence partners with HealthEquity to provide seamlessly integrated HSA, HRA and FSA paired with our health plans at a competitive price. Through our partnership with HealthEquity, the nation's oldest and largest dedicated health savings trustee, Providence makes integrating HSA, HRA or FSA easy with:

- + Live 24/7 customer service
- + Online access to account information anytime—from paying providers to viewing claims
- + Integrated plan setup, enrollment, claims administration and billing so that health plan and member accounts are set up in one convenient place
- + A fully-equipped employer portal that lets employers easily manage contributions, view reporting and upload contribution information
- + Free HealthEquity mobile app gives members on-the-go access to account balances and claims history plus the ability to send payments and reimbursements, initiate and document claims, and manage debit card transactions

HealthEquity rates

Account type	Employee account activation and setup cost	Monthly administration cost	Employer plan setup and annual plan maintenance fee
Health Savings Account (HSA)	Free	\$2.70 per account	Free
Health Reimbursement Arrangement (HRA)	Free	\$3.45 per account	\$250 – \$500
Flexible Spending Account (FSA)	Free	\$3.45 per account	\$250 – \$500
Limited purpose Flexible Spending Account	Free	\$1.95 per account	Free



Connect plans

Connect plans offer comprehensive coverage with a Portland-area network, the Providence Connect network. There are more than 80 medical home clinics located throughout Washington, Multnomah, Clackamas and Hood River counties, and the city of Newberg in Yamhill County. Connect plans combine a medical home model of care and tailored provider network to achieve substantial premium savings. Members select a medical home from our Portland metro area Providence Connect network.

- Unique plan features:**
- + Substantial premium savings making this plan ideal for cost-conscious employers who want to offer comprehensive and affordable health insurance to employees
 - + Members work closely with a dedicated medical home care team to take the hassle out of health care
 - + A Portland-area network with more than 80 primary care clinics recognized as medical homes by the Oregon Health authority for providing patient-focused, coordinated and affordable care
 - + Ultimate plan design flexibility
 - + Express Care services are covered in full; deductible waived
 - + Integrated and coordinated care delivered by a network of Providence providers
 - + Referrals coordinated by a dedicated medical home team
 - + An annual eye exam from participating providers after a \$10 copay (copay only applies to adults)

Ultimate plan design flexibility

Select any value between the ranges shown in the table below.

Connect

Variables	Ranges
Deductible	\$0 - \$8,150
Out-of-Pocket Max.	\$250 - \$8,150
Family Multiplier	2X or 3X
Coinsurance	10% - 50%
PCP Copay	\$0 - \$Specialist copay Cannot be higher than the Specialist copay
Specialty Copay	\$PCP - \$ER copay Specialist copay cannot be higher than ER copay
ER Copay	\$100 - \$1,000
Network	Connect

✓ No deductible needs to be met prior to receive this benefit \$ Copay applies and % coinsurance applies CIF Covered in full	In-network	Out-of-network
On-Demand Provider Visits	What the member pays	
Express Care Virtual or Web-direct visits	CIF ✓	Not covered
Virtual visits to a specialist by phone and video or Web-direct visit	As low as \$0 ✓	Not covered
Preventive Care Services	What the member pays	
Periodic health exams and well-baby care	CIF ✓	%
Routine immunizations and shots	CIF ✓	%
Colonoscopy (age 50+)	CIF ✓	%
Gynecologic exams, pap tests	CIF ✓	%
Mammograms	CIF ✓	%
Tobacco cessation, counseling/classes and deterrent medications	CIF ✓	Not covered
Physician/Provider Services		
Office visits to a PCP	As low as \$0 ✓	%
Office visit to an alternative care provider	As low as \$0 ✓	%
Office visit to a specialist/other providers	As low as \$0 ✓	%
Allergy shots and serums	% ✓	%
Infusions and injectable medications	%	%
Surgery, anesthesia in an office or facility	%	%
Diagnostic Services		
Lab and X-ray services	% ✓	%
Imaging services, PET, CT, MRI	%	%
Emergency and Urgent Care Services		
Emergency services (for emergency medical conditions only; if admitted to the hospital all services are subject to inpatient benefits)	\$100 – \$1,000	\$100 – \$1,000
Urgent care services (for non-life-threatening illness/minor injury)	Same as specialist copay ✓	Same as specialist coinsurance
Emergency medical transportation (air and/or ground)	%	%
Hospital Services		
Inpatient/observation care	%	%
Rehabilitative and habilitative care (limited to 30 days per calendar year)	%	%
Skilled nursing facility (limited to 60 days per calendar year)	%	%
Outpatient Services		
Outpatient infusion, dialysis, chemotherapy, radiation	%	%
Outpatient surgery at an Ambulatory Surgical Center (ASC)	10% less than outpatient surgery at a hospital-based facility	%
Cardiac rehabilitation (post-surgery)	First 16 visits CIF ✓, then coinsurance	%
Temporomandibular joint (TMJ) services	50%	Not covered
Outpatient rehabilitative and habilitative physical, occupational or speech therapy	% ✓	%
Maternity Services		
Prenatal office visits	CIF ✓	%
Delivery and postnatal services, routine newborn nursery care	%	%
Vision*		
Pediatric WellVision Exam® (under age 19) every 12 months	CIF ✓	Covered up to \$45 ✓
Adult WellVision Exam®	\$10✓	Covered up to \$45 ✓

