



## Providence SIGNATURE PPO

**MBA Plans 4/1/21 - 3/31/22**

	GOLD SIGNATURE PPO	SILVER SIGNATURE PPO	H.S.A. 3500 SIGNATURE PPO	H.S.A. 6650 SIGNATURE PPO
Rates Effective: 4/1/2021 - 3/31/2022	<b>To Find Providers for the Providence SIGNATURE NETWORK go to: <a href="mailto:phppd@providence.org">phppd@providence.org</a>/ (Select Signature PPO)</b>			
Deductible	\$1,000	\$2,500	\$3,500	\$6,650
Family Deductible	\$3,000	\$7,500	\$7,000	\$13,300
Out-of-Pocket Maximum	\$7,350	\$7,350	\$6,750	\$6,650
Family Out-of-Pocket Maximum	\$14,700	\$14,700	\$13,500	\$13,300
Network	Signature PPO	Signature PPO	Signature PPO	Signature PPO
Out of Network Benefit	\$2,000 Ded. \$14,700 OOPM Deductible, then 40%	\$5,000 Ded. \$14,700 OOPM Deductible, then 50%	\$7,000 Ded, \$13,500 OOPM Deductible, then 50%	\$13,300 Ded, \$13,300 OOPM Deductible, then 0%
<b>Physician Expenses</b>	<b>*Indicates Deductible Waived</b>	<b>*Indicates Deductible Waived</b>	<b>After Deductible</b>	<b>After Deductible</b>
Office Visits (other than Preventive)	\$35 Copay* (Virtual \$0*)	\$35 Copay* (Virtual \$0*)	50% Coinsurance (Virtual \$0)	Deductible, then 0%
Specialist Visits	\$45 Copay* (Virtual \$30*)	\$45 Copay* (Virtual \$25*)	50% Coinsurance (Virtual 35%)	Deductible, then 0%
Outpatient Mental Health	\$35 Copay*	\$35 Copay*	50% Coinsurance	Deductible, then 0%
<b>Facility Expenses</b>	<b>After Deductible</b>	<b>After Deductible</b>	<b>After Deductible</b>	<b>After Deductible</b>
Inpatient Hospital	20% Coinsurance	30% Coinsurance	50% Coinsurance	Deductible, then 0%
Outpatient Hospital / Ambulatory Ce	20% Coinsurance	30% Coinsurance	50% Coinsurance	Deductible, then 0%
<b>Other Expenses</b>	<b>After Deductible</b>	<b>After Deductible</b>	<b>After Deductible</b>	<b>After Deductible</b>
ER	\$250 Copay	\$250 Copay	50% Coinsurance	Deductible, then 0%
Urgent Care	\$45 Copay*	\$45 Copay*	50% Coinsurance	Deductible, then 0%
Lab & X-Ray (other than Preventive)	First \$500 0%, then 20%	First \$500 0%, then 30%	50% Coinsurance	Deductible, then 0%
MRI & CT Scans	20% Coinsurance	30% Coinsurance	50% Coinsurance	Deductible, then 0%
<b>Pharmacy (30 day supply)</b>	<b>Deductible Waived</b>	<b>Deductible Waived</b>	<b>After Deductible</b>	<b>After Deductible</b>
Tier 1	\$0 Copay*	\$0 Copay*	50% Coinsurance	Deductible, then 0%
Tier 2	\$10 Copay*	\$10 Copay*	50% Coinsurance	Deductible, then 0%
Tier 3	\$15 Copay*	\$15 Copay*	50% Coinsurance	Deductible, then 0%
Tier 4	\$45 Copay*	\$45 Copay*	50% Coinsurance	Deductible, then 0%
Specialty Drugs	50% Copay (\$200 Max Copay)*	50% Copay (\$200 Max Copay)*	50% Coinsurance	Deductible, then 0%
<b>Alternative Care</b>				
Alternative Care Definition	Chiropractic, Acupuncture	Chiropractic, Acupuncture	Chiropractic, Acupuncture	Chiropractic, Acupuncture
Alternative Care Benefit	\$25 Copay*; \$1,000 Annual Max	\$25 Copay*; \$1,000 Annual Max	\$25 Copay; \$1,000 Annual Max	\$25 Copay; \$1,000 Annual Max

Final rates are based on final enrollment. Medical premiums shown include a \$3.25 per employee administrative charge, \$1.50 of which goes to the MBA.

