



2020 Plan Overview



Groups sized 1-50

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. Our goal is to help all members achieve better care with lower costs.

This guide will help you and your clients achieve both. It provides an overview of our 2020 Small Group products with many 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

Connect Out-of-Area Dependent plan 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 Signature network.

Updated cardiac rehabilitation benefits

On Total Enhanced, Balance and Connect plans, the first 16 visits are covered in full — with the deductible waived.

Significant savings through an improved Ambulatory Surgical Centers (ASC) benefit

Coinsurance for services received at an Ambulatory Surgical Center will be 10 percent less than the coinsurance for outpatient hospital services.

Out-of-pocket maximum indexed

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

Deductible waived for occupational and speech therapy

On all non-HSA plans receive treatment for occupational, speech and physical therapy without having to meet a deductible first.

What employers get with Providence

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 and by even offering comprehensive counseling and referrals to community resources.

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.

* Standard plans do not include coverage for chiropractic manipulation and acupuncture.

Multiple plan offering. When you choose our multiple plan offering option, you're able to offer your employees a choice of up to three plans instead of just one. This option eliminates the burden of having to choose one plan that satisfies all employees and it fosters employee satisfaction with more choice.

If an employer decides that a multiple plan offering is right for their business and employee population, they must meet the following guidelines:

- + Groups with one to four enrolled employees can offer up to two plans
- + Groups with five or more enrolled 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



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 2020 networks:

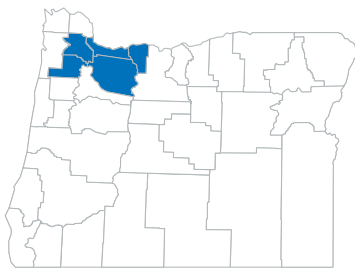


The Providence Signature network

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

The Providence Connect network

A tailored Portland-area provider network offering access to more than 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.



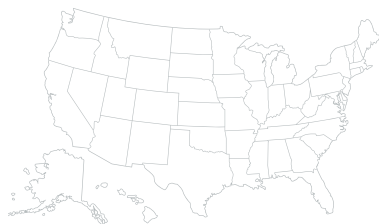
- + Clackamas County
- + Hood River County
- + Multnomah County
- + Washington County
- + The city of Newberg in Yamhill County

Compare our 2020 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 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	•	•	•	•	•	•
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.

Total Enhanced plans



Offering the most robust level of coverage, Total Enhanced plans offer best-in-class benefits with full access to the Providence Signature network.

The Providence Signature network

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

Unique plan features:

- + Rich benefits with platinum, gold and silver options
- + Predictable costs with low copays and the deductible waived on select benefits
 - Doctor and specialist visits
 - ER and urgent care
 - In-network lab and X-ray services
 - Physical therapy and chiropractic manipulation and acupuncture
 - Prenatal office visits
- + Fully covered Express Care Clinic and Express Care Virtual visits
- + In- and out-of-network combined deductible and out-of-pocket maximums
- + Deductible waived on all six pharmacy tiers
- + Generous adult vision coverage that includes annual exams, lenses and hardware
- + Provider choice in or out of the Providence Signature network
- + Pediatric dental coverage
- + Chiropractic manipulation and acupuncture visits (up to 15 visits per calendar year combined)

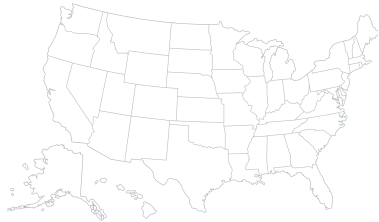
Nine plans available	Individual deductible (In-/out-of-network)	Individual out-of-pocket maximum (Common in-/out-of-network)
Total Enhanced 250 Platinum	\$250	\$3,500
Total Enhanced 500 Platinum	\$500	\$3,500
Total Enhanced 1000 Gold	\$1,000	\$6,500
Total Enhanced 1500 Gold	\$1,500	\$6,500
Total Enhanced 2500 Gold	\$2,500	\$6,500
Total Enhanced 3500 Gold	\$3,500	\$6,500
Total Enhanced 4500 Gold	\$4,500	\$6,500
Total Enhanced 5500 Gold	\$5,500	\$6,500
Total Enhanced 7000 Silver	\$7,000	\$8,150

