



# 2022 benefits

Enroll by your deadline through the  
HR Service Portal at [HRforCaregivers.org](https://HRforCaregivers.org)



# Welcome to Providence benefits

Providence offers a comprehensive benefits package designed to support your health and well-being. This overview reviews your options and how to enroll.

Explore the HR Service Portal at [HRforCaregivers.org](https://HRforCaregivers.org) to learn about all your options, use tools to help you choose the benefits that are right for you and enroll in or decline coverage through the benefits enrollment system.

## Your enrollment timeline

You are eligible for coverage effective on your hire date or the date you become benefits-eligible. **You have up to 30 days from your hire date or the date you become eligible for benefits to enroll.** Once your enrollment is processed, your coverage and any paycheck deductions will be retroactive to your date of hire or the date you became benefits-eligible.

Your elections will remain in effect through the end of the year, and you will not be able to change your coverage unless you have a family status change or other qualifying event.

## Meet ALEX®

ALEX® is an interactive resource designed to help you learn about your benefits. Use ALEX to compare your options and help you make the best enrollment choices for you and your family. Link to ALEX from the HR Service Portal at [HRforCaregivers.org](https://HRforCaregivers.org). Type **ALEX** in the search bar, then click **ALEX**.

## If you don't enroll, you won't have health coverage

If you don't enroll, you will have basic life and disability insurance coverage for yourself only (no dependents will be covered). **You will not have medical, dental or vision coverage.**

## Enrolling dependents? Keep in mind...

- If you add a dependent through the benefits enrollment system, be sure to select the coverage you want to enroll your dependent in. **Simply adding your dependent's information in the benefits enrollment system does not enroll them in coverage.**
- When you enroll a dependent, you will be asked to provide specific documentation showing that your dependent is eligible. If you do not provide the documentation by the deadline, or you provide incomplete documentation, coverage for your dependent will be canceled.
- If you enroll your spouse/adult benefits recipient (ABR) in Providence medical coverage, you will need to confirm when you enroll whether the working spouse surcharge applies to you.

Eligible dependents include your legal spouse or ABR and your children up to age 26. See the HR Service Portal at [HRforCaregivers.org](https://HRforCaregivers.org) for more information. Type **who can I cover** in the search bar, then click **Who Can I Cover for Benefits?**

If you enroll an ABR, that coverage may be subject to imputed income. This means you may be taxed per paycheck on the value of ABR coverage.

## Take action

- 1** Explore the HR Service Portal at [HRforCaregivers.org](https://HRforCaregivers.org) to learn about all your benefits options for 2022.
- 2** Decide on the benefits you want and which dependents you'll cover.
- 3** Enroll through the HR Service Portal. On the home page under *External Links*, click **Benefits - enroll, review or update (BenefitConnect)** to access the benefits enrollment system.



## Your benefits options

Providence provides some benefits at no cost to you, while other benefits are optional and you and Providence share in the cost. Visit the HR Service Portal at [HRforCaregivers.org](https://HRforCaregivers.org) for details on all your benefits. You can use the search bar to find the information you want. For each benefit listed on this page, enter the **bolded** words in the search bar for more information about that benefit.

### Benefits provided by Providence at no cost to you

- **Basic life** insurance
- **Caregiver Assistance Program**
- **Disability** insurance
- Well-being resources, including access to low-cost **back-up child and elder care\***

\* Back-up child and elder care may not be available to all represented caregivers. Caregivers covered under a collective bargaining agreement receive benefits in accordance with the terms of their contract.

### Additional benefits available

Providence offers comprehensive benefits. Review your options and determine which benefits best meet your needs. Your choices include:

- Up to three **medical plan options**, depending on where you live and work
- Up to three **dental plan options**, depending on where you live and work
- One **vision plan option**
- **Health Care FSA** (for eligible health care expenses)
- **Dependent Care FSA** (for work-related child care or elder care expenses)
- **Supplemental life** insurance
- **Voluntary AD&D** insurance
- **Long-term disability** buy-up insurance

**Please note:** You are subject to taxes on the value of basic life insurance over \$50,000, and on the value of your ABR's medical, dental and vision coverage.

### Voluntary benefits

You also have the opportunity to enroll in voluntary benefits. Voluntary benefits are individual programs and policies offered at affordable group rates.

- **Auto and home insurance**
- **Group legal\***
- **Pet insurance**
- **Identity and credit protection\***
- **Commuter benefits**
- **Voluntary short-term disability\***
- **Accident and critical illness insurance\***

For information on these programs, including who offers the coverage and how to enroll, review the information available on the HR Service Portal at [HRforCaregivers.org](https://HRforCaregivers.org). Enter the **bolded** words in the search bar for more information about that benefit.

