



PACIFIC NORTHWEST
CONSULTING ENGINEERS
HEALTH & WELFARE TRUST

For Engineers By Engineers

Employee Benefit Plans for
Members of the American Council of
Engineering Companies of Oregon
and Washington



2019 Benefits Guide

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Welcome to Your PNCE Trust Benefits!

Letter from the Trustees

As trustees of the PNCE H&W Trust we are pleased to offer a comprehensive benefits program ran by members of the American Council of Engineering Companies (ACEC) of Oregon and Washington on behalf of member employers and their employees.

It is the PNCE Trust's mission to provide competitive, quality and affordable healthcare choices to its membership and we have done so successfully since 1959. We do this by working closely with our healthcare partners to manage our program for long term success and when needed we have used our assets to reduce costs or to generate premium holidays.

We understand that information is key when it's time to make choices about your benefits program. In this guide, you'll find details about the benefits available to you through the PNCE Trust. We encourage you to carefully review our program options and select the right coverage for your firm's unique needs.

Scott Wallace, P.E.
Chairman & Trustee

Tom Jones, P.E.
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Ralph Boirum, P.E.
Trustee

Kash Nikzad, P.E.
Trustee

Gerry Heslin, P.E.
Trustee

Erik Peterson, P.E.
Trustee

Who Is Eligible?

Your firm must be a member of **ACEC Oregon** and/or **ACEC Washington** in order to be eligible to participate in the PNCE H&W Trust

Most new participating employers are eligible to enroll in the PNCE Trust on the first day of the month following 30 days of membership in either ACEC Oregon or Washington.

Providence special rules: there are some special rules that apply to groups currently insured by Providence Health Plans (PHP). In addition to 30 days of membership in either Council, groups currently insured with PHP or who have been insured with PHP in the prior 12-month period are only eligible to enroll in the benefit plan annually at renewal on January 1st.

An Overview of Plans Offered

- Providence Health Plans (PHP) provides medical, pharmacy, vision and alternative care benefits.
- HealthEquity provides integrated health savings and flexible spending accounts.
- The Standard provides dental, life and AD&D, short-term disability, long-term disability and employee assistance program benefits.
- Cascade Centers Inc provides an employee assistance program (EAP).

Medical and basic life/AD&D are required coverages for each firm. Optional coverages include vision, dental, additional life/AD&D, short-term disability, long-term disability and EAP.

The PNCE Trust endorses (but does not administer) a health advocacy program through Health Advocate, a section 125 plan through Allegiance Benefit Plan and voluntary benefits through Colonial Life.

For additional PNCE Trust rules, please refer to our coverage participation and contribution requirements section.

Firm Participation Guidelines

- Your firm may choose the definition of eligibility based on working 17.5 through 30 hours per week, applied uniformly to all employees. Your firm may also choose a uniform probation period before employees are eligible for coverage of the first of the month following 0, 30 or 60 days.
- Partners, sole proprietors and owner employees are not eligible unless they are full-time employees.
- Eligible dependents include spouses, domestic partners and qualified dependent child(ren) up to age 26.
- Employees and dependents must enroll in the employee's offered benefits within 30 days of the employees initial enrollment opportunity. If the employee and/or their dependent does not enroll when the employee is initially eligible and does not have other coverage, they can only join the plan later during annual enrollment unless they should experience a qualifying life event (QLE) and submit their changes to the PNCE Trust within 30 days of their QLE.
- Firms may elect 1 of 5 basic life/AD&D benefit maximums without any evidence of insurability for all eligible employees at implementation.
- Firms may later choose to increase their basic life/AD&D maximums at open enrollment but will be required to submit evidence of insurability for all employees.
- Firms that choose to add optional Long Term Disability (LTD) coverage will be subject to a 3/12 pre-existing conditions limitation.
- Firms may adjust their overall benefits package annually during the PNCE Trust's annual enrollment.



Participation and Contribution Requirements

It's important to review our PNCE Trust participation and contribution requirements prior to formalizing your benefits package. Below outlines our provisions.

Providence

Medical/Rx and Alternative Care - Required Benefit

- Providence requires that 75% of all eligible employees and 0% of your eligible dependents be covered under your firm's plan(s) unless they have qualified other coverage. You may exclude those waiving coverage due to enrollment under another qualified plan such as another employer sponsored plan or veterans plan.
- Firms with 10 or more eligible employees may offer two medical/Rx plan options known as dual choice without underwriting approval. Special requirements regarding employer contributions will apply.
- Firms with 50 or more eligible employees may offer three medical/Rx plan options known as triple choice with underwriting approval. Special requirements regarding employer contributions will apply.

Vision and Alternative Care Buy-Up - Optional Benefits

- If vision is elected, vision enrollment will be matched to the medical enrollment and automatically added for all employees and their dependents based on their enrollment in the medical/Rx plan.
- The alternative care buy-up will replace the embedded alternative care plan included in our medical/Rx plan(s) and enrollment is automatically added based on enrollment in the medical/Rx plan.

The Standard

Basic Life/AD&D - Required Benefit

- The Standard requires 100% of all eligible employees be covered under the basic life/AD&D plan and that employers pay 100% of the cost.

Dental, Voluntary life/AD&D, Short Term Disability and Long Term Disability - Optional Benefits

- If you choose to offer the additional life/AD&D coverage, participation and cost is 100% voluntary by the employee. Guarantee coverage is only available during your initial set up and requires that you attain 25% participation. If you do attain 25% participation or you elect to add this coverage during a later PNCE annual enrollment period, all enrollments will be subject to evidence of insurability.
- Dental. The Standard requires that firms who offer dental pay 100% of the employee only coverage and the plan requires 100% eligible employees participation in the plan. Dependent contributions may vary by firm. As a firm you can elect to add dental during the PNCE Trust's annual open enrollment period without any penalty.
- 100% employee participation is required for all disability plans. Employers must pay 100% of the cost of these coverages offered and any benefits received by employees are taxable.

Helpful Tip

Before submitting your elections to Engineers Trust Admin, review your firm election form carefully to make sure your plans selections, contributions and information are correct.

Benefit Terms & Definitions

To better understand healthcare coverage, it's helpful to be familiar with benefits vocabulary. Take a moment to review these terms, which may be referenced throughout this guide.

Balance Bill – When a health care provider bills a patient for the difference between what the patient's health insurance chooses to reimburse and what the provider chooses to charge.

Copay – A fixed dollar amount you pay the provider at the time of service; for example, a \$25 copay for an office visit or a \$15 copay for a generic prescription.

Coinsurance – The percentage paid for a covered service, shared by you and the plan. Coinsurance can vary by plan and provider network. Review the plans carefully to understand your responsibility. You are responsible for coinsurance until you reach your plan's out-of-pocket maximum.

Deductible – The amount you pay each calendar year before the plan begins paying benefits. Not all covered services are subject to the deductible. For example, the deductible does not apply to in-network preventive care services.

Emergency Room Care – Care received at a hospital emergency room for life-threatening conditions.

Formulary - a list of FDA-approved prescription drugs developed by physicians and pharmacies, designed to offer drug treatment choices for covered medical conditions. Drug formularies between carriers will differ.

In-Network Care – Care provided by contracted doctors within the plan's network of providers. This enables participants to receive care at a reduced rate compared to care received by out-of-network providers.

Out-of-Network Care – Care provided by a doctor or at a facility outside of the plan's network. Your out-of-pocket costs may increase and services may be subject to balance billing.

