



# Welcome to your new Providence benefits

Enroll Nov. 1-18



Benefits are changing Jan. 1, 2017.

Look inside for a summary of your new benefits and upcoming key dates.

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### Benefits 2017

- You and INHS share in the cost of coverage, with INHS paying the majority of the cost. The amount you pay is shown on page 19.
- Your new benefits go into effect on Jan. 1, 2017, and generally remain in effect for the entire year. After open enrollment, you can change your benefits only if you have a change in family status such as a birth, death or marriage or another qualifying life event. You have 30 days (60 days for birth or adoption) from the event to submit the required documents.
- The HR portal at [Caregiver.eHR.com](http://Caregiver.eHR.com) is your one-stop shop for your new benefits information. BenefitConnect, located on the HR portal, is where you will enroll in your 2017 benefits.

## Welcome to Providence benefits

Benefits are essential to your financial security and well-being. Providence and INHS support you and your family with a strong total rewards package.

We offer incentives and well-being resources to help you and your family find greater balance – in body, mind and spirit. Many tools and services are provided at no cost to you, including health coaching, discounts, confidential counseling and more.

Starting Jan. 1, 2017, you will be eligible for new benefits, including:

- A choice of three comprehensive medical plan options
- Dental and vision coverage as separate elections
- A health incentive to help reduce your out-of-pocket health care costs
- Medical plan assistance to reduce the cost of coverage for caregivers (employees) who qualify, based on household size and income
- New life and accident insurance coverage options, and a new long-term disability buy-up option
- Short-term disability that provides income protection for non-work-related illness or injury

This guide is an overview of the changes and your new choices. To learn more about your benefits, visit the HR portal at [Caregiver.eHR.com](http://Caregiver.eHR.com). You will also have the opportunity to attend meetings during open enrollment where you can learn more and get answers to your questions. Refer to the enclosed schedule for the dates and times of the meetings.

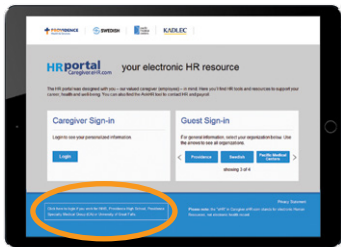
### Need more info or support?

Beginning Nov. 1, if you have benefit questions or need help completing your 2017 benefit enrollment, call the Benefits Service Center at 888-615-6481 weekdays from 7:30 a.m. to 5:45 p.m. Pacific Time.

For retirement savings plan details, log in to the HR portal at [Caregiver.eHR.com](http://Caregiver.eHR.com) and click on the Road2Retirement button, or visit [Road2Retirement.org](http://Road2Retirement.org). You may also contact Road2Retirement at 866-776-8727. Retirement specialists are available Monday through Thursday from 8:30 a.m. to 4:45 p.m. Pacific Time, and Friday from 10:30 a.m. to 4:45 p.m. Pacific Time.

# Your to-do list

1. Review this guide to learn about your 2017 benefit options. Visit the HR portal at **Caregiver.eHR.com** for more details on all your benefits. Log in by selecting the link in the lower-left corner for INHS caregivers.
2. Decide on the benefits you'd like to enroll in and which dependents you will cover.
3. Enroll in benefits Nov. 1-18. Click the **BenefitConnect** button on the HR portal home page to enroll.
4. Make sure you have added your dependents to the appropriate medical, dental and vision plans. **Note:** Adding dependent information in **BenefitConnect** does not enroll them in benefits.



The HR portal at **Caregiver.eHR.com** is where you can access detailed benefit plan information and enroll in your new benefits. Log in starting Nov. 1.

## If you do nothing, you will not have the same coverage in 2017

The current INHS benefit plans end Dec. 31, 2016. If you are currently enrolled in INHS coverage and you don't go online to enroll or waive coverage by Nov. 18, you will have the caregiver-only coverage listed below (no family members will be covered):

- Health Reimbursement (HRA) Medical Plan
- Delta Dental PPO 1500
- Basic life and AD&D insurance
- Disability coverage

## Who are Providence caregivers?

Providence and its affiliates consider every employee to be a caregiver (not just clinicians). No matter what role each of us plays at INHS, from working in a provider office to support services, our work is more than a job. Those not directly involved with patient care provide support for those who are. We also care for our communities and each other.

# What's changing

As you make your benefits choices for 2017, it's helpful to know what's changing. Changes to your benefits are summarized here.

## Expanded dependent eligibility

Starting in 2017, we are adding adult benefits recipients (ABRs) as eligible dependents. This allows more caregivers (employees) to cover an adult dependent on their Providence benefits. Your ABR could be, but is not limited to, your domestic partner, your adult child age 26 or older, your parent, or your parent-in-law. See page 6 for more information.

## Health care coverage

Your current medical and dental plans will be replaced with new options, and your current vision hardware benefit will be replaced with a comprehensive vision plan. Learn about your health plan options starting on page 9.

## Premiums for medical, dental and vision coverage

You and INHS share in the cost of health coverage, with INHS paying the majority of the cost. Your 2017 health plan premiums are shown on page 19.

Premiums will be deducted from your paychecks twice-monthly, with 24 deductions taken per year. Caregivers in positions classified as 0.5 to 0.74 FTE (40-59.9 hours per pay period) will have different rates than caregivers classified as 0.75 to 1.0 FTE (60-80 hours per pay period) starting in 2017.

Through the Medical Plan Assistance Program (MPAP), you may be eligible for a reduction in the cost of your medical coverage. Learn more on page 28.

## Health incentive

Providence offers a health incentive for completing certain health-related activities. If you enroll in a Providence medical plan for 2017, both you and your enrolled spouse/adult benefits recipient (ABR) will automatically receive the 2017 health incentive. See page 8 to learn more.

## Working spouse surcharge

If your spouse has access to his or her own employer's medical coverage, but waives that coverage and instead enrolls on your Providence medical plan, you will pay a \$75 twice-monthly surcharge for coverage. See page 7 for more information.

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## Flexible Spending Accounts

HealthEquity will be the administrator for Flexible Spending Accounts, or FSAs, in 2017. If you had a Health Care or Dependent Care FSA in 2016, continue to file 2016 claims with INHS. You have until March 31, 2017 to submit 2016 Health Care and Dependent Care FSA claims.

