



2025 MEDICAL PACKET

BLACKWELL
CONSOLIDATION
CENTRAL POINT, OREGON

COMBINED TRANSPORT
Logistics Group, Inc.

WELCOME!

Combined Transport Logistics Group, Inc. is committed to providing you and your family with affordable healthcare and the means and ability to secure savings for retirement. We offer you a comprehensive portfolio of benefits that reach far beyond the paycheck.

This guide is designed to assist you in making benefit choices. It provides key information on the various aspects of the plans and helps you sort through your options. Please review the material, discuss it with your family, and make an informed choice when selecting coverage.

Additional benefit details can be found in the Plan documents, available from Human Resources, or at the various websites and customer service numbers for each Plan. If there is a conflict between the group insurance contracts and this guide, the group insurance contracts prevail.

YOU MUST SUBMIT THE ENROLLMENT FORM TO BENEFITS@COMBINEDTRANSPORT.COM NO LATER THAN 1/24/24 ONLY IF YOU INTEND TO MAKE CHANGES

BENEFITS AT A GLANCE

We've Got You Covered

The Benefits Plan year begins on 02-01-2024 and ends the following 01-31-2025. You and Combined Transport Logistics Group share the cost of your benefits coverage. Combined Transport Logistics Group pays the majority of the premium for your health benefits. Your cost will vary based on whether you elect single or family coverage. Combined Transport Logistics Group offers you and your eligible dependents comprehensive benefits, including:

- Medical and Prescription Drug coverage
- Dental coverage
- Vision coverage
- Employee Assistance Program (EAP)
- Life and Accidental Death & Dismemberment (AD&D) Insurance

2025

Benefit Highlights

- ✓ Providence Health Plan for Oregon and Washington
- ✓ Cigna for all other states
- ✓ Uprise Health – wellness, recreational, cultural resource and discount program (nationwide)
- ✓ Delta Dental
- ✓ VSP for vision



ELIGIBILITY

All full and part-time staff regularly scheduled to work at least 32 hours per week are eligible to participate in the Benefits Plan. Coverage begins 05-01-2025. For new hires, coverage begins the 60th day following conditional date of hire.

ELIGIBLE DEPENDENTS

Your eligible dependents include:

- Your Legal Spouse (unless you are legally separated)
- Your Dependent Children up to age 26, unless the child is eligible for other employer-sponsored coverage. Your child may be married or unmarried, however if married, coverage does not extend to the dependent child's spouse or children.
 - This includes natural and adopted children, stepchildren or foster children who live with you in a parent-child relationship;
 - Children of any age if physically or mentally handicapped and claimed as a dependent on your federal income tax return, provided the child becomes handicapped before age 26.

MONTHLY PREMIUM CONTRIBUTIONS

| | 2025 Cost |
|-----------------------|------------------|
| Individual | \$120 |
| Employee & Spouse | \$501.25 |
| Employee & Child(ren) | \$501.25 |
| Family | \$681.25 |



CHANGING BENEFIT ELECTIONS DUE TO QUALIFYING LIFE EVENT

Once you make your election, your benefits will be effective until the end of the Plan Year unless you have a Qualified Life Event change in status. The following list highlights the most common Qualifying Life Events:

- Change in marital status (marriage, death of spouse, divorce, legal separation);
- Change in number of dependents (birth, death, adoption, eligibility status, child support order);
- Change in employment status for you or your spouse (commencement, termination, leave of absence, full-time to part-time or vice versa);
- Change in residence or worksite for you, your spouse or your child;
- Special enrollment rights under HIPAA; or
- You, your spouse or child gains or loses Medicare or Medicaid coverage



You will have only **30 days** to update your coverage for any Qualifying Life Event listed above. For further information on eligible Qualifying Life Events or to update your coverage, please contact Human Resources.

KEY TERMS

- ▶ **Coinsurance:** The percentages of the total medical bill that you pay once you meet your deductible
- ▶ **Copay:** The flat dollar amount that you pay for an office visit to a provider
- ▶ **Deductible:** The amount you pay out of your pocket for covered health expenses (such as surgery, hospital services, lab work, ambulance, and other non-co-payment services) before your plan begins paying a percentage of your costs
- ▶ **Out-Of-Pocket Maximum:** The most you will pay each year in deductibles and your share of coinsurance before your plan begins paying most of your covered expenses at 100% for the rest of the year
- ▶ **Pre-Certification:** When your physician recommends an expensive test or procedure, they first authorize it with the medical plan, who ensures that both cost and quality of the provider are appropriate
- ▶ **Usual & Customary:** The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the allowed amount.

MEDICAL PLAN COVERAGE OVERVIEW

The table below outlines coverage for some of the most common services

| FEATURES/SERVICES | BENEFIT |
|--|--|
| Virtual Visits | \$10 copay and deductible waived |
| Physician Visits | \$20 Primary / \$35 Specialist and deductible waived |
| Chiro/Acu/Massage/ Physical Therapy | \$20 copay and deductible waived |
| Deductible (See “key terms” on page 6) | \$750 Individual / \$1,500 Family |
| Coinsurance (See “key terms” on page 6) | 20% |
| Out-of-Pocket Maximum (See “key terms” on page 6) | \$5,000 Individual / \$12,000 Family |
| ACA Preventative Care | Covered 100% |
| High-Tech Imaging | 20%, and deductible waived |
| Outpatient Procedures | 20% after deductible |
| Hospitalization | 20% after deductible |
| ER Visits | \$250 copay, waived if admitted |
| Urgent Care | \$35 copay and deductible waived |

YOUR OUT-OF-POCKET (OOP) MAXIMUM

Your medical plan includes an annual Out-of-Pocket (OOP) maximum. Once you have paid the OOP maximum, you will no longer pay copayments or coinsurance for your covered services for the remainder of the calendar year. You will only be responsible for non-covered services. (\$5,000 Individual/\$12,000 Family).

