

# Bend Chamber of Commerce Health Plan Overview

As our business community thrives, our entire community grows stronger, happier, and healthier. To get there, it's important that our businesses and the people they employ have access to quality, affordable healthcare. Providence is proud to work with the Bend Chamber and continue our vital partnership, coming together to enhance the benefits and services covered businesses can offer to meet the needs of their employees.

#### What's required to participate?

Businesses must be headquartered in the state of Oregon, and a Chamber membership must be maintained.

#### Who to reach out to for more information?

Talk with Johnson Benefit Planning or visit **ProvidenceHealthPlan.com/Bend-Chamber/ Producers** to learn more. They'd be happy to talk you through the various plan options available to employers and answer any questions you may have.

#### Easing the way for new members

We are ready and able to help ensure a seamless transition for new employers and members choosing the Bend Chamber of Commerce association health plan. Providence Health Plan uses a systematic approach to provide transition of care assistance for new members who need it.

### **During enrollment**

- Members who are receiving care for things like chemotherapy, radiation therapy, an organ transplant, or are currently pregnant, can complete a transition of care form
- Once a form is received, a case manager will reach out to assist with things like: access, medication needs, scheduling surgeries, transfer of medical records, scheduling appointments or procedures, and pharmacy services

## Pharmacy transition services include a 90-day period for new members:

- Transitioning non-formulary medications
- Medications requiring a prior authorization
- Those that are subject to step therapy or quantity limits



# **Benefits Designed With You In Mind**

A unique workforce requires a customized solution, so we've developed robust options that offer flexibility based on your employees' needs.

#### Some standard features

- Premier, Core, and the new Base plans with a wide range of deductibles and coverage of common services with deductible waived
- Two low deductible Premier plan options (\$250 & \$500) and a new \$6000 lower premium plan
- Low cost plan options with Choice and Connect networks that use patient-centered medical homes without referral requirements
- HSA Qualified plans with an embedded deductible
- Multiple plan offerings employers with two to nine enrolled employees can have two plans, and ten or more can have up to three plans

- Many preventive medications with a \$0 copay
- 90-day supply of maintenance medications for two copayments
- Optional any licensed eye care provider vision benefit that can be added
- Chiropractic (20 visits) and acupuncture (12 visits)
   embedded for each covered member
- AD&D benefit of \$25,000 for employees enrolled in the medical plan through USAble-Life
- No cost COBRA administration
- Four-visit Employee Assistance Program (EAP)

# **Navigating the Cigna PPO Network**

## When you're a Providence Health Plan member, you're never out of network.\*

That's right, no matter where you live or might be traveling, you'll always have access to the care you need through our collaboration with Cigna Healthcare, utilizing their PPO network. It's all part of our commitment to offering you quality care options.

## With You Every Step of the Way

Other health plans offer access to care when you live out of state or are traveling, but with Providence you get so much more. Our collaboration with Cigna Healthcare isn't simply a travel network, you also have access to our integrated Providence Care Management team. It's open to all members and available at no cost.

#### Our care managers offer help with:

Finding services that fit your needs, authorizations and referrals, coordination between providers, and more...

To connect with Care Management services, call 800-662-1121 (TTY: 711) or email us at CareManagement@Providence.org



## **Next: Information to Provide Your Cigna PPO Network Provider**

Even providers need a bit of guidance from time to time. If they don't recognize your Providence ID card, here are some tips you can offer to make things easier for them, and you.

#### **Explain to your provider that:**

- You have access to the Cigna PPO Network via a shared administration agreement between Cigna Healthcare and Providence. This is detailed on the back of your ID card.
- To verify benefits or eligibility, they should NOT CALL Cigna Healthcare because they do not have benefits information for shared clients. They must call Providence Health Plan at 800-878-4445.
- Claims are sent to Cigna Healthcare first, then Cigna Healthcare communicates with Providence.
  Claim submission instructions are on the back of your ID card and should be sent to:



Cigna Healthcare, Payer ID# 62308 PO Box 188061 Chattanooga, TN 37422-8061

If you have any questions or concerns accessing the Cigna PPO Network, please do not call Cigna Healthcare directly.

