

2022 SAIF Providence Health Plan

Premium rates	SAIF pays			Employee pays					
Level of plan coverage	Well-aware and engaged	Well-aware	Well	Well-aware and engaged*	Well-aware	Well			
Employee only	\$722.50	\$672.29	\$590.13	\$0	\$33.00	\$66.00			
Employee+spouse or domestic partner	\$1,432.71	\$1,334.52	\$1,170.21	\$0	\$65.00	\$131.00			
Employee+child(ren)	\$1,323.32	\$1,232.61	\$1,080.65	\$0	\$60.00	\$121.00			
Employee+family (includes spouse or domestic partner)	\$2,173.61	\$2,024.21	\$1,776.57	\$0	\$99.00	\$198.00			
Spouse or domestic partner premium share				Spouse or domestic partner premium rates					
Spouse or domestic partner with no other group coverage				\$0					
Spouse or domestic partner with other group coverage or premium				\$324					
Spouse or domestic partner opts out of other group coverage				\$648					
Deductible and out-of-pocket expenses				In-network			Out-of-network		
Level of plan coverage				Well-aware and engaged	Well-aware	Well	Well-aware and engaged	Well-aware	Well
Annual deductible per plan member				\$ 350	\$ 850	\$ 1,350	\$ 1,050	\$ 2,550	\$ 4,050
Annual family deductible (3 or more)				\$1,050	\$2,550	\$ 4,050	\$ 3,150	\$ 7,650	\$12,150
Annual maximum per person (out-of-pocket)				\$2,350	\$2,850	\$ 3,350	\$ 9,400	\$11,400	\$13,400
Annual family maximum (out-of-pocket—3 or more)				\$7,050	\$8,550	\$10,050	\$28,200	\$34,200	\$40,200
Lifetime benefit maximum				None	None	None	None	None	None
Preventive care services				In-network			Out-of-network		
Gynecological exams (calendar year) and pap tests				Covered in full ✓			40% ✓		
Periodic health exams and well-baby care				Covered in full ✓			40% ✓		
Mammogram				Covered in full ✓			40% ✓		
Prostate screening exam (calendar year)				Covered in full ✓			40% ✓		
The following tests (when received with your health maintenance exam): CBC, urinalysis, chemical profile, glucose, cholesterol, fecal blood)				Covered in full ✓			40% ✓		
The following services (for members with diabetes): HbA1c, retinal exam, urine test for kidney function, diabetic exams of mouth, teeth and feet				Covered in full ✓			40% ✓		
Nutritional counseling				Covered in full ✓			40% ✓		
Routine immunizations/shots				Covered in full ✓			40% ✓		
Pneumococcal vaccine				Covered in full ✓			40% ✓		
Flu vaccine				Covered in full ✓			40% ✓		
Colorectal exam				Covered in full ✓			40% ✓		
Colorectal cancer screening: sigmoidoscopy, colonoscopy				Covered in full ✓			40%		
Hearing screenings				Covered in full ✓			40% ✓		
Tobacco cessation; counseling/classes, and deterrent medications (including Rx's and OTC). Medications must be purchased at a participating pharmacy				Covered in full ✓			Not covered		

Physician/provider services	In-network	Out-of-network
Office visits to primary care provider	\$25 ✓	40% ✓
Office visits to specialist	\$35 ✓	40% ✓
Naturopathic services (no visit limit)	\$25 ✓	\$25 ✓
Chiropractic services (30 visit limit)	\$25 ✓	\$25 ✓
Acupuncture (24 visit limit)	\$25 ✓	\$25 ✓
Massage therapy (12 visit limit)	\$25 ✓	\$25 ✓
Inpatient hospital visits	\$25	40%
Allergy shots, serums, infusions and injectable medications	\$25	40%
Surgery; anesthesia at provider's office	\$25/provider	40%
Surgery; anesthesia at facility	\$100/provider	40%
On-demand provider visits	In-network	Out-of-network
Virtual visits to a primary care provider by phone & video (Express Care Virtual) or by web-direct visits (where available)	Covered in full ✓	Not covered
Providence Express Care retail health clinic	Covered in full ✓	Not applicable
Virtual visits to a specialist by phone & video	Covered in full ✓	Not covered
Hospital services	In-network	Out-of-network
Inpatient/observation care	20%	40%
Rehabilitative care (30 days per calendar year)	20%	40%
Skilled nursing facility (60 days per calendar year)	20%	40%
Temporomandibular joint (TMJ) services (inpatient and/or outpatient services combined limit of \$1,000 per calendar year/\$5,000 per lifetime)	50%	Not covered
Maternity	In-network	Out-of-network
Prenatal care	Covered in full ✓	40%
Delivery and postnatal	\$250/delivery ✓	40%
Inpatient hospital/facility services	20%	40%
Routine newborn nursery care	20% ✓	40%
Medical equipment, supplies and devices	In-network	Out-of-network
Medical equipment, appliances, prosthetics/orthotics and supplies	20%	40%
Removable custom shoe orthotics (limited to \$200 per calendar year)	20%	40%
Diabetes supplies (such as lancets, test strips and needles)	Covered in full ✓	40%
Hearing aids (one per ear every three calendar years; in-network deductible applies)	20%	40%
Emergency and urgent services	In-network	Out-of-network
Emergency services (for emergency medical conditions only)	\$150	\$150; in-plan deductible applies
Urgent care services (for non-life-threatening illness/minor injury)	\$35/visit ✓	\$35/visit ✓
Ambulance and emergency medical transportation services (air and/or ground)	\$150	\$150; in-plan deductible applies

