Employee Assistance Program Implementation Form



			/	
COMPANY NAME			REQUESTED EFFECTIVE DATE	
IF CURRENT PHP MEDICAL CLIENT:			USE MEDICAL Yes	
GRO	UP#	EDICAL POLICY RENEWAL MONTH	CONTACT? No	
Billing Contact In	formation			
BILLING CONTACT NAME		BILLING CONTACT TITLE		
BILLING CONTACT ADDRE	SS			
BILLING CONTACT PHONE	<u> </u>	BILLING CONTACT EMAIL	-	
Note: Please provide the total company head count of all your employees. The EAP benefit is offered to ALL employees, not just those enrolled in employer-sponsored benefits. Dependents up to age 26 are also offered the EAP benefit, but should not be included in the count above.				
TOTAL # OF EMPLOYEES	X PEPM RATE (SEE RATE GRID	X 12 MONTHS = \$	ESTIMATED ANNUAL PREMIUM	
		Rates by Company Size*		
EAP Product	50 or fewer employees	51-250 employees	251+ employees	
3 visits	\$2.15	\$1.70	\$1.40	
6 visits	\$2.70	\$2.55	\$2.15	
*Pates are based on total emplo	ovee count including those not enrolled on	the medical plan		

Additional Services**	Rates	
CISM (Critical Incident Stress Management), Lunch & Learns/employee presentations, and trainings	Current rate charged at the time of request	

^{**}These services can be arranged by calling the EAP Employee Workplace Consultant team directly at 1-800-444-9559. Invoicing for additional services is separate from your quarterly EAP invoices.

The Providence Employee Assistance Program is a stand-alone program that can be implemented at any time (no need to wait for the medical renewal).

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 benefits). The EAP premium is billed separately from your Providence Health Plan medical premiums on a quarterly basis.

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