To submit 2016 claims, use the INHS FSA reimbursement form, available at [myinhs.org](http://myinhs.org) or from your local Human Resources office.

### Health Care FSA

If you enroll in a Health Care FSA in 2017, you will be able to pay your portion of medical, dental and vision expenses directly from your FSA. You will receive a Health Care FSA debit card from HealthEquity in late December.

Money left over in an FSA at the end of each year may be forfeited by federal law. Up to \$500 left in your Health Care FSA will roll over into the next plan year, as long as you enroll in the Health Care FSA for the next plan year. The rollover feature **does not** apply to your 2016 Health Care FSA funds.

**Important: If you enroll in the HSA Medical Plan for 2017, you must use all the funds in your 2016 Health Care FSA before any deposits can be made to your Health Savings Account (HSA) – including your 2017 health incentive from Providence.**

### Introducing the Limited-Purpose Health Care FSA

If you enroll in the Health Savings (HSA) Medical Plan with an HSA for 2017, you are only eligible for a Limited-Purpose Health Care FSA. You can use your Limited-Purpose Health Care FSA only to pay for out-of-pocket dental and vision expenses, or post-deductible medical expenses.

**Important: If you are enrolled in a 2016 Health Care FSA and have any funds remaining in your 2016 Health Care FSA after Dec. 31, 2016, your 2017 HSA contributions will not be available until April 1, 2017. In addition, expenses incurred prior to April 1, 2017 will not be eligible for reimbursement from your HSA.**

### Dependent Care FSA

A Dependent Care FSA is used to pay pre-tax for eligible day care expenses for children under age 13 or dependent elders. Any unused balance is forfeited at the end of each year.

## Supplemental life and AD&D insurance

Caregivers (employees) working 20 or more hours per week (0.5 FTE) can purchase supplemental life and AD&D insurance. You can purchase coverage for yourself, your spouse or eligible adult benefits recipient (ABR), and for your dependent child(ren). Learn more on page 23.

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## Long-term disability

Caregivers working 20 or more hours per week (0.5 FTE) are automatically covered by long-term disability insurance. You have the option to purchase additional LTD insurance, known as buy-up LTD coverage. Learn more on page 25.

## Short-term disability

Caregivers working 20 or more hours per week (0.5 FTE) will move to a new short-term disability program. Learn more about this plan on page 24.

## Caregiver Assistance Program

Your current EAP will be replaced by the Caregiver Assistance Program, administered by Beacon Health Options. The Caregiver Assistance Program is a confidential resource for all INHS caregivers and members of your family. Services focus on all matters of daily living and cover a wide range of concerns, as well as support for issues that may affect your work or personal life. Learn more on page 28.

## New well-being program

Beginning in 2017, your well-being program, powered by RedBrick Health, will provide fun ways to stay healthy and reach your personal well-being goals. The RedBrick Health website is where you will take your online health assessment, as well as track and complete health-related activities in 2017 to earn your 2018 health incentive. More information about how to access RedBrick Health and participate in your new well-being program will be provided to you early next year.

The INHS health@work program will be managed by your local well-being champions. This includes providing local support for RedBrick Health-related activities. In addition, all INHS caregivers (employees) will be able to participate in well-being activities at no additional cost, such as biometric screenings, education and participation-based challenges. INHS health@work will also continue to offer reduced-rate programs such as chair massages and on-site fitness programs. See INHS company newsletters for more information.

## Castlight

We are pleased to introduce Castlight, a personalized health care transparency tool that will help you and your family members find high-quality, affordable health care. Castlight lets you search for providers, facilities and pharmacies near you based on the price you'll pay and the quality of care.

This tool is available to all caregivers and family members age 18 or older who enroll in the HRA or HSA Medical Plan. Watch for a welcome email from Castlight in 2017.

# Enrolling dependents

Eligible dependents include your legal spouse **or** adult benefits recipient (ABR) and your children up to age 26.

An ABR is someone who has been and will continue to be part of your family, whether legally related or not. Your ABR:

- Is someone with whom you share a committed, close personal relationship of mutual caring,
- Must be age 18 or older, and not be your employee or child under age 26,
- Must rely on you for financial support,
- Must have lived with you for at least 12 months prior to enrollment and will continue to do so for the foreseeable future, and
- Must not have access to other medical coverage.

Your eligible dependent children under age 26 include your:

- Biological child
- Stepchild
- Adopted child (including a child placed for adoption)
- Foster child
- Child for whom you are the legal guardian

A child over age 26 who is incapable of self-support because of a disability may also be eligible if he/she is your section 152 tax dependent. The children of ABRs are generally not eligible for coverage.

For full eligibility details, refer to the Summary Plan Description under **Resources** on the HR portal at [Caregiver.eHR.com](https://caregiver.ehr.com).


## Dependent verification process

During open enrollment, you will not be required to provide documentation showing that your dependent(s) are eligible for coverage. However, if you add a dependent due to a change in family status during the plan year, you will be asked to provide documentation showing that your dependent is eligible by a certain deadline. Not providing documentation by the deadline, or providing incomplete documentation, will result in cancellation of your dependent's medical, dental, vision and dependent life insurance coverage.

# Working spouse surcharge

If your spouse's employer offers medical coverage and your spouse chooses to waive that coverage, enrolling instead in your Providence medical plan, you will pay a twice-monthly \$75 surcharge deducted from your pay on a pre-tax basis.

## Determining if the working spouse surcharge applies

Do you want to cover your spouse on your Providence medical plan?		
<b>Yes</b> Is your spouse eligible for medical coverage through an employer other than Providence?		<b>No</b> No action is required. You are not subject to the working spouse surcharge.
		
<b>Yes</b> Does your spouse waive this coverage?		
<b>Yes</b> You will pay the \$75 twice-monthly pre-tax working spouse surcharge.*	<b>No</b> You are not subject to the working spouse surcharge. You must certify that your spouse does not have access to other coverage, or is enrolled in his or her own employer's plan, when you enroll.	

\* If you enroll your spouse on your Providence medical plan, the surcharge will **not** apply if any of the following are true:

- Your spouse's only other coverage is Medicare, Medicaid, Tricare or Tribal Health Insurance.
- Your spouse has access to medical coverage as a caregiver (employee) of Providence.
- Your spouse has access to employer coverage, but the annual **in-network out-of-pocket maximum** exceeds \$6,600 for single coverage or \$13,200 for any other coverage level.
- Your spouse is enrolled in his or her employer's medical plan.
- Your spouse is not employed or is self-employed.

