

Oregon Plan Changes

Small Groups 2021-2022

Applies to small groups renewing on or after 1/1/22

Topic	1/2021	1/2022
Annual Limit on Cost Sharing	The individual limit on cost sharing is \$8,550. The family limit on cost sharing is \$17,100.	IRS Change: The individual limit on cost sharing is \$8,700. The family limit on cost sharing is \$17,400.
Chiropractic & Acupuncture Coverage: Essential Health Benefit (EHB)	Coverage for chiropractic manipulation and acupuncture is provided on most plans, as stated in your Benefit Summary. Deductibles, Copayments or Coinsurance amounts for Chiropractic Manipulation and Acupuncture Services do not apply to Out-of-Pocket Maximums or Annual Limit on Cost Sharing.	DFR Change: Coverage for chiropractic manipulation and acupuncture is provided on all plans, as stated in your Benefit Summary. Embedded Essential Health Benefit (EHB) is as follows: <ul style="list-style-type: none"> + 20 chiropractic manipulation visits per member, per calendar year + 12 acupuncture visits per member, per calendar year Deductibles, Copayments or Coinsurance amounts for Chiropractic Manipulation and Acupuncture Services apply to Out-of-Pocket Maximums and Annual Limit on Cost Sharing.
Colorectal Cancer Screenings: Age Update	For Members, age 50 and older.	For Members, age 45 and older.
Coordination of Benefits (COB) with Medicare	For groups with 1-19 employees: Providence Health Plan pays secondary (<i>enrollment in Part B is assumed</i>); Medicare pays primary even if a Medicare-eligible member did not elect Part B. Providence Health Plan pays secondary when a Medicare-eligible member has enrolled in both Parts A & B.	For groups with 1-19 employees: Providence Health Plan pays primary when a Medicare-eligible member has enrolled in Part A, but did not elect Part B. Providence Health Plan pays secondary when the Medicare-eligible member has enrolled in both Parts A & B.
Employee Assistance Program (EAP)	Included 3-visit EAP benefit on Connect and Choice plans.	Included 3-visit EAP benefit on all plans.
Fertility Preservation in Relation Oncologic Conditions & Treatments	N/A	The Plan covers Fertility Preservation where treatment related to cancer conditions may cause irreversible infertility as recommended by evidence-based guidelines such as the National Comprehensive Cancer Network (NCCN). Covered Services include the following: <ul style="list-style-type: none"> + Office visits, counseling and procedures related to Fertility Preservation; + Retrieval and storage of eggs and sperm; + Drugs related to retrieval and storage of eggs and sperm for Fertility Preservation. Examples include medications used to stimulate the ovaries for oocyte (egg) retrieval.

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HSA Deductible & Out-of-Pocket Minimum and Maximum Amounts (Aggregate Plans)	Individual minimum - \$1,400 Individual maximum - \$7,000 Family minimum - \$2,800 Family maximum - \$14,000	IRS Change: Individual minimum - \$1,400 Individual maximum - \$7,050 Family minimum - \$2,800 Family maximum - \$14,100
HSA-Qualified HDHP Qualification: Language Update	Note: Should the criteria for federal qualifications on HSA-qualified High Deductible Health Plans be revised or clarified in a way that would result in non-qualification of this Plan, we may initiate an amendment in order to maintain that qualification.	Note: Should the criteria for federal qualifications on HSA-qualified High Deductible Health Plans be revised or clarified in a way that would result in non-qualification of this Plan, we may initiate an amendment in order to maintain that qualification. This Plan is also disqualified as an HSA-Qualified plan if it is provided alongside a Health Reimbursement Account (HRA).
Insulin Cost-Share Limits	N/A	DFR Change: Member cost-share (copay or coinsurance) may not exceed the following limits: + \$75 for a 30-day supply + \$225 for a 90-day supply <i>Limits apply after deductible is met for HSA plans</i>
Newborn Nurse Home Visit Program	N/A	DFR Change: Newborn nurse home visits are provided for newborns up to 6 months of age, including foster and newly adopted newborns, for Oregon members residing in a community where the Oregon Health Authority (OHA) Universal Newborn Nurse Home Visiting Program is operating. Newborn nurse home visits are covered without member cost-share (unless required for the Plan to maintain HSA-qualified status) under the newborn's In-Network benefits and must be received from nurses certified by OHA to provide the services.
Non-Discrimination Statement & Language Access Information Added to Member Handbooks	N/A	NCQA Update: Providence Health Plan and Providence Health Assurance comply with applicable Federal civil rights laws and do not discriminate or exclude people or treat them differently on the basis of race, color, national origin, age, disability, or sex. + Provide free aids and services to people with disabilities to communicate effectively with us, such as: + Qualified sign language interpreters + Written information in other formats (large print, audio, accessible electronic formats, other formats) + Provide free language services to people whose primary language is not English, such as: + Qualified interpreters + Information written in other languages

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Reduced Virtual Visit Copays	Virtual office visits to in-network Primary Care and Mental Health providers are covered at the outpatient office visit benefit, as stated in your Benefit Summary.	Virtual office visits to in-network Primary Care and Mental Health providers are covered at a \$10 copay (or less), as stated in your Benefit Summary. <i>Does not apply to HSA or Standard plans.</i>
Small Business Health Options Program (SHOP)	Balance, HSA Qualified and Standard plans are eligible for the SHOP tax credit.	Balance, Choice, Connect, HSA Qualified and Standard plans are eligible for the SHOP tax credit.
Telehealth Services Definitions & Language Updates to Provide Clarity of Telehealth Benefits	<ul style="list-style-type: none"> + Virtual Visits The Plan provides coverage for Virtual Visits with In-Network Providers using secure internet technology: <ul style="list-style-type: none"> + Phone and Video Visits + Web-direct Visits + Email Visits + Telemedical Services 	<ul style="list-style-type: none"> + Telehealth Services Telehealth services are services delivered through a variety of web-based or telecommunication technologies. The plan covers Telehealth services, when medically necessary and generally accepted healthcare practices and standards determine they can be safely and effectively provided using web based or telecommunication technologies. + On-Demand Virtual Visits + Office Visits Virtually + Telemedical Services + Telephone Visits
Transplant Travel Benefit Update	<p>Travel expenses are subject to a \$5,000 lifetime transplant benefit maximum for transportation, food and lodging.</p> <p>Food and lodging is subject to a \$150 per diem. Per Diem expenses apply to the \$5,000 travel expenses lifetime benefit maximum.</p>	<p>Travel expenses are subject to a \$5,000 per transplant benefit maximum for transportation, food and lodging.</p> <p>Food and lodging is subject to a \$300 per diem. Per Diem expenses apply to the \$5,000 travel expenses per transplant benefit maximum.</p>
Vision Hardware Benefit (Adult)	Included on Balance and Total Enhanced plans.	Included on Balance, Choice, Connect, HSA Qualified and Total Enhanced plans.