This summary was designed for comparison purposes only. For detailed benefit summaries go to: [www.aldrichadvisors.com/services/employee-benefits/mba](http://www.aldrichadvisors.com/services/employee-benefits/mba)



# Providence EXTEND PPO

**MBA Plans 4/1/21 - 3/31/22**

	GOLD EXTEND PPO	SILVER EXTEND PPO
<b>Rates Effective:</b> 4/1/2021 - 3/31/2022		
<b>To Find Providers for the Providence EXTEND NETWORK go to:</b> <a href="mailto:phppd@providence.org">phppd@providence.org</a> / (Select EXTEND PPO)		
Deductible	\$1,000	\$2,500
Family Deductible	\$3,000	\$7,500
Out-of-Pocket Maximum	\$7,350	\$7,350
Family Out-of-Pocket Maximum	\$14,700	\$14,700
Network	Extend PPO	Extend PPO
Out of Network Benefit	\$2000 Ded. \$14,700 OOPM Deductible, then 40%	\$5000 Ded. \$14,700 OOPM Deductible, then 50%
<b>Physician Expenses</b>	<b>*Indicates Deductible Waived</b>	<b>*Indicates Deductible Waived</b>
Office Visits (other than Preventive)	\$35 Copay* (Virtual \$0*)	\$35 Copay* (Virtual \$0*)
Specialist Visits	\$45 Copay* (Virtual \$30*)	\$45 Copay* (Virtual \$30*)
Outpatient Mental Health	\$35 Copay*	\$35 Copay*
<b>Facility Expenses</b>	<b>After Deductible</b>	<b>After Deductible</b>
Inpatient Hospital	20% Coinsurance	30% Coinsurance
Outpatient Hospital / Ambulatory Care	20% Coinsurance	30% Coinsurance
<b>Other Expenses</b>	<b>After Deductible</b>	<b>After Deductible</b>
ER	\$250 Copay	\$250 Copay
Urgent Care	\$45 Copay*	\$45 Copay*
Lab & X-Ray (other than Preventive)	First \$500 0%, then 20%	First \$500 0%, then 30%
MRI & CT Scans	20% Coinsurance	30% Coinsurance
<b>Pharmacy (30 day supply)</b>	<b>Deductible Waived</b>	<b>Deductible Waived</b>
Tier 1	\$0 Copay*	\$0 Copay*
Tier 2	\$10 Copay*	\$10 Copay*
Tier 3	\$15 Copay*	\$15 Copay*
Tier 4	\$45 Copay*	\$45 Copay*
Specialty Drugs	50% Copay (\$200 Max Copay)*	50% Copay (\$200 Max Copay)*
<b>Alternative Care</b>		
Alternative Care Definition	Chiropractic, Acupuncture	Chiropractic, Acupuncture
Alternative Care Benefit	\$25 Copay*; \$1,000 Annual Max	\$25 Copay*; \$1,000 Annual Max

Final rates are based on final enrollment. Medical premiums shown include a \$3.25 per employee administrative charge, \$1.50 of which goes to the MBA.



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# Providence CONNECT (Portland Metro Area Only)

