

GROUPS SIZED 1-50



2016 Plan Overview

Why choose Providence?

We help you manage costs.

- For the past six years, our small group trend has been consistently below market – 4 percent trend in January 2015.
- With a large product portfolio and a broad provider network, choice and options are yours.
- We have one of the nation's best pharmacy utilization rates – 88 percent for generic utilization.
- We're recognized for reducing unnecessary emergency room visits – nearly 40 percent reduction – over the last 10 years.



We are good at what we do, and we're recognized by peers.

- The National Committee for Quality Assurance has awarded Providence Health Plan an accreditation status of Commendable for its Oregon Commercial PPO plans. This signifies Providence Health Plan's service and clinical quality meet or exceed NCQA's rigorous requirements for consumer protection and quality improvement.
- For 10 years in a row, we've been recognized by the Portland Business Journal as one of Oregon's most admired companies.
- We provide accurate and timely claims processing. (We accurately processed 97 percent of all claims within 30 days in 2014, 2013 and 2012.)



We are integrated.

- We offer a cohesive approach to member and patient care founded on the Providence Mission and core values of respect, compassion, justice, excellence and stewardship.
- Electronic systems keep members, physicians and the health plan connected, making it easy to share information. For example:
 - ProvRN nurses electronically notify providers after a member's ProvRN call.
 - Providence Health eXpress providers electronically share the after-visit summary with physicians.



We care.

- We live the Providence Mission every time we talk with a member – ensuring each person is cared for in the most genuine, compassionate way.
- Last year, Providence outreach programs helped meet community needs in five key areas:
 1. Preventive and primary care needs
 2. Mental health and substance use
 3. Chronic conditions and disease management
 4. Oral health
 5. Basic needs, such as hunger, housing and transportation



We are innovative.

- Providence Health eXpress, our Web-based health care service, delivers high-quality care on-demand and is ranked 4.8 out of five stars for patient satisfaction.
- Our unique partnerships with Northwest businesses and Providence Health & Services achieve optimal health and cost savings.
- Bundled payments with our joint bundle packages improve patient experiences, coordinate care, provide higher-quality care and ultimately lower costs.



What really matters? What's in it for YOU?

- Your health care dollars are invested wisely.
- You'll benefit from our relationship with Providence Health & Services, making sure you have access to high-quality care in a convenient, compassionate way.
- You'll share in our commitment to the Triple Aim to provide improved health, the best care experience and affordability.
- You're given free tools, resources and support to achieve your health goals.
- You'll be treated with dignity and respect because we take time to listen and learn about your needs.
- You'll have fewer hassles because we do things right – the first time.
- You'll find what you need and if you don't, we'll help until you do.



What you get with Providence

Robust plan choices

You can choose from a wide variety of plan types with a range of deductibles to meet the needs of your business. New this year is the Total Enhanced plan, which provides premium coverage and broad choice, and two optional dental coverage plans, Essential Access Dental and Advantage Access Dental.

Access to a Providence provider network

- Employees with coverage under a Total Enhanced, Total, Balance, HSA Qualified or Standard plan will gain access to the national Providence Signature Network (formerly called the Providence EPO network).
- Those covered by Choice plans will receive care from providers within their medical homes or via referral to the Signature network to receive in-network benefits.
- Connect plan members will receive coordinated care from their medical home providers, and also can be referred outside their medical home for care by a Connect network specialist.

Bundled benefits include pediatric dental, vision and pharmacy

Coverage for vision, pharmacy services, and pediatric dental is included in every plan:

- We offer a pediatric dental plan that is compliant with the Affordable Care Act.*
- Vision coverage for adults and children is offered through the VSP Choice network.*
- Members have access to preferred retail and mail-order pharmacy options.
- All plans include coverage for chiropractic manipulation and acupuncture.*
- Members can conduct Health eXpress visits by smartphone, tablet or computer at a lower copay than an office visit.

*Not available with Standard plans

New for 2016:

- We added the Total Enhanced plan, so you can offer your employees premium coverage, maximum flexibility and predictable costs. Total Enhanced Plans most closely resemble richer large group plans.
- Members can take advantage of health coaching, a program that provides up to 12 visits per year with a wellness coach for customized health guidance.
- Members can get a clear estimate of the costs of treatments they're considering with the new treatment cost calculator.
- Small group dental coverage can be added to any Providence medical plan.
- The Choice selling area now matches the network area, and we added Jackson and Clatsop counties to the Choice network.
- The deductible has been waived and there is a \$0 copay for ACA-required preventive prescription drugs.

Exclusive health improvement resources

With FitTogether™ members can take multiple paths to better health with various programs and services, including:

- ProvRN, free health advice 24/7 from a registered nurse
- Tobacco cessation programs that help tobacco users quit for good
- Award-winning case and disease management nurse care coordinators who provide education and support for members with chronic conditions
- Health and wellness classes that help members manage stress, achieve a healthy weight, begin a yoga practice and more
- An award-winning newsletter packed with health and wellness information from our own medical experts

Providence Health Plan is part of Providence Health & Services, an integrated delivery system that has been caring for Northwest communities for nearly 160 years. We offer health insurance for commercial groups, Medicare, Medicaid, individuals and families, and we serve more than 500,000 members nationwide. Compassionate and innovative care along with unique partnerships with physicians, hospitals and pharmacies help us achieve the Triple Aim:



Improved health



Best care experience



Affordability

What you get with Providence *(continued)*

Innovative tools to maintain and improve health

myProvidence, our secure member portal and complete source for health, wellness and benefits information, enables your employees to:

- Get a baseline of their overall health with a personal health assessment
- Search our online directory to find in-network providers, review their claims history and calculate how much of their deductible they've met
- Manage their health costs with our treatment cost calculator and online bill pay options
- Live healthier lives with Wellness Central, an integrated health and wellness hub that offers a personalized dashboard, health trackers and assessments, a library of health and wellness videos and articles, meal plans and medication information
- Use MyChart, a secure Website, to contact the Providence Medical Group family of clinics to:
 - Schedule appointments online
 - Email health care providers
 - Pay bills online
 - Access lab and other test results

Health-enhancing extras for added fitness and fun

All members enjoy savings on:

- Exclusive discounts through LifeBalance to recreation options, such as popular family attractions, zoos and amusement parks; hundreds of fitness facilities throughout Oregon; and local events
- Board-certified LASIK vision correction or custom LASIK through our partner, TruVision
- Hearing aids (up to 60 percent off) through our partner, TruHearing

Services for a fit business and a healthy workforce

In addition to medical plans, Providence offers buy-up services that give you everything you need to build a comprehensive benefits program customized to your objectives:

- An employee assistance program designed to help employees resolve issues affecting work and family life through comprehensive counseling and referrals to community resources

- Free full-service COBRA administration services (e.g., billing, eligibility, collecting and transaction processing) through Ceridian, the nation's largest COBRA services vendor
- Simplified integration of health saving accounts, health reimbursement accounts and flexible spending accounts with Providence Health Plan through our partner, HealthEquity®

Best Fit defined contribution

When you choose the defined contribution option with Providence Health Plan, you're able to offer your employees a choice of two or three plans instead of just one.

