2024 SAIF Providence Health Plan

Level of plan coverage	Premium rates	SAIF pays				Employee pays			
Employee-spouse or domestic partner \$1,477.12 \$1,377.91 \$1,210.55 \$0 \$65.00 \$131.00 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 \$2,240.99 \$2,090.03 \$1,837.78 \$0 \$99.00 \$198.00 Spouse or domestic partner with no other group coverage \$50 \$324 Spouse or domestic partner with no other group coverage \$50 \$24.80 Spouse or domestic partner with no other group coverage \$20 \$20 \$20 \$20 \$20 Spouse or domestic partner with no other group coverage \$20	Level of plan coverage		Well-aware	Well			Wel	ll-aware	Well
Employee+child(ren) \$1,364.34 \$1,272.68 \$1,117.90 \$0 \$60.00 \$121.00	Employee only		\$694.15	\$610.47				33.00	\$66.00
Employee+child(ren) \$1,364.34 \$1,272.68 \$1,117.90 \$0 \$60.00 \$121.00		\$1,477.12	\$1,377.91	\$1,210.5	55	\$0			\$131.00
Employee+family (includes spouse or domestic partner)	Employee+child(ren)	\$1,364.34	\$1,272.68	\$1,117.9	90	\$0	\$	60.00	\$121.00
Spouse or domestic partner premium share Spouse or domestic partner with no other group coverage Spouse or domestic partner with other group coverage Spouse or domestic partner with other group coverage Spouse or domestic partner with other group coverage Spouse or domestic partner premium Spouse or domestic partner with other group coverage Source Source Source Source Source						\$0			
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Spouse or domestic partner opts out of other group coverage Seds Substitution Deductible and out-of-pocket expenses Substitution	- ·								
Deductible and out-of-pocket expenses Level of plan coverage Well-aware and engaged			·						
Level of plan coverage Annual deductible per plan member \$ 350 \$ \$850 \$ \$1,350 \$ \$2,550 \$ \$4,050 \$ \$1,050 \$ \$2,550 \$ \$4,050 \$ \$1,050 \$ \$2,550 \$ \$1,050 \$									
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Lifetime benefit maximum None Preventive care services In-network member cost									
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Gynecological exams (calendar year) and pap tests Periodic health exams and well-baby care Mammogram Covered in full A0% How Covered in full Covered in full Covered in full A0% Covered in full A0% Covered in full A0% Covered in full Cov	Preventive care services		In-network	member	cost			er cost	
Periodic health exams and well-baby care Mammogram Covered in full Covered in fu									
Mammogram Prostate screening exam (calendar year) Covered in full ✓ Covered in full									
The following tests (when received with your health maintenance exam): CBC, urinalysis, chemical profile, glucose, cholesterol, fecal blood) The following services (for members with diabetes): HbA1c, retinal exam, urine test for kidney function, diabetic exams of mouth, teeth and feet Nutritional counseling Routine immunizations/shots Pneumococcal vaccine Covered in full Covered in full 40% 40% 40% Routine immunizations/shots Covered in full 40% Covered in full Covered in full Covered in full Average Not covered No					40% ✓				
CBC, urinalysis, chemical profile, glucose, cholesterol, fecal blood) The following services (for members with diabetes): HbA1c, retinal exam, urine test for kidney function, diabetic exams of mouth, teeth and feet Nutritional counseling Routine immunizations/shots Pneumococcal vaccine Covered in full Covered in full 40% 40% Pneumococcal vaccine Covered in full 40% Covered in full Not			Covered in full ✓		40% ✓				
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Pneumococcal vaccine Covered in full ✓ Flu vaccine Covered in full ✓ Colorectal exam Colorectal cancer screening: sigmoidoscopy, colonoscopy Colorectal cancer screening: sigmoidoscopy, colonoscopy Covered in full ✓ Not covered pharmacy									
Flu vaccine Covered in full ✓ Colorectal exam Covered in full ✓ Colorectal exam Covered in full ✓ Not covered in full ✓ Not covered in full ✓ Covered in full ✓ Not covered in full ✓ Covered in full ✓ Not covered in full ✓ Covered in full ✓ Not covered in full ✓ Covered in full ✓ Not covered in full ✓ Covered in full ✓ Not covered in full ✓									
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									
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									
Hearing screenings Tobacco cessation; counseling/classes, and deterrent medications (including Rx's and OTC). Medications must be purchased at a participating pharmacy Covered in full ✓ Covered in full ✓ Not covered									
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(including Rx's and OTC). Medications must be purchased at a participating pharmacy Covered in full ✓ Not covered			Covered III Iuli v		40% ₹				
pharmacy			Covered in full ✓		Not covered				
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Thysician, provider services In-network member cost Out-or-network member cost			In-network member cost		Out-of-network member cost				
	Office visits to primary care provider*		\$25\square		40%√				
	Office visits to specialist		\$35\forall \(\)		40%√				
Naturopathic services (no visit limit)* \$25√ \$25√									