We're here to help you. Contact Providence Health Plan's Customer Service: **800–878–4445**, Monday — Friday between 8 a.m. and 5 p.m. (Pacific Time).

\*The Cigna PPO Network refers to the health care providers (doctors, hospitals, specialists) contracted as part of the Cigna PPO for Shared Administration.

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## **Tailored Plan Designs That Perform**

Below is a summary of what our plans include, as well as the high-level differences in the specific plan options.

#### Most plans include:

- Covered in full, first three in-office, PCP, and behavioral health visits
- Preventive services, in-network at no cost (\$0 deductible)
- Robust support for mental health and substance abuse needs
- Access to the nationwide Cigna PPO network\*
- Chiropractic manipulation and acupuncture
- \$1,000 accident benefit on all non-HSA plans

- Signature + OHSU, Choice, or Connect network with Signature
- Virtual office visits for in-network primary care and mental health visits covered in full
- Common deductible for most Premier plans
- Primary care and specialist visits not subject to the deductible on all non-HSA plans
- Two Pharmacy plan options with Premier plans
- Optional vision coverage

#### **HSA Qualified Plans**

- Signature + OHSU network with Cigna as the national network
- Embedded deductibles

- Prescription drug coverage included in all HSA plan options
- Optional vision coverage

#### **Prescription Drug Plans**

- Most preventive drugs covered in full
- Two copayments for a 90-day maintenance supply
- Specialty and compounded drug coverage

#### Vision plan (optional rider)

- Any licensed provider
- Adults covered up to \$400 per calendar year per member, for exam and corrective hardware
- Meets pediatric essential health benefit requirements

\* Choice and Connect plans have access to Cigna through the out-of-network benefit

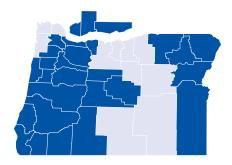
## **Comprehensive Network Options**

With Providence, Bend Chamber members have access to more in-network providers – close to home and coast-to-coast.



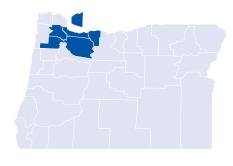
## **Providence Signature network + OHSU**

Expansive network featuring over 1 million providers nationwide, including top health systems in Oregon such as Providence, Asante, St. Charles, OHSU, and more. The Cigna PPO Network covers members outside of Oregon and southwest Washington.



### **Providence Choice network**

Tailored, high-performing network of nearly 410 patient-centered medical homes. Clinics in the Choice network are designated as medical homes by the Oregon Health Authority based on access, coordination, quality, and cost measures.



## **Providence Connect network**

Like Choice, participating clinics in this tailored medical home style network partner with Providence to improve the quality of care and reduce medical costs. Connect is available in the Portland metropolitan area, centered around the Providence delivery system.

## What is a Patient-Centered Medical Home (PCMH)?

A medical home is a team-based health care model led by a primary care provider (PCP). They work with other health professionals to coordinate members' care – like nurses, specialists and pharmacists – this is called a "health care team." The members of the team work together to make sure they're all on the same page when it comes to members' health.