If your spouse gains or loses employer coverage mid-year, the change should be reported to the Benefits Service Center within 30 days so the surcharge can be adjusted as necessary.



## 2017 health incentive

Providence offers a health incentive for participating in certain health improvement activities. **For 2017 only, if you enroll in a Providence medical plan, you will automatically receive the health incentive. No action is required on your part.**

The annual amount you receive depends on the medical plan you select and who you enroll in your plan, as shown in the table below.

Coverage level	HRA or HSA medical plan	Group Health HMO
Caregiver (employee) only	\$700	\$400 (\$16.67 twice-monthly)
Plus child(ren)	\$1,400	\$400 (\$16.67 twice-monthly)
Plus spouse/ABR*	\$1,400	\$800 (\$33.34 twice-monthly)
Plus family	\$1,400	\$800 (\$33.34 twice-monthly)

\* Adult benefits recipient.

If you enroll in the HRA or HSA medical plan for 2017, the incentive will be deposited as a lump sum into your account with HealthEquity. The health incentive will be deposited into your HRA by Jan. 10, 2017 or your HSA by Jan. 24, 2017.

If you enroll in the Group Health HMO, the incentive is paid as a pre-tax premium credit, beginning on the Jan. 6, 2017 paycheck.

Learn more on the HR portal at [Caregiver.eHR.com](http://Caregiver.eHR.com).

### LifeBalance discount program

Use LifeBalance discounts when you join a gym like 24 Hour Fitness, catch a movie or a play, buy new athletic gear, take a vacation, get a massage, buy a computer, and more! Significant cellphone discounts are also available through LifeBalance.

The LifeBalance program is available now. Visit [lifebalanceprogram.com](http://lifebalanceprogram.com) to register and explore the more than 17,000 businesses that offer discounts to you and your family. Not finding what you're looking for? Suggest new discounts by emailing [info@LifeBalanceProgram.com](mailto:info@LifeBalanceProgram.com).

**Please note:** Providence does not sponsor, endorse or contribute toward this voluntary benefit. This benefit is sponsored by an independent vendor and made available to you with Providence's permission. Providence does not receive any compensation from any party for listing this voluntary benefit. Please contact the vendor for questions about available benefits.

## Benefit options

### Medical

You have the following options for medical coverage:

- Health Reimbursement (HRA) Medical Plan
- Health Savings (HSA) Medical Plan
- Group Health HMO

#### Account-based plans

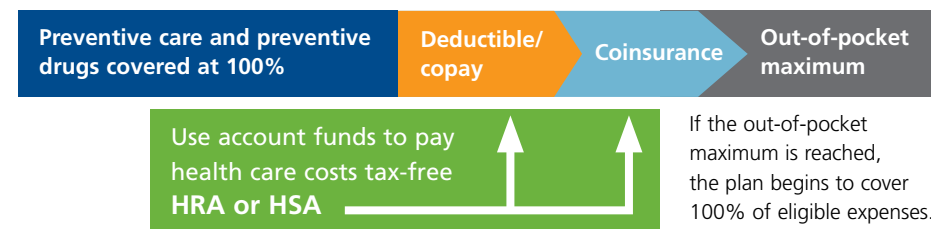
The HRA and HSA medical plans are account-based PPO plans. Each of these plans come with a special account that you can use to help pay your share of health care expenses, such as your deductible and coinsurance.

The account you receive depends on the medical plan you choose:

**HRA Medical Plan** → Health Reimbursement Account (HRA)

**HSA Medical Plan** → Health Savings Account (HSA)

**The 2017 health incentive will be automatically deposited into the account associated with your plan.** With the HRA Medical Plan, only Providence can contribute to your HRA through the health incentive. If you enroll in the HSA Medical Plan, Providence can contribute to your HSA and you can also contribute pre-tax dollars from your pay to your HSA.




#### Group Health HMO

The Group Health HMO has a low deductible and out-of-pocket maximum, but the premiums are higher. With the Group Health HMO, you must get all non-emergency care through Group Health's network of providers and facilities.

# Choosing a plan

There are several factors to consider when choosing a medical plan that’s right for you and your family. See the table below for key features to consider.

	HRA Medical Plan	HSA Medical Plan	Group Health HMO
Your premium cost	Higher	Lower; no cost for caregiver (employee)-only coverage	Highest
Coverage considerations	Lower deductible and higher out-of-pocket maximum; pay only a copay for certain services	Higher deductible and lower out-of-pocket maximum; you pay for all non-preventive services up to the deductible	Lowest deductible and out-of-pocket maximum; only a copay for most services
Account	Providence-funded HRA through health incentive	Providence-funded HSA through health incentive and you can make additional pre-tax contributions from your pay	Not applicable



ALEX® is an interactive resource designed to help you learn about your benefits. Use ALEX® to compare your options and help you make the best enrollment choices for you and your family. Link to ALEX® from the home page on the HR portal at [Caregiver.eHR.com](https://caregiver.ehr.com) starting Nov. 1.

# HRA and HSA comparison

The HRA and HSA medical plans come with either a Health Reimbursement Account (HRA) or a Health Savings Account (HSA). It is important to consider not only which medical plan is right for you, but also which account will work best for you and your family.

The table below compares and contrasts the HRA and HSA.

Feature	Health Reimbursement Account (HRA)	Health Savings Account (HSA)
Health incentives contributed to account	Yes, tax-free.	Yes, tax-free.
Caregiver (employee) contributions	No.	Yes, you can make pre-tax paycheck contributions to your HSA.
Eligible expenses	Medical, dental and vision* out-of-pocket expenses for you, your spouse/ABR and your dependents enrolled in the HRA Medical Plan.	Qualified medical, dental and vision out-of-pocket expenses for you, your spouse and your tax dependents.
Eligible dependents	Your family members covered by the HRA Medical Plan.	Your spouse and your tax dependents.
Portable if you leave INHS	No, your unused balance is forfeited.	Yes, your HSA is owned by you and is always yours to keep.
Eligibility	Must be enrolled in the HRA Medical Plan.	Must be enrolled in the HSA Medical Plan and not have any other non-qualified health coverage (covered family members can have other coverage).
Maximum contributions allowed	The maximum is the health incentive contributed by Providence.	For 2017, \$3,400 for individual coverage or \$6,750 if you cover dependents (plus an additional \$1,000 if you’re 55 or older). This is the combined maximum for health incentives and your payroll contributions for your household.
Coordination with a Health Care Flexible Spending Account	You can have a Health Care Flexible Spending Account for out-of-pocket medical, dental and vision expenses. You can use HRA funds only after exhausting your FSA.	You can have a Limited-Purpose Health Care Flexible Spending Account for dental and vision expenses only. You can use the account for medical expenses only after you satisfy the deductible.