Voluntary benefits are generally sponsored by independent vendors and offered to you at reduced group rates with Providence's permission. Providence does not administer, endorse or contribute toward voluntary benefits, or receive any compensation for offering voluntary benefits.

\* You can enroll in these benefits only when first eligible for benefits or during the annual open enrollment period.



# Medical overview

Your medical options are summarized below. For more information, visit the HR Service Portal at [HRforCaregivers.org](https://HRforCaregivers.org). Type **medical plan options** in the search bar.

	HRA medical plan (comes with a Health Reimbursement Account)	HSA medical plan (comes with a Health Savings Account)	Kaiser of Washington HMO*
Annual deductible	In-network (tier I and II): \$1,150 per person; \$2,300 max per family Out-of-network (tier III): \$2,300 per person; \$4,600 max per family	In-network (tier I and II): \$1,500 caregiver only; \$3,000 if covering dependents Out-of-network (tier III): \$3,000 caregiver only; \$6,000 if covering dependents	\$200 per person; \$600 max per family
Health incentive (automatic for newly eligible caregivers)	Receive a contribution to your HRA: • Hired before July 1: \$700 caregiver only; \$1,400 if covering dependents • Hired on or after July 1: \$350 caregiver only; \$700 if covering dependents	Receive a contribution to your HSA: • Hired before July 1: \$700 caregiver only; \$1,400 if covering dependents • Hired on or after July 1: \$350 caregiver only; \$700 if covering dependents**	Receive a medical premium reduction of: • Up to \$400 annually for caregiver only or caregiver plus child(ren) coverage • Up to \$800 annually for caregiver plus adult or caregiver plus family coverage
Preventive care	In-network (tier I and II): 100% coverage Out-of-network (tier III): 50% after deductible	In-network (tier I and II): 100% coverage Out-of-network (tier III): 50% after deductible	100% coverage
Most services	You pay copays or coinsurance after the deductible; highest level of benefits for tier I in-network care	You pay coinsurance after the deductible; highest level of benefits for tier I in-network care	You pay copays or coinsurance; no out-of-network coverage except for emergency care
Prescription drugs	You pay copays or coinsurance, based on type of drug. You pay less at Providence and Walgreens pharmacies.	You pay coinsurance based on type of drug. You pay less at Providence and Walgreens pharmacies.	You pay copays based on type of drug; non-formulary brand drugs are not covered***

\* Kaiser of WA HMO available based on plan eligibility and home **and** work ZIP code. \*\* You must be enrolled in benefits by Dec. 1 to receive the HSA deposit for 2022. \*\*\* Kaiser and approved partner pharmacies only.

## Use in-network providers for lower costs

- **HRA and HSA medical plan participants** can find in-network providers, facilities or pharmacies at [providencehealthplan.com/findaprovider](https://providencehealthplan.com/findaprovider). Under **Not A Member Yet**, click on **Browse by provider networks**. Next, under **Choose plan type**, select **Specific Employer Groups**, and choose **PH&S Alaska, California, Montana, Texas & Washington Employee Plan**. You can also add the city and state or ZIP code to narrow down your search, then click the **Search** button.

To narrow your search to tier I providers, facilities or pharmacies only, check the **Preferred Network Tier I** box on the lower-left side of the page and click **Update filters**. If you need help, call Providence Health Plan customer service at **800-878-4445**.

- **Kaiser of Washington HMO participants** can find in-network providers and facilities at [kp.org/wa](https://kp.org/wa). Click **Doctors and Locations** at the top of the page. Under *For members in Washington*, click on the **doctors and in-network locations** link (located in the middle of the page). Next, scroll down to the bottom of the page – under *Helpful Links*, click on **Providence Caregivers**. If you need help, call Kaiser of Washington customer service at **888-901-4636**.

## Dental and vision overview

Your dental and vision options are summarized below. For more information, visit the HR Service Portal at [HRforCaregivers.org](https://HRforCaregivers.org). Type **dental plan options** or **vision plan options** in the search bar.

	Dental PPO 1500	Dental PPO 2000	Dental DHMO*
Annual deductible (does not apply to preventive care)	\$50 per person (\$150 max per family)		Subject to schedule of benefits. See the DeltaCare USA Evidence of Coverage on the <b>Dental Plan Options</b> page on the HR Service Portal.
Annual maximum benefit	\$1,500 per person	\$2,000 per person	
Diagnostic and preventive care	PPO dentist: 100% Non-PPO dentist: 80%		
Restorative care	PPO dentist: 80% Non-PPO dentist: 70%		
Major care	PPO and non-PPO dentist: 50%		
Orthodontia	Not covered	50% after \$50 lifetime deductible; \$2,000 lifetime maximum per person	

\* Available based on plan eligibility and home **and** work ZIP code.

