



BENEFITS GUIDE **2026**

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PNCE Benefits for the Way You Live

PNCE is committed to providing benefits that are as unique as your employees. We are proud to embrace a culture of Diversity, Equity, and Inclusion (DEI) and your benefits package is one way we show it. We understand that everyone's needs are different and may change from year to year. That's why we offer a variety of plan options, so you can customize your benefits package to fit your lifestyle and your budget. Whatever your goals, PNCE offers plans to help you and your employees reach them.

How to Use This Guide

Information is key when it's time to make choices about your benefits package. We invite you to explore this guide and discover which plans are best for you and your employees. If you have any questions, we are here to help. Reach out to the contacts on page 26.

This guide provides an overview of the benefits program. It is not intended to be a complete description of the benefits or official summary plan descriptions for these programs. If there is a conflict between this guide and the official plan documents, the plan documents will govern. PNCE reserves the right to modify or terminate any of the described benefits at any time and for any reason. The descriptions of these benefits are not a guarantee of current or future employment or benefits. For information, please contact your PNCE Trust Administrators.

Eligibility & Enrollment

Welcome to Your PNCE Trust Benefits!

Message from the Trustees

As trustees of the PNCE H&W Trust we are pleased to offer a comprehensive benefits program run 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

Paul Brienen , P.E.
Trustee

Randy Valerio, P.E
Trustee

Ignasius Seilie, P.E.
Trustee

Gerry Heslin, P.E.
Trustee

Bill Sandbo, 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.

 ACEC *Oregon*

 ACEC *Washington*

Member 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.
- Your firm must have at least 1 benefit eligible and enrolling common law employee at time of new coverage placement (initial effective date) and annually on the first day of renewal coverage (January 1).
- An owner is generally not considered an employee even if the owner performs services for the business for compensation, however owners can participate in the PNCE offered coverage if they meet the eligibility requirement of having 1 common law enrolling and eligible employee.
- An owner includes:
 - A sole proprietor and the sole proprietor's spouse;
 - A member of a single-member limited liability company and the member's spouse;
 - The owner of a wholly owned corporation and the owner's spouse.
- 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 employee's 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 or if they 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 may need 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/Alternative Care and Vision - 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 2 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 3 medical/Rx plan options known as triple choice with underwriting approval. Special requirements regarding employer contributions will apply.
- 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.

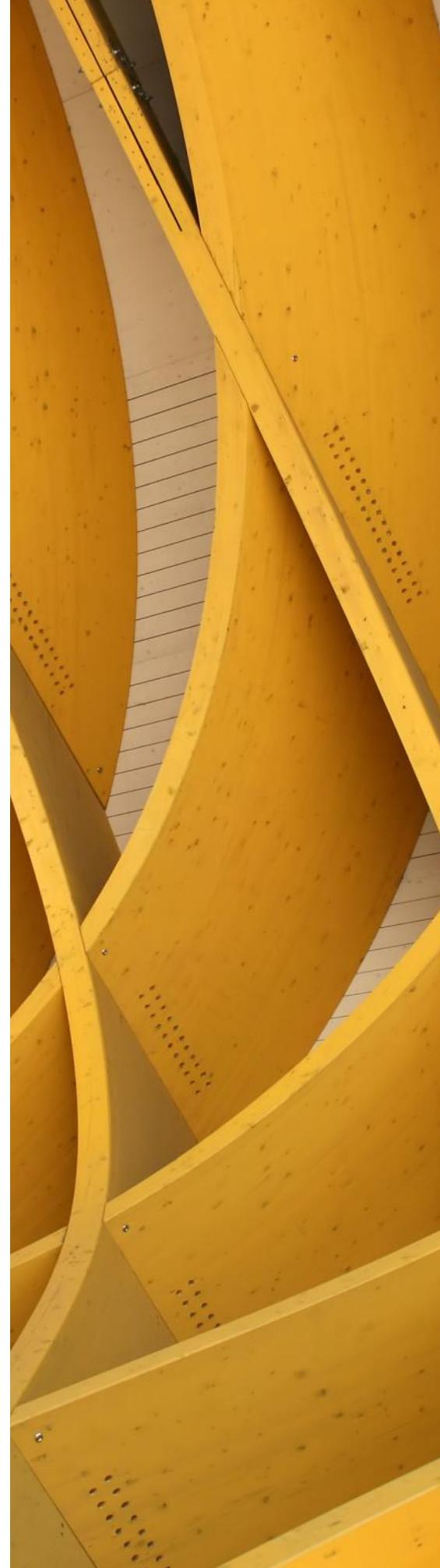
The Standard

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 not 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 employee participation in the plan. Dependent contributions may vary by Member Firm. As a firm you can elect to add dental during PNCE'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 Benefit Terms & Definitions