The advantages of a Best Fit option for the employer include:

- Eliminating the burden of having to choose one plan that satisfies all employees
- Better prediction and control of insurance costs, regardless of fluctuations in insurance rates and employee census
- Greater employee satisfaction with benefit choices

The advantages of a Best Fit option for employees include:

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

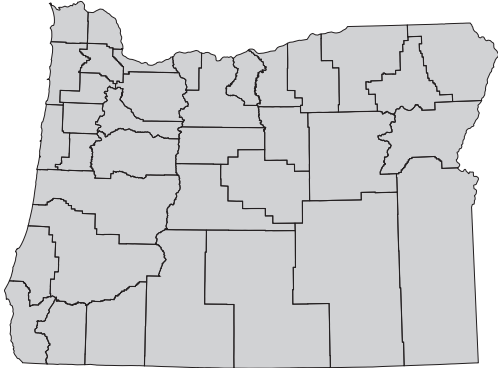
The plans you choose must meet a few guidelines:

- Groups with one to four benefit-eligible subscribers can offer up to two plans.
- Groups with five or more benefit-eligible subscribers can offer up to three plans.
- The employer contribution must be at least 50 percent of the employee-only rate for the lowest-cost plan.
- If you offer Connect or Choice plans, you also must offer at least one option that includes the Signature Network (Total Enhanced, Total, Balance, Standard or HSA Qualified).

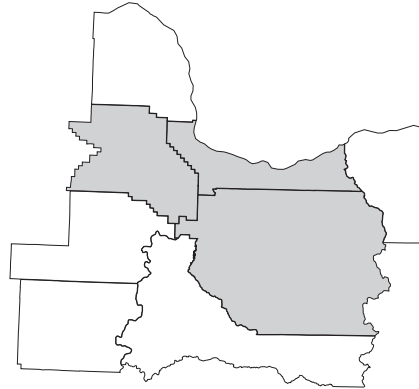
Selling areas

Businesses located anywhere in Oregon can choose Providence Health Plan for their employees.

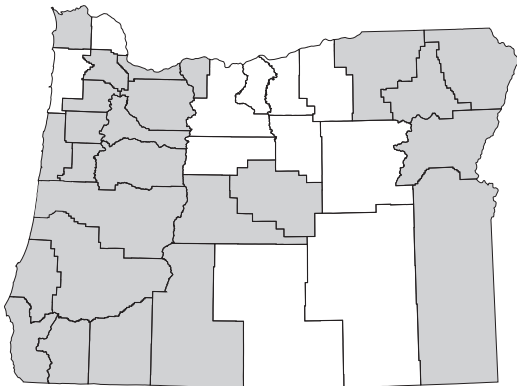
Total Enhanced, Total, Balance, HSA Qualified and Standard plans are available statewide.



Connect plans are available in Clackamas, Multnomah and Washington counties.



Choice plans are available in selected counties.



Baker	Deschutes	Lincoln	Union
Benton	Douglas	Linn	Wallowa
Clackamas	Hood River	Malheur	Washington
Clatsop	Jackson	Marion	Yamhill
Coos	Josephine	Multnomah	
Crook	Klamath	Polk	
Curry	Lane	Umatilla	

For a listing of providers in any PHP network,
visit www.ProvidenceHealthPlan.com/providerdirectory.

Networks

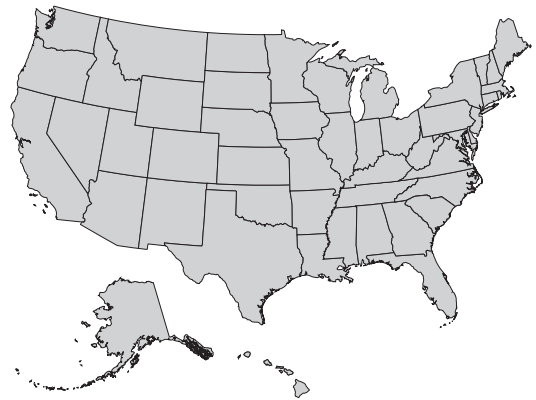
We offer a variety of provider networks, each one designed to support the needs of our different health plan products.

In addition to the expertise and talent of our Providence physicians, specialists and other caregivers, we partner with individual and group providers outside the Providence family.

Providence Signature Network

With the Providence Signature Network (formerly named Providence EPO Network), your employees get access to nearly 1 million providers nationwide – including more than 10,000 throughout Oregon and southwest Washington. Choose our Total Enhanced, Total, Balance, HSA Qualified or Standard plans to take advantage of this national network. The Signature network is a great fit for organizations that have employees who work outside of Oregon.

Signature network:
Nationwide



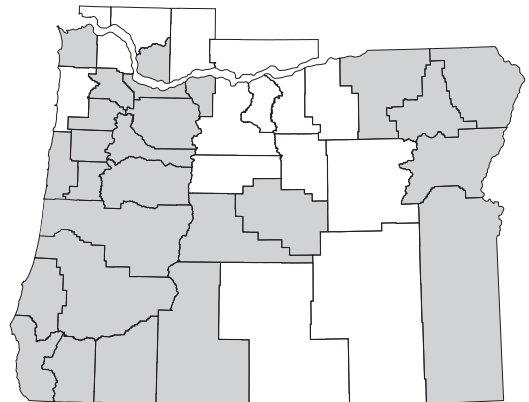
Providence Choice Network

With the Providence Choice Network, members choose a medical home from more than 235 primary care clinics throughout Oregon and southwest Washington. Clinics in the Choice network are designated as medical homes based on access, coordination, quality and cost measures.

Choice network counties in Oregon:

Baker	Deschutes	Lincoln	Union
Benton	Douglas	Linn	Wallowa
Clackamas	Hood River	Malheur	Washington
Clatsop	Jackson	Marion	Yamhill
Coos	Josephine	Multnomah	
Crook	Klamath	Polk	
Curry	Lane	Umatilla	

Choice network counties in Washington:
Clark



Providence Connect Network

With the Portland-area Providence Connect Network, members choose a medical home from more than 65 primary care clinics in Clackamas, Multnomah and Washington counties. As with the Choice network, participating clinics partner with Providence to improve the quality of care and reduce medical costs.

Connect network counties:
Clackamas, Multnomah and Washington



For a listing of providers for any of these networks, visit www.ProvidenceHealthPlan.com/providerdirectory.