*Copays do not apply to the medical out-of-pocket maximums. Provided by VSP. For questions about the VSP Choice network call 800-877-7195.

Providence Connect Out-of-Area Dependent coverage

Enroll dependents living outside the service area

Out-of-Area Dependent coverage has the same benefit level as the Providence Connect plan. Enrolled dependents have access to providers in the Signature network and do not need to designate a medical home.

Ultimate plan design flexibility

With the Connect Plan, select any value between the ranges shown in the table below. Pick a plan design and be confident that enrolled dependents who live outside of the Connect service area are covered and have access to quality care.

PCP/Specialist Copay in-network	Coinsurance In/Out-of-network	In/Out-of-network Out-of-pocket maximum	Deductible
As low as \$0	10% – 50%	\$250 – \$8,150	\$0 – \$8,150

Key points to remember:

- + Enrolled employees and their dependents who work or reside within the Connect service area are only allowed to enroll in the Connect plan.
- + Employees who do not work or reside within the Connect service area are not eligible to enroll in a Connect plan or the Out-of-Area Dependent coverage.
- + Dependents who do not live with the Connect plan subscriber and reside outside the Connect service area are eligible for Connect Out-of-Area Dependent coverage.

Eligible dependents enrolled in Out-of-Area Dependent coverage:

- + Don't need to select care from a medical home
- + Don't need referrals
- + Can use the Signature provider network for care
- + Must re-enroll annually



Choice plans

Choice plans offer comprehensive coverage with a tailored network, the Providence Choice network. There are more than 320 medical home clinics located throughout the state of Oregon. Choice plans combine a medical home model of care and tailored provider network to achieve significant premium savings. Members select a medical home from our Providence Choice network.

- Unique plan features:**
- + Premium savings making this plan ideal for cost-sensitive employers who want to offer comprehensive and affordable health insurance to employees
 - + Members work closely with a dedicated medical home care team to take the hassle out of health care
 - + A tailored network with more than 320 primary care clinics recognized as medical homes by the Oregon Health authority for providing patient-focused, coordinated and affordable care
 - + Ultimate plan design flexibility
 - + Express Care services are covered in full; deductible waived
 - + Integrated and coordinated care delivered by a network of Providence providers
 - + Referrals coordinated by a dedicated medical home team
 - + An annual eye exam from participating providers after a \$10 copay (copay only applies to adults)

Ultimate plan design flexibility

Select any value between the ranges shown in the table below.

Choice

Variables	Ranges
Deductible	\$0 - \$8,150
Out-of-Pocket Max.	\$250 - \$8,150
Family Multiplier	2X or 3X
Coinsurance	10% - 50%
PCP Copay	\$0 - \$Specialist copay Cannot be higher than the Specialist copay
Specialty Copay	\$PCP - \$ER copay Specialist copay cannot be higher than ER copay
ER Copay	\$100 - \$1,000
Network	Choice