To better understand your 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	Copay	Coinsurance	
When a health care provider bills a patient for the difference between what the patient's health insurance reimburses and the provider charges.	A fixed dollar amount you pay a provider at the time of service.	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	Emergency Room Care	Formulary	
The amount you pay each year before the plan begins paying for certain services.	Care received at a hospital emergency room for life-threatening conditions.	A list of preferred drugs chosen by a panel of doctors and pharmacists. Both brand and generic medications are included in the formulary.	
In-Network Care	Out-of-Network Care	Out-of-Pocket Maximum	Premium
Care provided by contracted doctors and hospitals within the plan's network of providers. This enables participants to receive care at a reduced rate compared to care received out-of-network.	Care provided by a doctor or at a facility outside of the plan's network. Your out-of-pocket costs may be higher and services subject to balance billing.	The maximum amount you pay each year before the plan begins paying 100% for covered expenses. This limit helps protect you from unexpected catastrophic expenses.	The complete cost of your plan. You may share this cost with the company and pay your portion through regular payroll deductions.
Preventive Care	Primary Care	Specialty Care	Urgent Care
Routine health care, including annual physicals and screenings, to prevent disease, illness, and other health issues. In-network preventive care is covered at 100%.	Care provided by a general practice physician or pediatrician for preventive care and the treatment of common ailments.	Care provided by a physician who treats specific medical or mental health conditions.	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 a true emergency.

Benefit Acronyms

AD&D	FSA	QHDHP	HMO
Accidental Death & Dismemberment	Flexible Spending Account	Qualified High Deductible Health Plan	Health Maintenance Organization
HSA	LTD	OOPM	PPO
Health Savings Account	Long-Term Disability	Out-of-Pocket Maximum	Preferred Provider Organization
STD	HRA		
Short-Term Disability	Health Reimbursement Account		

This communication highlights some of your PNCE 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 reserves the right to change any benefit plan without notice. Benefits are not a guarantee of employment.

Platinum Plan Highlights

Platinum plans pay 90% or more of a member's overall health care costs (excluding any premium costs). PNCE offers 3 Platinum plans.

Here are some facts about Platinum Plans:

- **Highest** monthly premium;
- **Lowest** cost when members receive care;
- **Deductibles** are very low and waived for many services.

Member cost shares are lower than national benchmarks, offering your firm a best in class medical plan option for retention and recruitment. For members, the deductible is waived for most every day care needs reducing financial barriers to care.

Gold Plan Highlights

Gold plans will pay 80% or more of a member's overall health care costs (excluding any premium costs). PNCE offers 2 Gold plans.

Here are some facts about Gold Plans:

- **Moderate** monthly premium;
- **Low** cost when members get care;
- **Deductibles** are average and at benchmarking medians.

Member cost shares are at or slightly lower than national benchmarks, offering your firm a competitive medical plan for retention and recruitment at a competitive premium. For members, the deductibles are moderate and for plans with copays the deductible is waived for primary care.

Silver and Bronze Plans

A Silver plan will pay 70% or more and a Bronze plan will pay 60% or more of a member's overall health care costs (excluding any premium costs). PNCE offers 1 Silver plan and 1 Bronze plan.

Here are some facts about Silver and Bronze Plans:

- **Lowest** monthly premium;
- **Highest** cost when members get care;
- **Deductibles** and **Out-of-Pocket Maximums** offer major medical coverage.

Member cost shares are slightly higher than national benchmarks, offering your firm financial value in lower premiums. For members, the out-of-pocket maximum offers major medical coverage financial protection and the deductible is waived for primary care and other every day care needs.