Plan comparison

Plan Features	Total Enhanced	Total	Balance	HSA Qualified	Choice	Connect	Standard Gold & Silver	Standard Bronze
Provider network								
Broad PPO-style network	•	•	•	•			•	•
Local medical home model					•	•		
No referrals required	•	•	•	•			•	•
Benefits								
Combined in-network and out-of-network deductibles and out-of-pocket maximums	•	•						
Deductible applies to out-of-pocket maximum	•	•	•	•	•	•	•	•
Preventive care covered in full	•	•	•	•	•	•	•	•
Deductible waived for primary care provider and specialist visits	•	•	•		•	•	•	
Deductible waived for urgent care visits	•	•	•		•	•	•	
Deductible waived for lab and X-ray	•	•	•		•	•		
Deductible waived for generic drugs	•	•	•		•	•	•	
Deductible waived for preferred brand name drugs	•	•	•		•	•	•	
Coverage for chiropractic manipulation and acupuncture	•	•	•	•	•	•		
Pediatric dental (Medical deductible and out-of-pocket maximums apply)	•	•	•	•	•	•		
Adult vision exams	•	•	•	•	•	•		
Adult vision hardware	•	•	•		•			
Higher cost shares for select services					•	•		
Health and wellness program								
ProvRN free 24/7 nurse line	•	•	•	•	•	•	•	•
Disease management for chronic conditions	•	•	•	•	•	•	•	•
LifeBalance recreational discount program	•	•	•	•	•	•	•	•
Health coaching (12 sessions/year)	•	•	•	•	•	•	•	•
Integrated HSA, HRA and FSA account administration								
Can be paired with an integrated HealthEquity® HRA and/or FSA	•	•	•		•	•	•	
Can be paired with an integrated HealthEquity® HSA				•				•

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.

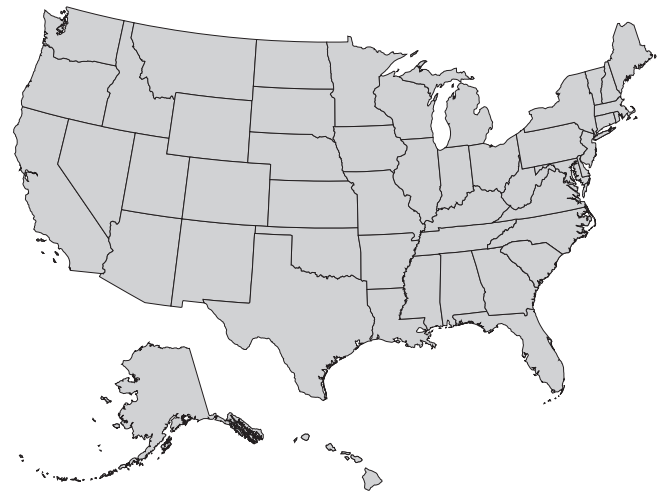
Total Enhanced plans

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

Total Enhanced plans offer:

- Rich benefits with platinum, gold and silver options
- The greatest cost predictability with low copays and deductible-waived benefits
- Copays starting as low as \$10, deductibles as low as \$250, and out-of-pocket maximums as low as \$2,500
- Deductibles waived for doctor and specialist visits; ER and urgent care; lab and X-ray services; and chiropractic manipulation and acupuncture
- A combined deductible and out-of-pocket maximum
- Deductible waived on all 5 pharmacy tiers
- Lowest prescription drug copays and best adult vision coverage, including annual exams, lenses and hardware
- Provider choice in or out of the Providence Signature Network
- Pediatric dental coverage
- Up to 15 combined chiropractic manipulation and acupuncture visits per year

Providence Signature Network: A network of nearly 1 million health care providers nationwide, both in Providence facilities and in other locations.



Seven plans available	Deductible (in-/out-of-network)	Out-of-pocket maximum (in-/out-of-network)
Total Enhanced 250 Platinum	\$250	\$2,500
Total Enhanced 500 Platinum	\$500	\$2,500
Total Enhanced 1000 Gold	\$1,000	\$4,000
Total Enhanced 1500 Gold	\$1,500	\$4,000
Total Enhanced 2000 Gold	\$2,000	\$4,000
Total Enhanced 3000 Silver	\$3,000	\$6,850
Total Enhanced 5000 Silver	\$5,000	\$6,850

Total Enhanced plans

After meeting your deductible, you pay the following amounts for covered services. The deductible is waived for some covered services. These are marked with ✓	In-network	Out-of-network
Network	Providence Signature Network	
Referral required for in-network benefits	No	
Preventive Care		
Periodic health exams and well-baby care (from any provider licensed to perform the service)	Covered in full ✓	30% to 40% ✓
Maternity prenatal care	Covered in full ✓	30% to 40%
Gynecological exams; Pap tests	Covered in full ✓	30% to 40%
Mammograms	Covered in full ✓	30% to 40%
Colorectal cancer screenings (preventive age 50 and over)	Covered in full ✓	30% to 40%
Office Visits for Medical Services		
Personal physician/provider	\$10 to \$35 ✓	30% to 40% ✓
Specialist	\$25 to \$65 ✓	30% to 40% ✓
Alternative care provider	\$10 to \$35 ✓	30% to 40% ✓
Personal physician/provider visits by phone or video, including Providence Health eXpress®	Covered in full to \$20 ✓	Not covered
Hospital Services		
Inpatient hospital services and maternity care	10% to 30%	30% to 40%
Emergency/Urgent Care		
Emergency services	\$250 then 10% to 30% ✓	\$250 then 10% to 30% ✓
Urgent care services	\$25 to \$50 ✓	30% to 40% ✓
Outpatient Diagnostic Services		
X-ray and lab services	10% to 30% ✓	30% to 40%
High-tech imaging services (such as PET, CT, MRI)	10% to 30%	30% to 40%
Other Covered Services		
Outpatient surgery at an ambulatory surgery center	\$150 to \$200	30% to 40%
Outpatient surgery at a hospital-based facility	10% to 30%	30% to 40%
Chiropractic manipulation and acupuncture (limited to 15 visits combined per calendar year)	\$25 ✓	50% ✓
Prescription Drugs		
Preventive (ACA-required drugs only)	Covered in full ✓	Not covered
Generic	\$7 to \$15 ✓	Not covered
Preferred brand name	\$25 to \$60 ✓	Not covered
Non-preferred brand name	30% ✓	Not covered
Specialty and compound	30% ✓	Not covered
Pediatric Vision Services (children aged 18 years and younger)		
Routine eye exams (limited to one exam per calendar year)	Covered in full ✓	Covered ✓
Vision hardware (frames, lenses, contact lenses)	Covered in full ✓	Covered ✓
Adult Vision Services 12/12/12		
Routine eye exams (limited to one exam per calendar year)	\$30 ✓	Covered ✓
Vision hardware (frames and lenses or contact lenses)	Covered ✓	Covered ✓
Pediatric Dental Services (children aged 18 years and younger)		
Diagnostic and preventive services (includes routine exams, cleanings, bitewing X-rays, topical fluoride, space maintainers)	Covered in full ✓	30% ✓
Basic services (includes restorative fillings)	50%	70%
Major services (includes crowns, dentures, bridge work, oral surgery, endodontics, periodontics)	50%	70%

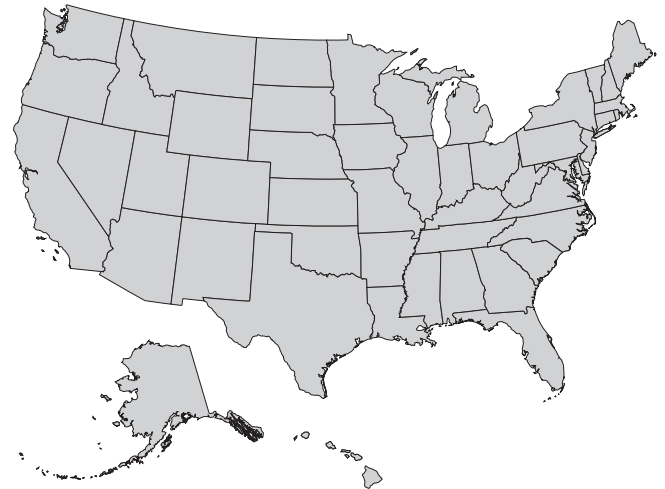
Total plans

Total plans pair great benefits with full access to the Providence Signature Network so your employees get the coverage they want.