Out-of-Pocket Maximum – The maximum amount you pay per year before the plan begins paying for covered expenses at 100%. This limit helps protect you from unexpected catastrophic expenses.

Premium – The cost paid for your insurance policies. You share this cost with your employer and often pay your portion through regular paycheck deductions.

Preventive Care – Care received to detect and prevent illness or disease. Covered services are subject to age, gender, frequency and health stats as recommended by the US Prevention Services Task Force. In-network preventive care is covered at 100%.

Prior authorization - Some services must be pre-approved. In-network your provider will request prior authorization on your behalf. Out-of-Network you are responsible for requesting and obtaining prior authorization before services are received.

Urgent Care – Urgent care is not the same as emergency care. Visit urgent care for sudden illnesses or injuries that are not life-threatening. Urgent care centers are helpful when care is needed quickly to avoid developing more serious pain or problems.

Usual, Customary & Reasonable (UCR) - describes your plan's allowed charges for services that you receive from an out-of-network provider. When the cost of out-of-network services exceeds UCR amounts, you are responsible for paying the provide any difference (known as balance billing) and these amounts do not apply to your plan accumulators.

Benefit Acronyms

AD&D = Accidental Death & Dismemberment

FSA = Flexible Spending Account

QHDHP = High Deductible Health Plan

HSA = Health Savings Account

LTD = Long-Term Disability

OOPM = Out-of-Pocket Maximum

PPO = Preferred Provider Organization

STD = Short-Term Disability

Medical Coverage – To Keep Your Employees Healthy (Required)

Is anything more important than your employee's health? At the PNCE Trust, our goal is to inspire our membership to reach their highest potential. This starts with taking care of your employee's overall health.

Prescription Drug Coverage

Prescription drug coverage is included in all of the medical plans. Regardless of which plan(s) you choose, members will always save the most money by using a participating pharmacy. You can access a list of pharmacies through PHP's website.

High-Deductible Health Plans: If you elect the QHDHP, members will pay the full cost for prescription drugs until they meet their deductible. Once they meet their plan's deductible, they share the cost of prescription drugs with the plan.

How to Find a PHP Provider

1. Visit the PHP website at www.ProvidenceHealthPlan.com
2. Select "Find a Provider"
3. Select "Browse by Provider Network"
4. Select Plan Type "Coverage through My Employer" and then choose Provider Network "Providence Signature (formerly EPO) network" in the drop down menu to search all providers
5. Select your miles and enter your location, click "Search"

Which Medical Plan Is Right for You?

The PNCE Trust is pleased to offer medical coverage through Providence Health Plans (PHP). When deciding which medical plan is the best fit for your firm, it's important to consider the total cost of coverage. This includes what is paid in premiums and what is paid for services.

While each medical plan covers preventive services in full, the medical plans vary on annual deductibles, copays, and levels of coinsurance. This means one may pay more out-of-pocket costs with one plan versus another. The ideal medical plan should cover most of your employee's healthcare costs with premiums that meet your budget.

Explanation of Medical Plan Options

Preferred Provider Option (PPO) Plan

A PPO plan gives the option to seek medical treatment from a contracted medical provider, at negotiated rates, or from an out-of-network provider, at an additional cost. You may pay a copay for select services, with the exception of preventive care, which is covered in full. Other services may be subject to the annual deductible and coinsurance. Once you reach the out-of-pocket maximum, the plan will pay 100% for all eligible expenses for the remainder of the plan year. While you can visit any doctor, you'll save the most money by using in-network providers.

Qualified High Deductible Health Plan (QHDHP) with Health Savings Account (HSA)

With the QHDHP, you can receive medical services from in-network or out-of-network providers. You pay for all medical services until you reach the annual deductible, except for in-network preventive care which is covered in full. After your annual deductible is met, the plan pays for a percentage of covered services known as coinsurance. When you reach the out-of-pocket maximum, the plan will pay 100% for all eligible expenses for the remainder of the calendar year.

When you enroll in the QHDHP, you are eligible to open a Health Savings Account (HSA) to help pay for eligible health care expenses (deductibles, coinsurance, and prescriptions) with pre-tax dollars. See the How a Health Savings Account (HSA) Works section in this guide for more information.

Participation and Contribution Requirements

Firms must offer a minimum of one medical/Rx plan to all eligible employees. If your firm has 10+ employees you may offer up to 2 medical/Rx plans and if your firm has 50+ employees you may offer up to 3 medical/Rx plans.

Firms with 50 and under employees must cover a minimum of 75% of the employee only premium and firms with 51+ employees must cover a minimum of 50% of the employee only premium, applied uniformly to all employees.

Your Medical Plan Options - Plans 3 & 5

Plan Features	PHP Plan 3 PPO		PHP Plan 5 PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible ¹ Individual/Family	\$250 / \$500	\$500 / \$1,000	\$500 / \$1,000	\$1,000 / \$2,000
Calendar Year Out-of-Pocket Maximum ^{2,3} Individual/Family	\$2,200 / \$4,400	\$4,400 / \$8,800	\$2,750 / \$5,500	\$5,500 / \$11,000
	You pay:		You pay:	
Preventive Care Visit	no charge	20%	no charge	40%
Primary Care Visit	\$10 copay	20%	\$15 copay	40%
Specialist Visit	\$10 copay	20%	\$15 copay	40%
Lab & X-ray	10%	20% after deductible	20%	40% after deductible
Urgent Care	\$10 copay	20%	\$15 copay	40%
Emergency Room	\$350 copay (waived if admitted)		\$350 copay (waived if admitted)	
Outpatient Services	10% after deductible	20% after deductible	20% after deductible	40% after deductible
Inpatient Services	10% after deductible	20% after deductible	20% after deductible	40% after deductible
Chiropractic Manipulation and Acupuncture	\$15 copay; limited to \$1,500 per member	not covered; available as a buy-up benefit	\$15 copay; limited to \$1,500 per member	not covered; available as a buy-up benefit
Prescription Drugs: Retail (up to a 30-day supply)				
Preventive drugs	no charge	not covered	no charge	not covered
Preferred generic drugs	\$15 copay		\$15 copay	
Generic drugs	\$20 copay		\$20 copay	
Preferred brand-name drugs	\$25 copay		\$25 copay	
Brand-name drugs	\$55 copay		\$55 copay	
Compound and specialty drugs	50% up to \$200		50% up to \$200	
Prescription Drugs: Mail Order (up to a 90-day supply)				
Preventive drugs	no charge	not covered	no charge	not covered
Preferred generic drugs	\$30 copay		\$30 copay	
Generic drugs	\$40 copay		\$40 copay	
Preferred brand-name drugs	\$50 copay		\$50 copay	
Brand-name drugs	\$110 copay		\$110 copay	
Compound and specialty drugs	not available		not available	

^{1,2}Plans 3 and 5 have an embedded deductible and out-of-pocket maximum which means a member can satisfy their individual limits for the coverage limits to apply

This chart provides a brief overview of benefits and coverage. Refer to the detailed summary plan documents for questions about a specific procedure, service or provider. In the event of a conflict, the official plan documents prevail.