Total Enhanced plans

✓ No deductible needs to be met prior to receive this benefit CIF Covered in full	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 specialist by phone and video	\$15 – \$70 ✓	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 ✓	30% – 40% ✓
Maternity prenatal care, gynecological exams, pap tests, mammograms	CIF ✓	30% – 40%
Colorectal cancer screenings (preventive, age 50 and over)	CIF ✓	30% – 40%
Office Visits for Medical Services		
Primary care provider	\$20 – \$65 ✓	30% – 40% ✓
Alternative care provider, such as naturopaths	\$20 – \$65 ✓	30% – 40% ✓
Specialist	\$30 – \$85 ✓	30% – 40% ✓
Hospital Services		
Inpatient hospital services and maternity care	10% – 30%	30% – 40%
Emergency and Urgent Care Services		
Emergency services	\$250 then 10% – 30% ✓	\$250 then 10% – 30% ✓
Urgent care services	\$30 – \$85 ✓	30% – 40% ✓
Outpatient Diagnostic Services		
X-ray and lab services (includes ultrasound)	10% – 30% ✓	30% – 40%
High-tech imaging services (such as PET, CT, MRI)	10% – 30%	30% – 40%
Other Covered Services		
Outpatient surgery at a hospital-based facility	10% – 30%	30% – 40%
Outpatient surgery at an ASC	5% – 20%	30% – 40%
Outpatient physical, occupational or speech therapy (limited to 30 visits per calendar year)	10% – 30% ✓	30% – 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 – \$15 ✓	Not Covered
Non-preferred generic	\$15 – \$25 ✓	Not Covered
Preferred brand name	\$25 – \$65 ✓	Not Covered
Non-preferred brand name	30% – 40% ✓	Not Covered
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



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

The Providence Signature network

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

- Unique plan features:**
- + Predictable costs with low copays and the deductible waived on select benefits
 - Doctor and specialist visits
 - Urgent care
 - Physical therapy and chiropractic manipulation and acupuncture
 - + Deductible 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 for exams and hardware
 - + Chiropractic manipulation and acupuncture visits (up to 10 visits per year combined)

Eight plans available	Individual deductible (In-/out-of-network)	Individual out-of-pocket maximum
Balance 750 Gold	\$750 / \$1,500	\$6,000 / \$12,000
Balance 1500 Gold	\$1,500 / \$3,000	\$6,000 / \$12,000
Balance 2500 Silver	\$2,500 / \$5,000	\$8,150 / \$16,300
Balance 3500 Silver	\$3,500 / \$7,000	\$8,150 / \$16,300
Balance 4500 Silver	\$4,500 / \$9,000	\$8,150 / \$16,300
Balance 6000 Silver	\$6,000 / \$12,000	\$8,150 / \$16,300
Balance 7000 Bronze	\$7,000 / \$14,000	\$8,150 / \$16,300
Balance 8150 Bronze	\$8,150 / \$16,300	\$8,150 / \$16,300

Balance plans

✓ 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	\$50 – \$85 ✓	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	\$45 – \$70 ✓	50% ✓
Alternative care provider, such as naturopaths	\$45 – \$70 ✓	50% ✓
Specialist	\$65 – \$100 ✓	50% ✓
Hospital Services		
Inpatient hospital services and maternity care	20% – 50%*	50%*
Emergency and Urgent Care Services		
Emergency services	\$250 then 20% – 50%*	\$250 then 20% – 50%*
Urgent care services	\$65 – \$100 ✓	50% ✓
Outpatient Diagnostic Services		
X-ray and lab services (includes ultrasound) – Gold and Silver	20% – 35% ✓	50%
– Bronze	50%*	50%*
High-tech imaging services (such as PET, CT, MRI)	20% – 50%*	50%*
Other Covered Services		
Outpatient surgery at a hospital-based facility	20% – 50%*	50%*
Outpatient surgery at an ASC	10% – 40%*	50%*
Outpatient physical, occupational or speech therapy (limited to 30 visits per calendar year)	20% – 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 – \$35 ✓	Not Covered
Non-preferred generic	\$20 – \$60 ✓	Not Covered
Preferred brand name – Gold and Silver	\$50 – \$75 ✓	Not Covered
– Bronze	50%*	Not covered
Non-preferred brand name – Gold and Silver	50% ✓	Not covered
– Bronze	50%*	Not Covered
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 8150 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



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.