# 2024 Bend Chamber of Commerce Premier plan

**Network: Signature + OHSU** 

Premier plans									
	10/10/50/250	10/10/50/500	25/20/50/1000	25/30/50/1500	25/30/50/2000	35/30/50/3000	35/30/50/4000	35/30/50/5000	35/30/50/6000
In-network									
Deductible Individual / Family	\$250 / \$500	\$500 / \$1,000	\$1,000 / \$2,000	\$1,500 / \$3,000	\$2,000 / \$4,000	\$3,000 / \$6,000	\$4,000 / \$8,000	\$5,000 / \$10,000	\$6,000 / \$12,000
Out-of-Pocket Maximum Individual / Family	\$3,500 /\$7,000	\$3,500 / \$7,000	\$6,000 / \$12,000	\$6,000 / \$12,000	\$7,500 / \$15,000	\$8,000 / \$16,000	\$8,500 / \$17,000	\$8,500 / \$17,000	\$9,450 / \$18,900
				Member pays					
Preventive Services	Covered in full ✓	Covered in full ✓	Covered in full ✓	Covered in full ✓	Covered in full ✓	Covered in full ✓	Covered in full ✓	Covered in full ✓	Covered in full ✓
Office Visits - Primary	\$10 ✓	\$10 ✓	\$25 ✓	\$25 ✓	\$25 ✓	\$35 ✓	\$35 ✓	\$35✓	\$35 ✓
Chiropractic (20 visits)	\$10 ✓	\$10 ✓	\$25 ✓	\$25 ✓	\$25 ✓	\$35 ✓	\$35 ✓	\$35✓	\$35 ✓
Acupuncture (12 visits)	\$10 ✓	\$10 ✓	\$25 ✓	\$25 ✓	\$25 ✓	\$35 ✓	\$35 ✓	\$35✓	\$35 ✓
Virtual Care (Primary and Mental Health)	Covered in full ✓	Covered in full ✓	Covered in full ✓	Covered in full ✓	Covered in full ✓	Covered in full ✓	Covered in full ✓	Covered in full ✓	Covered in full ✓
Office Visits - Specialty and Urgent Care	\$25 ✓	\$25 ✓	\$50 ✓	\$50 ✓	\$50 ✓	\$60 ✓	\$60 ✓	\$60✓	\$60 ✓
Physical Therapy	10% ✓	10% ✓	20% ✓	30% ✓	30% ✓	30% ✓	30% ✓	30%✓	30% ✓
Lab / X-ray	10% ✓	10% ✓	20% ✓	30% ✓	30% ✓	30% ✓	30% ✓	30%✓	30% ✓
Accident Benefit			0% of first \$1,00	0 within 90 days of th	ne accident 🗸				
Emergency Services	\$250 + 10% <b>√</b>	\$250 + 10% <b>✓</b>	\$250 + 20% <b>√</b>	\$250 <b>+</b> 30% <b>✓</b>	\$250 + 30% <b>✓</b>	\$250 + 30% <b>✓</b>	\$250 + 30% <b>✓</b>	\$250 <b>+</b> 30% <b>√</b>	\$250 + 30% <b>✓</b>
Hospital (Including surgical procedures and advanced imaging)	10%	10%	20%	30%	30%	30%	30%	30%	30%
Prescription (Rx) Drug Coverage	Plans can be paired with: \$5 / \$10 / 50% / 50% OR \$5 / \$10 / \$50 / \$75 ✓ 2 copays for a 90-day supply of maintenance drugs at preferred retail pharmacy or through mail order								

#### **Optional Vision Rider**

#### Services are available from any licensed provider.

Adults: Up to \$400 per calendar year per member (including exam, prescription lenses, contact lenses and frames) ✓

The deductible does not apply to services marked with a  $\checkmark$ .

Note: Additional cost shares apply when using out-of-network providers, please see benefit summary for details.



# 2024 Bend Chamber of Commerce Core plan

**Network: Signature + OHSU** 

	Core plans				
	35/50/50/2500	35/50/50/5000			
	In-network				
Deductible Individual / Family	\$2,500 / \$5,000	\$5,000 / \$10,000			
Out-of-Pocket Maximum Individual / Family	\$8,000 / \$16,000	\$8,500 / \$17,000			
	Member pays				
Preventive Services	Covered in full ✓	Covered in full ✓			
Office Visits - Primary	\$35 ✓	\$35 ✓			
Chiropractic Manipulation (20 visits)	\$35 ✓	\$35 ✓			
Acupuncture (12 visits)	\$35 ✓	\$35 ✓			
Office Visits Specialty and Urgent Care	\$70 ✓	\$70 ✓			
Virtual Care (Primary and Mental Health)	Covered in full ✓	Covered in full ✓			
Physical, Occupational, & Speech Therapy	50%	50%			
Lab / X-ray	50%*	50%*			
Accident Benefit	0% of first \$1,000 within 90 days of the accident ✓				
Emergency Services	50%	50%			
Inpatient & Outpatient Hospital (Including surgical procedures & advanced imaging)	50%	50%			
Prescription (Rx) Drug Coverage		y \$10 / 50% / 50% ✓ s at preferred retail pharmacy or through mail order			
Optional Vision Rider	Services are available from any licensed provider.  Adults: Up to \$400 per calendar year per member (including exam, prescription lenses, contact lenses, and frames) ✓				

<sup>✓ =</sup> Deductible waived

Note: Additional cost shares apply when using out-of-network providers, please see benefit summary for details.