Your Medical Plan Options - Plans 7 & 10

Plan Features	PHP Plan 7 PPO		PHP Plan 10 PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible ¹ Individual/Family	\$750 / \$1,500	\$1,500 / \$3,000	\$1,000 / \$2,000	\$2,000 / \$4,000
Calendar Year Out-of-Pocket Maximum ² Individual/Family	\$3,500 / \$7,000	\$7,000 / \$14,000	\$3,750 / \$7,500	\$7,500 / \$15,000
	You pay:		You pay:	
Preventive Care Visit	no charge	40%	no charge	30%
Primary Care Visit	\$20 copay	40%	\$25 copay	30%
Specialist Visit	\$20 copay	40%	\$25 copay	30%
Lab & X-ray	20%	40% after deductible	20%	30% after deductible
Urgent Care	\$20 copay	40%	\$25 copay	30%
Emergency Room	\$350 copay (waived if admitted)		\$350 copay (waived if admitted)	
Outpatient Services	20% after deductible	40% after deductible	20% after deductible	30% after deductible
Inpatient Services	20% after deductible	40% after deductible	20% after deductible	30% after deductible
Chiropractic Manipulation and Acupuncture	\$15 copay; limited to \$1,500 per member	not covered; available as a buy-up benefit	\$15 copay; limited to \$1,500 per member	not covered; available as a buy-up benefit
Prescription Drugs: Retail (up to a 30-day supply)				
Preventive drugs	no charge	not covered	no charge	not covered
Preferred generic drugs	\$15 copay		\$15 copay	
Generic drugs	\$20 copay		\$20 copay	
Preferred brand-name drugs	\$25 copay		\$25 copay	
Brand-name drugs	\$55 copay		\$55 copay	
Compound and specialty drugs	50% up to \$200		50% up to \$200	
Prescription Drugs: Mail Order (up to a 90-day supply)				
Preventive drugs	no charge	not covered	no charge	not covered
Preferred generic drugs	\$30 copay		\$30 copay	
Generic drugs	\$40 copay		\$40 copay	
Preferred brand-name drugs	\$50 copay		\$50 copay	
Brand-name drugs	\$110 copay		\$110 copay	
Compound and specialty drugs	not available		not available	

^{1,2}Plans 7 and 10 have an embedded deductible and out-of-pocket maximum which means a member can satisfy their individual limits for the coverage limits to apply

This chart provides a brief overview of benefits and coverage. Refer to the detailed summary plan documents for questions about a specific procedure, service or provider. In the event of a conflict, the official plan documents prevail.

Your Medical Plan Options - Plans 10 Value & 25 Silver

Plan Features	PHP Plan 10 Value PPO		PHP Plan 25 Silver PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible ¹ Individual/Family	\$1,000 / \$2,000	\$2,000 / \$4,000	\$2,500 / \$5,000	\$5,000 / \$10,000
Calendar Year Out-of-Pocket Maximum ² Individual/Family	\$4,250 / \$8,500	\$8,500 / \$17,000	\$6,600 / \$13,200	\$13,200 / \$26,400
	You pay:		You pay:	
Preventive Care Visit	no charge	50%	no charge	50%
Primary Care Visit	\$25 copay	50%	\$35 copay	50%
Specialist Visit	\$35 copay	50%	\$70 copay	50%
Lab & X-ray	no charge first \$500 then 30% after deductible	50% after deductible	30% after deductible	50% after deductible
Urgent Care	\$35 copay	50% after deductible	\$90 copay	50%
Emergency Room	\$350 copay after deductible (waived if admitted)		30% after deductible	
Outpatient Services	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Inpatient Services	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Chiropractic Manipulation and Acupuncture	\$15 copay; limited to \$1,500 per member	not covered; available as a buy-up benefit	\$15 copay; limited to \$1,500 per member	not covered; available as a buy-up benefit
Prescription Drugs: Retail (up to a 30-day supply)				
Preventive drugs	no charge	not covered	no charge	not covered
Preferred generic drugs	\$15 copay		\$15 copay	
Generic drugs	\$20 copay		\$20 copay	
Preferred brand-name drugs	\$25 copay		\$25 copay	
Brand-name drugs	\$55 copay		\$55 copay	
Compound and specialty drugs	50% up to \$200		50% up to \$200	
Prescription Drugs: Mail Order (up to a 90-day supply)				
Preventive drugs	no charge	not covered	no charge	not covered
Preferred generic drugs	\$30 copay		\$30 copay	
Generic drugs	\$40 copay		\$40 copay	
Preferred brand-name drugs	\$50 copay		\$50 copay	
Brand-name drugs	\$110 copay		\$110 copay	
Compound and specialty drugs	not available		not available	

^{1,2}Plans 10 value and 25 silver have an embedded deductible and out-of-pocket maximum which means a member can satisfy their individual limits for the coverage limits to apply

This chart provides a brief overview of benefits and coverage. Refer to the detailed summary plan documents for questions about a specific procedure, service or provider. In the event of a conflict, the official plan documents prevail.

Your Medical Plan Options - Plan 15

Plan Features	PHP Plan 15 QHDHP	
	In-Network	Out-of-Network
Calendar Year Deductible ¹ Individual/Family	\$1,500 / \$3,000	\$3,000 / \$6,000
Calendar Year Out-of-Pocket Maximum ^{2,3} Individual/Family	\$5,500 / \$11,000	\$11,000 / \$22,000
	You pay:	
Preventive Care Visit	no charge	40% after deductible
Primary Care Visit	20% after deductible	40% after deductible
Specialist Visit	20% after deductible	40% after deductible
Lab & X-ray	20% after deductible	40% after deductible
Urgent Care	20% after deductible	40% after deductible
Emergency Room	20% after deductible	
Outpatient Services	20% after deductible	40% after deductible
Inpatient Services	20% after deductible	40% after deductible
Chiropractic Manipulation and Acupuncture	\$15 copay; limited to \$1,500 per member	not covered; available as a buy-up benefit
Prescription Drugs: Retail (up to a 30-day supply)		
Preventive drugs	20% after deductible	not covered
Preferred generic drugs	20% after deductible	
Generic drugs	20% after deductible	
Preferred brand-name drugs	20% after deductible	
Brand-name drugs	20% after deductible	
Compound and specialty drugs	50% after deductible	
Prescription Drugs: Mail Order (up to a 90-day supply)		
Preventive drugs	20% after deductible	not covered
Preferred generic drugs	20% after deductible	
Generic drugs	20% after deductible	
Preferred brand-name drugs	20% after deductible	
Brand-name drugs	20% after deductible	
Compound and specialty drugs	not available	

^{1,2}Plan 15 QHDHP has a non-embedded deductible and out-of-pocket maximum which means the family limits must be met for the coverage limits to apply.

³When two or more family members are enrolled, the in-network per person annual limit on cost-sharing is \$7,900.

This chart provides a brief overview of benefits and coverage. Refer to the detailed summary plan documents for questions about a specific procedure, service or provider. In the event of a conflict, the official plan documents prevail.



Get the Right Care at the Right Time for the Right Price!

The PNCE Trust and Providence Health Plans (PHP) recognizes that care needs vary based on individual circumstances. To help our members get the care they need when they need it at the appropriate cost PHP has developed a network of options including many free or low cost options.

Preventive Care Visits (free)

Preventive care visits are critical to overall health. Routine checkups and screenings can help avoid serious health problems. Under the PNCE Trust's PHP health plans preventive care visits include screenings, exams, tests, and immunizations are covered in full when received from an in-network provider (subject to the ACA approved list and frequency schedule). Set a calendar reminder and make it a priority to schedule your annual preventive care visit each year.

ProvRN (free)

Not sure if care is needed? All members will have access to call a PHP registered nurse by phone for free, 24/7. The ProvRN nurse advice line is always free and always there. ProvRN nurses will not diagnose but can provide advice and direct care if needed. Members can call **800-700-0481** or **503-574-6520** any day any time from any where.