✓ No deductible needs to be met prior to receive this benefit \$ Copay applies and % coinsurance applies CIF Covered in full	In-network	Out-of-network
On-Demand Provider Visits	What the member pays	
Express Care Virtual or Web-direct visits	CIF ✓	Not covered
Virtual visits to a specialist by phone and video or Web-direct visit	As low as \$0 ✓	Not covered
Preventive Care Services	What the member pays	
Periodic health exams and well-baby care	CIF ✓	%
Routine immunizations and shots	CIF ✓	%
Colonoscopy (age 50+)	CIF ✓	%
Gynecologic exams, pap tests	CIF ✓	%
Mammograms	CIF ✓	%
Tobacco cessation, counseling/classes and deterrent medications	CIF ✓	Not covered
Physician/Provider Services		
Office visits to a PCP	As low as \$0 ✓	%
Office visit to an alternative care provider	As low as \$0 ✓	%
Office visit to a specialist/other providers	As low as \$0 ✓	%
Allergy shots and serums	% ✓	%
Infusions and injectable medications	%	%
Surgery, anesthesia in an office or facility	%	%
Diagnostic Services		
Lab and X-ray services	% ✓	%
Imaging services, PET, CT, MRI	%	%
Emergency and Urgent Care Services		
Emergency services (for emergency medical conditions only; if admitted to the hospital all services are subject to inpatient benefits)	\$100 – \$1,000	\$100 – \$1,000
Urgent care services (for non-life-threatening illness/minor injury)	Same as specialist copay ✓	Same as specialist coinsurance
Emergency medical transportation (air and/or ground)	%	%
Hospital Services		
Inpatient/observation care	%	%
Rehabilitative and habilitative care (limited to 30 days per calendar year)	%	%
Skilled nursing facility (limited to 60 days per calendar year)	%	%
Outpatient Services		
Outpatient infusion, dialysis, chemotherapy, radiation	%	%
Outpatient surgery at an Ambulatory Surgical Center (ASC)	10% less than outpatient surgery at a hospital-based facility	%
Cardiac rehabilitation (post-surgery)	First 16 visits CIF ✓, then coinsurance	%
Temporomandibular joint (TMJ) services	50%	Not covered
Outpatient rehabilitative and habilitative physical, occupational or speech therapy	% ✓	%
Maternity Services		
Prenatal office visits	CIF ✓	%
Delivery and postnatal services, routine newborn nursery care	%	%
Vision*		
Pediatric WellVision Exam® (under age 19) every 12 months	CIF ✓	Covered up to \$45 ✓
Adult WellVision Exam®	\$10 ✓	Covered up to \$45 ✓

*Copays do not apply to the medical out-of-pocket maximums. Provided by VSP.
 For questions about the VSP Choice network call 800-877-7195.

Pharmacy plans

Supplement your medical benefits with the appropriate pharmacy plan. Pharmacy plans include a comprehensive prescription drug formulary. We actively take steps to reduce the impact of increasing drug costs while ensuring that members have access to safe, effective and affordable medications.

- Unique plan features:**
- + ACA preventive medications obtained by prescriptions are covered in full
 - + Newly enrolled members have access to a 90-day transition period for most prescriptions that normally require prior authorization
 - + Prescription cost shares apply toward the medical plan out-of-pocket maximum
 - + Covered benefits are included for preferred generics, non-preferred generics, preferred brand-name drugs, non-preferred brand-name drugs and specialty drugs
 - + A 90-day supply of maintenance medications is two times the 30-day supply copay on all pharmacy plans when purchased at a preferred retail or preferred mail order pharmacy
 - + Compounded drugs are covered at 50% coinsurance for up to a 30-day supply when purchased at a participating retail or preferred retail pharmacy

Providence formularies

The Providence Formulary is a list of FDA-approved prescription brand-name and generic drugs developed by physicians and pharmacists. It is designed to offer drug treatment choices for covered medical conditions. Our formulary can help members and their physician choose effective medications that are less costly and minimize out-of-pocket expenses.

Some prescription drugs require prior authorization or a formulary exception in order to be covered; these may include select formulary agents, non-formulary agents, step therapy and/or quantity limits as listed in the prescription drug formulary available on our website. If a formulary exception is approved, generic or brand-name cost share will apply. Effective generic drug choices are available to treat most medical conditions.

Ultimate plan design flexibility

Select any value between the ranges shown in the table below.

Pharmacy plans

Rx tiers	Rx rules	Ranges
Tier 1	\$0 – Not to exceed Tier 2	\$0 – \$25
Tier 2	Tier 1 – Not to exceed Tier 3	\$0 – \$30
Tier 3	Tier 2 – Not to exceed Tier 4	\$0 – \$75
Tier 4	Tier 3 – Not to exceed Tier 5	\$0 – \$100
Tiers 5/6	50%, with a cap	Cap range: Tier 4 copay – \$200

- + Ranges shown are for up to a 30-day supply purchased at a participating/preferred retail or specialty pharmacy
- + Mail order benefits are available on all pharmacy plans
- + A 90-day supply of maintenance medication is available when purchased at a preferred retail or preferred mail order pharmacy
- + A 90-day supply of maintenance medications cost two times the 30-day supply copay on all pharmacy plans when purchased at a preferred retail or preferred mail order pharmacy

Our 2020 Option Advantage, Connect and Choice plans all offer prescription drug coverage deemed creditable. This means they offer benefits equal to or better than Medicare Part D plans. Some of our HSA plans also offer creditable coverage; view a list of those plans at ProvidenceHealthPlan.com/2020creditable.