DELTA DENTAL

COVERED DENTAL EXPENSES

Charges are limited to Usual and Customary Fees.

Participant will be responsible for any amount over the Usual and Customary amount.

| Dental | |
|--|-----------------------------------|
| Deductible per Participant | Individual: \$50 Family: \$150 |
| Maximum benefit per calendar year for Preventive Care, Repair, Restoration and Major Dental Repair | \$2,000 Per Participant |
| Maximum Lifetime benefit for Orthodontics | \$1,000 Per Participant |
| Covered Dental Expenses | |
| Preventive Care | 100% No Deductible |
| Repair and Restoration | 80% After Deductible |
| Major Dental Repair | 80% After Deductible |

Members may see any willing provider
Usual & Customary rates apply; balance billing will apply for amounts over usual & customary

VISION

Providence Health Plan and VSP provide you with the highest quality vision coverage for you and your family.

Adult Coverage

Doctor Network VSP Choice

WellVision Exam focuses on your eye health and overall wellness
 \$10 copay.....every 12 months

Prescription Glasses

Lenses.....every 12 months
 • Single vision, lined bifocal, lined trifocal, or lenticular lenses
 Lens Enhancements
 • Progressive lenses.....Fully Covered after \$50 copay

Frame.....every 24 months
 • \$130 allowance for a wide selection of frames
 • 20% savings on the amount over your allowance

–OR–

Contact Lenses (Instead of Glasses)..every 12 months
 • \$130 allowance for contacts and contact lens exam (fitting and evaluation)
 • 15% savings on a contact lens exam (fitting and evaluation)

Child Coverage-up to 19 years old

Doctor Network..... VSP Choice

WellVision Exam focuses on your child's eye health and overall wellness
 Fully Covered.....every 12 months

Prescription Glasses

Lenses.....every 12 months
 • Single vision, lined bifocal, lined trifocal, or lenticular lenses
 Lens Enhancements
 • Polycarbonate, scratch, and UV.....Fully Covered
 • Average savings of 20% on other lens enhancements

Frame.....every 12 months
 • Otis & Piper frames are covered in full. The equivalent value of that benefit can also be applied to other frame collections.

–OR–

Contact Lenses (Instead of Glasses)..every 12 months
 • Contact lens exam and an annual supply of contact lenses.....Fully Covered

Your Coverage with Out-of-Network Providers

Visit vsp.com for details, if you plan to see a provider other than a VSP doctor.

| | |
|----------------------------|-------|
| Exam..... | \$45 |
| Single Vision Lenses | \$30 |
| Lined Bifocal Lenses..... | \$50 |
| Lined Trifocal Lenses..... | \$70 |
| Frame..... | \$70 |
| Contacts..... | \$105 |

Your Child's Coverage with Out-of-Network Providers

Visit vsp.com for details, if your child plans to see a provider other than a VSP doctor.

| | |
|----------------------------|-------|
| Exam..... | \$45 |
| Single Vision Lenses | \$30 |
| Lined Bifocal Lenses..... | \$50 |
| Lined Trifocal Lenses..... | \$70 |
| Frame..... | \$70 |
| Contacts..... | \$105 |

At your appointment, all you need is your ID number. This number is 17-digits composed of your Providence Health Plan member ID + group number. These numbers are available on your Providence member ID card. Each member is set-up separately, so dependents will have a separate, unique VSP ID number.

Example: Member John Smith
 ID#: 100112222-02 Group #: 100710
 John's VSP ID would be 10011222202100710

PGC-OR 0117 LG VSPPLUS
 Oregon – Large Group

In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location.

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VIS-093B
 Vision Plus

PRESCRIPTION DRUG COVERAGE

Prescription Drug coverage is brought to you by Providence Health Plans with a nationwide network of participating pharmacies and mail order prescription service.

Generics Offer the Best Value

If you're looking for the best value in

KEY TERMS

- **Generic:** Generic drugs contain the same active ingredients as brand-name drugs, but they generally cost less than brand alternatives
- **Brand:** Brand-name drugs are protected by U.S. patent laws and only a single manufacturer has the rights to produce and sell them.
- **Preferred/Non-preferred drugs:** Your benefits include drugs listed on our formulary as preferred or non-preferred drugs. Generally, your cost share will be less when filling prescriptions for preferred drugs.

prescription drugs, generic medications are often the most cost effective option. They often cost less than brand-name drugs, and those savings are passed directly on to you. They are safe to use and just as effective as brand-name medications. The Food and Drug Administration (FDA) requires rigorous testing of both generic and brand-name medications to ensure they are safe and effective.

Mail Order

Some medications taken on a regular basis are considered maintenance medications that can be filled for up to a 90-day supply of at a participating mail-order pharmacy. For mail-order pharmacy information visit Online at providencehealthplan.com

For more information and to see which prescription medications are generic, preferred brand, or non-preferred brand go to providencehealthplan.com or call (800) 878-4445

| Prescription Drug Category | Copay |
|---|---|
| Generic medication* | \$10 retail (30 days) \$25 retail or mail order (90 days) |
| Preferred Brand and Specialty* | \$40 retail (30 days) \$115 retail or mail order (90 days) |
| Non-Preferred Brand and Specialty* | \$60 (30 days) \$175 retail or mail order (90 days) |
| All Specialty Drugs must be ordered through Credena Health, our designated specialty pharmacy. Credena Health provides specialty medications and some clinical support for complex conditions. To learn more about Credena Health, please call 1-855-360-5476 or visit www.Providence.org/Credena-Health . | |
| <i>*Certain limitations may apply, including prior authorization, step therapy, and quantity limits.</i> | |



Maximize Your Prescription Drug Benefits.

Pharmacy benefits are some of the most expensive and frequently accessed health benefits. This information can help you use these benefits wisely, save money and stay healthy.