Express Care Virtual & Clinic (free*)

For members who need treatment for a fairly simple non emergency problems PHP has them covered. Members can access PHP's Express Care network virtually or by visiting one of their clinics located at a local Walgreens. With the exception of Plan 15 (our QHDHP plan), all PHP Express Care visits are covered in full.

- Express Care Virtual is available to members nationwide. Express Care Virtual is open 7 days a week with extended hours. Go to providencehealthplan.com/virtualvisit or download the Express Care app from your smart-phone or tablet app store.
- Express Care Clinics are available in Oregon and Washington. Most clinics are located inside a local Walgreens and are open 7 days a week with same-day appointment availability. Visit providenceexpresscare.org to scheduled an appointment today.

Primary Care (\$)

Primary care providers are there to help manage overall health for long term success. For preventive care, chronic condition maintenance and management, follow up visits and non urgent care, reach out to your primary care provider. Members who do not have a primary care provider are encouraged to find one today.

Urgent Care (\$\$)

Urgent care can help members deal with non life threatening immediate needs such as cuts, burns infections and more. Urgent Care facilities are different than Express Care options as they are situated to support higher acuity needs and often have imaging services available. Members at urgent care facilities will typically be seen based on urgency of the problem. Members are encouraged to post in-network urgent care locations in a common location for their families easy access.

Emergency (\$\$\$\$)

In all situations where a members life may be in danger the emergency room (ER) is where they should go. If you have signs of a heart attack, stroke, uncontrollable bleeding, unbearable pain or are unconscious, just to name a few examples, you most likely need the E.R. **Call 9-1-1** and get a ride to the hospital.

How to Find a PHP Provider

1. Visit the PHP website at www.ProvidenceHealthPlan.com
2. Select "Find a Provider"
3. Select "Browse by Provider Network"
4. Select Plan Type "Coverage through My Employer" and then choose Provider Network "Providence Signature (formerly EPO) Network" in the drop down menu to search all providers
5. Select your miles and enter your location, click "Search"

Living a Healthy Life

Living a healthy life is about finding balance. It means drinking more water, eating healthy, staying active, managing stress, maintaining healthy relationships, getting regular preventive screenings, and, of course, taking time for plenty of FUN.

At PNCE Trust, we're all about helping our members achieve that balance so they can live the healthiest life possible. That's why we have partnered with Providence Health Plans (PHP) who offers a wide range of employee programs to support physical, mental, emotional, and financial well-being. We hope employees take advantage of the wonderful health and wellness programs available.

myProvidence.com - Your personal connection to health and wellness

Imagine having instant and unlimited access to education and personalized solutions intended to help you maintain or improve your health and well-being. With myProvidence you can. myProvidence is a secure total health management website that is simple to use, easy to understand and available to all Providence members and their enrolled dependents.

Know your baseline.

Identifying your strengths and knowing how to get started on the path to improving your health and well-being can help you become better informed and healthier. myProvidence gives you convenient access to your personal health record, which contains claims information and other health-related information you elect to include, such as provider visits, immunizations, conditions, medications, allergies and tests.

Through myProvidence, members can take advantage of convenient, easy-to-understand tools within Wellness Central. This integrated health and wellness hub can help you reach and maintain health goals as well as track your progress with a personalized dashboard.

With Wellness Central you can:

- Complete your personal health assessment and find out what you're doing well and where you can improve;
- Take advantage of various trackers, planners and calculators to set and monitor your health goals and activities;
- Access on-line wellness workshops designed to support your health and wellness goals, whether you're trying to lose weight, quit tobacco or just feel better every day.

Explore to empower.

With a clear understanding of their current health status, members can take greater advantage of myProvidence's comprehensive resources to help achieve their health goals. Resources include:

- On-demand access to health plan information, including deductibles, claims, payments and dependent coverage;
- A searchable provider directory which can help members find the provider or facility they need quickly and easily;
- Treatment and pharmacy cost calculators to help you understand the cost of a procedure based on member specific benefits, choice of provider and location of care;
- Interactive health activities to keep members focus on their goals.

Fitness Discount – Save Money While Getting Fit

The PNCE Trust and Providence Health Plans (PHP) supports our members efforts to lead an active and healthy lifestyle. The Active & Fit Direct™ program allows our PHP members to choose from 9,000+ participating fitness centers nationwide for \$25 a month (plus \$25 enrollment fee and applicable taxes). So whether you're ready to kick-start your routine or just looking to level up the Active&Fit Direct™ program can help. The program offers:

- On-line directory maps and locator for fitness centers;
- A free guest pass to try out a fitness center before enrolling (where available);
- The option to switch fitness centers to make sure you find the right fit;
- On-line fitness tracking from a wide variety of popular wearable fitness devices, apps and exercise equipment.

For more information, visit www.choosehealthy.com/providence.

Health Coaching - Get Results That Last

Whether you'd like to increase your activity level, reduce stress, improve your eating habits, lose weight, quit tobacco or just feel better every day, a Providence health coach can help. All PNCE Trust PHP members have access to the Providence health coaching program at no cost that includes:

- 12 one-on-one telephonic health coaching sessions per year;
- Personalized goal setting with manageable steps;
- Programs designed to empower weight loss, improve your diet, manage stress, promote exercise, stop using tobacco or a combination;
- Guidance to help you identify and take action toward healthier lifestyle and behavior choices;
- Educational materials and 24-hour access to health articles.

As a result of enrolling in the PHP coaching program, 93% of health coaching participants made at least one improvement to their health and wellness and those working on weight loss, lost an average of 11 pounds!

To learn more, visit ProvidenceHealthPlan.com/healthcoach or call **888-819-8999 or 503-574-6000**

Well-being Focused Discounts – Enjoy Every Day

The LifeBalance Program offers savings to all PNCE Trust PHP members for things like health club memberships, fitness classes, massage therapy, weight loss programs, recreation, cultural and wellness events, family activities, movie tickets, travel and more.

For more information, visit LifeBalanceProgram.com or call **888-754-5433**

Additional Extra Values and Discounts for PNCE Trust PHP Members Include:

- Discounts for vision exams, vision hardware, contact lenses and LASIK through TruVision.com and VisionWorks.com
- Free and discounted health education classes, visit Providence.org/classes to learn more
- Savings on acupuncture, chiropractic care, massage therapy and dietitian services through ChooseHealthy.com/providence

Vision Coverage – Protect Your Employees Eyesight (Optional)

Keep your employee's vision clear and eyes in good health with regular eye exams. The PNCE Trust offers vision coverage through Vision Service Plan (VSP) and administered by Providence Health Plans (PHP). The VSP network includes an extensive network of optometrists and vision care specialists alongside comprehensive coverage.

