



Providence Anesthesiology Associates

2023 PLAN YEAR EMPLOYEE BENEFITS

Medical – Medcost

Website: www.medcost.com Phone: 800-795-1023

Below is a brief summary of the In-Network coverage under the plan options available. Please review the plan summary for the exact benefit levels associated with your care.

Plan Name	HDHP 2750/100% (Your Cost)	HDHP 3500/100% (Your Cost)	PPO 2500/60% (Your Cost)
Office Visits			
Primary Care	Deductible Applies	Deductible Applies	\$25 Charge
Preventive Care	Covered 100%	Covered 100%	Covered 100%
Telemedicine – Teladoc	No Charge	No Charge	No Charge
Specialist	Deductible applies	Deductible applies	40% after Deductible
Urgent Care	Deductible applies	Deductible applies	\$100 Copay
Pharmacy (Up to 30-Day Supply)			
Tier 1 – Retail Tier 2 – Retail Tier 3 – Retail Tier 4 – Retail Tier 5 – Retail	Deductible applies to all tiers	Deductible applies to all tiers	\$10 Copay 50% up to \$100 Copay 50% up to \$100 Copay 50% up to \$100 Copay 50% up to \$100 Copay
Hospital			
Inpatient	Deductible applies	Deductible applies	\$250/admission then 20% after deductible
Outpatient	Deductible applies	Deductible applies	40% after Deductible
Emergency Room	Deductible applies	Deductible applies	40% after Deductible
Deductible			
Individual	\$2,750	\$3,500	\$2,500
Family	\$5,500*	\$7,000*	\$5,000
Out of Pocket Maximum (includes deductible, copays, & coinsurance)			
Individual	\$2,750	\$3,500	\$6,850
Family	\$5,500**	\$7,000**	\$13,700
*The family deductible must be met before the plan begins to pay. The Individual Deductible does not apply to any single member of a family. Preventive Services are not subject to the deductible. **The family out-of-pocket limit must be met before the plan begins to pay at 100%. The Individual Out of Pocket Maximum does not apply to any single member of a family.			
Monthly Deductions			
	HDHP 2750/100%	HDHP 3500/100%	PPO 2500/60%
Employee Only	\$775.60	\$713.03	\$639.39
Employee + Spouse (including Domestic Partner)	\$1,728.53	\$1,601.26	\$1,452.17
Employee + Child	\$1,086.72	\$1,003.99	\$905.81
Employee + Children	\$1,490.21	\$1,379.44	\$1,249.44
Family (including Domestic Partner)	\$2,415.79	\$2,241.03	\$2,037.61

Prescription - MaxorPlus

- Present **ID CARD** to your current pharmacy on January 1 or after
- Member Advocates available **24/7/365 at 1-800-687-0707**
- Locate a pharmacy at www.maxorplus.com
- You DO NOT need a new prescription unless expired or out of refills
- **MAIL ORDER: Enroll in MXP Mail Order: 800-687-8629.** Request a pharmacy transfer OR request a new prescription from your prescriber be sent electronically.
- **ALWAYS ASK FOR GENERIC - This is the cheapest way for you**

Telemedicine – Teladoc

Website: Teladoc.com

Phone: 800- Teladoc

Enrolled on the PPO?
No Charge

Enrolled on the HDHP?
No Charge

Teladoc is a quick, convenient 23/7/365 way to get treatment for basic chronic care conditions

New: **healthiestyou.**

Talk to a doctor 24/7 \$0 visit fee - Unlimited Visits
Speak to a licensed doctor by phone or video 24/7 from anywhere.

Expert Medical Services \$0 visit fee - Unlimited Visits
Receive a second opinion on an existing diagnosis and treatment for any condition.

Mental Health-"myStrength Complete" \$0 visit fee - Unlimited Visits
Connect with a licensed therapist by phone/video. Explore skill building tools and resources based on your ongoing needs and preferences.

Joint/Back Care \$0 visit fee - Unlimited Visits
Relieve your back pain through guided videos with a certified health coach.

Dermatology \$0 visit fee - Unlimited Visits
Upload photos of your condition to the app and get a treatment plan from a dermatologist within two business days.

Nutrition \$0 visit fee - Unlimited Visits
Connect with a certified dietician and start meeting your nutrition goals today!



Teladoc.com

1-800-TELADOC (835-2362)

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HEALTH AND BENEFITS



Providence Anesthesiology Associates

2023 PLAN YEAR EMPLOYEE BENEFITS

Dental – UNUM

Website: www.unumentalcare.com Phone: 800-679-3054

Below is a brief summary of the coverage under the dental plan option. Please see the plan summary for the exact benefit levels associated with your care.