Diagnostic services	In-network	Out-of-network
Lab and testing services (includes ultrasound)	20%	40%
X-ray services	20% per provider, per day	40%
High-tech imaging services (such as PET, CT or MRI)	20% per provider, per day	40%
Other covered services	In-network	Out-of-network
Outpatient surgery at an Ambulatory Surgical Center (ASC)	20%	40%
Outpatient dialysis, infusion, chemotherapy, radiation therapy	Covered in full ✓	40%
Outpatient rehabilitative services: physical, occupational or speech therapy (30 visits/calendar year)	20%	40%
Bariatric surgery for morbid obesity**	20%	40%
Home health care	Covered in full ✓	40%
Hospice care	Covered in full ✓	Covered in full ✓
Mental health and substance abuse	In-network	Out-of-network
<i>To initiate services, you must call 1.800.711.4577. All services, except outpatient provider visits, must be prior authorized.</i>		
Inpatient and residential services	20%	40%
Day treatment, intensive outpatient, and partial hospitalizations services	20%	40%
Applied behavior analysis	20%	20%
Outpatient provider visits	\$25/visit ✓	40% ✓
Prescription Drugs	Copays and coinsurance apply to your medical plan out-of-pocket maximum	
All participating and preferred retail pharmacies (limited to a 30-day supply)		
ACA Preventive drug	Covered in full	
Preferred generic drug	\$10	
Non-preferred generic drug	\$30	
Preferred brand drug	\$30	
Non-preferred brand drug	50% up to \$100	
All mail order and preferred retail pharmacies (90-day supply)		
ACA Preventive drug	Covered in full	
Preferred generic drug	\$30	
Non-preferred generic drug	\$90	
Preferred brand drug	\$90	
Non-preferred brand	50% up to \$300	
All participating specialty pharmacies (30-day supply)		
Specialty drug	50% up to \$100	

*Employees hired in 2022 are eligible for the Well-aware and engaged plan in 2022. To qualify for the Well-aware and engaged plan in 2023, completing the Total Worker Health programs is required:

1. **Virgin Pulse program** | Employees hired January 1, 2022 - March 31, 2022 only need to reach 16,000 points in the [Virgin Pulse program](#). Employees hired April 1, 2022 - September 30, 2022 are exempt from the points requirement for the first year.
2. **Health assessment and Know Your Numbers** | Employees hired after May 31, 2022 are exempt from the health assessment and biometric screening (KYN) requirements and are automatically eligible for the Well-aware & engaged plan for the first year.

3. **Spouses and domestic partners** who are covered under an employee's medical plan must complete a health assessment and KYN but are not required to participate in Virgin Pulse.

In 2023, employees must follow the same requirements as existing employees. Please note for Virgin Pulse: the program restarts every October 1. Make sure you are participating in the program by this date as it could take the full year to reach 32,000 points.

**Please see the [Providence summary plan description](#) for specific requirements to receive this benefit.

✓ No deductible needs to be met prior to receiving this benefit.

This is not an all-inclusive summary of SAIF's policies with this health care provider and does not fully describe your benefits coverage. For more detailed information on your benefits, please refer to the online member handbook <https://healthplans.providence.org/saif/pages/default.aspx> or call Membership Services.