Participation and Contribution Requirements

Firms must offer a minimum of 1 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.

All plans include

- Preventive care (covered in full)
- Acupuncture and chiropractic manipulation care
- Vision exam and hardware coverage
- Providence Express Care



What's Included in Free Preventive Care Visit?



- Exams
- Immunizations
- Screenings
- Tests

Preventive Care Visits

Routine checkups and screenings can help members avoid serious health problems and treat issues early. The best part? Preventive care visits, such as an annual wellness check, certain screenings and tests, well-baby and child health care, immunizations, mammograms, and more, are covered in full when members use an in-network provider.

Prescription Drug Coverage

Prescription drug coverage is included in an PNCE/PHP medical plans. Regardless of which plan you choose, your employees and dependents will save the most money by using a participating pharmacy. They can access a list of pharmacies through your plan's website or by calling member services.

High-Deductible Health Plans: If enrolled in the PNCE Gold HSA \$2500, employees and dependents 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.

Telehealth & Virtual Visits

When short on time and need a doctor for minor health issues, enjoy the convenience and savings of telehealth and virtual visits.

Conditions	Register	Contact	Cost
Speak with board-certified doctors for common conditions: <ul style="list-style-type: none">▪ Allergies▪ Cold and flu▪ Ear infections▪ Sinus infections▪ And more!	Register for an account at Providence Health before you schedule a consult. You can access ExpressCare Virtual from your smartphone, tablet, or computer. Download the Express Care Virtual app for access at your fingertips.	Reach out to Express Care Virtual at providencehealthplan.com/virtualhealth at any time, from anywhere.	You will only pay \$0 per visit.

Medical Plan Comparison

Plan Features	Platinum \$500		Platinum \$750	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Plan Year Deductible¹ Individual/Family	\$500 / \$1,000	\$1,000 / \$2,000	\$750 / \$1,500	\$1,500 / \$3,000
Calendar Plan Year Out-of-Pocket Maximum² Individual/Family	\$3,500 / \$7,000	\$7,000 / \$14,000	\$4,000 / \$8,000	\$8,000 / \$16,000
You pay:			You pay:	
Preventive Care Visit	Covered in full	50% after deductible	Covered in full	50% after deductible
Primary Care	\$20 copay (\$5 for first 3 visits)	50%	\$20 copay (\$5 for first 3 visits)	50%
Specialist Visit	\$20 copay	50%	\$40 copay	50%
Lab & X-ray	10%	50% after deductible	20%	50% after deductible
Urgent Care	\$20 copay	50%	\$40 copay	50%
Emergency Room (copay waived if admitted)	\$350 copay (waived if admitted)		\$350 copay (waived if admitted)	
Outpatient Services	10% after deductible	50% after deductible	20% after deductible	50% after deductible
Inpatient Services	10% after deductible	50% after deductible	20% after deductible	50% after deductible
Chiropractic (20 visits per year)	\$20 copay	\$20 copay	\$20 copay	\$20 copay
Acupuncture (12 visits per year)	\$20 copay	\$20 copay	\$20 copay	\$20 copay
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	\$30 copay		\$30 copay	
Brand-name drugs	\$60 copay		\$60 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	\$60 copay		\$60 copay	
Brand-name drugs	\$120 copay		\$120 copay	
Compound and specialty drugs	Not available		Not available	

^{1,2}Platinum plans **\$500** and **\$750** 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.

Medical Plan Comparison (Continued)