The Providence Signature network

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

Unique plan features:

- + Lower premiums with most services subject to the deductible
- + Provider choice in or out of the Providence Signature network
- + Separate deductibles and out-of-pocket maximums, in- and out-of-network
- + In-network Preventive Care Services that are covered in full; deductible waived
- + Fully covered Express Care Clinic and Express Care Virtual visits after deductible
- + Integrated health savings account administration, through HealthEquity
- + A formulary that includes ACA preventive and safe harbor medications that are exempt from the deductible
- + Pediatric dental coverage
- + Adult vision exam coverage
- + Chiropractic manipulation and acupuncture visits (up to 10 visits per year combined); deductible applies

Six plans available	Individual deductible (In-/out-of-network)	Individual out-of-pocket maximum
HSA Qualified 2000 Silver	\$2,000 / \$4,000	\$6,750 / \$13,500
HSA Qualified 2500 Silver	\$2,500 / \$5,000	\$6,750 / \$13,500
HSA Qualified 3500 Silver	\$3,500 / \$7,000	\$6,750 / \$13,500
HSA Qualified 4500 Bronze	\$4,500 / \$9,000	\$6,750 / \$13,500
HSA Qualified 5500 Bronze	\$5,500 / \$11,000	\$6,750 / \$13,500
HSA Qualified 6750 Bronze	\$6,750 / \$13,500	\$6,750 / \$13,500

HSA Qualified plans

✓ No deductible needs to be met prior to receive this benefit CIF Covered in full	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 specialist by phone and video	20% – 40%*	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	30% – 50%*	50%*
Alternative care provider, such as naturopaths	30% – 50%*	50%*
Specialist	30% – 50%*	50%*
Hospital Services		
Inpatient hospital services and maternity care	30% – 50%*	50%*
Emergency and Urgent Care Services		
Emergency services/urgent care services	30% – 50%*	50%*
Outpatient Diagnostic Services		
X-ray and lab services (includes ultrasound)	30% – 50%*	50%*
High-tech imaging services (such as PET, CT, MRI)	30% – 50%*	50%*
Other Covered Services		
Outpatient surgery at a hospital-based facility	30% – 50%*	50%*
Outpatient surgery at an ASC	20% – 40%*	50%*
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 / preferred brand name	30% – 50%*	Not Covered
Non-preferred generic / non-preferred brand name	30% – 50%*	Not Covered
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 6750 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.

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:

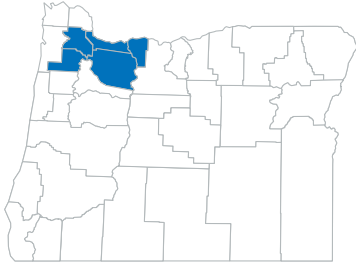
- + In-person, 24/7 customer service
- + The ability to pay providers and to view claims and payment information online anytime, anywhere
- + Integrated plan setup, enrollment, claims administration and billing so that health plan and employee health care accounts are set up in one place
- + A fully 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	\$250 - \$500
Flexible Spending Account (FSA)	Free	\$3.45 per account (paid directly to HealthEquity)	\$250 - \$500
Limited purpose Flexible Spending Account	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.



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 80 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.

Unique plan features:

- + 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	\$6,000 / \$12,000
Connect 1500 Gold	\$1,500 / \$3,000	\$6,000 / \$12,000
Connect 2500 Silver	\$2,500 / \$5,000	\$8,150 / \$16,300
Connect 3500 Silver	\$3,500 / \$7,000	\$8,150 / \$16,300
Connect 4500 Silver	\$4,500 / \$9,000	\$8,150 / \$16,300
Connect 6000 Silver	\$6,000 / \$12,000	\$8,150 / \$16,300
Connect 7000 Bronze	\$7,000 / \$14,000	\$8,150 / \$16,300
Connect 8150 Bronze	\$8,150 / \$16,300	\$8,150 / \$16,300