Total plans offer:

- Rich benefits with gold and silver options
- Low copays and deductible-waived benefits for cost predictability
- Copays starting at \$10, deductibles as low as \$1,000, and out-of-pocket maximums from \$4,000
- Deductibles waived for doctor and specialist visits; urgent care; lab and X-ray services; generic, preferred and non-preferred brand-name drugs; and chiropractic manipulation and acupuncture
- A combined deductible and out-of-pocket maximum
- Provider choice in or out of the Providence Signature Network
- Pediatric dental coverage
- Adult vision coverage (exams and hardware)
- Up to 10 combined chiropractic manipulation and acupuncture visits per year

Providence Signature Network: A network of nearly 1 million health care providers nationwide, both in Providence facilities and in other locations.



Four plans available	Deductible (in-/out-of-network)	Out-of-pocket maximum (in-/out-of-network)
Total 1000 Gold	\$1,000	\$4,000
Total 2000 Gold	\$2,000	\$4,000
Total 3000 Silver	\$3,000	\$6,850
Total 5000 Silver	\$5,000	\$6,850

Total plans

After meeting your deductible, you pay the following amounts for covered services. The deductible is waived for some covered services. These are marked with ✓	In-network	Out-of-network
Network	Providence Signature Network	
Referral required for in-network benefits	No	
Preventive Care		
Periodic health exams and well-baby care (from any provider licensed to perform the service)	Covered in full ✓	40% ✓
Maternity prenatal care	Covered in full ✓	40%
Gynecological exams; Pap tests	Covered in full ✓	40%
Mammograms	Covered in full ✓	40%
Colorectal cancer screenings (preventive age 50 and over)	Covered in full ✓	40%
Office Visits for Medical Services		
Personal physician/provider	\$25 to \$35 ✓	40% ✓
Specialist	\$45 to \$65 ✓	40% ✓
Alternative care provider	\$25 to \$35 ✓	40% ✓
Personal physician/provider visits by phone or video, including Providence Health eXpress®	\$10 to \$20 ✓	Not covered
Hospital Services		
Inpatient hospital services and maternity care	20% to 30%	40%
Emergency/Urgent Care		
Emergency services	\$250 then 20% to 30%	\$250 then 20% to 30%
Urgent care services	\$45 to \$65 ✓	40% ✓
Outpatient Diagnostic Services		
X-ray and lab services	20% to 30% ✓	40%
High-tech imaging services (such as PET, CT, MRI)	20% to 30%	40%
Other Covered Services		
Outpatient surgery at an ambulatory surgery center	\$200	40%
Outpatient surgery at a hospital-based facility	20% to 30%	40%
Chiropractic manipulation and acupuncture (limited to 10 visits combined per calendar year)	\$25 ✓	50% ✓
Prescription Drugs		
Preventive (ACA-required drugs only)	Covered in full ✓	Not covered
Generic	\$10 to \$15 ✓	Not covered
Preferred brand name	\$40 to \$60 ✓	Not covered
Non-preferred brand name	40% to 50% ✓	Not covered
Specialty and compound	30%	Not covered
Pediatric Vision Services (children aged 18 years and younger)		
Routine eye exams (limited to one exam per calendar year)	Covered in full ✓	Covered ✓
Vision hardware (frames, lenses, contact lenses) - limits apply	Covered in full ✓	Covered ✓
Adult Vision Services 12/24/24		
Routine eye exams (limited to one exam per calendar year)	\$30 ✓	Covered ✓
Vision hardware (frames and lenses or contact lenses) - limits apply	Covered ✓	Covered ✓
Pediatric Dental Services (children aged 18 years and younger)		
Diagnostic and preventive services (includes routine exams, cleanings, bitewing X-rays, topical fluoride, space maintainers)	Covered in full ✓	30% ✓
Basic services (includes restorative fillings)	50%	70%
Major services (includes crowns, dentures, bridge work, oral surgery, endodontics, periodontics)	50%	70%

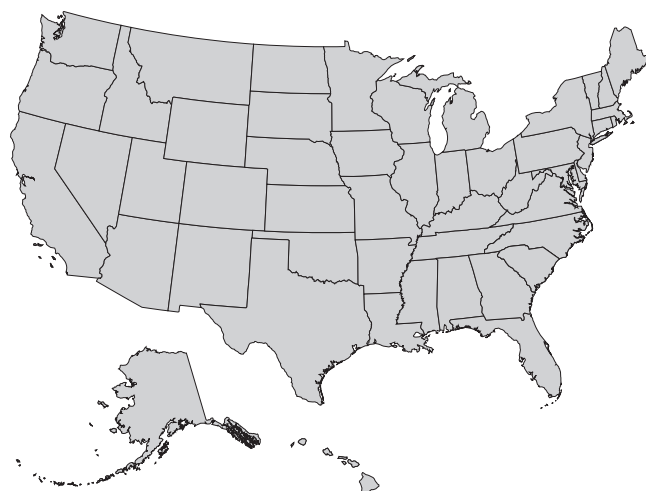
Balance plans

Our Balance plans offer a balance of cost-saving features and coverage for the services your employees use the most. With excellent benefits at an affordable premium, this classic plan design is straightforward but flexible.

Balance plans offer:

- A variety of deductible options and out-of-pocket maximums so you can select the plan and price point that fits within your budget
- Separate deductibles and out-of-pocket maximums, in and out of the network
- Deductibles waived for doctor and specialist visits; urgent care; lab and X-ray services; generic and preferred brand-name drugs; and chiropractic manipulation and acupuncture
- Provider choice in or out of the Providence Signature Network
- Pediatric dental coverage
- Adult vision coverage (exams and hardware)
- Up to 10 combined chiropractic manipulation and acupuncture visits per year

Providence Signature Network: A network of nearly 1 million health care providers nationwide, both in Providence facilities and in other locations.



