

MORE DETAILS ON THE HEALTH INSURANCE PROPOSED BY PROVIDENCE FOR 2012



Below is information about the Health Plan agreed to by nurses at Providence Willamette Falls, PPMC, Seaside, Home Health Services and proposed by Hood River Nurses:

Premium

For the first time, full-time employees who chose what would be the Base Plan will pay something toward the cost of the premium. These deductions will come out of employees' paycheck pre-tax, saving you between 25 percent to 35 percent depending on tax bracket and individual circumstances.

- Full Time Employees (per pay period/24 total)
- Employee Only - 5 percent of the cost at \$11.03.
- Employee Plus Child(ren) - 8 percent of the cost at \$25.15.
- Employee Plus One Adult - 8 percent of the cost at \$28.68.
- Employee and a Full Family - 8 percent of the cost at \$46.33.

For the first time part-time employees who only insure themselves who chose what would be the Base Plan, will pay something toward the cost of the premium. Part-time employees who insure dependents have always paid a portion of the premium. Under the new plan, the premium costs will increase.

- Part-Time Employees (per pay period/24 total)
- Employee Only - 10 percent of the cost at \$22.06.
- Employee Plus Child(ren) - 13 percent of the cost at \$45.00.
- Employee Plus One Adult - 13 percent of the cost at \$50.74.
- Employee and a Full Family - 13 percent of the cost at \$79.42.

Deductible

- The deductible for an individual will be \$1250.
- The deductible for two individuals/full family will be \$2500.

Health Reimbursement Account

A Health Reimbursement Account (H.R.A) will be offered to each employee. Individual employees will receive an annual amount in their H.R.A worth \$400. Two individuals or a full-family will receive an annual amount in their H.R.A. worth \$800.

Employees who complete an annual bio-metric health screen, in a timely manner, will receive an additional \$400 in their H.R.A for a total worth of \$800. An employee and another individual, or an employee and family, who complete an annual bio-metric health screen in a timely manner will receive an additional \$800 in their H.R.A for a total worth of \$1600.

Money in the employee's H.R.A may be spent on medical expense incurred such as co-pays and co-insurance expenses for both medical and prescription costs. Unspent money in an employee's H.R.A in 2012 will be permitted to roll over from year to year. Employees with five (5) years of service who leave Providence employment will be able to utilize their unspent H.R.A funds for COBRA payments or other medical expenses. Employees who are on an un-paid medical leave of absence may be able to utilize their unspent H.R.A funds for COBRA premiums.

Provider Services and Visits

Preventative Care Visits and associated tests conducted by In-Network Providers will be offered with no co-payment or co-insurance required. If conducted by out-of-network providers the cost will be the deductible plus 40 percent of the out-of-pocket costs until the annual out-of-pocket maximum is met. Primary Care Provider visits and consultations that are not preventative will incur a \$20 co-pay. If conducted by out-of-network providers, the cost will be the deductible plus 40 percent of the out-of-pocket costs until the annual out-of-pocket maximum is met.

Specialty Care Provider visits and consultations will incur a cost of the deductible plus 20 percent of the cost until the annual out-of-pocket maximum is met. If conducted by out-of-network Providers, the cost will be the deductible plus 40 percent of the out-of-pocket costs until the annual out-of-pocket maximum is met. Immediate Care/Urgency Care visits and consultations will incur a \$20 co-pay if seen at a Providence facility, and a \$50 co-pay if seen at facility in the Providence network that is not part of the Providence Medical Group.

Emergency Room

Emergency Room visits and consultations will incur a \$250 co-pay unless admitted and then the co-pay will be waived. There will be no deductible.

In-Patient Hospitalization

If hospitalized at a Providence facility, participants pay the cost of the deductible and 10 percent of the cost until the out-of-pocket maximum is met. If hospitalized at a facility in the Providence network, participants pay the cost of the deductible and 20 percent of the cost until the out-of-pocket maximum is met. If you are hospitalized at a facility outside of the Providence network, you will need to pay the cost of the deductible and 40 percent of the cost until the out-of-pocket maximum is met, unless the admission is due to an emergency, in which case the in-network admission will apply.

Out Patient Care

Out-patient care at a Providence facility will be the cost of the deductible and 20 percent of the cost until the out-of-pocket maximum is met. Out-patient Care at a facility in the Providence network will be the cost of the deductible and 30 percent of the cost until the out-of-pocket maximum is met. Out-patient care at a facility outside of the Providence network will be the cost of the deductible and 40 percent of the cost until the out-of-pocket maximum is met, unless the admission is due to an Emergency, in which case the in-network admission will apply.

Maternity

All medical procedures and consultations for pre-natal, delivery, and post-natal obstetrician services will be offered with no co-payment or co-insurance required of the employee or their dependents. Hospital stays and routine nursery will need to pay the cost of the deductible and 10 percent of the cost if the stay is at a Providence Facility, and/or pay the cost of the deductible and 30 percent of the cost, if the stay or routine nursery is at a hospital in the Providence Network. Routine nursery at a hospital in the Providence network will have their deductible waived.

Ancillary Services

Rehabilitation, imaging, labs and supplies will incur the cost of the deductible and 20 percent of the cost until the annual out-of-pocket maximum is met if the services are accessed within the Providence Network. If rehabilitation, imaging, labs and supplies are accessed out of the network, the cost will be the deductible and 40 percent of the cost until the annual out-of-pocket maximum is met.

Annual Out-of-Pocket Maximums

The out-of-pocket maximum is \$2,150 for the individual and \$4,300 for two individuals, or a full family for the combined medical procedure costs and prescription drug costs. This is an improvement over the \$3,000 and \$5,000 proposed by Providence initially.

Prescription Drugs

Co-pays for drugs on the value list as well as for insulin are \$5.00 for a 30 day supply.

Co-pays for generic drugs and brand drugs on the formulary are \$10 for a 30 day supply.

Co-pays for brand drugs not on the formulary will be 50 percent of the cost up to \$150 for a 30 day supply.

Specialty Pharmaceutical Procedures

The cost will be the deductible and 20 percent of the cost until the annual out-of-pocket maximum is met if the services are accessed within the Providence Network.

Alternative Care

The current options that exist on the Plus Plan will exist in the new plan - acupuncture, naturopathy, and/or chiropractic. The cost of the alternative care premiums "buy up" on a per pay period basis will be; \$23.09 for the employee; \$41.56 for the employee and child(ren); \$46.17 for an employee and a spouse or partner; and \$69.26 for an employee with a full family.

Employees who seek to purchase alternative care, will have to buy at the level that they are seeking for medical insurance.

Coordination of Benefits

Will follow the provisions under the former Plus Plan in 2011.

Memorandum of Understanding – Task Force for Health Insurance:

Two nurses chosen by the Association and one Association Staff Person will serve on a Medical Center Task Force that will meet quarterly. The Committee will review the medical insurance program and how it is working with regard to its goals and the impact of the changes. The Task Force will jointly make recommendations for plan design and the bio-metric screen but will not have the authority to bargain the terms of the Contract.