Plan Features	Platinum \$1,500		Gold \$1,700	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Plan Year Deductible¹ Individual/Family	\$1,500 / \$3,000	\$3,000 / \$6,000	\$1,700 / \$3,400	\$3,400 / \$6,800
Calendar Plan Year Out-of-Pocket Maximum² Individual/Family	\$5,000 / \$10,000	\$10,000 / \$20,000	\$6,000 / \$12,000	\$12,000 / \$24,000
You pay:		You pay:		
Preventive Care Visit	Covered in full	50% after deductible	Covered in full	50% after deductible
Primary Care	\$30 copay (\$5 for first 3 visits)	50%	\$30 copay (\$5 for first 3 visits)	50%
Specialist Visit	\$50 copay	50%	\$60 copay	50%
Lab & X-ray	20%	50% after deductible	First \$500 covered in full then 30% after deductible Imaging: 30% after deductible	50% after deductible
Urgent Care	\$50 copay	50%	\$60 copay	50% after deductible
Emergency Room (copay waived if admitted)	\$350 copay (waived if admitted)		\$350 copay (waived if admitted) after deductible	
Outpatient Services	20% after deductible	50% after deductible	30% after deductible	50% after deductible
Inpatient Services	20% after deductible	50% after deductible	30% after deductible	50% after deductible
Chiropractic (20 visits per year)	\$30 copay	\$30 copay	\$30 copay	\$30 copay
Acupuncture (12 visits per year)	\$30 copay	\$30 copay	\$30 copay	\$30 copay
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	\$30 copay		\$30 copay	
Brand-name drugs	\$60 copay		\$60 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	\$60 copay		\$60 copay	
Brand-name drugs	\$120 copay		\$120 copay	
Compound and specialty drugs	Not available		Not available	

^{1,2}Plans Platinum \$1,500 and Gold \$1,700 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.

Medical Plan Comparison

Plan Features	Gold HSA \$2,500	
	In-Network	Out-of-Network
Calendar Plan Year Deductible¹ Individual/Family	\$2,500 / \$5,000	\$5,000 / \$10,000
Calendar Plan Year Out-of-Pocket Maximum^{2,3} Individual/Family	\$8,000 / \$16,000	\$16,000 / \$32,000
You pay:		
Preventive Care Visit	Covered in full	50% after deductible
Primary Care	20% after deductible	50% after deductible
Specialist Visit	20% after deductible	50% after deductible
Lab & X-ray	20% after deductible	50% after deductible
Urgent Care	20% after deductible	50% after deductible
Emergency Room	20% after deductible (waived if admitted)	
Outpatient Services	20% after deductible	50% after deductible
Inpatient Services	20% after deductible	50% after deductible
Chiropractic (20 visits per year)	20% after deductible	20% after deductible
Acupuncture (12 visits per year)	20% after deductible	20% after deductible
Prescription Drugs: Retail (up to a 30-day supply)		
Preventive drugs	No charge	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 up to \$200	
Prescription Drugs: Mail Order (up to a 90-day supply)		
Preventive drugs	No charge	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 Gold HSA \$2,500 is a Qualified HDHP and 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 \$10,600.

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.

Medical Plan Comparison (Continued)

Plan Features	Silver \$3,000 Optional HRA Add On*		Bronze \$5,000 Optional HRA Add On*	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Plan Year Deductible¹ Individual/Family	\$3,000 / \$6,000	\$6,000 / \$12,000	\$5,000 / \$10,000	\$10,000 / \$20,000
Calendar Plan Year Out-of-Pocket Maximum² Individual/Family	\$8,000 / \$16,000	\$16,000 / \$32,000	\$8,650 / \$17,300	\$17,300 / \$34,600
You pay:		You pay:		
Preventive Care Visit	Covered in full	50% after deductible	Covered in full	50% after deductible
Primary Care	\$35 copay (\$5 for first 3 visits)	50%	\$35 copay (\$5 for first 3 visits)	50%
Specialist Visit	\$70 copay	50%	\$70 copay	50%
Lab & X-ray	30%	50% after deductible	First \$500 covered in full then 30% after deductible Imaging: 30% after deductible	50% after deductible
Urgent Care	\$70 copay	50%	\$70 copay	50% after deductible
Emergency Room (waived if admitted)	30% after deductible		\$350 copay 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 (20 visits per year)	\$35 copay	\$35 copay	\$35 copay	\$35 copay
Acupuncture (12 visits per year)	\$35 copay	\$35 copay	\$35 copay	\$35 copay
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	\$30 copay		\$30 copay	
Brand-name drugs	\$60 copay		\$60 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	\$60 copay		\$60 copay	
Brand-name drugs	\$120 copay		\$120 copay	
Compound and specialty drugs	Not available		Not available	

^{1,2}Plans Silver \$3,000 and Bronze \$5,000 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.

* If you select one of these plans, you may choose to optionally implement a (HRA) Health Reimbursement Account. For more information on how the HRA works please review the HRA page 14.