\* The HRA can only be used for dental and vision expenses under the Providence dental and vision plans, and only for caregivers and dependents enrolled in the HRA Medical Plan.

## Medical plan comparison chart

The table below shows in-network coverage for your medical plan options. Certain services are covered at a higher level if you use a provider or facility in the CareUnity ACO (tier I). For these services, you pay more of the cost if you use other in-network providers (tier II), but much less than you would for out-of-network (tier III) care. Covered services received out-of-network are generally paid at 50 percent after the deductible. **The deductible**

**and out-of-pocket maximum are doubled for out-of-network care.** Please note, Rockwood Clinic, Valley Hospital and Deaconess Hospital facilities and physicians are out-of-network for the HRA and HSA medical plans. For additional details, including out-of-network coverage, visit the HR portal at [Caregiver.eHR.com](https://caregiver.ehr.com).

Plan feature	HRA Medical Plan	HSA Medical Plan	Group Health HMO
	In-network	In-network	In-network
<b>Annual deductible</b>	\$1,150 per person \$2,300 max per family	\$1,500 caregiver only \$3,000 if covering dependents	\$200 individual \$600 family
<b>Annual out-of-pocket maximum</b> (with deductible)	\$3,300 per person \$6,600 max per family	\$3,000 caregiver only \$6,000 if covering dependents	\$1,700 individual \$5,100 family
<b>Preventive care</b>	100%	100%	100%
<b>PCP visits</b> (non-preventive)	100% after \$20 copay	90% after deductible	90% after deductible and \$15 copay
<b>Specialist visits</b> (non-preventive)	Tier I: 90% after deductible Tier II: 80% after deductible	Tier I: 90% after deductible Tier II: 80% after deductible	90% after deductible and \$30 copay
<b>Lab and X-ray</b>	80% after deductible	80% after deductible	90% after deductible
<b>Spinal manipulation and acupuncture</b>	80% after deductible 12-visit calendar year limit	80% after deductible 12-visit calendar year limit	90% after deductible and \$15 copay 8-visit calendar year limit for acupuncture, 10-visit calendar year limit for spinal manipulation
<b>Behavioral health care providers</b>	100%	Tier I: 90% after deductible Tier II: 80% after deductible	90% after deductible and \$15 copay
<b>Inpatient/outpatient hospital facility fees, including behavioral health</b> (except hospice, rehab)	Tier I: 90% after deductible Tier II: 75% after deductible	Tier I: 90% after deductible Tier II: 75% after deductible	90% after deductible
<b>Hospital physician fees</b>	Tier I: 90% after deductible Tier II: 80% after deductible	Tier I: 90% after deductible Tier II: 80% after deductible	Inpatient: 90% after deductible Outpatient: 90% after deductible and \$30 copay
<b>Emergency room</b> (copay waived if admitted)	100% after \$250 copay	80% after deductible	90% after deductible and \$150 copay, in- or out-of-network
<b>Urgent care</b>	Tier I: 90% after deductible Tier II: 80% after deductible	Tier I: 90% after deductible Tier II: 80% after deductible	90% after deductible and \$15 copay



## Prescription drugs (in-network only)

Plan feature	HRA Medical Plan	HSA Medical Plan	Group Health HMO
	In-network only	In-network only	In-network only
<b>Network</b>	Providence Health Plan		Group Health
<b>Annual deductible and out-of-pocket maximum</b>	Combined with medical deductible and out-of-pocket maximum		
<b>Preventive drugs</b>	100%	100%	Same as other drugs
<b>Providence or Walgreens pharmacies</b> (30-day supply)	\$10 generic copay After deductible: 80%* formulary brand 60%* non-formulary brand	After deductible: 90% generic 80%* formulary brand 60%* non-formulary brand	No coverage
<b>Other in-network retail</b> (30-day supply)	\$10 generic copay After deductible: 70%* formulary brand 50%* non-formulary brand	After deductible: 90% generic 70%* formulary brand 50%* non-formulary brand	\$15 generic copay \$30 formulary brand copay Non-formulary not covered
<b>Mail order</b> (90-day supply)	3 times retail copay	3 times retail copay	2 times retail copay
<b>Specialty medications</b>	80% after deductible*	80% after deductible*	Same as other drugs

\* After deductible, your max cost is \$150 per prescription filled.

## Preventive drugs covered at 100 percent

Certain preventive drugs are covered at 100 percent by the HRA and HSA medical plans. To find the full list of approved preventive drugs, visit <https://healthplans.providence.org/members/member-groups/phs-caregivers>, then select **Pharmacy resources** on the right side of the page.

## What's in-network?

### HRA and HSA medical plans

The HRA and HSA medical plans are administered by Providence Health Plan (PHP), and in-network care is covered at a higher rate. When you use providers or facilities in the CareUnity ACO (the tier I network) you get the highest level of coverage – meaning you may pay a lot less.

For specialist office visits and hospital facility fees, including maternity stays, your share of the bill would be 10 percent after the deductible as compared to 25 percent for other in-network (tier II) providers.

The CareUnity ACO network includes:

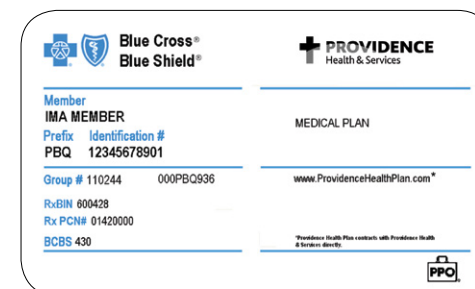
- All Providence facilities, provider groups and pharmacies
- Columbia Medical Associates
- Walgreens pharmacies
- And more

For other in-network (tier II) benefits, you can use the Premera Blue Cross network for medical services. The Optum network is used for mental health and chemical dependency services. Please note: Rockwood Clinic and Deaconess Hospital facilities and physicians are out-of-network for the HRA and HSA Medical Plans.