Six plans available	Deductible (in-/out-of-network)	Out-of-pocket maximum (in-/out-of-network)
Balance 500 Gold	\$500/\$1,000	\$4,000/\$8,000
Balance 1000 Gold	\$1,000/\$2,000	\$4,000/\$8,000
Balance 1700 Silver	\$1,700/\$3,400	\$6,850/\$13,700
Balance 2500 Silver	\$2,500/\$5,000	\$6,850/\$13,700
Balance 3500 Silver	\$3,500/\$7,000	\$6,850/\$13,700
Balance 6800 Bronze	\$6,800/\$13,600	\$6,850/\$13,700

Balance plans

After meeting your deductible, you pay the following amounts for covered services. The deductible is waived for some covered services. These are marked with ✓	In-network	Out-of-network
Network	Providence Signature Network	
Referral required for in-network benefits	No	
Preventive Care		
Periodic health exams and well-baby care (from any provider licensed to perform the service)	Covered in full ✓	50% ✓
Maternity prenatal care	Covered in full ✓	50%
Gynecological exams; Pap tests	Covered in full ✓	50%
Mammograms	Covered in full ✓	50%
Colorectal cancer screenings (preventive age 50 and over)	Covered in full ✓	50%
Office Visits for Medical Services		
Personal physician/provider	\$25 to \$50 ✓	50% ✓
Specialist	\$50 to \$90 ✓	50% ✓
Alternative care provider	\$25 to \$50 ✓	50% ✓
Personal physician/provider visits by phone or video, including Providence Health eXpress®	\$10 to \$35 ✓	Not covered
Hospital Services		
Inpatient hospital services and maternity care	20% to 50%	50%
Emergency/Urgent Care		
Emergency services	\$250 then 20% to 50%	\$250 then 20% to 50%
Urgent care services	\$50 to \$90 ✓	50% ✓
Outpatient Diagnostic Services		
X-ray and lab services	20% to 50% ✓	50%
High-tech imaging services (such as PET, CT, MRI)	20% to 50%	50%
Other Covered Services		
Outpatient surgery at an ambulatory surgery center	\$300	50%
Outpatient surgery at a hospital-based facility	20% to 50%	50%
Chiropractic manipulation and acupuncture (limited to 10 visits combined per calendar year)	\$25 ✓	50% ✓
Prescription Drugs		
Preventive (ACA-required drugs only)	Covered in full ✓	Not covered
Generic	\$15 to \$45 ✓	Not covered
Preferred brand name	\$45 to \$95 ✓	Not covered
Non-preferred brand name	50% ✓ (Gold and Silver) 50% (Bronze)	Not covered
Specialty and compound	40%-50%	Not covered
Pediatric Vision Services (children aged 18 years and younger)		
Routine eye exams (limited to one exam per calendar year)	Covered in full ✓	Covered ✓
Vision hardware (frames, lenses, contact lenses) - limits apply	Covered in full ✓	Covered ✓
Adult Vision Services 12/24/24		
Routine eye exams (limited to one exam per calendar year)	\$30 ✓	Covered ✓
Vision hardware (frames and lenses or contact lenses) - limits apply	Covered ✓	Covered ✓
Pediatric Dental Services (children aged 18 years and younger)		
Diagnostic and preventive services (includes routine exams, cleanings, bitewing X-rays, topical fluoride, space maintainers)	Covered in full ✓	30% ✓
Basic services (includes restorative fillings)	50%	70%
Major services (includes crowns, dentures, bridge work, oral surgery, endodontics, periodontics)	50%	70%

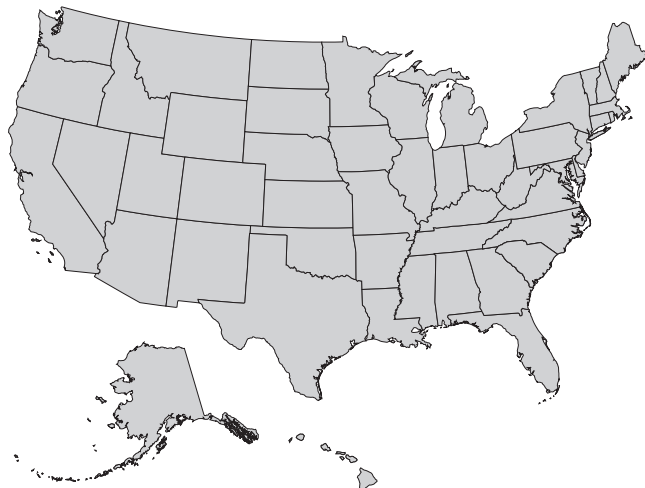
HSA Qualified plans

These lower-premium, high-deductible health plans give your employees affordable coverage and the flexibility to choose any provider. They also help members save for future health care needs by allowing a tax-advantaged health savings account. Members can keep this account even if they change employers.

HSA Qualified plans offer:

- Lower premiums with most services subject to the deductible
- In-network preventive care and routine vision services that are covered before the deductible
- Separate deductibles and out-of-pocket maximums, in and out of the network
- Integrated health savings account administration, available through HealthEquity, to simplify employee account setup and contributions
- A seamless member experience for tracking and paying HSA qualified plan expenses through integrated claims processing, available with HealthEquity
- Provider choice in or out of the Providence Signature Network
- Pediatric dental coverage
- Adult vision coverage (exams only)
- Up to 10 combined chiropractic manipulation and acupuncture visits per year

Providence Signature Network: A network of nearly 1 million health care providers nationwide, both in Providence facilities and in other locations.



Five plans available	Deductible (in-/out-of-network)	Out-of-pocket maximum (in-/out-of-network)
HSA Qualified 1500 Silver	\$1,500/\$3,000	\$5,000/\$10,000
HSA Qualified 2500 Silver	\$2,500/\$5,000	\$5,500/\$11,000
HSA Qualified 4000 Bronze	\$4,000/\$8,000	\$6,450/\$12,900
HSA Qualified 5000 Bronze	\$5,000/\$10,000	\$6,450/\$12,900
HSA Qualified 6450 Bronze	\$6,450/\$12,900	\$6,450/\$12,900

