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	EPO # 1	EPO # 2	OPEN OPTION # 3	OPEN OPTION # 4	HSA
Group Numbers	100218-001	100218-002	100218-003	100218-009	100218-007
Benefits Shown Below With An * Means The Deductible Does Not Apply					
PREVENTIVE & WELLNESS	Providence Only	Providence Only	PPO - NON	PPO - NON	PPO - NON
Mammogram	* 100% Benefit	* \$15 Copay	* 100% - 60%	* \$20 Copay - * \$20 Copay	80% - 60%
Diabetic Exam Mouth, Teeth, Feet	* 100% Benefit	* 80% Benefit	* 100% - 60%	* \$20 Copay - * \$20 Copay	80% - 60%
HbA1c, Retinal, Urine Tests	* 100% Benefit	* 80% Benefit	* 100% - 60%	* 90% - 80%	80% - 60%
Preventive Tests CBC, Urinalysis	* 100% Benefit	* 80% Benefit	* 100% - 60%	* 90% - 80%	80% - 60%
Glucose, Cholesterol, Fecal Blood	* 100% Benefit	* 80% Benefit	* 100% - 60%	* 90% - 80%	80% - 60%
Pneumococcal and Flu Vaccine	* 100% Benefit	* \$15 Copay	* 100% - 60%	* \$20 Copay - * \$20 Copay	80% - 60%
Routine Immunization Shots	* 100% Benefit	* \$15 Copay	* 100% - 60%	* \$20 Copay - * \$20 Copay	80% - 60%
Annual Gynecological Exam	* \$10 Copay	* \$15 Copay	* \$10 Copay - 60%	* \$20 Copay - * \$20 Copay	80% - 60%
Annual Prostate Screening	* \$10 Copay	* 80% Benefit	* \$10 Copay - 60%	* \$20 Copay - * \$20 Copay	80% - 60%
Periodic Health & Well Baby Exam	* \$10 Copay	* \$15 Copay	* \$10 Copay - 60%	* \$20 Copay - * \$20 Copay	80% - 60%
Colorectal Exam & Colonoscopy	* \$10 Copay	80% Benefit	* \$10 Copay - 60%	90% - 80%	80% - 60%
2 Visits For Weight Loss Counseling	* \$10 Copay	Refer to Handbook	* \$10 Copay - 60%	Refer to Handbook	80% - 60%
Smoking Deterrent Medications (\$500 Lifetime Benefit)	* \$10 Copay	Not Covered	* \$10 Copay - 60%	Not Covered	80% - 60%
Deductible Is Based On A Calendar Year					
Per Person	\$750	\$500	\$750	\$750	\$2,600
Per Family	\$2,250	\$1,500	\$2,250	\$2,250	\$5,150 Aggregate
Out of Pocket Maximum Is Based On A Calendar Year					
Per Person	\$3,000	\$2,000	\$3,000	\$3,000	\$5,000
Per Family	\$9,000	\$6,000	\$9,000	\$9,000	\$10,000 Aggregate
Benefits Shown Below With An * Means The Deductible Does Not Apply					
HOSPITAL CARE	Providence Only	Providence Only	PPO - NON	PPO - NON	PPO - NON
Inpatient Care	70% Benefit	80% Benefit	70% - 60%	90% - 80%	80% - 60%
Rehabilitave Care (30 Days)	70% Benefit	80% Benefit	70% - 60%	90% - 80%	80% - 60%
Skilled Nursing Facility (60 Days)	70% Benefit	80% Benefit	70% - 60%	90% - 80%	80% - 60%
Emergency Room Hospital	\$125 Copay then 70%	* \$125 Copay	\$125 Copay then 70%	* \$125 Copay	80% - 60%
Urgent Care Facility	* \$25 Copay	* \$25 Copay	* \$25 Copay	* \$25 Copay	80% - 60%
PHYSICIAN CARE	Providence Only	Providence Only	PPO - NON	PPO - NON	PPO - NON
Office Visit	* \$20 Copay	* \$15 Copay	* \$20 Copay - 60%	* \$20 Copay - * \$20 Copay	80% - 60%
Inpatient Hospital Visits	70% Benefit	80% Benefit	70% - 60%	90% - 80%	80% - 60%
Surgery	70% Benefit	80% Benefit	70% - 60%	90% - 80%	80% - 60%
Allergy Shots, Injectable Medications	70% Benefit	80% Benefit	70% - 60%	90% - 80%	80% - 60%
LAB, X-RAY & IMAGING	70% Benefit	* 80% Benefit	70% - 60%	* 90% - 80%	80% - 60%
AMBULANCE SERVICES	70% Benefit	80% Benefit	70% - 60%	90% - 80%	80% - 60%
MATERNITY CARE					
Office Visits and Delivery	* \$200 Copay	* \$150 Copay	* \$200 Copay -60%	* \$200 Copay - 80%	80% - 60%
Inpatient Care	70% Benefit	80% Benefit	70% - 60%	90% - 80%	80% - 60%
Except For The HSA Plan Prescription Drug Copays Do Not Apply Towards Out Of Pocket Maximums					
PRESCRIPTION DRUGS					
Value Drugs	* \$5 Copay	* \$5 Copay	* \$5 Copay	* \$5 Copay	80% Benefit
Generic	* \$15 Copay	* \$15 Copay	* \$15 Copay	* \$15 Copay	80% Benefit
Formulary Brand Name	* \$40 Copay	* \$40 Copay	* \$40 Copay	* \$40 Copay	80% Benefit
Non Formulary Brand Name	* 50% Copay	* 50% Copay	* 50% Copay	* 50% Copay	80% Benefit
Plans # 1 Through # 4 Annual Maximum Out Of Pocket For Non Formulary Drugs Is \$2,000					
DURABLE MEDICAL EQUIPMENT	70% Benefit	80% Benefit	70% - 60%	90% - 80%	80% - 60%
MENTAL HEALTH & CHEMICAL DEPENDENCY					
Outpatient Provider Visi	* \$20 Copay	* \$15 Copay	* \$20 Copay - 60%	* \$20 Copay - * \$20 Copay	80% - 60%
Inpatient & Residential Carr	70% Benefit	80% Benefit	70% - 60%	90% - 80%	80% - 60%
MONTHLY PREMIUMS	Providence # 1	Providence # 2	Providence # 3	Providence # 4	Providence HSA
Employee	\$406.56	\$535.65	\$463.86	\$503.75	\$313.49
Employee/Spouse	\$853.69	\$1,125.79	\$974.47	\$1,058.55	\$657.50
Employee/Child(ren)	\$789.96	\$1,041.67	\$901.68	\$979.47	\$608.46
Employee/Family	\$1,218.27	\$1,606.98	\$1,390.81	\$1,510.92	\$938.00
Secure Horizons Supplement to Parts A & B of Medicare \$312.76 (OR), \$286.74(WA) PacifiCare Medicare rates Plan Year 1/1/09 - 12/31/09					
Providence Health Plan Supplement to Parts A & B of Medicare \$247.54 (OR) Providence Medicare Rates Calendar Year 1/01/09 - 12/31/09					