Pharmacy directory

To find a participating, in-network pharmacy, search our online pharmacy directory at ProvidenceHealthPlan.com/providerdirectory.

Generics offer the best value

Save money by asking your provider about generic medications. They are safe to use and just as effective as brand-name medications. The Food and Drug Administration (FDA) requires rigorous testing of both generic and brand-name medications to ensure they are safe and effective.

Brand-name medications cost more for two reasons:

- 1) Research and Development – It costs a lot of money to conduct clinical trials to bring drugs to market.
- 2) Advertising – Drug companies spend money to advertise new drugs to the public. Generic manufacturers do not have to spend money on advertising or clinical trials, which means they can keep their prices much lower.

Medication approval process

Certain drugs require prior authorization before the medication is covered. Prior authorization is a process initiated by the prescribing medical provider, to determine appropriateness of some drugs before they are dispensed. To see a list of drugs that need prior authorization, review your formulary.

Convenient pharmacy access

More than 34,000 pharmacies participate in our nationwide pharmacy network.

- **Participating retail pharmacies.** A participating retail pharmacy can fill up to a 30-day supply of medication.
- **Preferred retail pharmacies.** A preferred retail pharmacy can fill a 30-day supply of a medication or provide up to a 90-day supply of maintenance medication. By filling a prescription at one of these pharmacies, you can usually pay less for your medication. Most major pharmacy chains are preferred retail pharmacies, including: Bi-Mart, Costco, Fred Meyer/Kroger/QFC, Rite Aid, Target, and Walgreens.

97% of pharmacies in our network are preferred retail pharmacies. Filling a medication at a preferred retail pharmacy, including a 90-day supply of maintenance medications, will usually cost you less.

- **Mail order service.** You can also fill a 90-day supply of maintenance medications through our convenient mail order service. Prescriptions filled through either Postal Prescription Services or Walgreens Mail Service are delivered directly to your home.
- **Specialty pharmacy.** Specialty drugs are prescriptions that require special delivery, handling, administration and monitoring by a pharmacist. These prescriptions are typically expensive medications used to treat relatively rare conditions. They are listed on the Providence Health Plan formulary with a status of "specialty."

Formulary information

Formularies are lists of FDA-approved drugs that are covered on a pharmacy plan. Medications are placed on a tier that determines your portion of the drug cost. Medications on the formulary are chosen by a Pharmacy and Therapeutics committee, a panel of experts that regularly reviews, manages and updates the formulary.

Search the online formulary to find a covered prescription

Here's how to search your plan formulary to determine if your prescription is a covered benefit, and if so, at which tier it is covered.

- 1) Visit [ProvidenceHealthPlan.com/findmyformulary](https://www.providencehealthplan.com/findmyformulary)
- 2) Select the formulary that applies to you based on the plan you are enrolled in.
- 3) Enter the drug name, or part of the name, to search the formulary.
- 4) Search results will list drug details, such as the drug name, assigned tier, limits and restrictions, and alternatives, including less expensive options, if applicable.

The screenshot shows the 'Drug Name Search' page. On the left, there is a search input field with the placeholder 'Enter a drug name to begin'. Below it is a disclaimer: 'Disclaimer: Depending on your plan benefit, the cost share for brand name drugs with a generic equivalent may be greater than the tier status. Please see your benefit summary or contact the Pharmacy Department at (877)215-3644 for questions.' Underneath is a 'By Alphabet' section with a grid of letters A through Z. A 'Legend' section follows, listing various plan features with corresponding icons: ACA Preventive, Preferred Generic, Non-Preferred Generic, Preferred Brand, Non-Preferred Brand, Preferred Specialty, Non-Preferred Specialty, Non-Formulary, Quantity Limit, Prior Authorization, Step Therapy, Limited Access, Custom, Medical Drug, Age Quantity Limit, Age Quantity Limit, and Safe Harbor. At the bottom left, there is a 'BRAND NAMES' section with a radio button for 'generic names'. On the right side of the page, there is a 'Welcome' message, a 'Search the formulary' section with search tips, a 'Printable Files' section with a link to the 'Printable Formulary', a 'Prescription drug coverage' section with criteria, a 'Formulary exceptions' section, and a 'More information' section with a link to 'Pharmacy Resources'.

For more information about Providence Health Plan pharmacy services, call **503-574-7400**, M-F, 8 a.m. to 5 p.m. (Pacific Time) or visit [ProvidenceHealthPlan.com/pharmacy](https://www.providencehealthplan.com/pharmacy).



EAP Plus with Self-Guided Courses

Life presents us with challenges at work and at home on a daily basis. You do not have to face these challenges alone, even if you're far away.

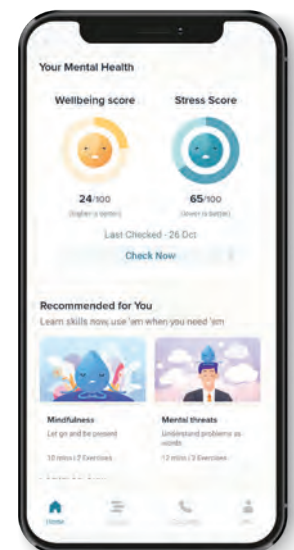
We Are Here to Help

Employee Assistance Program (EAP) benefits are available to all employees and their families at NO COST to you. The EAP offers confidential advice, support, and practical solutions to real-life issues. You can access these confidential services by calling the toll-free number and speaking with our care team, or accessing online.

EAP Plus Program

Our program is designed to help reduce stress and keep you healthy.