<sup>\*</sup>Core Plus plans with Providence Signature + OHSU network only: Covered in full, deductible waived, for the first \$500 of in-network services in a calendar year, then deductible and coinsurance

# 2024 Bend Chamber of Commerce HSA Qualified plan

**Network: Signature + OHSU** 

HSA Qualified plans							
	50/50/3200	0/50/4000	0/50/6000				
	In-net	twork					
Deductible Individual / Family	\$3,200 / \$6,400	\$4,000 / \$8,000	\$6,000 / \$12,000				
Out-of-Pocket Maximum Individual / Family	\$6,000 / \$12,000	\$4,000 / \$8,000	\$6,000 / \$12,000				
	Membe	er pays					
Preventive Services	Covered in full ✓	Covered in full ✓	Covered in full ✓				
Office Visits - Primary	After deductible, 50%	After deductible, Covered in full	After deductible, Covered in full				
Chiropractic Manipulation (20 visits)	After deductible, 50%	After deductible, Covered in full	After deductible, Covered in full				
Acupuncture (12 visits)	After deductible, 50%	After deductible, Covered in full	After deductible, Covered in full				
Office Visits Specialty and Urgent Care	After deductible, 50%	After deductible, Covered in full	After deductible, Covered in full				
Virtual Care (Primary and Mental Health)	After deductible, 50%	After deductible, Covered in full	After deductible, Covered in full				
Physical, Occupational & Speech Therapy	After deductible, 50%	After deductible, Covered in full	After deductible, Covered in full				
_ab / X-ray	After deductible, 50%	After deductible, Covered in full	After deductible, Covered in full				
Diabetic Supplies	50% ✓	20% ✓	20% ✓				
Emergency Services	After deductible, 50%	After deductible, Covered in full	After deductible, Covered in full				
Inpatient & Outpatient Hospital (Including surgical procedures & advanced imaging)	After deductible, 50%	After deductible, Covered in full	After deductible, Covered in full				
	Embedded Rx	Embedded Rx	Embedded Rx				
	Preventive drugs: \$0 ✓	Preventive drugs: \$0 ✓	Preventive drugs: \$0 ✓				
Prescription (Rx) Drug Coverage	<b>30-day supply</b> Tier 1: 50%, Tier 2: 50%, Tier 3: 50%, Tier 4: 50%	<b>30-day supply</b> Tiers 1 - 4: Covered in full	<b>30-day supply</b> Tiers 1 - 4: Covered in full				
rescription (NX) brug coverage	50% for a 90-day supply of maintenance drugs at preferred retail pharmacy or through mail order	50% for a 90-day supply of maintenance drugs at preferred retail pharmacy or through mail order	50% for a 90-day supply of maintenance drugs a preferred retail pharmacy or through mail orde				
	<b>Tier 5 Specialty drugs</b> 50%, up to a 30-day supply	<b>Tier 5 Specialty drugs</b> Covered in full, up to a 30-day supply	<b>Tier 5 Specialty drugs</b> Covered in full, up to a 30-day supply				
Optional Vision Rider	<b>Adults:</b> Up to \$400 per calend	Services are available from any licensed provider. dar year per member (including exam, prescription lenses	s, contact lenses and frames) ✓				

<sup>✓ =</sup> Deductible waived

Note: Additional cost shares apply when using out-of-network providers, please see benefit summary for details.



