

## 2024 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	\$744.90	\$694.15	\$610.47	\$0	\$33.00	\$66.00			
Employee+spouse or domestic partner	\$1,477.12	\$1,377.91	\$1,210.55	\$0	\$65.00	\$131.00			
Employee+child(ren)	\$1,364.34	\$1,272.68	\$1,117.90	\$0	\$60.00	\$121.00			
Employee+family (includes spouse or domestic partner)	\$2,240.99	\$2,090.03	\$1,837.78	\$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 member cost			Out-of-network member cost		
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 member cost			Out-of-network member cost		
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%
<b>On-demand provider visits</b>	<b>In-network member cost</b>	<b>Out-of-network member cost</b>
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
<b>Hospital services</b>	<b>In-network member cost</b>	<b>Out-of-network member cost</b>
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
<b>Maternity</b>	<b>In-network member cost</b>	<b>Out-of-network member cost</b>
Prenatal care	Covered in full✓	40%
Delivery and postnatal	\$250/delivery✓	40%
Inpatient hospital/facility services	20%	40%
Routine newborn nursery care	20%✓	40%
<b>Fertility services</b>	<b>In-network member cost</b>	<b>Out-of-network member cost</b>
<ul style="list-style-type: none"> <li>Covered services are subject to an annual maximum benefit limit of \$30,000 (\$20,000 for medical, \$10,000 for pharmacy).</li> <li>Lifetime maximum: \$40,000</li> <li>Fertility services do not accumulate toward the member's out-of-pocket maximum.</li> </ul>	20%	20%
<b>Medical equipment, supplies, devices</b>	<b>In-network member cost</b>	<b>Out-of-network member cost</b>
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%
<b>Emergency and urgent services</b>	<b>In-network member cost</b>	<b>Out-of-network member cost</b>
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
<b>Diagnostic services</b>	<b>In-network member cost</b>	<b>Out-of-network member cost</b>
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%
<b>Other covered services</b>	<b>In-network member cost</b>	<b>Out-of-network member cost</b>
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✓
<b>Mental health and substance use</b>	<b>In-network member cost</b>	<b>Out-of-network member cost</b>
<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%✓
<b>Prescription drugs</b>	<b>Copays/coinsurance apply to your medical plan out-of-pocket max</b>	
<b>Participating and preferred retail pharmacies (limited to a 30-day supply)</b>		
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	
<b>Mail-order and preferred retail pharmacies (90-day supply).</b> To order by mail-order pharmacy, click on one of the options below:		
<a href="#">Costco Home Delivery</a>		
<a href="#">Postal Prescription Services</a>		
ACA preventive drug	Covered in full	
Preferred generic drug	\$20	
Non-preferred generic drug	\$60	
Preferred brand drug	\$60	
Non-preferred brand	50% up to \$200	
<b>All participating specialty pharmacies (30-day supply)</b>		
Specialty drug	50% up to \$100	

\*\$5 per visit for the first three outpatient visits combined for primary care, mental/behavioral health, substance abuse services, and other qualified visits.

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

Employees hired in 2024 are eligible for the Well-aware and engaged plan in 2024. In 2025, 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. To qualify for the Well-aware and engaged plan in 2025, you must do two things:

1. **Complete a biometric health screening** between June 1 and August 31, 2024.
2. **Earn 32,000 points** in Virgin Pulse by September 30, 2024. Employees hired January 1, 2024 - March 31, 2024, only need to reach 16,000 points to be eligible for Well-aware and engaged premium levels in 2025. Employees hired April 1 or after are automatically eligible for Well-aware and engaged for the 2025 benefit plan year.

*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](#) or call Membership Services.*