- Bite-sized training is available from your desktop or mobile app.
- Access is confidential. Take the assessment and check your wellbeing score.
- Get your own personalized recommendations for self-guided CBT-based courses.
- Skills training to develop your resilience, stress management, and mental fitness.
- Visit uprisehealth.com/members to get started.
- Create an account with your email and your access code: combinedtransport



EAP Services for Employees & Families

Confidential Therapy

Up to 3 face-to-face, video or telephonic therapy sessions for relationship and family issues, stress, anxiety, and other common challenges.

24-hour Crisis Help

Toll-free access for you or a family member experiencing a crisis.

Online Peer Support Groups

Online support groups for addiction recovery, anxiety, depression, frontline workers, grief and loss, parenting, and more.

Tess, AI Chat-bot

24/7 chatbot for emotional support and check-ins to boost wellness.

Your EAP provides a wide range of work-life services to help you manage a variety of challenges

Financial Help

30-days of access with a personal money coach who will work with the member toward financial wellness by identifying financial goals, assessing current financial situation, and providing a suggested detailed action plan.

Legal Services

One 30-minute legal consultation per each separate legal matter at no cost, 25% reduction from the normal hourly rate if member retains attorney or mediator.

Online Legal Forms

Create, save, print, and revise online legal forms including wills, contracts, leases, and many more.

Child & Parenting Services

Get information and support on parenting, school issues, adoption, daycare, and other important issues for parents.

Adult & Eldercare Services

Get assistance in finding quality information and services including transportation, meals, activities, daytime care, housing, and more.

Webinars & Trainings

Industry experts will present monthly work-life webinars on a variety of topics.

EAP Services & Support for Supervisors

Managing people can be challenging. All supervisors have fast access to phone consultations and trainings about the EAP and management topics:

- Critical Incidents
- Making Employee Referrals
- Education and Training
- Drug-Free Workplace
- Organizational Development
- Conflicts In The Workplace

We Are Here to Help

To find out more about your EAP, schedule a therapy appointment, or get a referral for services call Uprise Health at **866-750-1327** or go to the member website at **members.uprisehealth.com**.



To access online resources, go to **members.uprisehealth.com** and then enter your **Access Code:**
combinedtransport

BASIC LIFE/ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE (AD&D)

Life insurance protects the ones who depend on you. Combined Transport Logistics Group offers full-time employees Basic Life and AD&D benefits at no cost to you. If you are an eligible employee, you and your eligible family members are automatically covered by the plans; you do not have to enroll. These benefits are offered through Cigna Life.

Your Life Insurance benefit is a flat amount of \$10,000 for you and \$5,000 for each of your dependents.

Your AD&D Insurance will pay an additional benefit if you suffer a covered injury, such as the loss of a limb or an eye; you would receive a portion of your Life benefit. AD&D also pays an additional benefit if you die due to an accidental injury.

DESIGNATE A BENEFICIARY

It is important that you designate a beneficiary for your Basic Life and AD&D Insurance benefits, and to keep your designations as up-to-date as possible. If you die, your benefits will be paid to the most recent beneficiary(ies) on file. Note that you may change and update your beneficiary at any time, and not just at open enrollment.





QUESTIONS & CONTACTS

| Topic | Who to Contact | How |
|---------------------------------------|----------------------------------|---|
| Benefits, enrollment and eligibility | Jennifer Ford Human Resources | 541-618-6595 email:benefits@combinedtransport.com |
| Medical | Providence Health Plan | See quick reference guide |
| Dental | Delta Dental | 888-217-2365 email:customersupportOR@deltadentalor.com |
| Specialty Pharmacy claims or coverage | Credena Health | 503-962-1700 855-360-5476 http://www.providence.org/credena-health |
| Employee Assistance Program (EAP) | Uprise Health | 1-866-1327 email: members.uprising.com |
| Life/AD&D Insurance | NY life | 1-800-225-5695 www.newyorklife.com |
| Flexible Spending Accounts | Wex | 866-451-3399 email:customerservice@wexhealth.com |
| Supplemental Benefits | AFLAC - Beverly Schuster | 541-613-5659 email:beverly_schuster@us.aflac.com |
| Vision | VSP | 800-877-7195 providencehealthplan.com/findaprovider |

PHP - QUICK REFERENCE GUIDE

Statement from Plan Sponsor

Combined Transport has designed this Plan in cooperation with Providence Health Plan. The benefits under the Plan are provided by Combined Transport on a self-insured basis. Combined Transport has contracted with Providence Health Plan to process claims and provide customer service to Plan Members. However, Providence Health Plan does not insure or otherwise guarantee any benefits under the Plan.

Human Resources: 541-618-6595

Customer Service Quick Reference Guide:

| | |
|--|---|
| Medical and prescription drug claims and benefits, and general assistance with your Plan | 503-574-7500 (local/Portland area) 800-878-4445 (toll-free) 711 (TTY) ProvidenceHealthPlan.com |
| Mail-order prescription drug services | ProvidenceHealthPlan.com |
| Medical, Mental Health, and Substance Use Disorder Prior Authorization requests | 800-638-0449 (toll-free) 503-574-6464 (fax) |
| Providence Nurse Advice Line | 971-268-7951 (local/Portland area) 800-700-0481 (toll-free) 711 (TTY) |
| LifeBalance | 503-234-1375 888-754-LIFE (toll-free) www.LifeBalanceProgram.com |
| Provider Directory | ProvidenceHealthPlan.com/findaprovider |

2025 Enrollment/Change of Status/Waiver Form



P.O. Box 4327, Portland, OR 97208-4327, **800-878-4445**, [ProvidenceHealthPlan.com](https://www.ProvidenceHealthPlan.com)

Please complete all information on this form. This information is required to process your enrollment. / /

EMPLOYER GROUP NAME

GROUP NUMBER

DATE OF HIRE

REQUESTED EFFECTIVE DATE

CLASS/SUBGROUP

New enrollment Open enrollment Waiver of coverage
(see section 4)

START OF ELIGIBILITY WAITING PERIOD

SUBSCRIBER ID NUMBER

Change in existing status: REASON FOR STATUS CHANGE*

DATE OF STATUS CHANGE EVENT

DEDUCTIBLE/COPAY

* Reasons include: rehired eligible employee, marriage, divorce, death, adoption, dependent change (add or drop), address or name change, involuntary loss of other coverage, COBRA or state continuation.