Vision (VSP Choice network)	
Vision exam	Covered in full every 12 months after \$15 copay
Lenses	Covered in full every 12 months
Frames	Covered in full up to \$120 (or up to \$65 at Costco) every 24 months, then 20% off additional costs
Contacts	Up to \$200 allowance every 12 months in lieu of prescription glasses
Extra discounts	Laser vision correction discounts and extra savings on lens options not covered by the plan



### Find in-network providers

- Search for **PPO dental** providers at [deltadentalwa.com](https://deltadentalwa.com). Click on **Find a Dentist** and select **Delta Dental PPO** from the drop-down.
- Search for **DHMO dental** providers at [deltadentalins.com](https://deltadentalins.com). Under **Find a Dentist**, enter your ZIP code and select **DeltaCare USA** from the drop-down.
- Search for **VSP vision plan** providers at [vsp.com](https://vsp.com). Click on **Find a Doctor** and enter your ZIP code.

## 2022 cost of coverage

### Per-pay-period medical, dental and vision premiums

You and Providence share in the cost of medical and dental coverage, with Providence paying the majority of the cost. Voluntary vision coverage is also available. Your benefits deductions are pre-tax. The amount you pay is based on how many people you cover, the plan you choose and whether you are part-time or full-time.

#### 2022 per-pay-period premiums – Medical

**Please note:** The premiums shown below do not reflect the HSA or HRA health incentive, or the HMO premium credit (where available).

	HRA medical plan		HSA medical plan		Kaiser of Washington HMO*	
	You pay	Providence pays	You pay	Providence pays	You pay	Providence pays
<b>Full-time – 30 or more hours per week (0.75 to 1.0 FTE)</b>						
Caregiver only	\$14.17	\$300.46	\$0.00	\$296.91	\$51.32	\$315.56
Caregiver + child(ren)	\$27.83	\$475.57	\$13.48	\$461.58	\$113.08	\$473.90
Caregiver + adult	\$37.80	\$591.41	\$22.52	\$571.30	\$154.25	\$579.46
Caregiver + family	\$52.06	\$765.92	\$36.09	\$735.83	\$215.95	\$737.87
<b>Part-time – at least 20 but less than 30 hours per week (0.5 to 0.74 FTE)</b>						
Caregiver only	\$29.49	\$285.14	\$14.03	\$282.88	\$68.26	\$298.62
Caregiver + child(ren)	\$52.62	\$450.78	\$36.09	\$438.97	\$150.55	\$436.43
Caregiver + adult	\$68.03	\$561.18	\$50.86	\$542.96	\$204.97	\$528.74
Caregiver + family	\$91.06	\$726.92	\$72.83	\$699.09	\$287.31	\$666.51

\* Kaiser of WA HMO available based on plan eligibility and home **and** work ZIP code.

### Working spouse surcharge

If your spouse/ABR's employer offers medical coverage and your spouse/ABR chooses to waive that coverage and instead enrolls in your Providence medical plan, you will pay a \$69.23 per-pay-period surcharge, deducted from your pay on a pre-tax basis. You will be asked to declare whether the surcharge applies to you when you enroll.

Learn more on the HR Service Portal at [HRforCaregivers.org](https://hrforcaregivers.org). Type **working spouse surcharge** in the search bar, then click **Working Spouse Surcharge**.

### Pay-based premiums

Caregivers whose base pay is more than \$200,000 per year will pay an additional \$64.62 per pay period for caregiver only coverage, or an additional \$129.23 per pay period if covering dependents. This added premium will be deducted pre-tax, in addition to the regular medical premium.

Learn more on the HR Service Portal at [HRforCaregivers.org](https://hrforcaregivers.org). Type **pay-based premiums** in the search bar, then click **Pay-Based Medical Plan Premiums**.

## 2022 per-pay-period premiums – Dental and vision

	Dental						Vision
	Dental PPO 1500		Dental PPO 2000		Dental DHMO*		VSP
	You pay	Providence pays	You pay	Providence pays	You pay	Providence pays	You pay
<b>Full-time – 30 or more hours per week (0.75 to 1.0 FTE)</b>							
Caregiver only	\$0.00	\$19.03	\$5.43	\$19.03	\$0.00	\$12.72	\$5.31
Caregiver + child(ren)	\$4.26	\$35.70	\$15.65	\$35.71	\$4.25	\$22.21	\$9.55
Caregiver + adult	\$5.14	\$31.02	\$15.46	\$31.01	\$3.72	\$21.02	\$10.62
Caregiver + family	\$9.99	\$42.34	\$24.92	\$42.34	\$8.20	\$31.04	\$15.92
<b>Part-time – at least 20 but less than 30 hours per week (0.5 to 0.74 FTE)</b>							
Caregiver only	\$3.80	\$15.23	\$9.23	\$15.23	\$2.48	\$10.24	\$5.31
Caregiver + child(ren)	\$12.18	\$27.78	\$23.58	\$27.78	\$8.15	\$18.31	\$9.55
Caregiver + adult	\$10.66	\$25.50	\$20.97	\$25.50	\$7.44	\$17.30	\$10.62
Caregiver + family	\$17.12	\$35.21	\$32.05	\$32.21	\$13.41	\$25.83	\$15.92