Health Savings Account (HSA)

A Smart Solution to Save Money for Health Care

If you offer Gold HSA \$2,500 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.

HSA FAQs

How much can I contribute?

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 I contribute?

Contributions cannot exceed the IRS maximums, 2026 maximums are:

- \$4,400 single coverage
- \$8,750 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%).



Want to learn more?

Winning with an HSA Video:
<https://youtu.be/TbVlGKNXc5Y>

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



What Else Do I Need to Know?

- You must be enrolled in a High Deductible Health Plan (HDHP).
- You cannot be covered under another non-qualified health plan, including your spouse's Health Care Flexible Spending Account.
- You cannot be enrolled in Medicare or Tricare.
- You cannot be claimed as a dependent on someone else's tax return.

Keep in mind, if you use funds for ineligible expenses, you will pay applicable taxes and an excise tax penalty (currently 20%).

Questions? Refer to **IRS Publication 969** for HSA rules and eligible expenses.

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

Health Reimbursement Account (HRA)

Enrolling in the Bronze \$5,000 or Silver \$3,000 plan allows you the option to open a Health Reimbursement Account (HRA) that can be used by employees to help pay for eligible health care expenses. **Unlike other health care accounts, only employers can put money in an HRA.**

HDHP with HRA Highlights

- It saves you money. HDHPs come with a much lower premium than a traditional health plan.
- HRA's are an employer-funded account
- HRA is paid solely with employer funds and reimburses employees for out of pocket qualified healthcare expenses

Advantages for Employers

1. Unused balances often revert to employers (depends on how you set up your HRA with Health Equity)
2. Available to companies of any size

3. Employers decide:

- Amount contributed
- Who is eligible
- If carryovers will be allowed
- How reimbursements will be processed
- How the HRA will be funded
- The contribution schedule

Questions? Refer to **IRS Publication 969** for HRA rules and eligible expenses.



What Else Do I Need to Know?

- Firms who enroll in the Silver \$3,000 or Bronze \$5,000 plan(s) have the option to add the HRA or not to.
- A new business form will need to be completed if you are adding the HRA to initiate an implementation call with Health Equity. <https://healthequity.tfaforms.net/43>
- Providence will set up the group and send the group and employee information to Health Equity daily via eligibility file.
- Once everything is set up in both Providence and Health Equity's system, Providence will send claims information to Health Equity on a weekly basis.

Dental Coverage

For a Healthy Smile

Dental care enhances overall health. To find an in-network provider, visit The Standard.com > Insurance > Dental > Find a Dentist.

Plan Features	The Standard D-1500 Plan		The Standard D-2500 Plan	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*
	You pay:		You pay:	
Calendar Year Deductible (waived for Preventive Services)	\$50 Individual / \$150 Family		\$50 Individual / \$150 Family	
Calendar Year Benefit Maximum	\$1,500 per member per year		\$2,500 per member per year	
Diagnostic & Preventive Services (x-rays, cleanings, exams)	No charge	0% of UCR	No charge	0% of UCR
Basic & Restorative Services (fillings, extractions, root canals)	20% after deductible	20% of UCR after deductible	20% after deductible	20% of UCR after deductible
Major Services (dentures, crown, bridges)	50% after deductible	50% of UCR after deductible	50% after deductible	50% of UCR after deductible
Optional Orthodontia Add On				
Orthodontia Children up to age 19	50% up to the \$1,500 per member lifetime maximum		50% up to the \$1,500 per member lifetime maximum	

* For out-of-network services, members pay applicable coinsurance plus any amount exceeding the usual, customary, and reasonable charge (UCR). The UCR charge is the amount paid for a service in a geographic area based on what providers in the area charge for the same or similar service.

Explanation of the Dental Plans

DPPO

- Visit any dentist you choose.
- After you meet the annual deductible, both you and the plan pay a percentage toward your dental services.
- In-network providers give you discounted rates and the highest level of coverage.
- Out-of-network dentists may require you to pay for services upfront and submit forms for reimbursement from your plan.

Max Builder

Allows plan participants to carry over part of their unused annual maximum. Participant must submit at least one claim during the benefit year.