HSA Qualified plans

After meeting your deductible, you pay the following amounts for covered services. The deductible is waived for some covered services. These are marked with ✓	In-network	Out-of-network
Network	Providence Signature Network	
Referral required for in-network benefits	No	
Preventive Care		
Periodic health exams and well-baby care (from any provider licensed to perform the service)	Covered in full ✓	50%
Maternity prenatal care	Covered in full ✓	50%
Gynecological exams; Pap tests	Covered in full ✓	50%
Mammograms	Covered in full ✓	50%
Colorectal cancer screenings (preventive age 50 and over)	Covered in full ✓	50%
Office Visits for Medical Services		
Personal physician/provider	20% to 40%	50%
Specialist	20% to 40%	50%
Alternative care provider	20% to 40%	50%
Personal physician/provider visits by phone or video, including Providence Health eXpress®	10% to 30%	Not covered
Hospital Services		
Inpatient hospital services and maternity care	20% to 40%	50%
Emergency/Urgent Care		
Emergency services	20% to 40%	20% to 50%
Urgent care services	20% to 40%	50%
Outpatient Diagnostic Services		
X-ray and lab services	20% to 40%	50%
High-tech imaging services (such as PET, CT, MRI)	20% to 40%	50%
Other Covered Services		
Outpatient surgery at an ambulatory surgery center	20% to 40%	50%
Outpatient surgery at a hospital-based facility	20% to 40%	50%
Chiropractic manipulation and acupuncture (limited to 10 visits combined per calendar year)	\$25	50%
Prescription Drugs		
Preventive (ACA-required drugs only)	Covered in full ✓	Not covered
Generic	20% to 40%	Not covered
Preferred brand name	20% to 40%	Not covered
Non-preferred brand name, specialty and compound	20% to 40%	Not covered
Pediatric Vision Services (children aged 18 years and younger)		
Routine eye exams (limited to one exam per calendar year)	Covered in full ✓	Covered ✓
Vision hardware (frames, lenses, contact lenses) - limits apply	Covered in full ✓	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 aged 18 years and younger)		
Diagnostic and preventive services (includes routine exams, cleanings, bitewing X-rays, topical fluoride, space maintainers)	Covered in full ✓	30% ✓
Basic services (includes restorative fillings)	50%	70%
Major services (includes crowns, dentures, bridge work, oral surgery, endodontics, periodontics)	50%	70%

Because the deductible is equal to the out-of-pocket maximum, the HSA Qualified 6450 Bronze plan has coverage in full for some benefits after the deductible is met. Please refer to a benefit summary for details.

Choice plans

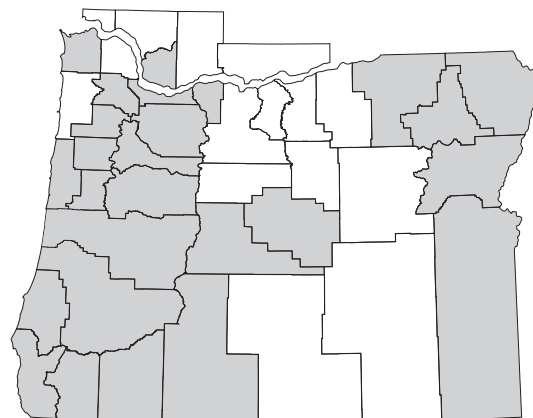
Choice plans use a collaborative medical home model that provides a team of health professionals dedicated to each member's overall well-being. Members select a medical home from the Providence Choice Network. The medical home team then works collaboratively to support all aspects of a member's health, from wellness and prevention to active management of chronic conditions.

Choice plans offer:

- More than 235 medical home clinics in Oregon and southwest Washington that provide a patient-focused, coordinated care experience
- Access to a broad network of specialists and facilities via referral from the medical home in order to receive coverage at the in-network level
- Deductible waived for doctor and specialist visits; urgent care; lab and X-ray services; chiropractic manipulation and acupuncture; and generic and preferred brand-name drugs
- Higher cost shares for select services, such as knee and hip replacement, sleep studies and sinus surgery
- Separate deductibles and out-of-pocket maximums in and out of the network
- Pediatric dental coverage
- Adult vision coverage (exams and hardware)
- Up to 10 combined chiropractic manipulation and acupuncture visits per year

To be eligible for a Choice plan, your business must be located in the Choice selling area. To ensure coverage for members outside the Choice Network service area, a Choice plan must be paired with another Providence plan that uses the Providence Signature network (Total Enhanced, Total, Balance, HSA Qualified and Standard plans).

Providence Choice Network: A network of more than 235 primary care clinics located throughout Oregon and southwest Washington designated as medical homes.



For a complete list of available medical homes and providers by location, visit www.ProvidenceHealthPlan.com/providerdirectory.

Four plans available	Deductible (in-/out-of-network)	Out-of-pocket maximum (in-/out-of-network)
Choice 1700 Silver	\$1,700/\$3,400	\$6,850/\$13,700
Choice 2500 Silver	\$2,500/\$5,000	\$6,850/\$13,700
Choice 3500 Silver	\$3,500/\$7,000	\$6,850/\$13,700
Choice 6800 Bronze	\$6,800/\$13,600	\$6,850/\$13,700

Choice plans

After meeting your deductible, you pay the following amounts for covered services. The deductible is waived for some covered services. These are marked with ✓	In-network	Out-of-network
Network	Providence Choice Network	
Referral required for in-network benefits	Yes	
Preventive Care		
Periodic health exams and well-baby care (from any provider licensed to perform the service)	Covered in full ✓	50%
Maternity prenatal care	Covered in full ✓	50%
Gynecological exams; Pap tests	Covered in full ✓	50%
Mammograms	Covered in full ✓	50%
Colorectal cancer screenings (preventive age 50 and over)	Covered in full ✓	50%
Office Visits for Medical Services		
Personal physician/provider	\$35 to \$50 ✓	50%
Specialist	\$65 to \$90 ✓	50%
Alternative care provider	\$35 to \$50 ✓	50%
Personal physician/provider visits by phone or video, including Providence Health eXpress®	\$20 to \$35 ✓	Not covered
Hospital Services		
Inpatient hospital services and maternity care	30% to 50%	50%
Emergency/Urgent Care		
Emergency services	\$250 then 30% to 50%	\$250 then 30% to 50%
Urgent care services	\$65 to \$90 ✓	50%
Outpatient Diagnostic Services		
X-ray and lab services	30% to 50% ✓	50%
High-tech imaging services (such as PET, CT, MRI)	30% to 50%	50%
Other Covered Services		
Outpatient surgery at an ambulatory surgery center	\$300	50%
Outpatient surgery at a hospital-based facility	30% to 50%	50%
Chiropractic manipulation and acupuncture (limited to 10 visits combined per calendar year)	\$25 ✓	50% ✓
Prescription Drugs		
Preventive (ACA-required drugs only)	Covered in full ✓	Not covered
Generic	\$15 to \$45 ✓	Not covered
Preferred brand name	\$65 to \$95 ✓	Not covered
Non-preferred brand name*	50% ✓(Silver) 50% (Bronze)	Not covered
Specialty and compound	40% to 50%	Not covered
Pediatric Vision Services (children aged 18 years and younger)		
Routine eye exams (limited to one exam per calendar year)	Covered in full ✓	Covered ✓
Vision hardware (frames, lenses, contact lenses) - limits apply	Covered in full ✓	Covered ✓
Adult Vision Services 12/24/24		
Routine eye exams (limited to one exam per calendar year)	\$30 ✓	Covered ✓
Vision hardware (frames and lenses or contact lenses) - limits apply	Covered ✓	Covered ✓
Pediatric Dental Services (children aged 18 years and younger)		
Diagnostic and preventive services (includes routine exams, cleanings, bitewing X-rays, topical fluoride, space maintainers)	Covered in full ✓	30% ✓
Basic services (includes restorative fillings)	50%	70%
Major services (includes crowns, dentures, bridge work, oral surgery, endodontics, periodontics)	50%	70%

* For the Choice 6800 Bronze plan, the deductible applies to in-network coverage of non-preferred brand name and specialty prescription drugs

Connect plans

Connect plans combine a medical home model of care with a tailored provider network to achieve substantial premium savings. Members choose a medical home from our Portland metro-area Providence Connect Network. The medical home model provides a team of health professionals dedicated to the member's overall well-being. Medical home team members work collaboratively to support all aspects of a member's health, from wellness and prevention to active management of chronic conditions.