Plan Features	VSP	
	Adult Plan ¹ (age 19 and older) In-Network	Child Plan ¹ (age 18 and under) In-Network
	You pay:	You pay:
Exam every 12 months	\$10 copay	no charge
Frames every 12 months	no charge up to the plans \$130 allowance	no charge when frames are selected from the Otis & Piper eyewear collection
Lenses every 12 months		
Single Vision, Lined Bifocal and Lined Trifocal	no charge \$50 copay for standard progressive lenses	no charge polycarbonate, scratch and UV included
Contact Lenses (in lieu of lenses and frames) every 12 months		
Elective	no charge for lens exam (fitting and evaluation); contact lenses no charge up to the plans \$130 allowance	no charge for lens exam and annual supply of contact lenses; subject to specific modalities
Extra Savings		
Glasses and Sunglasses		
<ul style="list-style-type: none"> Adult plan - extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. Both plans - 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. 		
Laser Vision Correction		
<ul style="list-style-type: none"> Both plans - average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities. 		
Out-of-Network Providers		
Get the most out of your benefits and greater savings with a VSP network doctor. Your coverage with out-of-network providers will be less or you'll receive a lower level of benefits. Visit vsp.com for plan details. This plan covers up to the amounts listed below, any remaining balance will be the members responsibility.		
<ul style="list-style-type: none"> Exam: up to \$45 Frame: up to \$70 	<ul style="list-style-type: none"> Single Vision Lenses: up to \$30 Lined Bifocal Lenses: up to \$50 	<ul style="list-style-type: none"> Lined Trifocal Lenses: up to \$70 Contacts: up to \$105

Participation and Contribution Requirements

If selected the vision plan will be embedded in your PNCE elected medical/Rx plan (or plans). The enrollment, contributions and participation rules will mirror that of your PNCE elected medical/Rx plan (or plans).

Chiropractic Manipulation and Acupuncture Buy-Up (Optional)

The PNCE Trust's PHP medical plans automatically include coverage for chiropractic manipulation and acupuncture services when received from an in-network American Specialty Health (ASH) provider. However if you would like to offer your employees an open network that would cover services from a non-ASH provider you can do so with our Chiropractic Manipulation and Acupuncture buy-up plan. The benefits will remain the same, however your employees will now be able to see any licensed Chiropractor or Acupuncturist.

Summary of Benefits:

- \$15 copay per visit (QHDHP (plan 15) after deductible)
- \$1,500 per member per year
- any licensed Chiropractor or Acupuncturist

Participation and Contribution Requirements

If elected the chiropractic manipulation and acupuncture buy-up plan will replace the current embedded benefit in your PNCE elected medical/Rx plan (or plans). The enrollment, contributions and participation rules will mirror that of your PNCE elected medical/Rx plan (or plans).



How A Health Savings Account (HSA) Works

If you offer Plan 15 the PNCE Trust's Qualified High-Deductible Health Plan (QHDHP), you may offer your employees the option to open a Health Savings Account (HSA) through HealthEquity (or any administrator of your choice) to help pay for eligible out-of-pocket health care expenses covered under the medical, dental, and/or vision plan. An HSA makes it easy to pay for current health care costs and save for future health care needs now or into retirement.

QHDHP with Health Savings Account FAQ

What are the benefits of an HSA?

An HSA offers the opportunity for QHDHP enrolled employees to set aside tax-free* money to pay for out-of-pocket health care expenses. Since the HSA is an employee owned bank account, the unused funds roll over year to year. If an employee leaves the company, the account goes with them. HSAs are also a great retirement savings account. Employees can contribute up to the annual IRS maximums (including the age 55+ catch-up contributions) with pre-tax dollars to pay for health care after they retire.

How much can be contributed?

Contributions cannot exceed the IRS maximums, 2019 maximums are:

- \$3,500 single coverage
- \$7,000 family coverage
- Individuals age 55+ can contribute an additional catch-up amount of \$1,000

Note: contribution maximums include all contributors combined (employer, employee, other third party).

How do employees receive your employer contribution?

When employees enroll they will elect the HealthEquity option on their Providence enrollment form. Once Providence enrolls them as a member, HealthEquity will be notified to set up an account for the employee and then send a welcome notification to the employee once account set up is completed. The employee must then activate their account. Once that happens, then you as the employer will be able to automatically contribute to their HSA. Company contributions will be added on a pre-determined schedule and typically accrue over the course of the year.

How do employees get reimbursed?

When employees enroll in the HSA, they will receive a HealthEquity debit card to pay for eligible expenses. Employees can also submit claims online through their own personal HealthEquity account.

Are HSAs really tax-free?

Yes! HSAs give employees a triple tax advantage: their contributions to the HSA are not taxed, payment of qualified expenses are tax-free, and earnings are tax-free.*

Keep in mind, there are a few important rules to follow. If HSA funds are used for expenses the IRS considers eligible, the money remains tax-free.* If funds are used for ineligible expenses, they will pay applicable taxes and an excise tax penalty (currently 20%).

What about the fine print?

- Employees must be enrolled in a Qualified High Deductible Health Plan (QHDHP); Plan 15 meets this requirement.
- Employees cannot be covered under another non-qualified health plan, including their own and/or a spouse's Full Purpose Health Care Flexible Spending Account.
- Employees cannot be enrolled in Medicare or Tricare.
- Employees cannot be claimed as a dependent on someone else's tax return.

Questions? Refer to IRS Publication 969 for complete rules.

*State taxes may still apply in CA, NJ, and AL. For detailed tax implications of an HSA, please contact your professional tax advisor.

Want to learn more?

Winning with an HSA
Video: <https://youtu.be/TbVtGKNXc5Y>

HealthEquity website:
<https://sales.healthequity.com/providence/>

Healthcare Concierge – Relief When Employees Need It The Most (Included)

Wellthy is a PNCE Trust 100% sponsored benefit that provides best-in-class caregiving support for employees and their families. Especially for employees with sick or aging loved ones, families can save time, money and stress with Wellthy.

Why Wellthy?

Wellthy believes that there is a silent, massive caregiving crisis impacting families, companies and our country and we at PNCE agree. More and more families every day are caring for aging parents and loved ones with chronic conditions, disabilities or mental health needs. This, coupled with our complex healthcare and eldercare systems, ends up being enormously stressful and overwhelming to manage. We at PNCE and Wellthy want to help make it easier!

What conditions can Wellthy help with?

Any and all! Wellthy lets the doctors and specialists focus on treating conditions. They help with everything else, including assisting with the administration and logistics (resources, service providers, billing, appointments, etc). Wellthy will work closely with you and your family members, so if conditions require specific considerations, they can be there every step of the way.

What are some examples of families Wellthy helps with?

- Parent who is older and has Dementia;
- Spouse with Cancer diagnosis;
- Child with Autism or special needs;
- Sibling with mental health concerns;
- Parents-in-law with multiple conditions including MS, Alzheimer's and heart disease.

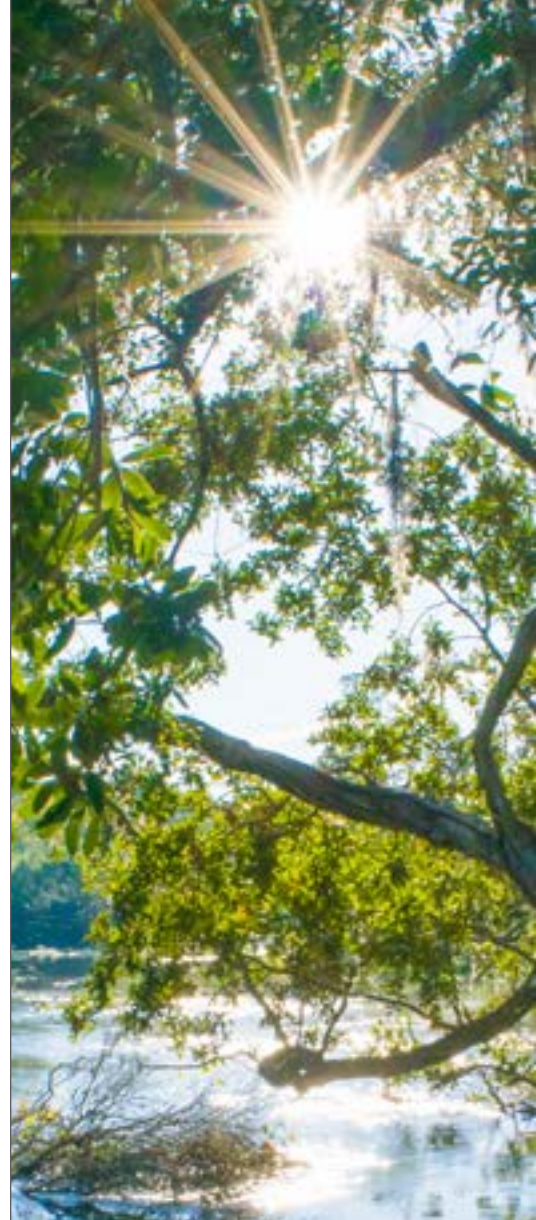
How does Wellthy work?