Employers should notify employees of the creditable status of their plan. Sample notices are available on the Centers for Medicare & Medicaid Services website.

Chiropractic manipulation and acupuncture plans

Complementary and alternative medicine benefits are valued employee benefits that can support health and wellness. Our Alternative Care plan options offer employees therapeutic benefits that are integrated with our traditional care pathways.

- Alternative care plan options (CHA plans):**
- + Standard chiropractic manipulation and acupuncture plans (standard CHA) cover services from the ASH network of providers
 - + Chiropractic manipulation and Acupuncture Plus plans (CHA Plus) cover services from any licensed provider

- Unique plan features:**
- + No provider referral required
 - + No deductible needs to be met except with an HSA Qualified plan
 - + Massage therapy can be added as an option
 - + Copays do not apply toward the medical plan out-of-pocket maximum
 - + In Washington, copays and deductible apply toward the medical out-of-pocket maximum

We offer a wide range of network-based and non-network-based CHA plans.

	Copay	Calendar year maximum benefit per member
CHA Benefits	\$10 - \$25	\$500 - \$1,500 (Oregon)
		6-18 visits (Washington) Minimum of 6 visits

Vision plans

Providence partners with VSP to offer vision plan options featuring the VSP Choice provider network. These plans are available in addition to the WellVision Exam[®] embedded in all of our medical plans.

- Unique plan features:**
- + No deductible
 - + Basic lenses for adults covered in full; \$130 allowance toward frames or contacts*
 - + Progressive lenses are available with a \$50 copay
 - + For children up to age 19, full coverage for eye exam, lenses and frames every 12 months with no copay (hardware is not covered for pediatrics on the Vision Exam plan)*
 - + No referral required (out-of-pocket costs generally will be less with an in-network provider)
 - + Discounts on additional exams, extra features and options, such as lens tinting and nonprescription sunglasses

*For members on a vision plan featuring Otis and Piper Eyewear, any frame from Otis and Piper Eyewear or the equivalent value can be applied toward any other frame.

Vision plans

	Exam frequency	Lens frequency	Frame frequency	Adult exam copay	Adult frame or contact lens allowance
Vision Basic	12 months	24 months	24 months	\$10	\$130
Vision Basic featuring Otis and Piper Eyewear	12 months	24 months	24 months	\$10	\$130
Vision Plus	12 months	12 months	24 months	\$10	\$130
Vision Plus featuring Otis and Piper Eyewear	12 months	12 months	24 months	\$10	\$130
Vision Premium	12 months	12 months	12 months	\$10	\$130
Vision Premium featuring Otis and Piper Eyewear	12 months	12 months	12 months	\$10	\$130

Providence dental plans

Providence dental plans provide comprehensive benefits that help promote overall good health and are available when paired with a Providence medical plan. The Providence dental plan options are available with or without orthodontia benefits. Members have access to more than 3,000 in-network dental providers in Oregon and southwest Washington and more than 325,000 in-network provider listings nationwide.

Unique plan features:

- + Plan options available with or without orthodontia benefits
- + Flexible enrollment, so employees have full ability to select coverage for dependents who need it
- + Robust coverage for services received in- and out-of-network
- + No waiting period for in- or out-of-network
- + No deductible for in- and out-of-network diagnostic and preventive services
- + In-network diagnostic and preventive services are covered in full
- + Diagnostic and preventive services do not apply toward calendar year benefit maximum

Dental plan options:

Plans with *Plus* in the name indicate that orthodontia coverage is included.

Dental quote assumptions (shelf rates):

Shelf rates are valid for up to 200 subscribers.

Must comply with the first three medical underwriting requirements.

- + Quoted rates and requirements are based upon the census and other information provided to PHP by the producer and/or group. In the event of material changes or errors in the information provided, PHP reserves the right to modify the quoted rates and requirements
- + Group must qualify as a large employer with primary legal situs in the state of issue
- + Products are offered on a sole carrier basis only; and PHP reserves the right to quote only on a sole carrier basis. If medical and dental enrollment match, minimum contribution requirements are waived and participation requirements defer to the medical
- + If medical and dental enrollment do not match, subscriber level enrollment may vary between medical and dental. A subscriber has three choices:
 1. Enrolling on medical and dental with matching dependent enrollment;
 2. Enrolling on medical only with no dental;
 3. Enrolling on dental only, with no medical
- + A group may implement at most one shelf plan design (multiple plan options not allowed)
- + Dental products are offered on a sole carrier basis
- + Any exceptions to the quote assumptions above are subject to underwriting review
- + Must be employer-sponsored coverage (contract is with the employer not the employees)
- + Shelf rates are not valid for associations, PEO's, dental offices, or unions/ multi-employer trusts
- + No carve-outs allowed for shelf rates (e.g., retirees only, management only, etc.)