Connect plans offer:

- Some of the lowest premiums of any Providence small group plan
- More than 65 medical home clinics in the Portland metro area
- Access to Connect network specialists and facilities via referral from the medical home in order to receive coverage at the in-network level
- Higher cost shares for select services, such as knee and hip replacement, sleep studies and sinus surgery
- Separate deductibles and out-of-pocket maximums in and out of the network
- Deductibles waived for doctor and specialist visits; lab and X-ray services; generic and preferred brand name drugs; chiropractic manipulation and acupuncture
- Pediatric dental coverage
- Adult vision coverage (exams only)
- Up to 10 combined chiropractic manipulation and acupuncture visits per year

To be eligible for a Connect plan, your business must be located in Clackamas, Multnomah and Washington counties in Oregon.

To ensure coverage for members outside the Connect Network selling/service area, a Connect plan must be paired with another Providence plan that uses the Providence Signature network (Total Enhanced, Total, Balance, HSA Qualified and Standard plans).

Providence Connect Network: A Portland-area network of more than 65 primary care clinics in Clackamas, Multnomah and Washington counties designated as medical homes.



For a complete list of available medical homes and providers by location, visit www.ProvidenceHealthPlan.com/providerdirectory.

Six plans available	Deductible (in-/out-of-network)	Out-of-pocket maximum (in-/out-of-network)
Connect 500 Gold	\$500/\$1,000	\$4,000/\$8,000
Connect 1000 Gold	\$1,000/\$2,000	\$4,000/\$8,000
Connect 1700 Silver	\$1,700/\$3,400	\$6,850/\$13,700
Connect 2500 Silver	\$2,500/\$5,000	\$6,850/\$13,700
Connect 3500 Silver	\$3,500/\$7,000	\$6,850/\$13,700
Connect 6800 Bronze	\$6,800/\$13,600	\$6,850/\$13,700

Connect plans

After meeting your deductible, you pay the following amounts for covered services. The deductible is waived for some covered services. These are marked with ✓	In-network	Out-of-network
Network	Providence Connect Network	
Referral required for in-network benefits	Yes	
Preventive Care		
Periodic health exams and well-baby care (from any provider licensed to perform the service)	Covered in full ✓	50%
Maternity prenatal care	Covered in full ✓	50%
Gynecological exams; Pap tests	Covered in full ✓	50%
Mammograms	Covered in full ✓	50%
Colorectal cancer screenings (preventive age 50 and over)	Covered in full ✓	50%
Office Visits for Medical Services		
Personal physician/provider	\$25 to \$50 ✓	50%
Specialist	\$50 to \$90 ✓	50%
Alternative care provider	\$25 to \$50 ✓	50%
Personal physician/provider visits by phone or video, including Providence Health eXpress®	\$10 to \$35 ✓	Not covered
Hospital Services		
Inpatient hospital services and maternity care	20% to 50%	50%
Emergency/Urgent Care		
Emergency services	\$250 then 20% to 50%	\$250 then 20% to 50%
Urgent care services	\$50 to \$90 ✓	50%
Outpatient Diagnostic Services		
X-ray and lab services	20% to 50% ✓	50%
High-tech imaging services (such as PET, CT, MRI)	20% to 50%	50%
Other Covered Services		
Outpatient surgery at an ambulatory surgery center	\$300	50%
Outpatient surgery at a hospital-based facility	20% to 50%	50%
Chiropractic manipulation and acupuncture (limited to 10 visits combined per calendar year)	\$25 ✓	50% ✓
Prescription Drugs		
Preventive (ACA-required drugs only)	Covered in full ✓	Not covered
Generic	\$15 to \$45 ✓	Not covered
Preferred brand name	\$45 to \$95 ✓	Not covered
Non-preferred brand name*	50% ✓(Gold and Silver) 50% (Bronze)	Not covered
Specialty and compound	40% to 50%	Not covered
Pediatric Vision Services (children aged 18 years and younger)		
Routine eye exams (limited to one exam per calendar year)	Covered in full ✓	Covered ✓
Vision hardware (frames, lenses, contact lenses) - limits apply	Covered in full ✓	Covered ✓
Adult Vision Services 12/24/24		
Routine eye exams (limited to one exam per calendar year)	\$25 ✓	Covered ✓
Vision hardware (frames and lenses or contact lenses) - limits apply	Not covered	Not covered
Pediatric Dental Services (children aged 18 years and younger)		
Diagnostic and preventive services (includes routine exams, cleanings, bitewing X-rays, topical fluoride, space maintainers)	Covered in full ✓	30% ✓
Basic services (includes restorative fillings)	50%	70%
Major services (includes crowns, dentures, bridge work, oral surgery, endodontics, periodontics)	50%	70%

* For the Connect 6800 Bronze plan, the deductible applies to in-network coverage of non-preferred brand name, specialty and compound prescription drugs

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 \$1,250 to \$5,000.

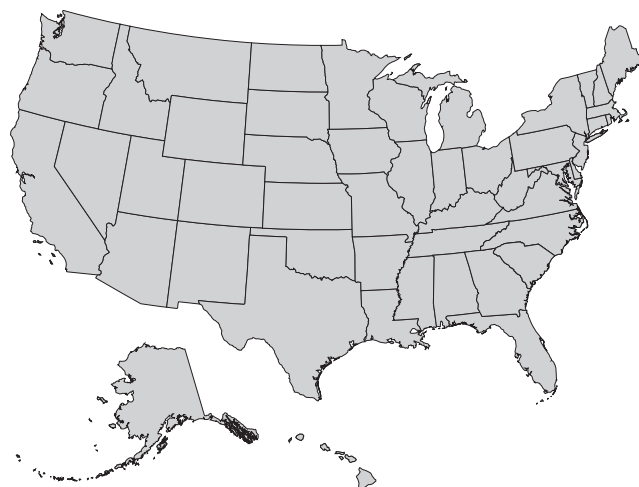
Standard plans offer:

- Separate deductibles and out-of-pocket maximums in and out of the network
- Copays starting as low as \$20, and deductibles as low as \$1,250
- Provider choice in or out of the Providence Signature Network
- The Standard Bronze plan is HSA Qualified

Note: Employees with Standard plans do not have coverage for chiropractic manipulation, acupuncture, adult routine vision exams and vision hardware, or pediatric dental services.

Eligible Oregon employers may purchase a SHOP-certified plan and take advantage of the IRS Small Business Health Care Tax Credit for 2016. Our Standard plans are all certified for SHOP. To find out more, visit www.ProvidenceHealthPlan.com or ask your insurance producer.

Providence Signature Network: A network of nearly 1 million health care providers nationwide, both in Providence facilities and in other locations.