With Wellthy, PNCE members and their families are assigned a dedicated Care Coordinator (think: personal healthcare project manager) who:

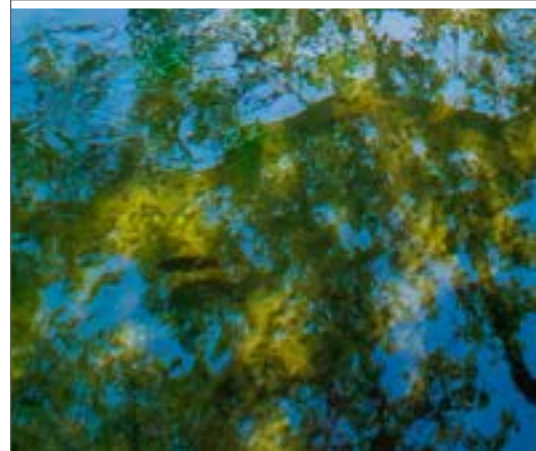
- Schedules appointments;
- Refills prescriptions;
- Handles prior authorizations;
- Sources and vets in-home aides;
- Handles a move into a care facility;
- Contests insurance bills;
- And much more!

We don't want your employees to wait for their families care needs to become a care-crisis, ask for help today.

Go to wellthy.com/pncehwt to learn more and get started.



**We're not
doctors. But we
will coordinate
everything else.
Wellthy!**



Dental Coverage – Worth Smiling About (Optional)

Studies show good dental care improves overall health. Our dental plans help employees maintain a healthy smile through regular preventive dental care and coverage to fix problems as soon as they occur. The PNCE Trust offers two dental plans and both include optional child orthodontia coverage. Both plans use the Ameritas network of dental providers and is administered by The Standard. Visit [The Standard.com](https://www.the-standard.com) > Insurance > Dental > Find a Dentist .

Explanation of Dental Plan Options

PPO Dental Plan

With the PPO dental plan, members may visit any dentist of their choice. Keep in mind, that they will receive the highest coverage when using an in-network provider. If they visit an out-of-network provider, they will not benefit from discounted rates and will pay more out-of-pocket for services. Dentists outside the provider network may require members to pay for services upfront and submit forms for reimbursement from the plan.

Plan Features	The The Standard D-1500 Plan		The The Standard D-2500 Plan	
	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹
	You pay:		You pay:	
Calendar Year Deductible (waived for Preventive Services)	\$50 Individual / \$100 Family		\$50 Individual / \$100 Family	
Calendar Year Benefit Maximum	\$1,500 per member per year		\$2,500 per member per year	
Diagnostic and Preventive Services (e.g., x-rays, cleanings, exams)	no charge	0% of UCR	no charge	0% of UCR
Basic and Restorative Services (e.g., fillings, extractions, root canals)	20%	20% of UCR	20%	20% of UCR
Major Services (e.g., dentures, crowns, bridges)	50%	50% of UCR	50%	50% of UCR
Optional Orthodontia Add On				
Orthodontia Children up to age 19	50% up to the \$1,500 per member lifetime maximum	50% of UCR up to the \$1,500 per member lifetime maximum	50% up to the \$1,500 per member lifetime maximum	50% of UCR up to the \$1,500 per member lifetime maximum

¹For Out-of-Network services, members pay applicable coinsurance plus any amount that exceeds the usual, customary, and reasonable (UCR) charge. This plan pays on average at the 80th percentile of UCR.

Max Builder

This plan includes Max Builder, an annual benefit maximum carryover benefit. If a member visits a dentist at least once in the plan year and uses a total benefit of under \$750, then they will be provided a \$400 increase in their next year's annual benefit maximum. If they continue to meet the requirements four years in a row, they can earn the maximum accumulated increase of \$1,200.

Participation and Contribution Requirements

As a firm you can elect one dental plan to offer your employees. If optional orthodontia is elected, it will be included for all employees.

The Standard requires that 100% of all eligible employees participate in the dental plan unless your employee has a valid waiver of other employer coverage and that you the employer pay 100% of the employee cost, coverage for dependent contributions is not required and can vary by firm.

Employees and dependents with valid waivers that do not initially elect dental coverage can elect to add coverage if they experience a qualified event or during the PNCE Trust annual enrollment period. Firms that do not initially elect to offer dental coverage can add this benefit to their benefits package during the PNCE Trust's annual firm election period.

Basic Life and AD&D – Coverage for Peace of Mind (Required)

Life and Accidental Death and Dismemberment (AD&D) insurance, through The Standard, provides financial security to the families of your employees if they pass away or become seriously injured. The PNCE Trust requires that all firms include Basic Life and AD&D coverage for their employees and offers five different benefit amounts to choose from to best fit your firms needs. Voluntary Life and AD&D coverage is optional.

Basic Life and AD&D Insurance

As an eligible employee, they will receive Basic Life and Basic AD&D insurance equal to 1.5 times their annual earnings up to the firms elected benefit maximum. Coverage exceeding \$50,000 is subject to imputed income. This means the premium for any amount over \$50,000 must be included as income and will be subject to Social Security and Medicare taxes, which may be reflected in your employees paycheck. The PNCE Trust offers five different benefit maximums to choose from:

Option 1: \$50,000 Option 2: \$75,000 Option 3: \$100,000 Option 4: \$150,000 Option 5: \$200,000

All of our basic life and AD&D options include the following additional features:

- Guarantee issue
- Accelerated benefit
- Portability of insurance provision
- Repatriation benefit
- Right to convert provision
- Life tools will kit
- Waiver of premium
- Air bag benefit
- Family benefits package
- Seat belt benefit
- Travel assistance
- Employee assistance program

Voluntary Life and AD&D Insurance (Optional)

In addition to Basic Life and AD&D, you may offer Voluntary Life and AD&D coverage at group rates that employees may not be able to secure on their own. The chart below describes the amounts of coverage you can offer for your employees to purchase for themselves, their spouse, and/or their child(ren).

Benefit Features	Voluntary Life and AD&D Options*		
	Employee	Spouse	Dependent Child(ren) (under age 26)
Coverage Options	Increments of \$10,000	Increments of \$10,000	\$2,000
Maximum	\$500,000	\$500,000 (cannot exceed 100% of the employees combined basic and voluntary life coverage)	\$10,000 (cannot exceed 100% of the employees combined basic and voluntary life coverage)
Guaranteed Issue Amount	\$50,000 if < 50 employees \$100,000 if > 50 employees	\$10,000	
Guaranteed Issue Period	Within 30 days of benefits eligibility or a qualifying life event		

*Evidence of Insurability (EOI) may be required.