\* Available based on plan eligibility and home **and** work ZIP code.

## Medical Plan Assistance Program

To help ensure all caregivers can afford medical insurance, the Medical Plan Assistance Program (MPAP) provides free or reduced-cost coverage to caregivers and their eligible dependents who qualify based on household size and income.

The program provides no-cost medical plan premiums for the HRA medical plan for caregivers with household incomes up to 250% of the federal poverty guidelines, plus an HRA deposit of \$450\* (in addition to the health incentive). Caregivers with household incomes up to 400% of the federal poverty guidelines receive a 50% discount on premiums for the plan of their choice. (If applicable, the working spouse surcharge is not discounted.)

Learn more and apply on the HR Service Portal at [HRforCaregivers.org](https://www.hrforcaregivers.org). Type **MPAP** in the search bar, then click **Medical Plan Assistance**. For help applying, call the Caregiver Assistance Program at **844-875-5716**, option 6.

\* Approvals on or after July 1, 2022 will receive \$225.

# Notices

This guide highlights some of the features of the Providence benefits program. This guide does not include all plan rules and details. The terms of your benefits plans are governed by legal documents, including insurance contracts. Should there be any inconsistencies between this guide and the legal plan documents, the plan documents are the final authority. Providence reserves the right to change or discontinue its benefits plans at any time and for any reason.

Benefits information described here will be relevant for the majority of caregivers. We will share relevant requested information with labor representatives and will work to ensure we comply with our contracts and bargaining obligations.

As a plan participant, you have rights to know the plan rules, financial information and documents that govern and report out on the operation and management of the plan. Available to you on the HR Service Portal are: the Medicaid and the Children’s Health Insurance Program (CHIP) Notice, Medicare Part D Creditable Coverage Notice, Notice of Rights Under the Health Insurance Portability and Accountability Act (HIPAA), Wellness Program Notice, Surprise Medical Billing Disclosure, and Summary Plan Description, including the Women’s Health and Cancer Rights Act Notice. These and other notices are on the HR Service Portal at [HRforCaregivers.org](https://HRforCaregivers.org). Click **Find HR Information**, then **Benefits**, then **Resources & Notices**. You have the right to receive a paper copy of these notices by contacting the Benefits Service Center at **888-615-6481**.

## Summary of Benefits and Coverage

The Summary of Benefits and Coverage, or SBC, is available for each of your medical plan options on the HR Service Portal at [HRforCaregivers.org](https://HRforCaregivers.org). Type **SBC** in the search bar, then click **Summary of Benefits and Coverage**. SBCs provide a different format than provided in this guide as to what your medical plans cover and what it will cost you for different medical services, plus other information about the plans, including coverage examples. You can view the SBCs on the HR Service Portal or call the Benefits Service Center at **888-615-6481** to order a printed copy.

## Nondiscrimination Notice

Section 1557 is the nondiscrimination provision of the Affordable Care Act. The law prohibits discrimination on the basis of race, color, national origin, sex, age or disability in certain health programs or activities. To view the Nondiscrimination Notice, please visit the HR Service Portal at [HRforCaregivers.org](https://HRforCaregivers.org). Type **Nondiscrimination** in the search bar, then click **Health Plan Notice of Nondiscrimination and Accessibility**.

## Notice to plan participants

Providence Health & Services sponsors your group health plan and has certified that it qualifies for a safe harbor with respect to the federal and state requirements, if applicable, to cover all contraceptive services without cost sharing. This means that certain services not covered by the plan will be covered directly by the claims administrator or carrier. You will be receiving a notice after you enroll from the claims administrator or carrier regarding the coverage they will provide.

## Have questions or need help?

Submit a question through the HR Service Portal at [HRforCaregivers.org](https://HRforCaregivers.org). Click **Request HR Help**, then **Benefits**, then **Benefits Questions**. You can also call the Benefits Service Center at **888-615-6481**, weekdays from 7:30 a.m. to 6 p.m. Pacific time. Translation services are available.

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **888-615-6481**.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **888-615-6481**。