To find in-network facilities and providers, visit <http://phppd.providence.org>. Under **Please select your type of plan**, select *Specific Employer Groups*. Then, under **Choose a provider network to search**, select *PH&S Washington Employee Plan*. After you click **Search by Provider Network**, you can identify tier I providers by filtering the results. Under **Filter Results**, check the **Providence/Swedish Providers & Locations** box and click **Go**.

### Group Health HMO

The Group Health HMO plan is administered by Group Health and uses the Group Health provider network. To find in-network facilities and providers, visit [ghc.org](http://ghc.org). At the top of the home page, select **Find doctors**. Choose *Core/Group Health* as your network from the drop-down menu, then click **Go**. In the bottom right corner of this page under **Customized Employer Networks**, select *Providence Caregivers*.



## Using an HRA or HSA

If you enroll in the HRA or HSA medical plan, you can use your account (your HRA or HSA) to pay your share of eligible health care expenses tax-free.

Each account comes with a Visa debit card. Just present your Visa card at the pharmacy or write your card number on the return portion of the billing statement for physician or facility bills.



After you enroll, you will receive a welcome kit from HealthEquity, the account administrator, with information on how to use your Visa card and your HRA or HSA account. HealthEquity compares your HRA use to your medical claims. If they do not match, HealthEquity will need documentation from you showing that the card payments were used for eligible expenses.

Learn more about the account by visiting the HR portal and clicking on the HealthEquity button, or by visiting [healthequity.com/Providence](https://healthequity.com/Providence).

### Setting up and contributing to an HSA

If you enroll in the HSA Medical Plan, an HSA will be automatically opened for you by HealthEquity. You can elect or change your HSA payroll contribution during open enrollment (or at any time during the year) on BenefitConnect via the HR portal at [Caregiver.eHR.com](https://caregiver.ehr.com). If you want to make changes after open enrollment ends, you will need to log in after Jan. 1 and edit your 2017 HSA elections. Funds are deposited into your HSA approximately five to seven business days after being deducted from your paycheck.

Your welcome kit will also include instructions on how to log in to HealthEquity to set up your online account. After receiving your kit, you can also call HealthEquity at 877-372-6667 and set up your account over the phone.

If you **are not** eligible or choose not to have an HSA, contact HealthEquity at 877-372-6667 after receiving your welcome kit to request that your account be closed. For HSA eligibility information, visit the HR portal at [Caregiver.eHR.com](https://caregiver.ehr.com).

### Tax advantages

You don't pay federal tax on contributions made to your HSA or on withdrawals when used to pay for qualified health care costs. Your federal tax savings can be considerable. Learn more on the HR portal at [Caregiver.eHR.com](https://caregiver.ehr.com).

## Dental

You have the choice of two dental plans offered through Delta Dental of Washington, the Delta Dental PPO 1500 or the Delta Dental PPO 2000. Coverage details are shown below.

	Delta Dental PPO 1500		Delta Dental PPO 2000	
Plan features and services	PPO dentist	Non-PPO dentist including Premier	PPO dentist	Non-PPO dentist including Premier
<b>Annual deductible</b>				
Per person	\$50		\$50	
Family maximum	\$150		\$150	
<b>Annual maximum benefit</b>	\$1,500 per person		\$2,000 per person	
<b>Diagnostic and preventive care</b>	100%, no deductible	80%, no deductible	100%, no deductible	80%, no deductible
<b>Restorative care</b>	80%	70%	80%	70%
<b>Major care</b>	50%	50%	50%	50%
<b>Orthodontia</b>	Not covered		50% after \$50 lifetime deductible \$2,000 lifetime maximum	

### Delta Dental PPO dentists

To receive the highest level of benefits, use a dentist that is part of the Delta Dental PPO network. A PPO dentist will file your claim for you and referrals to specialists are not required as long as you use a network specialist. A directory of Delta Dental PPO dentists can be found at [deltadentalwa.com](https://deltadentalwa.com). Click on **Patients**, then select **Find a Dentist**. By searching for **Delta Dental PPO** dentists, you'll see a list of dentists who belong to this network. You can also call Delta Dental of Washington at 800-554-1907.

You can use dentists outside of the network, including Premier dentists, but you may pay more of the cost. No dental ID card is provided, but you can print an ID card online at [deltadentalwa.com](https://deltadentalwa.com). Your nine-digit member ID number will be your employee ID number preceded by INHS (e.g., INHS12345).

## Vision

The vision plan is offered through Vision Service Plan, or VSP. Find doctors in your area at [vsp.com](http://vsp.com) or call VSP at 800-877-7195.

This plan uses VSP's Signature network, which includes both optometrists and ophthalmologists. The plan is summarized below. For additional plan information, visit [Caregiver.eHR.com](http://Caregiver.eHR.com).

Vision plan service	Coverage when you see VSP providers, Costco or affiliates*
Eye exam	Covered in full every 12 months after a \$15 copay
Prescription glasses	Lenses covered in full every 12 months  Frames covered every 24 months – frame of your choice covered up to \$120 (or up to \$65 at Costco), then 20% off any out-of-pocket costs*
Contact lenses (instead of glasses)	Up to \$200 a year allowance in lieu of prescription glasses
Extra discounts and savings (Costco pricing will vary)	Laser vision correction discounts  Glasses and sunglasses: Average 35-40% savings on lens options not covered by the plan; 20% off of complete pairs of additional glasses  Contacts: 15% off cost of contact lens exam (fitting and evaluation)

\* Coverage may differ at Costco and other affiliates. Visit [vsp.com](http://vsp.com) or call VSP at 800-877-7195 for details.

## Medical, dental and vision premiums

You and INHS share in the cost of coverage, with INHS paying the majority of the cost. You pay your share of the cost by pre-tax payroll deductions. The amount you pay is based on how many people you cover, the plan you choose and whether you are part-time or full-time. Your 2017 twice-monthly premiums for medical, dental and vision coverage are shown below.