Benefit Threshold	\$750	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	\$400	Max Builder amount is added to the following year's maximum
Annual PPO Bonus	\$200	Additional bonus is earned if the participant sees a network provider
Maximum Carryover	\$1,200	Maximum possible accumulation for Max Builder and PPO Bonus combined



Vision Coverage

Keep Your Vision Clear

VSP vision coverage offers an extensive network of optometrists and vision care specialists. Save money by visiting VSP in-network providers. Find an in-network provider online at VSP.com.

		VSP	
Plan Features	Adult Plan ¹ In-Network	Child Plan ¹ (up to 19 years old) In-Network	
	You Pay:	You Pay:	
Exam every 12 months	Covered under medical benefit.	Covered under medical benefit.	
Frames every 12 months	No charge up to the plans \$130 allowance	No charge when frames are selected from the Otis & Piper eyewear collection; equivalent value of \$150 can also be applied to other frame collection	
Lenses every 12 months			
Single Vision	No charge	No charge	
Bifocal	\$50 copay for progressive lenses	Polycarbonate, scratch and UV included	
Trifocal			
Contact Lenses (in lieu of lenses and frames every 12 months)	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/special-offers 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.			
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.			
Out-of-Network Providers			
<ul style="list-style-type: none">■ Exam: See medical plan■ Frame: up to \$70■ Single Vision Lenses: up to \$30■ Lined Bifocal Lenses: up to \$50■ Lined Trifocal Lenses: up to \$70■ Contacts: up to \$105			

Participation and Contribution Requirements

Vision is embedded in your PNCE elected medical/Rx plan (or plans). The enrollment, contributions and participation rules mirror that of your PNCE elected medical/Rx plan (or plans).

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/pnchwt to learn more and get started.





Benefits to Maximize Your Total Health

One Pass Select

Get unlimited access to thousands of gyms, fitness studios, online workouts, and grocery with one monthly membership. Choose the membership that fits your lifestyle, memberships ranging from \$29 to \$144 a month (an enrollment fee may apply).

LifeBalance

Get discounts on the things you love to do from movies to travel to a night on the town. LifeBalance provides savings on more than 20,000 travel, cultural, recreational, and other fun activities.

Behavioral Health

Connect with a direct access line to a dedicated behavioral health and substance abuse service support team, which includes a crisis-trained staff. This team is available 24 hours a day, 7 days a week for members. Just call 800-878-4445 for assistance.

ID Protection

Get peace of mind with Assist America Identity Theft Protection's fraud monitoring, warning, and resolution.

Rx Savings Solutions

Receive personalized and timely alerts when savings are available for your medication. This program is free for eligible members and you are automatically enrolled.

HelpScript

May help lower copay on eligible medications with support from Patient Navigators. This program is free for eligible members and you are automatically enrolled.

Talkspace

Talkspace is a virtual therapy service that provides personal behavioral health and emotional wellness support through online counseling and therapy. Register at <https://www.talkspace.com/providencehealthplan>

Mental Health Benefits

At Providence, we value whole self-care for all members. That's why we've enhanced our focus on mental well-being programs and services. We offer resources across the behavioral health continuum, so you and your family can get the care you need.

Mental Health Education Tools

Learn about the signs, symptoms, and treatments for mental health conditions.

Resources to Relax & Recharge

Save on massage therapy, yoga, meditation and more through LifeBalance and ChooseHealthy.

Learn to Live

Enroll in a self-guided digital cognitive behavioral therapy program to overcome stress, anxiety, depression, or insomnia

Behavioral Health Concierge

Access virtual and confidential same-day or next-day appointments at no cost.

Broad Behavioral Health Network

Find a provider you trust and make an in-person or virtual appointment, no referral required.

Behavioral Health Case Management

Our multi-disciplinary team helps you manage your condition and navigate behavioral health resources.

24/7 Crisis Line

Get behavioral health and substance abuse service support right away from our crisis-trained staff.