# 2024 Bend Chamber of Commerce Base plan

**Network: Signature + OHSU** 

			Base plans					
	25/20/50/1000	25/30/50/1500	25/30/50/2000	35/30/50/3000	35/30/50/4000	35/30/50/5000	35/30/50/6000	
In-network								
Deductible Individual / Family	\$1,000 / \$2,000	\$1,500 / \$3,000	\$2,000 / \$4,000	\$3,000 / \$6,000	\$4,000 / \$8,000	\$5,000 / \$10,000	\$6,000 / \$12,000	
Out-of-Pocket Maximum Individual / Family	\$6,000 / \$12,000	\$6,000 / \$12,000	\$7,500 / \$15,000	\$8,000 / \$16,000	\$8,500 / \$17,000	\$8,500 / \$17,000	\$9,450 / \$18,900	
			Member pays					
Preventive Services	Covered in full ✓	Covered in full ✓	Covered in full ✓	Covered in full ✓	Covered in full ✓	Covered in full ✓	Covered in full ✓	
Office Visits - Primary	\$25 ✓	\$25 ✓	\$25 ✓	\$35 ✓	\$35 ✓	\$35 ✓	\$35 ✓	
Chiropractic (20 visits)	\$25	\$25	\$25	\$35	\$35	\$35	\$35	
Acupuncture (12 visits)	\$25	\$25	\$25	\$35	\$35	\$35	\$35	
Virtual Care (Primary and Mental Health)	Covered in full ✓	Covered in full ✓	Covered in full ✓	Covered in full ✓	Covered in full ✓	Covered in full ✓	Covered in full ✓	
Office Visits - Specialty and Urgent Care	\$50	\$50	\$50	\$60	\$60	\$60	\$60	
Physical Therapy	20%	30%	30%	30%	30%	30%	30%	
Lab / X-ray	20%	30%	30%	30%	30%	30%	30%	
Accident Benefit		0% of firs	t \$1,000 within 90 days of	the accident √				
Emergency Services	\$250 + 20%	\$250 + 30%	\$250 + 30%	\$250 + 30%	\$250 + 30%	\$250 + 30%	\$250 + 30%	
Hospital (Including surgical procedures and advanced imaging)	20%	30%	30%	30%	30%	30%	30%	

### Prescription (Rx) Drug Coverage

Plans can be paired with: \$5 / \$10 / 50% / 50% OR  $\$5 / \$10 / \$50 / \$75 \checkmark$ 

2 copays for a 90-day supply of maintenance drugs at preferred retail pharmacy or through mail order

## Optional Vision Rider

Services are available from any licensed provider.

Adults: Up to \$400 per calendar year per member (including exam, prescription lenses, contact lenses and frames) ✓

The deductible does not apply to services marked with a  $\checkmark$ .

Note: Additional cost shares apply when using out-of-network providers, please see benefit summary for details.



# 2024 Bend Chamber of Commerce Choice or Connect Premier plan

**Network: Choice or Connect** 

		P	remier plans					
	25/20/50/1000	25/30/50/1500	25/30/50/2000	35/30/50/3000	35/30/50/4000	35/30/50/5000		
In-network								
Deductible Individual / Family	\$1,000 / \$2,000	\$1,500 / \$3,000	\$2,000 / \$4,000	\$3,000 / \$6,000	\$4,000 / \$8,000	\$5,000 / \$10,000		
Out-of-Pocket Maximum Individual / Family	\$6,000 / \$12,000	\$6,000 / \$12,000	\$7,500 / \$15,000	\$8,000 / \$16,000	\$8,500 / \$17,000	\$8,500 / \$17,000		
		I/	Member pays					
Preventive Services	Covered in full ✓	Covered in full ✓	Covered in full ✓	Covered in full ✓	Covered in full ✓	Covered in full ✓		
Office Visits - Primary	\$25 ✓	\$25 ✓	\$25 ✓	\$35 ✓	\$35 ✓	\$35 ✓		
Chiropractic (20 visits)	\$25 ✓	\$25 ✓	\$25 ✓	\$35 ✓	\$35 ✓	\$35 ✓		
Acupuncture (12 visits)	\$25 ✓	\$25 ✓	\$25 ✓	\$35 ✓	\$35 ✓	\$35 ✓		
Virtual Care (Primary and Mental Health)	Covered in full ✓	Covered in full ✓	Covered in full ✓	Covered in full ✓	Covered in full ✓	Covered in full ✓		
Office Visits - Specialty and Urgent Care	\$50 ✓	\$50 ✓	\$50 ✓	\$60 ✓	\$60 ✓	\$60 ✓		
Physical Therapy	20% ✓	30% ✓	30% ✓	30% ✓	30% ✓	30% ✓		
Lab / X-ray	20% ✓	30% ✓	30% ✓	30% ✓	30% ✓	30% ✓		
Accident Benefit		0% of first \$1,000	within 90 days of the accident	<b>✓</b>				
Emergency Services	\$250 + 20% <b>√</b>	\$250 + 30% <b>✓</b>	\$250 + 30% <b>✓</b>	\$250 + 30% <b>✓</b>	\$250 + 30% <b>√</b>	\$250 + 30% <b>✓</b>		
Hospital (Including surgical procedures and advanced imaging)	20%	30%	30%	30%	30%	30%		