**Please note:** The HMO premiums shown do not reflect the health incentive premium credit.

### 2017 twice-monthly premiums — Medical

	HRA Medical Plan		HSA Medical Plan		Group Health HMO	
	You pay	INHS pays	You pay	INHS pays	You pay	INHS pays
<b>Full-time – 30 or more hours per week (0.75 to 1.0 FTE)</b>						
Caregiver (employee) only	\$11.50	\$227.50	\$0	\$238.00	\$42.50	\$240.50
Plus child(ren)	\$22.50	\$360.00	\$11.00	\$370.00	\$93.50	\$359.50
Plus spouse/ABR*	\$30.50	\$447.50	\$19.00	\$457.00	\$127.50	\$438.50
Plus family	\$42.00	\$579.50	\$30.00	\$589.00	\$178.50	\$557.50
<b>Part-time – at least 20 but less than 30 hours per week (0.5 to 0.74 FTE)</b>						
Caregiver (employee) only	\$24.00	\$215.00	\$12.00	\$238.00	\$56.50	\$226.50
Plus child(ren)	\$42.50	\$340.00	\$30.50	\$350.50	\$124.50	\$328.50
Plus spouse/ABR*	\$55.00	\$423.00	\$43.00	\$433.00	\$169.50	\$396.50
Plus family	\$73.50	\$548.00	\$61.50	\$557.50	\$237.50	\$498.50

\* Adult benefits recipient: Coverage for an ABR who is not your federal tax dependent is subject to imputed income for the value of coverage. This means you will pay taxes on the value of the coverage.

## 2017 twice-monthly premiums — Dental and Vision

	Dental				Vision	
	Delta Dental PPO 1500		Delta Dental PPO 2000		VSP	
	You pay	INHS pays	You pay	INHS pays	You pay	INHS pays
<b>Full-time – 30 or more hours per week (0.75 to 1.0 FTE)</b>						
Caregiver (employee) only	\$0	\$24.82	\$3.76	\$24.82	\$3.11	\$3.11
Plus child(ren)	\$4.47	\$35.24	\$10.49	\$35.24	\$5.60	\$5.60
Plus spouse/ABR*	\$7.45	\$42.19	\$14.98	\$42.19	\$6.22	\$6.22
Plus family	\$11.91	\$52.62	\$21.70	\$52.62	\$9.33	\$9.33
<b>Part-time – at least 20 but less than 30 hours per week (0.5 to 0.74 FTE)</b>						
Caregiver (employee) only	\$4.96	\$19.86	\$8.72	\$19.86	\$4.98	\$1.24
Plus child(ren)	\$10.92	\$28.79	\$16.94	\$28.79	\$8.96	\$2.24
Plus spouse/ABR*	\$14.89	\$34.75	\$22.42	\$34.75	\$9.96	\$2.48
Plus family	\$20.84	\$43.69	\$30.63	\$43.69	\$14.93	\$3.73

\* Adult benefits recipient.

## Flexible Spending Accounts

Flexible Spending Accounts, or FSAs, enable you to save tax-free dollars to pay for certain health care and dependent care expenses. You don't pay federal income tax or Social Security and Medicare taxes on your contributions. And when you use the money in your FSA to pay for qualified expenses, your reimbursements are not taxed. Your tax savings can be substantial.

You have two spending account choices:

- **Health Care FSA:** Contribute from \$120 to \$2,500 per year to pay for eligible out-of-pocket medical, dental and vision expenses. Money left over in an FSA at the end of each year may be forfeited by federal law.
  - If you enroll in the [HRA Medical Plan](#) and a Health Care FSA, you must use all of your FSA funds before you can use your HRA funds.
  - If you enroll in the [HSA Medical Plan](#) and open an HSA, you can only have a Limited-Purpose Health Care FSA. Use this account to pay only for out-of-pocket vision and dental, or post-deductible medical and prescription drug expenses. Consider contributing more to your HSA before using a Limited-Purpose Health Care FSA, as unused amounts over \$500 in your FSA will be forfeited, while money in your HSA is always yours to keep.
- **Dependent Care FSA:** Contribute \$120 to \$5,000 annually per household in pre-tax dollars to pay for eligible day care expenses for children under age 13 or dependent elders. If you are married, this account is available only if both you and your spouse work or attend school full-time. Any unused balance is forfeited at the end of each year.

When you incur an eligible expense, you are reimbursed from your FSA. You have the choice of several ways of being reimbursed, including a debit card that you can use to pay providers directly. HealthEquity compares your HRA and Health Care FSA use to your medical claims. If they do not match, HealthEquity may request documentation that the reimbursed expense was eligible. Be sure to keep your receipts as proof.

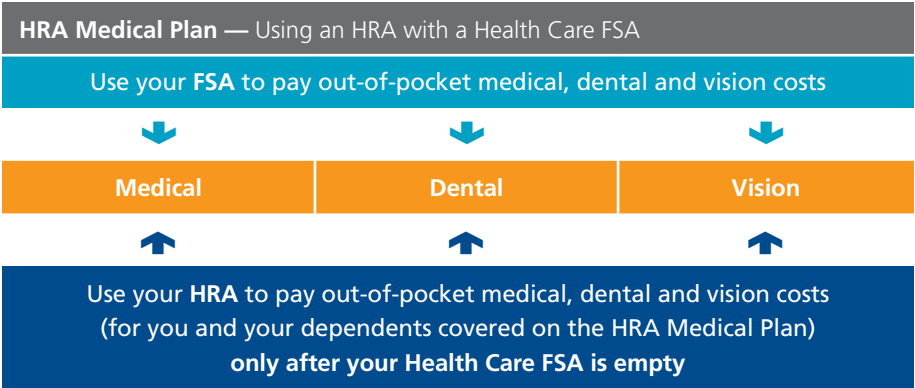
**Use it or lose it:** Money left over in an FSA at the end of each year may be forfeited by federal law, so plan carefully! Starting in 2017, up to \$500 left in your Health Care FSA will roll over to use through the end of the following year, as long as you enroll in the Health Care FSA in 2018. There is no rollover available for the Dependent Care FSA.

For a list of eligible expenses, visit HealthEquity at [healthequity.com/Providence](http://healthequity.com/Providence). For more information on FSAs, visit the HR portal at [Caregiver.eHR.com](http://Caregiver.eHR.com).