ODS & VSP DENTAL AND VISION BENEFITS					
DENTAL benefits by ODS (Oregon Dental Service) Group # 10001777			Vision benefits by VSP (Vision Service Plan) Group # 3356975		
Calendar Year Deductible \$50 Per Person			VSP Provider		
Max Calendar Year Benefit \$1,500 Per Person			Non VSP Providers		
(Ded Waived for Preventive)	PPO	NON PPO	Calendar Year Copay	\$25 per person	\$25 per person
Preventive Treatment	100%	80%	Exams 1 per 12 mon	No Charge****	Up to \$45 Benefit
Basic Treatment	80%	80%	Lenses 1 per 24 mor	No Charge****	Up to \$45 Benefit
Restorative, Oral Surgery, Periodontics			Frames 1 per 24 mor	Standard Allowance	Up to \$47 Benefit
Major Treatment	50%	50%	Contacts - Required	No Charge****	Up to \$210 Benefit
Crowns, Bridge Work, Dentures	(Orthodontia Benefits Are Not Covered)		Contacts - Elective	Up to \$120 Benefit	Up to \$105 Benefit
**** Subject to VSP standard allowance for frames up to \$15!					
DENTAL AND VISION PREMIUMS			Employee	\$55.52	
			Employee/Spouse	\$98.65	
			Employee/Child(ren)	\$114.38	
			Employee/Family	\$152.09	

Medical premiums shown above include a \$3.00 per employee administrative charge, \$1.25 of which goes to the MB.
 This summary is for comparative purposes only. Refer to the insurance carriers benefit summaries for detailed explanation of benefits.
EPO: You must use only approved EPO provider for Medical benefits. **PPO:** You receive a greater benefit when using PPO providers

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