All plan benefits are based on a calendar year. After meeting the deductible, the member pays the following amounts for covered services. The deductible does not apply to some covered services. They are marked with ✓.

	Preventive Dental		Essential Dental		Essential Access		Advantage Access 1500		Advantage Access 2000	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Deductible	None		\$50 per person \$150 per family (3 or more)		\$50 per person \$150 per family (3 or more)		\$25 per person \$75 per family (3 or more)		\$25 per person \$75 per family (3 or more)	
Benefit maximum	None		\$1,000		\$1,000		\$1,500		\$2,000	
Diagnostic and Preventive services (includes routine exams, cleanings, bitewing X-rays, topical fluoride [age 16 and younger], space maintainers)	CIF		CIF ✓	10% ✓	CIF ✓	10% ✓	CIF ✓		CIF ✓	
Basic services (includes restorative fillings, oral surgery, endodontics, periodontics)	Not covered		20%	30%	20%	30%	20%		20%	
Major services (includes crowns, dentures, bridge work)	Not covered		50%	60%	50%	50%	50%	50%	50%	50%
Orthodontics (Plus Plans)	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Common lifetime maximum	NA		\$1,500		\$1,500		\$1,500		\$1,500	
Adult	NA		50% up to \$1,500		50% up to \$1,500		50% up to \$1,500		50% up to \$1,500	
Children	NA		50% up to \$1,500		50% up to \$1,500		50% up to \$1,500		50% up to \$1,500	
Reimbursement	MAC	MAC	MAC	MAC	MAC	UCR	MAC	UCR	MAC	UCR

2020 dental and EAP rates

Dental plan rates

The following table shows dental plan rates when dental enrollment is tied to medical enrollment.

Plan	2020 rates			
	4-tier			
	Employee	Employee + spouse	Employee + child(ren)	Family
Preventive (LG)	\$9.27	\$18.35	\$18.82	\$27.81
Essential	\$30.66	\$59.78	\$62.24	\$91.97
EssentialPlus	\$34.17	\$66.64	\$76.40	\$109.55
EssentialAccess	\$41.38	\$80.69	\$84.00	\$124.13
EssentialAccessPlus	\$44.89	\$87.54	\$98.16	\$141.71
Advantage1500	\$49.06	\$95.67	\$99.59	\$147.18
Advantage1500Plus	\$52.58	\$102.52	\$113.76	\$164.76
Advantage2000	\$51.31	\$100.05	\$104.16	\$153.93
Advantage2000Plus	\$54.83	\$106.91	\$118.33	\$171.51

Note: Plans with *Plus* in the name indicate that orthodontia coverage is included.

EAP rates:

Employee count	Up to 3 sessions	Up to 6 sessions
51-250 employees	\$1.60 pepm	\$2.40 pepm
250+	\$1.30 pepm	\$2.00 pepm

An EAP orientation and participation in annual benefits / wellness fairs is included; there are no additional fees for these services.

Onsite services:

Critical incident stress management	Lunch & learns	Manager trainings
\$275 / hour	\$200 / hour	\$200 / hour

This is a stand-alone program and can be implemented at any time. Rates are based on total company head count. The EAP benefit is offered to all employees and their dependents up to age 26, not just those enrolled on the medical plans. The EAP premium is billed separately from the PHP medical premiums.

Important contact information

2020 Large 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/2020creditable

Providence Dental

ProvidenceHealthPlan.com/largegroupdental

Providence Employee Assistance Program

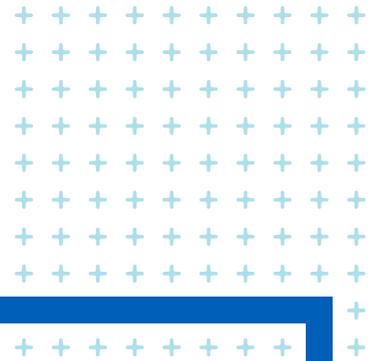
ProvidenceHealthPlan.com/eap

Providence health coaching

ProvidenceHealthPlan.com/healthcoach

Provider directory

ProvidenceHealthPlan.com/findaprovider



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

Talk with a customer service team member
503-574-7500 or **800-878-4445**
8 a.m. to 5 p.m. (Pacific Time), Monday - Friday
[ProvidenceHealthPlan.com](https://www.providencehealthplan.com)