Plan Name	In-Network
Preventative	Covered 100%, no deductible
Basic Services	0% after deductible
Major Services	40% after deductible
Annual Deductible	Individual - \$50 Family - \$150
Annual Maximum	\$1,500 Per covered member
Child Orthodontia (Up to age 19)	50% after deductible \$1,500 lifetime maximum per covered child

*Out of network benefits are available. You could be balance billed for charges that are above the usual, customary and reasonable charges.

Monthly Deductions	
Employee Only	\$48.48
Employee + Spouse (including Domestic Partner)	\$98.43
Employee + Child(ren)	\$131.78
Employee + Family (including Domestic Partner)	\$186.11

Vision – UNUM

Website: www.eyemedvision.com/unum Phone: 800-679-3054

Below is a brief summary of in-network coverage. Please see the plan summary for the exact benefit levels associated with your care.

Plan Name	In-Network*
Annual Eye Exam	\$10 copay
Standard Contact Lens Fit Exam	Up to \$60 copay
Frames	\$120 retail allowance (once every 24 months)
Standard Plastic Lenses Single/Bifocal/Trifocal/Lenticular	\$25 copay (once every 12 months)
Lens Options	Various copays depending on option
Contact Lenses (in lieu of lenses and frames)	\$120 retail allowance No copay (once every 12 months)

*Out of network benefits are paid at a reimbursement schedule.

Monthly Deductions	
Employee Only	\$8.22
Employee + Spouse (including Domestic Partner)	\$13.82
Employee + Child(ren)	\$14.08
Employee + Family (including Domestic Partner)	\$22.28

Accident - UNUM

Website: www.unum.com Phone: 866-679-3054

Providence offers employees the option to purchase accident insurance. Accident Insurance can provide benefits paid directly to you for:

- Urgent care and emergency room visits
- Ambulance and other transportation to the hospital
- Initial care and surgery
- Hospital stays and lodging expenses related to the accident
- Follow-up care, such as doctor's office visits and physical therapy appointments

Monthly Deductions	
Employee Only	\$16.14
Employee + Spouse (including Domestic Partner)	\$26.67
Employee + Child(ren)	\$29.03
Employee + Family (including Domestic Partner)	\$39.56

Life and AD&D – UNUM

Website: www.unum.com Phone: 866-679-3054

Basic Life with Accidental Death and Dismemberment (AD&D)

- All full-time employees receive 2x their annual salary to a maximum of \$50,000.
- Life Benefit Reduces to: 65% of original amount at age 65; and 50% of the original amount at age 70
- **The cost of this coverage is \$7.75 per month**

Voluntary Life and AD&D

- **Employee:** Employees may purchase additional life in increments of \$10,000 up to \$500,000. Employee coverage is available up to \$150,000 without health questions if enrolled when first eligible.
- **Spouse:** Employees can purchase additional life for their spouse in increments of \$5,000 to the lesser of 100% of employee benefit or \$500,000. Spouse coverage available up to \$50,000 without health questions if enrolled when first eligible.
- **Child:** Employees can purchase \$10,000 of additional life on their children (age 6 months to age 19; age 26 if full-time student)

Deduction amount(s) for Voluntary Life and AD&D are based on the age of the employee and coverage amount elected/approved.

IMPORTANT NOTES: Evidence of Insurability will be required in the following situations (these apply to your spouse as well).

- You did not enroll when first eligible (at hire)
- You are requesting coverage above the Guaranteed Issue Amount

Short Term Disability – UNUM

Website: www.unum.com Phone: 866-679-3054

As an employee, you have the option to purchase short term disability. The cost for this benefit is based on your age and salary. Actual cost for this benefit can be found in the Paylocity benefit portal.

Income Replacement Percentage	60% of weekly earnings
Maximum Monthly Benefit	\$1,000
Elimination Period	14 consecutive days
Benefit Duration	Up to 11 weeks

If you did not elect this benefit when first made eligible, an Evidence of Insurability Form (EOI) will be required. This form can be found on the Paylocity portal.

Long Term Disability – UNUM

Website: www.unum.com Phone: 866-679-3054

You are enrolled in to LTD for **\$233.34 a month**. Please see the plan summary for exact benefit details associated with this benefit.

Income Replacement Percentage	60% of monthly earnings
Maximum Monthly Benefit	\$10,000
Elimination Period	90 days
Benefit Duration	To age 65

Critical Illness - UNUM

Website: www.unum.com Phone: 866-679-3054

Providence offers employees the option to purchase critical illness with cancer insurance.

Critical Illness coverage from Unum can provide financial assistance when a serious illness strikes. Benefits paid by Critical Illness Insurance policies can help you with deductibles, co-pays and other out-of-pocket costs when you are diagnosed with a covered critical illness, such as a heart attack, stroke or cancer.

The cost of this benefit is based on amount elected, age and tobacco usage. Actual cost for this benefit will be located on the Paylocity benefit portal.