Prescription (Rx) Drug Coverage

Plans can be paired with: \$5 / \$10 / \$50% / \$50% OR \$5 / \$10 / \$50 / \$75

2 copays for a 90-day supply of maintenance drugs at preferred retail pharmacy or through mail order

#### **Optional Vision Rider**

Services are available from any licensed provider.

Adults: Up to \$400 per calendar year per member (including exam, prescription lenses, contact lenses and frames) ✓

The deductible does not apply to services marked with a  $\checkmark$ .

Note: Additional cost shares apply when using out-of-network providers, please see benefit summary for details.



# 2024 Bend Chamber of Commerce Choice or Connect Core plan

**Network: Choice or Connect** 

	Core plans							
	35/50/50/2500	35/50/50/5000	35/50/50/6500	35/50/50/9100				
		In-network						
Deductible Individual / Family	\$2,500 / \$5,000	\$5,000 / \$10,000	\$6,500 / \$13,000	\$9,100 / \$18,200				
Out-of-Pocket Maximum Individual / Family	\$8,000 / \$16,000	\$8,500 / \$17,000	\$9,100 / \$18,200	\$9,100 / \$18,200				
		Member pays						
Preventive Services	Covered in full ✓	Covered in full ✓	Covered in full ✓	Covered in full ✓				
Office Visits - Primary	\$35 ✓	\$35 ✓	\$35 ✓	\$35 ✓				
Chiropractic Manipulation (20 visits)	\$35 ✓	\$35 ✓	\$35 ✓	\$35 ✓				
Acupuncture (12 visits)	\$35 ✓	\$35 ✓	\$35 ✓	\$35 ✓				
Office Visits Specialty and Urgent Care	\$70 ✓	\$70 ✓	\$70 ✓	\$70 ✓				
/irtual Care (Primary and Mental Health)	Covered in full ✓	Covered in full ✓	Covered in full ✓	Covered in full ✓				
hysical, Occupational, & Speech Therapy	50%	50%	50%	After deductible, covered in fu				
ab / X-ray	50%	50%	50%	After deductible, covered in fu				
Accident Benefit	0% of first \$1,000 within 90 days of the accident ✓							
Emergency Services	50%	50%	50%	After deductible, covered in fu				
npatient & Outpatient Hospital Including surgical procedures & advanced imaging)	50%	50%	50%	After deductible, covered in fu				
rescription (Rx) Drug Coverage	Plan includes: \$5 / \$10 / 50% / 50% ✓ 2 copays for a 90-day supply of maintenance drugs at preferred retail pharmacy or through mail order							
Optional Vision Rider	Services are available from any licensed provider.							

<sup>✓ =</sup> Deductible waived

Note: Additional cost shares apply when using out-of-network providers, please see benefit summary for details.