COBRA/STATE CONTINUATION: / / START DATE / / END DATE

CHOSEN PLAN FOR ENROLLMENT: Option Advantage Base Option Advantage Plus Option Advantage Premium HSA Personal

Integrated Health Savings Account with HealthEquity® I have read and agreed to the HSA Authorization form. Other: _____

1. Employee Information

FIRST NAME

LAST NAME

MI

DATE OF BIRTH

PHONE

EMAIL

SOCIAL SECURITY NUMBER

MARITAL STATUS: Married Single GENDER: Male Female Non-binary/Other ("U")

HOW DO YOU IDENTIFY? Transgender Male Transgender Female Non-binary Decline to answer

(These fields are optional. Your responses will help us to better serve all communities.)

MAILING ADDRESS

CITY

STATE

ZIP

4. Waiver of Coverage Information (Include the names of all eligible members who will NOT be enrolling with Providence Health Plan.)

| PERSON(S) WAIVING COVERAGE | TYPE OF COVERAGE (INDIVIDUAL/EMPLOYER GROUP/MEDICARE) | HEALTH PLAN NAME | POLICY NUMBER | EMPLOYER GROUP NAME |
|----------------------------|--|------------------|---------------|---------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Notice: If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may, in the future, be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after marriage, birth, adoption or placement for adoption.

Communications: By signing this form, I authorize Providence Health Plan and its affiliates and vendors to communicate health plan information to me via text message and/or email, using my associated contact information provided on this form. I understand that these communications will not include marketing, advertising, or promotional material, and I may rescind this authorization at any time by submitting my request to Providence Health Plan.

I do not wish to receive e-mail or text messages from Providence Health Plan.

Accuracy of Enrollment Information: Any person who, with an intent to knowingly defraud, files this application with materially false information or conceals material information, may be subject to criminal and civil penalties and Providence Health Plan may cancel such person's membership and refuse to pay their claims. It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Payroll Deduction Authorization: I authorize my employer to deduct the required contributions from my pay for the coverage requested in this enrollment form. This authorization applies to such coverage until I rescind it in writing. (Does not apply to COBRA, state continuation or waiver of coverage.)

Subscriber Acknowledgement: I acknowledge and understand that

Providence Health Plan may request or disclose health information, other than psychotherapy notes, about me or my dependents (persons who are listed for benefits coverage on the enrollment form) for the purpose of: (a) performing the health plan business operations of Providence Health Plan; (b) facilitating health care treatment; (c) issuing or facilitating payment for health care services; or (d) as required by law. The use or disclosure of psychotherapy notes by Providence Health Plan is restricted to circumstances in which the patient has provided a signed authorization.

For more information about such uses and disclosures, including uses and disclosures required by law, please refer to the Notice of Privacy Practices. A copy is available at ProvidenceHealthPlan.com or by calling customer service.

SIGNATURE

___/___/___
DATE

Race/Ethnicity Questionnaire

The following questions will help us to better serve all communities. These questions are optional.

Which of the following describes your racial or ethnic identity? Please check all that apply.

MEMBER NAME:

Asian

- Asian Indian
- Cambodian
- Chinese
- Communities of Myanmar
- Filipino/a
- Hmong
- Japanese
- Korean
- Laotian
- South Asian
- Vietnamese
- Other Asian

American Indian or Alaska Native

- American Indian
- Alaska Native

- Canadian Inuit, Metis, or First Nation
- Indigenous Mexican, Central American, or South American

Hispanic or Latino/a/x

- Hispanic or Latino/a/x Central American
- Hispanic or Latino/a/x Mexican
- Hispanic or Latino/a/x South American
- Other Hispanic or Latino/a/x

Native Hawaiian or Pacific Islander

- Guamanian or Chamorro
- Marshallese
- Native Hawaiian

GROUP NAME:

- Communities of the Micronesia Region
- Samoan
- Tongan
- Other Pacific Islander

White

- Caucasian/White (no national affiliation)
- Eastern European
- Western European
- Other White (African, Australian, New Zealand descent)
- Slavic

Black or African American

- African American
- Afro-Caribbean
- Ethiopian

- Somali
- Other African (Black)
- Afro-Latinx/Bi-racial/Other
- Other Black

Middle Eastern or North African

- Middle Eastern
- North African

Other

- Other
- Don't know
- Don't want to answer

If you checked more than one category above, is there one you think of as your primary racial or ethnic identity?

Yes (please specify): _____

No: I do not have just one primary racial or ethnic identity

No: I identify as Biracial or Multiracial

N/A: I only checked one category above.

N/A: I don't want to answer

N/A: I don't know

What is your preferred spoken language?

- English
- Spanish
- Chinese - Other
- Mandarin

- Cantonese
- Vietnamese
- Russian
- German

- French
- Tagalog
- Japanese
- Korean

- Arabic
- Decline/Unknown
- Other

What is your preferred written language?

- English
- Spanish

- Vietnamese
- Simplified Chinese

- Russian
- Other

- N/A: I don't know
- N/A: I don't want to answer



Have fun, stay healthy, save money

It's time for health and well-being to go hand in hand. That's why we've partnered with LifeBalance to give you and your family access to discounts on more than 20,000 recreational, cultural and travel related businesses and activities.

With LifeBalance, you get:

- + **Accessibility** - A modern, user-friendly site and mobile platform ensure that finding and redeeming deals couldn't be easier.
- + **Inclusivity** - Finally, a benefit with something for everyone, regardless of age, income, ability, or interests.
- + **Health** - Exercise. Nutrition. Stress relief. All kinds of options, all made more affordable for you and your family.
- + **Customization** - A local network built specifically for you, based on your interests, wants, and needs.