Acupuncture (24 visit limit) ### Assage therapy (12 visit limit) ### Assage therapy (12 visit limit) ### Assage therapy (12 visit limit) ### Allery shots, serums, infusions, and injectable medications ### Surgery; anesthesia at a provider's office ### Surgery; anesthesia at a provider's office ### Surgery; anesthesia at a facility ### S100/provider ### A0% ### On-demand provider visits ### S100/provider ### On-demand provider visits ### Virtual visits to a primary care provider by phone & video (Express Care ### Virtual visits to a primary care in full ### Not covered ### Voccered in full ### Not covered ### Not cove	Chiropractic services (30 visit limit)	\$25√	\$25√
Massage therapy (12 visit limit) 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 recitity \$100/prowder 40% On-demand provider visits Virtual visits to a primary care provider by phone & video (Express Care Virtual visits to a primary care provider by phone & video (Express Care Virtual visits to a primary care provider by phone & video (Express Care Virtual visits to a specialist by phone & video Providence Express Care retail health clinic Covered in full ✓ Not covered Virtual visits to a specialist by phone & video Covered in full ✓ Not covered Virtual visits to a specialist by phone & video Covered in full ✓ Not covered Virtual visits to a specialist by phone & video Covered in full ✓ Not covered Virtual visits to a specialist by phone & video Hospital services In-network member cost In-network member cost In-network member cost Virtual visits to a specialist by phone & video Urof-network member cost In-network member cost Virtual visits to a specialist by phone & video Urof-network member cost Virtual visits to a specialist by phone & video Urof-network member cost Virtual visits to a specialist by phone & video Urof-network member cost Virtual visits to a specialist by vive (of days per calendar year) Virtual visits to a specialist by phone & video Urof-network member cost Virtual visits to a specialist by vive and visit in the visit of the visit of the vicinity of the vicinity of the vicinity of the visit of the visit of the visit of the vicinity of the v			
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Surgery; anesthesia at provider's office Surgery; anesthesia at provider visits On-demand provider visits Virtual visits to a primary care provider by phone & video (Express Care Virtual) or by web-direct visits (where available) Providence Express Care retail health clinic Virtual visits to a specialist by phone & video Virtual visits to a specialist visits (which we will be video Vival visits to a specialist visits (which we will be video Vival visits to a specialist visits (which we will be visited visits of visits of visit for visits of video Vival visits to a visit visit of visit visits (which			40%
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Virtual visits to a primary care provider by phone & video (Express Care Virtual) or by web-direct visits (where available) Providence Express Care retail health clinic	Surgery; anesthesia at facility	\$100/provider	40%
Virtual) or by web-direct visits (where available) Providence Express Care retail health clinic Virtual visits to a specialist by phone & video Virtual visits to a video Virtual video Virtual vi		In-network member cost	Out-of-network member cost
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Virtual visits to a specialist by phone & video Covered in full			
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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 appliesDiagnostic servicesIn-network member costOut-of-network member costLab and testing services (includes ultrasound)20%40%X-ray services20% per provider, per day40%	Emergency and urgent services	In-network member cost	Out-of-network member cost
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Diagnostic services Lab and testing services (includes ultrasound) X-ray services S150, In-plant deductible applies In-network member cost 20% 40% 40% 40%		\$35/visit√	\$35/visit√
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Lab and testing services (includes ultrasound)20%40%X-ray services20% per provider, per day40%		In-network member cost	Out-of-network member cost
X-ray services 20% per provider, per day 40%			
nign-tech imaging services (such as PET, CT, or MRT) 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 member cost Out-of-network member cost			
Outpatient surgery at an Ambulatory Surgical Center (ASC) 20% 40%			
		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 use	In-network member cost	Out-of-network member cost				
	ces, except outpatient provider visits, must be prior authorized.					
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%✓				
Description during	Copays/coinsurance apply to y	Copays/coinsurance apply to your medical plan out-of-pocket				
Prescription drugs		max				
Participating and preferred retail pharmacies (limited to a 30-day su	pply)					
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					
Mail-order and preferred retail pharmacies (90-day supply). To order	by mail-order pharmacy, click on one of	the options below:				
Costco Home Delivery						
Postal Prescription Services						
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					
All participating specialty pharmacies (30-day supply)						
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.

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 <u>online member handbook</u> or call Membership Services.

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