What Is EOI?

Evidence of Insurability (EOI) is the process of providing health information to qualify for coverage. If coverage is elected above the guaranteed issue limit or outside of the guaranteed issue period, employees will be required to submit a health questionnaire (in some cases, a physical exam may be required) to be reviewed for approval by The Standard.

Participation and Contribution Requirements

The PNCE Trust requires that all member firms offer basic life and AD&D to all eligible employees and The Standard requires 100% employee participation for basic life/AD&D. Employers must pay 100% of the cost of the coverage however if voluntary life/AD&D coverage is offered employees must pay 100% of the cost for any voluntary elections. New participating firms that enroll within 31 days of eligibility and attain 25% participation will be eligible for all guarantee issue amounts. However if 25% participation is not achieved, EOI will be required for all elections. Firms that offer voluntary life/AD&D at initial enrollment and had employees decline coverage but who wish to enroll in the future must also submit EOI for each late enrollee. Firms that do not elect to offer the voluntary life/AD&D during initial enrollment can elect to offer it in the future but will be required to submit EOI for each enrolling employee.

The Life Services Toolkit - More Than Just A Policy

The life insurance benefit offered through the PNCE Trust gives assurance that your employee's families will receive some financial assistance in the event of a death. To do this, The Standard has partnered with Morneau Shepell to offer a lineup of additional services that can make a difference now and in the future.

On-line tools and services can help employees create a will, make advance funeral plans and put their finances in order. After a loss, their beneficiary can consult experts by phone or in person and obtain other helpful information on-line.

The Life Services Toolkit is automatically available to all of our PNCE member employees. Visit the Life Services Toolkit website at TheStandard.com/mytoolkit and enter the user name "assurance" for information and tools to help today or user name "support" for beneficiary assistance.

Services to Help Employees Now	Services to Help Beneficiaries
<ul style="list-style-type: none">▪ Estate planning assistance▪ Financial planning▪ Health and wellness▪ Identity theft prevention▪ Funeral arrangements	<ul style="list-style-type: none">▪ Grief support▪ Legal services▪ Financial assistance▪ Support services▪ On-line resources

The life services toolkit is provided through an arrangement with Morneau Shepell and is not affiliated with The Standard. Morneau Shepell is solely responsible for providing and administering the included services. This is not an insurance product.



Disability Coverage – Prepare for the Unexpected (Optional)

Have you considered how your employees would pay their mortgage or buy groceries if they are injured or ill and unable to work? If an employee experiences an injury or illness that prevents them from working, disability coverage could help provide partial income replacement to assist them financially. The PNCE Trust offers two Short-Term and Long-Term Disability plans through The Standard that member firms can elect to offer their employees. These benefits are optional, however, if elected the member firm is responsible for paying 100% of the cost.

Short-Term Disability (STD)

Short-Term Disability coverage provides employees with a portion of income replacement if they are unable to work due to a non-occupational illness or injury. If offered, employees are automatically enrolled.

Option 1: Plan STD-A provides 60% of your employees first \$1,667 weekly pre-disability earnings up to a maximum of \$1,000 per week for the first 180 days of a disability after a 13-day elimination period (elimination period included in the 180 days).

Option 2: Plan STD-B provides 66 2/3% of your employees first \$3,750 weekly pre-disability earnings up to a maximum of \$2,500 per week for the first 180 days of a disability after a 13-day elimination period (elimination period included in the 180 days).

Employees must experience a 20% loss of income and be unable to perform the primary responsibilities of their own occupation to be qualified for benefits. A 24-hour policy is included for all partners, sole proprietors and owners if this benefit is offered. STD benefits may be offset by other sources of income that the employee may receive such as PTO, sick leave, Workers' Compensation and/or any state-mandated disability plans.

Long-Term Disability (LTD)

Long-Term Disability coverage pays employees a portion of their earnings if they cannot work for an extended time due to a disabling illness or injury. If offered, employees are automatically enrolled.

Option 1: Plan LTD-A coverage replaces 60% of your employees first \$8,333 of monthly pre-disability earnings to a monthly maximum of \$5,000 if the employee is disabled for more than 180 days and is unable to work.

Option 2: Plan LTD-B coverage replaces 66 2/3% of your employees first \$15,000 of monthly pre-disability earnings to a monthly maximum of \$10,000 if the employee is disabled for more than 180 days and is unable to work.

Employees will continue to receive LTD benefits as long as they meet the definition of disability or until they reach age 65. The definition of disability for both LTD plans requires that employees experience a 20% loss of income and are unable to perform the primary responsibilities of their own occupation. There is a pre-existing limitation for newly eligible employees who have been diagnosed with a condition 3 months prior to the LTD coverage taking effect. The pre-existing limitation will be removed after the employee is actively enrolled in the LTD plan for 12 consecutive months.

Benefits are reduced by other sources of disability income that the employee may qualify for such as Social Security and/or Workers' Compensation.

Participation and Contribution Requirements

The Standard requires 100% employee participation for all disability plans and that the employer pay 100% of the cost of any disability coverage/plan offered to employees.



Employee Assistance Program (EAP) - Help When Its Needed Most (Included)

At PNCE we recognize that there are times in life when employees and their families might need a little help coping or figuring out what to do. Because of this we have partnered with The Standard and Morneau Shepell to make sure that all benefit eligible member employees have access to an employee assistance program. With the EAP, assistance is immediate, personal and available when employees and their loved ones need it.

Employees can take advantage of the EAP which includes WorkLife Services 24 hours a day and seven days a week. The EAP is completely confidential and available to all household members.

Master's degreed clinicians can be accessed by phone, on-line, via live chat, email or text. There's even a mobile EAP app. Clinicians can offer referrals to support groups, a network counselor, community resources or the employees health plan. If necessary, they can be connected to emergency services.

The EAP includes up to 3 face-to-face assessment and counseling sessions per issue. EAP services can help with:

- Depression, grief, loss and emotional well-being;
- Family, marital and other relationship issues;
- Life improvement and goal-setting;
- Addictions such as alcohol and drug abuse;
- Stress or anxiety with work or family;
- Financial and legal concerns;
- Identity theft and fraud resolution;
- On-line will preparation.

WorkLife Services

WorkLife Services are included with our EAP. Employees can get help with referrals for important needs like education, adoption, travel, daily living and care for a child, elderly loved one or even a pet.

On-line Resources

Visit [workhealthlife.com](https://www.workhealthlife.com) to explore a wealth of information on-line, including videos, guides, articles, webinars, resources, self-assessments and calculators.

Contact EAP

888-293-6948

<https://www.workhealthlife.com/>

The EAP is provided through an arrangement with Morneau Shepell and is not affiliated with The Standard Insurance. Morneau Shepell is solely responsible for providing and administering the included services. This is not an insurance product.

Individual EAP counseling sessions are available to eligible participants 16 years and older, family sessions are available for eligible members 12 years and older, and their parent or guardian. Children under the age of 12 cannot receive individual counseling sessions.

Cascade's Comprehensive Employee Assistance Services - A Compass For Employee Success (Optional)

At PNCE we recognize that sometimes more is better so we have partnered with Cascade Employee Assistance to offer firms the option of purchasing an expanded Employee Assistance Program through Cascade EAP. Cascade's mission is to support organizational success and improve quality of life. They do this by providing comprehensive and leading edge employee assistance services nationwide with Crisis Counselors who are available 24/7/365.