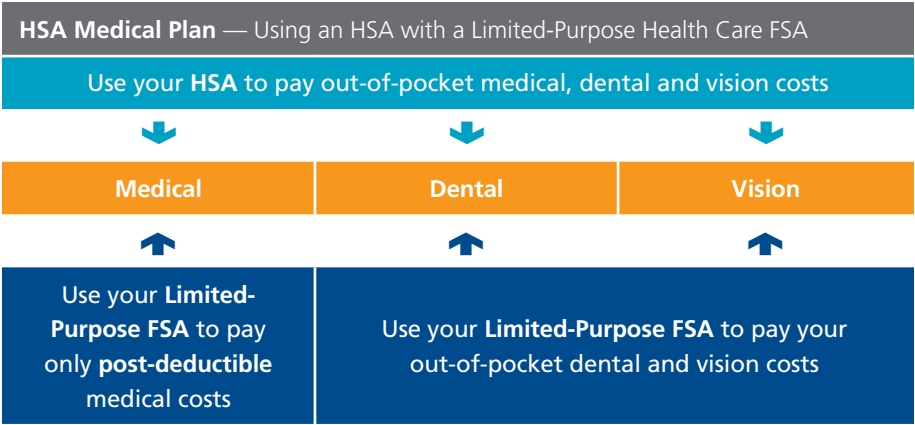
## Dual coverage? Think twice

Consider the cost of double coverage (enrolling in a Providence plan and also on a spouse or dependent's plan). Due to the rules governing coordination of benefits, you may pay premiums for both plans and get only a small fraction of, or no, additional coverage on your costs. Please also note that you cannot be covered as both a caregiver (employee) and a dependent on the Providence medical, dental, vision and life insurance plans. For example, if you and your spouse both work for Providence or INHS, dual coverage on these plans is not available.

Using a Health Care Flexible Spending Account with an HRA or HSA



**Tip:** You can only use your HRA after you empty your Health Care FSA. If you expect to have out-of-pocket health care expenses greater than what you will have in HRA dollars, a Health Care FSA is a way to set aside tax-free dollars to pay for these expenses.



**Tip:** Consider contributing more to your HSA before using a Limited-Purpose FSA, as unused Health Care FSA funds over \$500 are forfeited at the end of the year.

Life, accident and disability

Basic life and AD&D

Providence provides basic caregiver (employee) life and accidental death and dismemberment (AD&D) insurance at no cost to you. The amount of coverage provided is two times your annual base pay, up to a \$300,000 maximum.

The value of your basic life benefit that exceeds \$50,000 will be included in your pay as imputed income and may be subject to tax. Any life benefit paid from this plan is generally received by the beneficiary income tax-free.

Supplemental life and AD&D

You can buy additional life and AD&D coverage for yourself and for your spouse and children. Your coverage options are outlined below and your costs are shown when you enroll.

Option	Who is covered	Coverage levels	Coverage maximum	Statement of health <sup>1</sup>
Caregiver (employee) life	You	One to six times annual base pay	\$1 million	Required for total coverage of more than four times base pay or over \$500,000, or for any future increase if you decline coverage now
Caregiver (employee) AD&D		One to 10 times annual base pay	\$1 million	Not required
Spouse life	Spouse or eligible ABR	\$10,000 amounts	\$250,000 <sup>2</sup>	Required for any coverage over \$50,000
Spouse AD&D			\$500,000 <sup>2</sup>	
Child life	Dependent children to age 26	\$20,000	\$20,000 <sup>2</sup>	Not required
Child AD&D		\$20,000	\$20,000 <sup>2</sup>	

1. The coverage amount you elect may require a completed Statement of Health. You will be prompted to complete the Statement of Health when you enroll in your benefits, if required.
2. Spouse and child life insurance cannot exceed 100 percent of your total caregiver life insurance amount (basic and supplemental).



### Earned time (PTO/EIB or vacation/sick)

Your current time-off benefits (PTO/EIB or vacation/sick) are not changing at this time. For information on these benefits, contact your local Human Resources office or visit [myinhs.org](http://myinhs.org).

### Short-term disability

Short-term disability provides additional protection if you cannot work due to a non-work-related illness or injury, including maternity. The program begins to pay benefits of 60 percent of base pay after you are unable to work for seven consecutive calendar days. The minimum weekly benefit is \$400 and the maximum weekly benefit is \$1,250.

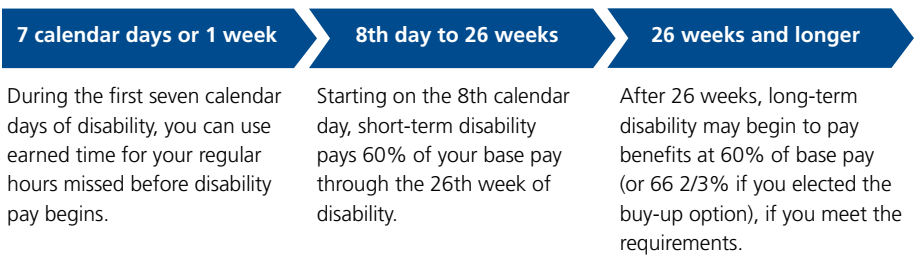
Base pay is defined as your base rate of pay, including applicable shift differentials and premium pay, in effect as of your date of disability. Short-term disability benefits are taxable.

You can use your earned time (PTO/EIB or vacation/sick) to cover your regular scheduled hours missed during the first seven calendar days of disability.

Once you begin to receive short-term disability benefits, you can use earned time to supplement your disability benefits to 100 percent of base pay.

The short-term disability program will pay through the 26th week of disability, as long as you remain disabled. When short-term disability benefits end, you may be eligible for long-term disability benefits.

### Coordination of pay for your own certified non-work-related disability



### More information

Find additional information at [Caregiver.eHR.com](http://Caregiver.eHR.com) starting Nov. 1. To initiate a leave of absence, contact your local Human Resources office.

### Long-term disability (LTD) insurance

Providence provides long-term disability (LTD) coverage that replaces a portion of your income when you are unable to work due to a non-work-related illness or injury. This coverage is fully paid by INHS.

LTD pays a benefit after you have been disabled for 180 days. The benefit is 60 percent of your monthly earnings, up to \$10,000 per month, for the duration of your disability up to your normal Social Security retirement age.

You may purchase additional LTD insurance, known as buy-up coverage. Details on the core and buy-up plans are shown in the table below. You pay the difference in premium between the basic LTD plan and the buy-up plan and the cost will be shown when you enroll.