## **Behavioral Health Suite of Services**

## Giving members more choice in how they want and need to access services and care.



Resources for Improved Well-Being

#### Resources to Relax & Recharge

- · Savings on massage therapy yoga, meditation, and more
- · LifeBalance: ProvidenceHealthPlan. com/Member-Perks/LifeBalance



**Self-Management** and Mindfulness Tools

#### **Stress Management Health Coaching**

- Login to your member portal at myProvidence.com
- One-on-one health coaching sessions
- · Personalized goal setting with manageable steps
- · A program designed to empower members to achieve their health goals

#### Learn to Live

- LearnToLive.com/Welcome/ ProvidenceHealthPlan
- Self-directed virtual therapy to manage mental well-being
- One-on-one coaching, mindfulness exercises, and live and on-demand webinars
- · Available at any time within the app



Telehealth/Virtual

#### **Behavioral Health Concierge**

- Providence.org/BHC
- · Quick access to direct care with Providence providers
- Extended hours 7 a.m. 8 p.m., seven days week
- · Help with life stressors, mental health, and asubstance use disorder issues

#### **Equip**

- · Virtual, eating disorder treatment
- Kids and young adults ages 6-24
- Family-Based Treatment (FBT) matched with a multi-disciplinary team

#### **Talkspace**

- Talkspace.com/ProvidenceHealthPlan
- Telehealth provider of virtual psychotherapy for teens (13+) and adults
- Be matched to a provider within 48 hours
- Connect through text, call, or live video
- Access to therapy, psychwiatry,\* or both

#### **Charlie Health**

- Virtual Intensive Outpatient Program (vIOP)
- Teens and young adults ages 11-30
- · Personalized treatment plans, including group and family/individual therapy



**Broad Clinical Support** 

#### **Behavioral Health Network**

- · Local and nationwide access
- · In-person and virtual services
- Age specific care (kids, teens, adults)
- · Access to specialty behavioral health network

#### **Provider Directory**

- ProvidenceHealthPlan.com/FindAProvider
- · Go to the Provider Directory and search using your Member ID
- · Select "Find a care provider"
- Select "Mental Health/Substance Use Disorder"



**Crisis Care** 

#### 24/7 Crisis Line (HUB)

- Immediate access 24/7
- · Team trained in crisis triage care
- · Real time referrals
- Call customer service at 503-574-7500 or 1-800-878-4445 and they will help connect you directly to our clinical department

#### **Urgent Care**

- In-patient and residential care
- Partial hospital care

# Pharmacy Resources

### Understand your benefits and save money on prescriptions.



## Formulary – Your List of **Covered Medications**

A formulary is just a list of generic and brand name prescription drugs that are covered under your health plan. The medications listed on your formulary have been approved based on their safety, quality, effectiveness, and affordability. Providence provides this comprehensive list to all members with pharmacy benefits.

To access your formulary, visit ProvidenceHealthPlan.com/FindMyFormulary



## A Specialty Team for **Specialty Pharmacies**

Specialty drugs require careful handling or administration (like refrigeration or complex injection instructions). To make sure you have the information you need, you'll have access to a dedicated, specialty care team. They'll provide you with extra support, including where to find your nearest specialty pharmacy, and how to get financial assistance when available.



## **Find a Preferred Pharmacy**

Our network of preferred pharmacies includes those affiliated with Providence along with major retailers like Rite Aid, CVS, Costco, Walmart, and many more. To get the best experience using our directory, search using your ID number from your member ID card.

To search for in-network pharmacies, visit ProvidenceHealthPlan.com/FindAProvider



## O O Enjoy Access to a **Nationwide Network**

There are thousands of participating pharmacies you can choose from to get the medication you need. Retail and preferred retail pharmacies offer a 30-day supply, or up to 90 days for maintenance medication. Also, when you fill a prescription at a preferred retail pharmacy, you may save money.



## Save a Trip to the Pharmacy – Have Your Medication Delivered

When you switch to mail order you can get what you need delivered directly to your home.<sup>2</sup> Just have your provider send your prescriptions to one of our preferred mail order pharmacies: Costco Mail Order or Postal Prescription Services.3

## Questions about pharmacy benefits?

Visit ProvidenceHealthPlan.com/Pharmacy or call 877-216-3644 (TTY: 711) Monday — Friday between 8 a.m. and 5 p.m. (Pacific Time).