So many ways to save. Get discounts on:

- + Arts & culture events
- + Eating well
- + Exercise
- + Personal growth
- + Sports
- + Games & amusement parks
- + Home & relaxation
- + Outdoor adventures
- + Tourist attractions
- + Water activities
- + Travel



To get started, log in or register for a [myProvidence](#) account and from there you'll be directed to the LifeBalance website to learn more.

SUMMARY OF BENEFITS & COVERAGE

In compliance with the Affordable Care Act, we supply a Summary of Benefits and Coverage (SBC). The SBC standardizes and simplifies the way medical and prescription drug benefit details are communicated so that you can easily compare plan options. SBCs are based on established, uniform terminology to describe the specific benefit details and your share of the costs.



Your Benefit Summary

Option Advantage Premium Combined Transport

| Copay | What You Pay In-Network | What You Pay Out-of-Network | Calendar Year Common Out-of-Pocket Maximum | Calendar Year Common Deductible |
|-----------|------------------------------------|---|---|--|
| \$20/\$35 | 20% coinsurance (after deductible) | 40% coinsurance (after deductible; UCR applies) | \$5,000 per person \$12,000 per family (3 or more) | \$750 per person \$1,500 per family (3 or more) |

Important information about your plan

This summary provides only highlights of your benefits. To view your plan details, register and log in at myprovidence.com.

- The individual deductible applies if there are no dependents enrolled. If two or more members are enrolled, the individual deductible applies for each member only until the family deductible is met.
- The individual out-of-pocket maximum applies if there are no dependents enrolled. If two or more members are enrolled, the individual out-of-pocket applies for each member only until the family out-of-pocket is met.
- Your deductible(s) are included in the out-of-pocket maximum amount(s) listed above.
- In-network and out-of-network services accumulate toward your common out-of-pocket maximum.
- Some services and penalties do not apply to out-of-pocket maximums.
- Prior authorization is required for some services.
- To get the most out of your benefits, use the providers within the Providence Signature network. View a list of in-network providers and pharmacies at ProvidenceHealthPlan.com/findaprovider
- If you choose to go outside the network, you may be subject to billing for charges that are above Usual, Customary and Reasonable charges (UCR). Benefits for out-of-network services are based on these UCR charges.
- Limitations and exclusions apply to your benefits. See your Member Handbook for details.
- Learn more about covered preventive services rated "A" or "B" by the U.S. Preventive Services Task Force at ProvidenceHealthPlan.com/PreventiveCare

| Benefit Highlights | After you pay your calendar year common deductible, then you pay the following for covered services: | |
|---|--|---|
| | In-Network Copay or Coinsurance (after deductible, when you see an in-network provider) | Out-of-Network Copay or Coinsurance (after deductible, when you see a non-network provider) |
| ✓ No deductible needs to be met prior to receiving this benefit. | | |
| On-Demand Provider Visits | | |
| • Providence ExpressCare Virtual | Covered in full✓ | Not covered |
| • Providence ExpressCare Retail Health Clinic | Covered in full✓ | Not applicable |
| Preventive Care | | |
| • Periodic health exams and well-baby care | Covered in full✓ | 40%✓ |
| • Colonoscopy (Age 45+) | Covered in full✓ | 40% |
| • Routine immunizations; shots | Covered in full✓ | 40%✓ |
| • Gynecological exam (calendar year) and PAP test | Covered in full✓ | 40%✓ |
| • Mammograms | Covered in full✓ | 40% |
| • Nutritional counseling | Covered in full✓ | 40%✓ |
| • Tobacco cessation, counseling/classes and deterrent medications | Covered in full✓ | Not covered |
| Physician / Provider Services | | |
| • Office visits to Primary Care Provider (In-person) | \$20 / visit✓ | 40%✓ |
| • Office visits to Alternative Care Provider (such as Naturopath) | \$20 / visit✓ | 40%✓ |
| • Office visits to Specialists/Other Providers | \$35 / visit✓ | 40%✓ |
| • Virtual visits to Primary Care Provider, Alternative Care Provider, or a Specialist | \$10 / visit✓ | 40%✓ |
| • Allergy shots and serums | \$20 / visit✓ | 40%✓ |
| • Infusions and injectable medications | \$20 / visit✓ | 40%✓ |
| • Surgery; anesthesia in an office or facility | 20% | 40% |
| • Inpatient hospital visits | 20% | 40% |
| Diagnostic Services | | |
| • X-ray, lab services, and testing services (includes ultrasound) | 20%✓ | 40% |
| • High-tech Imaging services (such as PET, CT, MRI) | 20%✓ | 40% |