With Cascade EAP, employees would have FREE and CONFIDENTIAL access to benefits that can assist them and their eligible family members with any personal problem, large or small. The expanded EAP through Cascade includes:

Personal Consultation with an EAP Professional

Employees and eligible family members can receive up to **6 face-to-face** counseling sessions over the phone or on-line for concerns such as:

- Marital conflict
- Conflict at work
- Depression
- Stress management
- Family relationships
- Anxiety
- Alcohol or drug abuse
- Grieving a loss
- Career development services

Additional services include:

- Work / Family / Life: Cascade will help employees and family members help locate resources and information related to elder-care, childcare, identity theft or anything else they may need help with.
- Legal Consultations / Mediation: eligible members can call Cascade for a free 30 minute office or telephone consultation. A 25% discount from the attorney's/mediator's normal hourly rate is available thereafter.
- Financial Coaching: Coaches will help provide 30 consecutive days of financial coaching to help develop better spending habits, reduce debt, improve credit, increase savings and plan for retirement.
- Home Ownership Program: Offering assistance and discounts for buying, selling and refinancing.
- Gym Membership Discounts: Provides discounts for gym and studio memberships, nutrition programs and wellness resources.
- EAP Tools:
 - Will kit questionnaire and free simple will
 - Tax preparation Q&A and discounted services
 - Life coaching for personal and professional
 - On-line legal tools with free forms
- Cascade Personal Advantage: Includes innovative educational tools for managing stress and improving quality of life. Members can chat live with an EAP counselor, take self-assessments, view videos, access personal growth courses, download documents and more.
- LifePilot Mobile App: Giving employees and their eligible family members quick access to get the help they need when they need it. The LifePilot app allows members to chat with a counselor and view their EAP services from anywhere they are.

Participation and Contribution Requirements

If offered, Cascade requires 100% employee participation and that the employer pay 100% of the cost.

Travel Assistance – Security That Travels (Included)

Travel assistance is available to all PNCE Trust member employees at no cost to our member firms when their employees are traveling more than 100 miles from home nationally or internationally for up to 180 days for business or pleasure. The PNCE Trust and its valued carrier partners Providence Health Plans (PHP) and The Standard recognize that things can happen when on the road. Passports get stolen or lost. Unforeseen events or circumstances derail travel plans. Medical problems surface at the most inconvenient times. The partnered Travel Assistance Programs are here to help and offer aid to your employees before and during a trip for things like:

- Passport, visa, weather and currency exchange information, health hazards advice and inoculation requirements;
- Emergency evacuation to the nearest adequate medical facility and medically necessary repatriation to the employee's home;
- Connection to medical care providers, interpreter services, a local attorney, consular office or bail bond services;
- 24/7/365 phone access to registered nurses for health and medication information, symptom decision support and help understanding treatment options;
- Emergency ticket, credit card and passport replacement, funds transfer and missing baggage support;
- Return travel companion due to emergency transportation services or return dependent children if left unattended due to prolonged hospitalization;
- Logistical arrangements for ground transportation, housing and/or evacuation in the event of political unrest and social instability;
- For more complex situations travel assistance can help with making arrangements with providers of specialized security services.

NOTE: Travel Assistance is provided through an arrangement with Assist America by PHP and Generali Global Assistance (GGA) by The Standard and are subject to the terms and conditions set by Assist America and Generali Global Assistance (GGA). Travel Assistance is not an insurance product.



Early Retiree Medical Plan (PNCE Plan 5)

Once you have been a member firm for at least 5 years then your long term employees may be eligible for the PNCE early retiree medical plan. The PNCE early retiree medical plan has been developed to support employees who would like to start that next chapter in their life but are not yet eligible for Medicare.

Who is eligible?

- Employees covered continuously by the PNCE Trust for at least five years immediately prior to retirement;
- Employees between the ages of 55 and 65;
- Dependents who were covered by the PNCE Trust immediately prior to retirement (employee must also be enrolled to be eligible).

How it works?

If you have an employee who may be eligible for this plan contact the PNCE Trust administrator Christine Boirum to request eligibility confirmation. Once your employee is identified as eligible you will receive an informational packet via email from the PNCE Trust that includes the plan summary, premium detail, eligibility outline and application for you to share with your employee. It is then up to your employee to complete the application and submit their election to the PNCE Trust. If the PNCE Trust early retiree plan (plan 5) is elected the employee will be billed their premiums directly and will remit payment back to the PNCE Trust directly.

When does coverage end?

- When the employee reaches age 65;
- If your firm leaves the PNCE Trust;
- If the employees does not make their payments;
- If the employees returns to employment.

Taking care of our members is just what we do!



Your Contacts – Reach Out to the Experts

Coverage	Contact	Phone	Email	Address
Engineers Trust Admin	Christine Boirum	503-223-2926	administrator@engtrust.com	PO Box 1029, Portland, OR 97207
Woodruff Sawyer	Mary Green	503-416-7755	mgreen@woodrufflaw.com	1050 SW 6th Ave Ste 1000, Portland, OR 97204

For more information:

- PNCE Trust: www.pncehwt.com

Additional resources:

- ACEC Oregon: www.acecoregon.org
- ACEC Washington: www.acec-wa.org

This communication highlights some of your PNCE Trust benefit plans. Your actual rights and benefits are governed by the official plan documents. If any discrepancy exists between this communication and the official plan documents, the plan documents will prevail. PNCE Trust reserves the right to change any benefit plan without notice.



Programs Endorsed by the PNCE Trust

The PNCE Trust endorses but does not administer the following programs. These benefits have been put together to offer our member firms discounted pricing for additional services through best in class pre-vetted companies.

To learn about the PNCE Trust's endorsed options please contact the carriers/vendors directly for pricing, benefit details and contracting:

Allegiance Benefit Plan Management, Inc.

Offering section 125 Premium Only Plan and Flexible Spending Account administration. Preferred pricing is available as a PNCE Trust member firm. Firms must contract directly with Allegiance if they wish to utilize their administration services. For more information, contact Bob Bell at 503-885-1888 or bbell@askallegiance.com.

Voluntary Benefits

Colonial Life is a preferred voluntary benefits carrier offering employers the ability to give employees choice at no cost to the bottom line. As a PNCE member firm, you have access to pre-packaged disability, accident and critical illness programs with coverage features not traditionally available to small employers at a pre-negotiated discounted price. For more information contact Don Brink at 503-808-9130 ext 103 or don.brink@colonial-nw.com. Voluntary benefits are available to all firms with 3 or more employees.

Health Advocate

The PNCE Trust continues to endorse "Health Advocate" a health advocacy service that provides a single point of contact to assist employees and their families with problems they encounter in the health care system. Health Advocate provides assistance in:

- Solving claims, billing, insurance and related administrative issues,
- Facilitating employee access to health care programs offered by their employer,
- Identifying and helping to arrange appointments with specialist physicians and medical institutions,
- Assisting in coordinating complex clinical issues,
- Accessing community resources, and
- Identifying services that fall outside traditional health parent/parents-in-law of our members.

Firms interested can enroll with Health Advocate directly and by being a member of the PNCE Trust, enjoy reduced preferred pricing (reduced pricing applies to new groups only). Rates are guaranteed for the first year with a maximum of 10% increase in years two and three (3-year minimum commitment required). Firms enrolling will be required to pay 100% of the cost and 100% employee participation is required. Please contact Kathy Adler at 707-455-7057 or kadler@healthadvocate.com to enroll.

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PNCE
Health and Welfare Trust