Additional details on life, accident and disability benefits can be found on the HR portal at [Caregiver.eHR.com](http://Caregiver.eHR.com).

Feature	Core LTD	Buy-up option
Amount of covered monthly earnings replaced	60%, up to \$10,000 per month	66-2/3%, up to \$10,000 per month
Length of benefit	Normal Social Security retirement age	
Elimination period (the period of time you must be disabled before benefits begin)	180 calendar days	
Cost	INHS pays the full cost	You pay the cost difference between buy-up and core coverage. The cost will be shown when you enroll.
Benefit taxation	100% taxable	The portion paid by INHS is taxable. The portion paid by you is tax-free.
Enrollment	Automatically enrolled once eligible	May enroll when first eligible; enroll or cancel during open enrollment.

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## Voluntary benefits

Providence offers voluntary benefits at affordable group rates. For some plans, you must enroll directly with the company offering the benefit. Visit the HR portal at [Caregiver.eHR.com](https://caregiver.ehr.com) for more information.

### Auto and home insurance

Special group rates on auto and home insurance are available through MetLife Auto and Home. Call 800-GET-MET8 (800-438-6388) or visit [metlife.com/mybenefits](https://metlife.com/mybenefits) to enroll.

### Commuter benefits

Pay for commuting and parking expenses through pre-tax payroll deductions. Visit [wageworks.com](https://wageworks.com) or call WageWorks at 877-WAGEWORKS (877-924-3967) to enroll.

### Group legal

The MetLaw group legal plan (Hyatt Legal) provides access to legal advice and assistance in a wide range of areas, including real estate matters, will preparation, debt problems, family law and more. Call 800-821-6400 for more information. You can enroll or cancel coverage only during open enrollment. You'll be able to enroll through the BenefitConnect button on the HR portal at [Caregiver.eHR.com](https://caregiver.ehr.com) starting Nov. 1.

### Identity and credit protection

PrivacyArmor by InforArmor provides complete identity and credit monitoring to protect you from identity theft, plus expert assistance if you ever become a victim of identity theft. Visit [myprivacyarmor.com](https://myprivacyarmor.com) for more information. You can enroll or cancel coverage only during open enrollment. You'll be able to enroll through the BenefitConnect button on the HR portal at [Caregiver.eHR.com](https://caregiver.ehr.com) starting Nov. 1.

### Long-term care insurance

Long-term care insurance helps fund activities that are not covered by health insurance, including in-home care services such as cooking and cleaning, and adult day care or a nursing home stay.

Watch for information on a special 90-day enrollment period where you and your employed spouse or qualified adult benefits recipient (ABR) can take advantage of reduced medical underwriting – meaning fewer health questions need to be answered on the application. This special enrollment invitation will be mailed to your home address in December.

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## Pet insurance

Veterinary Pet Insurance® plans cover accidents, illness and preventive care for your pet. Call 800-GET-MET8 (800-438-6388) or visit [metlife.com/mybenefits](https://metlife.com/mybenefits) to enroll.



## Supplemental short-term disability insurance

Unum insurance company provides a supplemental short-term disability benefit that can be customized to meet your financial needs. You may only enroll in this coverage during open enrollment. Visit [unum.mkt2189.com/providencehealthenrollment](https://unum.mkt2189.com/providencehealthenrollment) or call 888-242-7970 to request a personalized enrollment letter.

**Please note:** These voluntary benefits are sponsored by independent vendors, offered to you at reduced group rates and made available to you with Providence's permission. Providence does not administer, endorse or contribute toward voluntary benefits, or receive any compensation for offering them. Please contact the vendor of each voluntary benefit for questions about the benefit, including eligibility, enrollment and available benefits.

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## Caregiver Assistance Program – 866-419-4664

The Caregiver Assistance Program is a confidential resource for all INHS caregivers and members of their family. The program provides information, guidance and support to help you and your family reach your personal and professional goals, manage daily stresses and develop fulfilling relationships. Services cover a wide range of day-to-day concerns, as well as support for issues that may affect your work or personal life.

For more information or to obtain services, call 866-419-4664, 24 hours a day, seven days a week, or visit [achievesolutions.net/providence](https://achievesolutions.net/providence).

## Medical Plan Assistance Program

To help ensure all caregivers (employees) can afford medical insurance, the Medical Plan Assistance Program provides free or reduced-cost coverage to caregivers and their eligible dependents who qualify based on household size and income. The Medical Plan Assistance Program is a component of the Caregiver Assistance Program, which is administered by Beacon Health Options.

The program provides free coverage through the HRA Medical Plan for caregivers with household incomes up to 250 percent of the federal poverty guidelines. A caregiver who qualifies for free coverage will also receive an additional annual contribution of \$450 to his or her HRA.

Caregivers with household incomes up to 400 percent of the federal poverty guidelines receive a 50 percent discount on premiums for the Providence medical plan of their choice.

To apply for assistance, complete and return the enclosed 2017 Medical Plan Assistance Program (MPAP) application. If you need help in applying, call the Caregiver Assistance Program at 866-419-4664, option 6. Translation is available in Spanish and other languages. You can also visit the HR portal at [Caregiver.eHR.com](https://Caregiver.eHR.com) to learn more and download an application.

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## Notices

### Summary of Benefits and Coverage

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

As a plan participant, you have rights to know the plan rules, financial information and documents that govern and report out on the operation and management of the plan. Available to you on the HR portal at [Caregiver.eHR.com](https://Caregiver.eHR.com) are: the Medicaid and the Children's Health Insurance Program, or CHIP, Notice, Medicare Part D Creditable Coverage Notice, Notice of Rights Under the Health Insurance Portability and Accountability Act, or HIPAA, Wellness Program Notice, and Summary Plan Description, including the Women's Health and Cancer Rights Act Notice. These and other notices are on the HR portal at [Caregiver.eHR.com](https://Caregiver.eHR.com).

You have the right to receive a paper copy of these notices by contacting the Benefits Service Center at 888-615-6481.

### Non-Discrimination Notice

Section 1557 is the non-discrimination provision of the Affordable Care Act. The law prohibits discrimination on the basis of race, color, national origin, sex, age or disability in certain health programs or activities. To view the Non-Discrimination Notice, please visit the HR portal at [Caregiver.eHR.com](https://Caregiver.eHR.com).

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