For more information on these resources, visit ProvidenceHealthPlan.com/members

Travel Assistance

Travel assistance is available when you travel more than 100 miles from home or internationally up to 180 days for business or pleasure. It offers aid before and during your trip, including:

- Visa, weather and currency exchange information, health inoculation recommendations, country-specific details and security and travel advisories.
- Credit card and passport replacement and missing baggage and emergency cash coordination.
- Help replacing prescription medication or lost corrective lenses and advancing funds for hospital admission.
- Emergency evacuation to the nearest adequate medical facility and medically necessary repatriation to the employee's home, including repatriation of remains.
- Connection to medical care providers, interpreter services, local attorneys and assistance in coordinating a bail bond.
- Return travel companion if travel is disrupted due to emergency transportation services or care of minor children if left unattended due to prolonged hospitalization.
- Assistance with the return of your personal vehicle if your emergency transportation services leave it stranded.
- Evacuation arrangements in the event of a natural disaster, political unrest and social instability.

The Life Services Toolkit

The Standard has partnered with Health Advocate to offer comprehensive and compassionate services to Group Life Insurance beneficiaries. These services are available to you for 12 months after you receive your Life claim letter from the Standard.

Services to Help Employees Now	Services to Help Beneficiaries
▪ Estate planning assistance	▪ Grief support
▪ Financial planning	▪ Legal services
▪ Health and wellness	▪ Financial assistance
▪ Identity theft prevention	▪ Support services
▪ Funeral arrangements	▪ On-line resources

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

WorkLife Services

WorkLife Services are included with the EAP. Get help with referrals for important needs like education, adoption, daily living and care for your pet, child or elderly loved one.

Online Resources

Visit healthadvocate.com/standard3 to explore a wealth of information on-line, including videos, guides, articles, webinars, resources, self-assessments and calculators.

EAP Support

The Standard

888-293-6948

healthadvocate.com/standard3

The Employee Assistance Program (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 and other legal documents.

Canopy'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 Canopy Employee Assistance to offer firms the option of purchasing an expanded Employee Assistance Program through Canopy EAP. Canopy'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 Canopy 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 Canopy 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
- Stress management
- Alcohol or drug abuse
- Conflict at work
- Family relationships
- Grieving a loss
- Depression
- Anxiety
- Career development services

Additional services include:

- Work / Family / Life: Canopy 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 Canopy 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.
- Pet Parent Resources: We offer free pet information and support, including pet insurance discounts, new pet parent resources and bereavement support.
- EAP Tools:
 - Fertility health support
 - Online legal tools
 - Will kit questionnaire
 - Gym membership discounts
- Member Site: Innovative educational tools, chat for support, take self-assessments, view videos and webinars, access courses, download documents and more. Access at my.canopywell.com, and register as a new user or log-in. Enter **PNCEHWT** for company name when you register.
- LifeBalance: Discounts on outdoor adventures, travel, amusement, self-care, wellness resources and more. To access, log onto the Member Site or visit canopy.LifeBalanceProgram.com.

Participation and Contribution Requirements

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

Life and AD&D Insurance (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 firm's 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 firm's 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 Children (under age 26)
Coverage Options	\$10,000 increments	\$10,000 increments	Increments of \$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 certain types of insurance coverage. If you elect Voluntary Life and AD&D coverage above the guaranteed issue amount or outside of the guaranteed issue period, you will be required to submit a health questionnaire (in some cases, a physical exam may be required). Your questionnaire will be reviewed by The Standard and you will be notified of their decision directly.

Participation and Contribution Requirements

When 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. If 25% participation is not achieved, EOI will be required for all elections. For employees that decline voluntary life/AD&D coverage at initial enrollment must submit EOI for any future elections as a 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.



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 qualify 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.