Connect plans

✓ No deductible needs to be met prior to receive this benefit CIF Covered in full	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 specialist by phone and video	\$50 - \$85 ✓	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 ✓	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	\$45 - \$70 ✓	50%*
Alternative care provider, such as naturopaths	\$45 - \$70 ✓	50%*
Specialist	\$65 - \$100 ✓	50%*
Inpatient hospital services and maternity care	20% - 50%*	50%*
Emergency and Urgent Care Services		
Emergency services	\$250 then 20% - 50%*	\$250 then 20% - 50%*
Urgent care services	\$65 - \$100 ✓	50%
Outpatient Diagnostic Services		
X-ray and lab services (includes ultrasound) -Gold and Silver	20% - 35% ✓	50%
- Bronze	50%*	50%*
High-tech imaging services (such as PET, CT, MRI)	20% - 50%*	50%*
Other Covered Services		
Outpatient surgery at a hospital-based facility	20% - 50%*	50%*
Outpatient surgery at an ASC	10% - 40%*	50%*
Outpatient physical, occupational or speech therapy (limited to 30 visits per calendar year)	20% - 50% ✓	50%*
Chiropractic manipulation & acupuncture (limited to 10 visits combined per calendar year); does not apply to out-of-pocket maximum	\$25 ✓	50% ✓
Prescription Drugs		
Preferred generic	\$15 - \$35 ✓	Not Covered
Non-preferred generic	\$20 - \$60 ✓	Not Covered
Preferred brand name - Gold and Silver	\$50 - \$75 ✓	Not Covered
- Bronze	50%*	Not Covered
Non-preferred brand name - Gold and Silver	50% ✓	Not Covered
- Bronze	50%*	Not Covered
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)	\$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 8150 Bronze plan:** Because the deductible is equal to the out-of-pocket maximum, the benefit is covered in full after the deductible is paid.

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, but with an exciting new feature: dependents will be covered even if they live outside the Connect plan service area. How? By enrolling them in Connect Out-of-Area Dependent coverage, they're covered. It's fast, easy and super simple. Enrolled dependents have access to providers in the Signature network and do not need to designate a medical home.

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.
- + Out-of-Area Dependents must be enrolled in the Out-of-Area plan option prior to utilizing services in the Signature network.

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



Standard plans



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.

The Providence Signature network

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

- Unique plan features:**
- + 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	\$7,300 / \$14,600
Providence Oregon Standard Silver Plan*	\$3,550 / \$7,100	\$8,150 / \$16,300
Providence Oregon Standard Bronze Plan*	\$7,900 / \$15,800	\$7,900/\$15,800

*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.

Standard plans

✓ No deductible needs to be met prior to receive 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	\$75 ✓	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%	\$45 ✓	CIF
Alternative care provider, such as naturopaths	\$40 ✓	50%	\$80 ✓	50%	\$90 ✓	CIF
Specialist	\$40 ✓	50%	\$80 ✓	50%	\$90 ✓	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	\$15 ✓	Not Covered
Non-preferred generic	\$10 ✓		\$15 ✓		\$15 ✓	
Preferred brand name	\$30 ✓		\$60 ✓		CIF	
Non-preferred brand name	50% ✓		50% ✓		CIF	
Preferred specialty	50% ✓ with \$500 per script cap		50% ✓		CIF	
Non-preferred specialty	50% ✓ with \$500 per script cap		50% ✓		CIF	
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					

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

With a Providence plan, members get:

- + Access to a 90-day pharmacy transition period for most prescriptions that normally require prior authorization for newly enrolled members.

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 – \$35, 30% – 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 – \$60, 30% – 50% for HSA plans
Preferred brand name	The lowest-cost brand-name drugs; about 4 percent of drugs used are in this tier	\$25 – \$75, 30% – 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% – 50%
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 3,000 in-network dental provider listings in Oregon and southwest Washington and more than 325,000 in-network provider listings nationwide. Search for a dentist at 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 receive 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 90th percentile		UCR 90th percentile	
2020 rates								
Subscriber only	\$10.20		\$31.60		\$37.80		\$42.05	
Subscriber and spouse	\$20.15		\$63.15		\$75.65		\$84.15	
Subscriber and children	\$20.65		\$56.70		\$67.85		\$75.50	
Subscriber, spouse and children	\$30.55		\$90.05		\$107.80		\$119.95	

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



Projects
Known
Solved
All Company Metrics
In Progress
Done

Important contact information

2020 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



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