> <sup>1</sup>HSA plan drugs are covered in full after the deductible is paid <sup>2</sup> Excludes specialty and compounded medications <sup>3</sup> Your network provisions may require the use of just one of these mail-order pharmacies for coverage

ProvidenceHealthPlan.com 21



## Care Options

## Knowing your options for care helps you get the care you need when you need it.



#### **Primary Care**

Visit your Primary Care Provider (PCP) to build a relationship and establish a personalized health history. If you need a primary care provider, visit myProvidence.com and select "Find a Provider" after logging in. Then choose Primary Care Providers.



## Telehealth (Phone or Video Appointment)\*

Arrange a phone appointment to talk with your provider from wherever you are. Schedule a visit with your PCP or specialist using a video conferencing platform such as Zoom.



#### 24/7 Nurse Advice Line (ProvRN)

Speak with a registered nurse anytime, any day. Call when you have a health concern and are looking for advice. Have your member number available and call 800-700-0481.



#### **ExpressCare Virtual**

On-demand virtual care with Providence ExpressCare Virtual. Connect to care in minutes from anywhere using your tablet, smartphone, or computer. Conditions treated by this service include things like common colds, fever, heartburn, sore throat, pink eye, UTIs, allergies, dry skin, and more. To get started, visit Providence.org/Services/ExpressCare-Virtual.



## **ExpressCare Clinics**

Find a same-day in-person appointment or walk-in where available. Treat common conditions like a cold, sore throat, or allergies. Most clinics are open from either 7 a.m. to 7 p.m. or 8 a.m. to 8 p.m. To find a location and schedule an appointment, visit Providence.org/ExpressCare.



### **Urgent Care**

Urgent care is where you turn when you can't wait for a primary care appointment for minor injuries like cuts, burns, and pains. To find an urgent care clinic, login to myProvidence.com and select "Find a Provider." Then choose "Find a Service or Place; Urgent Care Clinic."



## **Emergency Care**

Call 911 or go to the nearest emergency room if you think your life is in danger. Use for symptoms like suspected heart attack, severe abdominal pain, poisoning, or loss of consciousness.

For more information, visit

ProvidenceHealthPlan.com/Care-Options

# myProvidence.com

#### Your secure member portal

myProvidence provides access to your health plan information. It's also where you can access tools and resources. Things like:

- Find in-network providers
- Print a replacement member ID card
- Estimate costs for medical, pharmacy, and dental
- View claims and explanations of benefits
- View progress towards your deductible and out-of-pocket maximum
- Communicate with Customer Service via secure email and chat
- · Access exclusive member discounts on fitness memberships, travel, and more

## **Member Perks**

Additional benefits and programs available to cover every aspect of members' lives.



## **Personal Health Coaching**

Our coaches are here to support a journey towards a healthier and happier life.



## **One Pass Select**One Pass Select One Pass Select One Pass Select

Access thousands of participating fitness centers and workout videos on demand along with grocery delivery.



## **ID Protection**

Benefit from fraud monitoring, warning, and resolution.



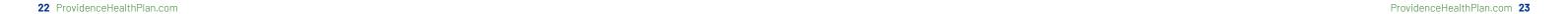
## LifeBalance

LifeBalance provides savings on thousands of fun activities (like movies, travel, or a night on the town).



## **Emergency Travel Assistance**

Get emergency medical help while traveling away from home or even internationally.





## Health For All

When employees are healthy, they're inspired to do great things for their companies, their communities and the world at large. Healthcare is a human right — everyone has a right to quality health care. We're dedicated to the health and care of every member of the community because everyone's well-being matters.

## Have questions?

Feel free to reach out in one of the ways outlined below:

Bend Chamber of Commerce **541-382-3221** 



Johnson Benefit Planning **541-382-3571** or toll-free **800-314-3571** 



BendChamber.org/Chamber-Health-Insurance