| Benefit Highlights (continued) | In-Network Copay or Coinsurance | Out-of-Network Copay or Coinsurance |
|---|---------------------------------|-------------------------------------|
| Emergency and Urgent Services | | |
| <ul style="list-style-type: none"> Emergency services (For emergency medical conditions only. If admitted to hospital, copayment is not applied; all services subject to inpatient benefits.) | \$250✓ | \$250✓ |
| <ul style="list-style-type: none"> Urgent care services (for non-life threatening illness/minor injury) | \$35 / visit✓ | 40%✓ |
| <ul style="list-style-type: none"> Emergency medical transportation (air and/or ground) (Emergency medical transportation is covered under your in-network benefit, regardless of whether or not the provider is an in-network provider) | 20% | 20% |
| Hospital Services | | |
| <ul style="list-style-type: none"> Inpatient/Observation care | 20% | 40% |
| <ul style="list-style-type: none"> Rehabilitative care (Limited to 30 days per calendar year. Limits do not apply to Mental Health Services.) | 20% | 40% |
| <ul style="list-style-type: none"> Habilitative care (Limited to 30 days per calendar year. Limits do not apply to Mental Health Services.) | 20% | 40% |
| <ul style="list-style-type: none"> Skilled nursing facility (Limited to 60 days per calendar year) | 20% | 40% |
| <ul style="list-style-type: none"> Temporomandibular joint (TMJ) services (Inpatient and/or outpatient services combined limit of \$1,000 per calendar year/\$5,000 per lifetime) | 20% | 40% |
| Outpatient Services | | |
| <ul style="list-style-type: none"> Outpatient surgery, dialysis, chemotherapy, radiation therapy, osteopathic manipulation, pain management (multi-disciplinary) program | 20% | 40% |
| <ul style="list-style-type: none"> Outpatient Surgery at an Ambulatory Surgical Center (ASC) | 10% | 40% |
| <ul style="list-style-type: none"> Infusion | \$20 / visit✓ | 40%✓ |
| <ul style="list-style-type: none"> Temporomandibular joint (TMJ) service (Inpatient and/or outpatient services combined limit of \$1,000 per calendar year/\$5,000 per lifetime) | 20% | 40% |
| <ul style="list-style-type: none"> Colonoscopy (Non-preventive) at a Hospital-based facility | 20% | 40% |
| <ul style="list-style-type: none"> Colonoscopy (Non-preventive) at an Ambulatory Surgical Center (ASC) | 10% | 40% |
| <ul style="list-style-type: none"> Outpatient rehabilitative services: physical, occupational, and speech therapy (Limited to 60 visits per calendar year. Limits do not apply to Mental Health Services) | \$20 / visit✓ | 40% |
| <ul style="list-style-type: none"> Outpatient habilitative services: physical, occupational and speech therapy (Limited to 60 visits per calendar year. Limits do not apply to Mental Health Services.) | \$20 / visit✓ | 40% |
| <ul style="list-style-type: none"> Cardiac rehabilitation (In-network, first 16 visits covered in full, deductible waived, then deductible and coinsurance) | 20% | 40% |
| <ul style="list-style-type: none"> Biofeedback for specified diagnosis (limited to 10 visits per lifetime, limits do not apply to Mental Health Services) | 20% | 40% |
| <ul style="list-style-type: none"> Vision therapy (convergence insufficiency) (Limited to 12 visits per lifetime) | 20%✓ | 40% |
| <ul style="list-style-type: none"> Chiropractic manipulation, Acupuncture, and Massage therapy (Limited to 60 visits combined per calendar year) | \$20 / visit✓ | \$20 / visit✓ |
| Maternity Services | | |
| <ul style="list-style-type: none"> Prenatal office visits | Covered in full✓ | 40% |
| <ul style="list-style-type: none"> Delivery and postnatal services | \$200 / delivery✓ | 40% |
| <ul style="list-style-type: none"> Inpatient hospital/facility services | 20% | 40% |
| <ul style="list-style-type: none"> Routine newborn nursery care | 20%✓ | 40% |
| Medical Equipment, Supplies and Devices | | |
| <ul style="list-style-type: none"> Medical equipment, appliances, prosthetics/orthotics and supplies (Hearing aids limited to 1 per ear every 3 calendar years) | 20% | 40% |
| <ul style="list-style-type: none"> Diabetes supplies (Such as lancets, test strips, needles, blood and continuous glucose monitors) | 20%✓ | 40% |
| <ul style="list-style-type: none"> Removable custom shoe orthotics (Limited to \$200 per calendar year) | 20%✓ | 40%✓ |
| <ul style="list-style-type: none"> Oral Sleep Apnea Appliance (Out-of-Network limited to \$2,000 per calendar year) | 20% | 40% |
| Mental Health / Chemical Dependency | | |
| Services except outpatient provider office visits may require prior authorization. | | |
| <ul style="list-style-type: none"> Inpatient and residential services | 20% | 40% |
| <ul style="list-style-type: none"> Day treatment, intensive outpatient and partial hospitalization services | 20% | 40% |
| <ul style="list-style-type: none"> Applied behavior analysis | 20% | 40% |
| <ul style="list-style-type: none"> Outpatient provider office visits (In-person) | \$20 / visit✓ | 40%✓ |
| <ul style="list-style-type: none"> Outpatient provider office visits (Virtually) | \$10 / visit✓ | 40%✓ |
| Home Health and Hospice | | |
| <ul style="list-style-type: none"> Home health care | 20% | 40% |
| <ul style="list-style-type: none"> Hospice care | Covered in full✓ | Covered in full✓ |

Your guide to the words or phrases used to explain your benefits

Coinsurance

The percentage of the cost that you may need to pay for a covered service.

Common deductible

The dollar amount that an individual or family pays for covered services before your plan pays any benefits within a calendar year. The deductible can be met by using in-plan or out-of-plan providers, or the combination of both. The following expenses do not apply to an individual or family deductible:

- Copays and coinsurance for services that do not apply to the deductible
- Services not covered by your plan
- Fees that exceed usual, customary and reasonable (UCR) charges as established by your plan
- Penalties incurred if you do not follow your plan's prior authorization requirements

Common out-of-pocket maximum

The limit on the dollar amount you will have to spend for specified covered health services (a combination of both in- and out-of-plan services) in a calendar year. Some services and expenses do not apply to the common out-of-pocket maximum. See your Member Handbook for details.

Copay

The fixed dollar amount you pay to a health care provider for a covered service at the time care is provided.

In-Network

Refers to services received from an extensive network of highly qualified physicians, health care providers and facilities contracted by Providence Health Plan for your specific plan. Generally, your out-of-pocket costs will be less when you receive covered services from in-network providers.

Limitations and Exclusions

All covered services are subject to the limitations and exclusions specified for your plan. Refer to your Member Handbook or contract for a complete list.