Three plans available	Deductible (in-/out-of-network)	Out-of-pocket maximum (in-/out-of-network)
Providence Oregon Standard Gold Plan	\$1,250/\$2,500	\$6,350/\$12,700
Providence Oregon Standard Silver Plan	\$2,500/\$5,000	\$6,350/\$12,700
Providence Oregon Standard Bronze Plan	\$5,000/\$10,000	\$6,350/\$12,700

Standard plans

	Providence Oregon Standard Gold		Providence Oregon Standard Silver		Providence Oregon Standard Bronze*	
After meeting your deductible, you pay the following amounts for covered services. The deductible is waived for some covered services. These are marked with ✓	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Network	Providence Signature Network		Providence Signature Network		Providence Signature Network	
Referral needed	No referral required		No referral required		No referral required	
Preventive Care						
Periodic health exams and well-baby care (from any provider licensed to perform the service)	Covered in full ✓	50%	Covered in full ✓	50%	Covered in full ✓	50%
Maternity prenatal care	Covered in full ✓	50%	Covered in full ✓	50%	Covered in full ✓	50%

Standard plans (continued)

	Providence Oregon Standard Gold		Providence Oregon Standard Silver		Providence Oregon Standard Bronze*	
After meeting your deductible, you pay the following amounts for covered services. The deductible is waived for some covered services. These are marked with ✓	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Preventive Care (continued)						
Gynecological exams; Pap tests	Covered in full ✓	50%	Covered in full ✓	50%	Covered in full ✓	50%
Mammograms	Covered in full ✓	50%	Covered in full ✓	50%	Covered in full ✓	50%
Colorectal cancer screenings (preventive age 50 and over)	Covered in full ✓	50%	Covered in full ✓	50%	Covered in full ✓	50%
Office Visits for Medical Services						
Personal physician/provider	\$20 ✓	50%	\$35 ✓	50%	\$60	50%
Specialist	\$40 ✓	50%	\$70 ✓	50%	\$100	50%
Alternative care provider	\$40 ✓	50%	\$70 ✓	50%	\$100	50%
Personal physician/provider visits by phone or video, including Providence Health eXpress®	\$5 ✓	Not covered	\$20 ✓	Not covered	\$45	Not covered
Hospital Services						
Inpatient hospital services and maternity care	10%	50%	30%	50%	50%	50%
Emergency/Urgent Care						
Emergency services	10%	10%	30%	30%	50%	50%
Urgent care services	\$60 ✓	50%	\$90 ✓	50%	\$120	50%
Outpatient Diagnostic Services						
X-ray and lab services	10%	50%	30%	50%	50%	50%
High-tech imaging services (such as PET, CT, MRI)	10%	50%	30%	50%	50%	50%
Other Covered Services						
Outpatient surgery at an ambulatory surgery center	10%	50%	30%	50%	50%	50%
Outpatient surgery at a hospital-based facility	10%	50%	30%	50%	50%	50%
Chiropractic manipulation and acupuncture	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Prescription Drugs						
Preventive (ACA-required drugs only)	Covered in full ✓	Not covered	Covered in full ✓	Not covered	Covered in full ✓	Not covered
Generic	\$10 ✓	Not covered	\$15 ✓	Not covered	\$20	Not covered
Preferred brand name	\$30 ✓	Not covered	\$50 ✓	Not covered	\$80	Not covered
Non-preferred brand name	50% ✓	Not covered	50% ✓	Not covered	50%	Not covered
Specialty and compound	50% ✓	Not covered	50% ✓	Not covered	50%	Not covered
Pediatric Vision Services (children aged 18 years and younger)						
Routine eye exams (limited to one exam per calendar year)	Covered in full ✓	Covered ✓	Covered in full ✓	Covered ✓	Covered in full ✓	Covered ✓
Vision hardware (frames, lenses, contact lenses) - limits apply	Covered in full ✓	Covered ✓	Covered in full ✓	Covered ✓	Covered in full ✓	Covered ✓
Adult Vision Services Not covered						
Pediatric Dental Services (children aged 18 years and younger) Not covered						

* HSA Qualified

Integrated HSA, HRA and 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	\$2.70 per account (paid as part of Providence bill)	Free
Health Reimbursement Arrangement (HRA)	Free	\$3.45 per account (paid directly to HealthEquity)	1-100 accounts: \$250-500
Flexible Spending Account (FSA)	Free	\$3.45 per account (paid directly to HealthEquity)	1-100 accounts: \$250-500
Limited Purpose Flexible Spending Account (LPFSA)	Free	\$1.95 per account (paid directly to HealthEquity)	Free

To learn more about HealthEquity and for access to employer and employee demos, go to www.healthequity.net/ProvidenceSales.

Optional dental plans: Essential Access Dental and Advantage Access Dental

Providence dental plans provide comprehensive benefits that help promote good health. Through the plan, you have access to more than 2,000 in-network dental provider listings in Oregon and southwest Washington and more than 280,000 in-network provider listings nationwide. Searching for a dentist is easy. Just visit www.ProvidenceHealthPlan.com/providerdirectory.

With Providence dental plans, you get:

- Two 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
- Coverage for more extensive services, such as root canals, crowns, bridges and dentures

Note: A dental plan must be paired with a PHP medical plan, and medical and dental enrollment must match.

After meeting your deductible, you pay the following amounts for covered services. The deductible is waived for some covered services. These are marked with ✓		Providence Essential Access		Providence Advantage Access	
Coverage Type	In-network	Out-of-network	In-network	Out-of-network	
Network	Providence	all other providers	Providence	all other providers	
Deductible	\$50		\$50		
Annual maximum	\$1,000		\$1,500		
Waiting period	None		None		
Diagnostic and preventive services (includes routine exams, cleanings, bitewing X-rays, topical fluoride (age 16 and younger), space maintainers)	Covered in full ✓	10% ✓	Covered in full ✓	Covered in full ✓	
Basic services (includes restorative fillings, oral surgery, endodontics, periodontics)	20%	30%	20%	20%	
Major services (includes crowns, dentures, bridge work)	50%	50%	50%	50%	
Reimbursement	MAC*	UCR 90th percentile	MAC*	UCR 90th percentile	
2016 Rates					
Subscriber only	\$29.81		\$34.54		
Subscriber & spouse	\$59.63		\$69.08		
Subscriber & child(ren)	\$46.59		\$52.84		
Subscriber, spouse & child(ren)	\$79.31		\$90.58		

* Maximum Allowable Charge by the provider
Orthodontics/orthodontia not available.

Our Mission

As people of Providence,
we reveal God's love for all,
especially the poor and vulnerable,
through our compassionate service.

Our Core Values

Respect, Compassion, Justice,
Excellence, Stewardship

Dedicated customer service resources

503-574-7500 or 800-878-4445, TTY: 711
Monday – Friday, 8 a.m. to 5 p.m.

Sales

503-574-6300 or 877-245-4077

www.ProvidenceHealthPlan.com



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

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