**MBA Plans 4/1/21 - 3/31/22**

	PLATINUM CONNECT	GOLD CONNECT
<p>Rates Effective: 4/1/2021 - 3/31/2022</p> <p style="text-align: center;"><b>You must designate a Medical Home from the Providence CONNECT NETWORK: <a href="mailto:phppd@providence.org">phppd@providence.org</a> (Select CONNECT PPO)</b></p>		
Deductible	\$500	\$1,500
Family Deductible	\$1,000	\$3,000
Out-of-Pocket Maximum	\$5,850	\$7,350
Family Out-of-Pocket Maximum	\$11,700	\$14,700
Network	Connect PPO	Connect PPO
Out of Network Benefit	\$1,000 Ded. \$11,600 OOPM Deductible, then 50%	\$3,000 Ded. \$14,700 OOPM Deductible, then 50%
<b>Physician Expenses</b>	<b>*Indicates Deductible Waived</b>	<b>*Indicates Deductible Waived</b>
Office Visits (other than Preventive)	\$20 Copay* (Virtual \$0*)	\$35 Copay* (Virtual \$0*)
Specialist Visits	\$40 Copay* (Virtual \$25*)	\$70 Copay* (Virtual \$55*)
Outpatient Mental Health	\$20 Copay*	\$35 Copay*
<b>Facility Expenses</b>	<b>After Deductible</b>	<b>After Deductible</b>
Inpatient Hospital	20% Coinsurance	20% Coinsurance
Outpatient Hospital / Ambulatory Care	20% Coinsurance	20% Coinsurance
<b>Other Expenses</b>	<b>After Deductible</b>	<b>After Deductible</b>
ER	\$250 Copay	\$250 Copay
Urgent Care	\$40 Copay*	\$70 Copay*
Lab & X-Ray (other than Preventive)	20% Coinsurance*	20% Coinsurance*
MRI & CT Scans	20% Coinsurance	20% Coinsurance
<b>Pharmacy (30 day supply)</b>	<b>Deductible Waived</b>	<b>Deductible Waived</b>
Tier 1	\$0 Copay*	\$0 Copay*
Tier 2	\$10 Copay*	\$10 Copay*
Tier 3	\$15 Copay*	\$15 Copay*
Tier 4	\$45 Copay*	\$45 Copay*
Specialty Drugs	50% Copay (\$200 Max Copay)*	50% Copay (\$200 Max Copay)*
<b>Alternative Care</b>		
Alternative Care Definition	Chiropractic, Acupuncture	Chiropractic, Acupuncture
Alternative Care Benefit	\$25 Copay*; \$1,000 Annual Max	\$25 Copay*; \$1,000 Annual Max

Final rates are based on final enrollment. Medical premiums shown include a \$3.25 per employee administrative charge, \$1.50 of which goes to the MBA.



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## Providence CHOICE (Outside Portland Metro Area)

**MBA Plans 4/1/21 - 3/31/22**

	PLATINUM CHOICE	GOLD CHOICE
Rates Effective: 4/1/2021 - 3/31/2022	<b>You must designate a Medical Home from the Providence CHOICE NETWORK: <a href="mailto:phppd@providence.org">phppd@providence.org/</a> (Select CHOICE PPO)</b>	
Deductible	\$500	\$1,500
Family Deductible	\$1,000	\$3,000
Out-of-Pocket Maximum	\$5,850	\$7,350
Family Out-of-Pocket Maximum	\$11,700	\$14,700
Network	Choice PPO	Choice PPO
Out of Network Benefit	\$1,000 Ded. \$11,600 OOPM Deductible, then 50%	\$3,000 Ded. \$14,700 OOPM Deductible, then 50%
<b>Physician Expenses</b>	<b>*Indicates Deductible Waived</b>	<b>*Indicates Deductible Waived</b>
Office Visits (other than Preventive)	\$20 Copay* (Virtual \$0*)	\$35 Copay* (Virtual \$0*)
Specialist Visits	\$40 Copay* (Virtual \$25*)	\$70 Copay* (Virtual \$55*)
Outpatient Mental Health	\$20 Copay*	\$35 Copay*
<b>Facility Expenses</b>	<b>After Deductible</b>	<b>After Deductible</b>
Inpatient Hospital	20% Coinsurance	20% Coinsurance
Outpatient Hospital / Ambulatory Ce	20% Coinsurance	20% Coinsurance
<b>Other Expenses</b>	<b>After Deductible</b>	<b>After Deductible</b>
ER	\$250 Copay	\$250 Copay
Urgent Care	\$40 Copay*	\$70 Copay*
Lab & X-Ray (other than Preventive)	20% Coinsurance*	20% Coinsurance*
MRI & CT Scans	20% Coinsurance	20% Coinsurance
<b>Pharmacy (30 day supply)</b>	<b>Deductible Waived</b>	<b>Deductible Waived</b>
Tier 1	\$0 Copay*	\$0 Copay*
Tier 2	\$10 Copay*	\$10 Copay*
Tier 3	\$15 Copay*	\$15 Copay*
Tier 4	\$45 Copay*	\$45 Copay*
Specialty Drugs	50% Copay (\$200 Max Copay)*	50% Copay (\$200 Max Copay)*
<b>Alternative Care</b>		
Alternative Care Definition	Chiropractic, Acupuncture	Chiropractic, Acupuncture
Alternative Care Benefit	\$25 Copay*; \$1,000 Annual Max	\$25 Copay*; \$1,000 Annual Max

Final rates are based on final enrollment. Medical premiums shown include a \$3.25 per employee administrative charge, \$1.50 of which goes to the MBA.



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