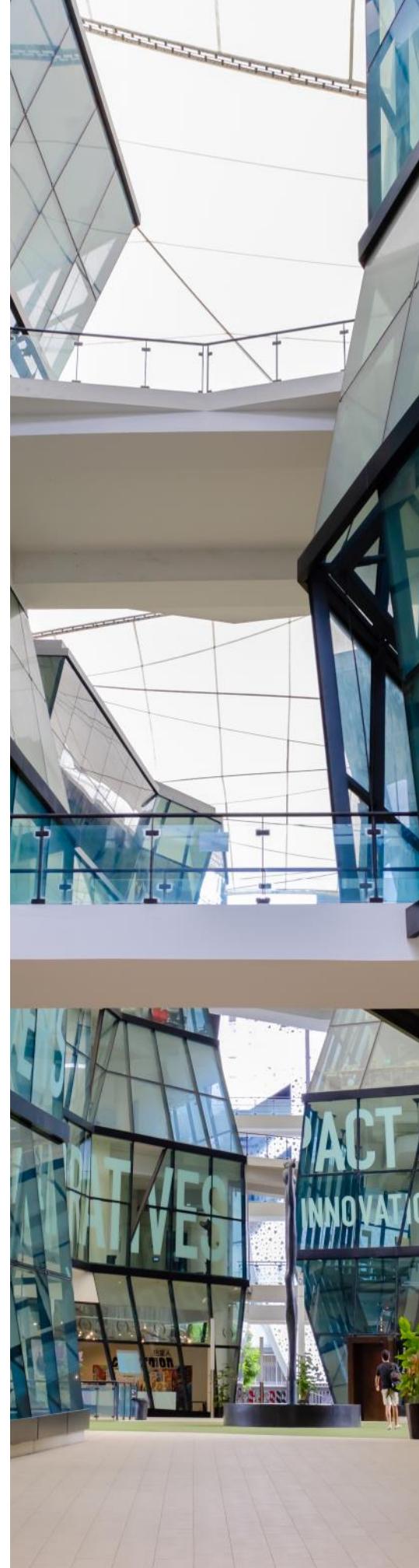
Option 2: Plan LTD-B coverage replaces 66 2/3% of your employees first \$15,000 of monthly pre-disability earnings to a monthly maximum of \$10,000 if the employee is disabled for more than 180 days and is unable to work.

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.



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.

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.

This communication highlights some of the PNCE Trust benefit plans. The 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.



Zywave HR Services

This industry-leading HR resource gives you fingertip access to the content and tools to stay compliant, manage risk, and build a better workforce.

HR Hotline

- Access to experienced HR Professionals to answer your questions
- Call toll-free 844-447-5463, or email hrhot-line@zywave.com
- Login here: portal.zywave.com

With Zywave Client Portal You Can:

- Solve your business's unique pain points with centralized tools and content
- Easily navigate the complex world of compliance and risk management
- Effectively handle tasks revolving employees using portal resources

Streamline Tasks Like:

- Building Employee Handbooks
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Key Features and Content:

- 24/7 exclusive compliance, training, people and risk management tools you need to avoid costly lawsuits, claims and fines
- Accurate compliance information regarding ACA, FMLA, COBRA, etc.
- Stay up-to-date when content and legislation is updated with alerts and notifications
- User-friendly solution that will assist you in getting more done in less time
- HR and/or compliance assets you need to do your job more effectively
- Mobile-ready, so you can find the resources you need at any time and on any device



Your Benefit Contacts

Coverage	Contact	Phone	Email	Address
TailorWell Customer Service Team	TailorWell Team	877-395-4945	pnce@tailorwell.com	1631 15th Ave W Suite 312, Seattle, WA 98119
Woodruff Sawyer	Luke Slater	503-416-6832	lslater@woodruffsawyer.com	5005 Meadow Roads Suite 415, Lake Oswego, OR 99035

For more information:

PNCE Trust: www.pncephwt.com

Additional resources:

ACEC Oregon: www.acecoregon.org

ACEC Washington: www.acec-wa.org

HR services:

Zywave: 844-447-5463 or hrhotline@zywave.com

How to Find an In-Network Provider

Visiting in-network providers saves you time and money. Find out if your doctor is in-network or discover new provider options. You can also download the carrier's app for quick and easy access on the go.

Providence Provider	The Standard Provider	VSP Provider
<ul style="list-style-type: none">▪ Log on to phpd.providence.org▪ Select "Find a Doctor"▪ Enter your search criteria	<ul style="list-style-type: none">▪ Log on to standard.com▪ Select "Find a Doctor"▪ Enter your search criteria	<ul style="list-style-type: none">▪ Log on to vsp.com▪ Select "Find a Doctor"▪ Enter your search criteria



Benefit Information

Need more information about your benefits?

Log in to the site:

- Go to www.pncephwt.com

Learn about your PNCE benefits:

- Download forms
- Review plan summaries
- Explore additional programs available to Member Firms