Out-of-network

Refers to services you receive from providers not in your plan's network. Your out-of-pocket costs are generally higher when you receive covered services outside of your plan's network. An out-of-network provider does not have contracted rates with Providence Health Plan and so balance billing may apply. To find an in-network provider, go to ProvidenceHealthPlan.com/findaprovider.

Office Visits Virtually

Scheduled visits with the member's PCP or Specialist using a teleconferencing application such as Zoom.

Primary Care Provider

A qualified physician or practitioner that can provide most of your care and, when necessary, will coordinate care with other providers in a convenient and cost-effective manner.

Prior authorization

Some services must be pre-approved. In-network, your provider will request prior authorization. Out-of-network, you are responsible for obtaining prior authorization.

Providence ExpressCare Retail Health Clinic

A walk-in health clinic, other than an office, urgent care facility, pharmacy or independent clinic that is located within a retail operation. A Retail Health Clinic provides same-day visits for basic illness and injuries.

Providence ExpressCare Virtual

Services for common conditions (such as sore throat, cough, or fever, etc.) using Providence's web-based platform through a tablet, smartphone, or computer for same day appointments.

Usual, Customary & Reasonable (UCR)

Describes your plan's allowed charges for services that you receive from an out-of-network provider. When the cost of out-of-network services exceeds UCR amounts, you are responsible for paying the provider any difference. These amounts do not apply to your out-of-pocket maximums.

Contact us

Headquartered in Portland, our customer service professionals have been proudly serving our members since 1986.



Portland Metro Area: **503-574-7500**
All other areas: **800-878-4445**
TTY: **503-574-8702 or 888-244-6642**



Have questions about your benefits and want to contact us via e-mail? Go to our Web site at:
www.ProvidenceHealthPlan.com/contactus

Non-discrimination Statement

Providence Health Plan and Providence Health Assurance comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, sexual orientation, religion, gender identity, marital status or sex. Providence Health Plan and Providence Health Assurance do not exclude people or treat them differently because of race, color, national origin, age, disability, sexual orientation, religion, gender identity, marital status or sex.

Providence Health Plan and Providence Health Assurance:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, you can call us at 1-800-898-8174 (TTY: 711).

If you believe that Providence Health Plan and Providence Health Assurance has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sexual orientation, religion, gender identity, marital status or sex, you can file a grievance with our Non-discrimination Coordinator by mail:

Providence Health Plan and Providence Health Assurance
Attn: Non-discrimination Coordinator
PO Box 4158
Portland, OR 97208-4158
Email: PHP-PHA Non-discrimination Coordinator@providence.org

If you need help filing a grievance, call us at 1-800-898-8174 (TTY:711) for assistance.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW - Room 509F HHH Building
Washington, DC 20201
1-800-368-1019, 1-800-537-7697 (TTY)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Members of Oregon Plans may file a complaint with the Division of Financial Regulation at 1-888-877-4894 or visit <https://dfr.oregon.gov/Pages/index.aspx>.

Members of Washington Plans may file a complaint with the Office of the Insurance Commissioner at 1-800-562-6900 or visit www.insurance.wa.gov.

Language Access Information

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-898-8174 (TTY: 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-898-8174 (TTY: 711).

Russian: ВНИМАНИЕ: Если Вы говорите по-русски, то Вам доступны услуги бесплатной языковой поддержки. Звоните 1-800-898-8174 (телетайп: 711).

Vietnamese: CHÚ Ý: Nếu quý vị nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Xin gọi số 1-800-898-8174 (TTY: 711).

Traditional Chinese: 注意：如果您說中文，您可以免費獲得語言支援服務。請致電 1-800-898-8174 (TTY: 711)。

Kushite: XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-898-8174 (TTY: 711).

Farsi:

توجه: اگر به زبان فارسی صحبت می‌کنید، تسهیلات زبانی به صورت رایگان به شما ارائه می‌شود. با 1-800-898-8174 (TTY: 711) تماس بگیرید.

Ukrainian: УВАГА! Якщо Ви розмовляєте українською мовою, для Вас доступні безкоштовні послуги мовної підтримки. Телефонуйте за номером 1-800-898-8174 (телетайп: 711).

Japanese: お知らせ: 日本語での通話をご希望の場合、言語支援サービスを無料でご利用いただけます。1-800-898-8174 (TTY: 711)まで、お電話ください。

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-898-8174(TTY: 711) 번으로 전화해 주십시오

Nepali: ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंले निम्न भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छन् । 1-800-898-8174 (TTY: 711) मा फोन गर्नुहोस् ।

Romanian: ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii gratuite de asistență lingvistică. Sunați 1-800-898-8174 (TTY: 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Rufnummer: 1-800-898-8174 (TTY: 711).

Hmong: LUS CEEB TOOM: Yog tias koj hais lus Hmoob, cov kev pab txhais lus, muaj kev pab dawb rau koj. Hu rau 1-800-898-8174 (TTY: 711).

Cambodian: កំណត់សម្គាល់: បើសិនជាអ្នកនិយាយភាសាខ្មែរ អាចមានសេវាជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃពីលោកអ្នក។ សូមហៅទូរស័ព្ទលេខ 1-800-898-8174 (TTY: 711)។

Laotian: ເລື່ອງສຳຄັນ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ຈະມີການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ໂທ 1-800-898-8174 (TTY: 711).

Your Benefit Summary

Prescription Drug Plan - Formulary J Combined Transport

Important information about your plan

This summary provides only highlights of your pharmacy benefits. Certain limitations and exclusions apply. To view all your plan details, register and log in at myprovidence.com.

- Medicare Part D creditable.
- To find out how a drug is covered under your plan, view the complete formulary and pharmacy information available online at ProvidenceHealthPlan.com or call us.
- You have broad access to our network of participating pharmacies and their services at discounted rates. Pharmacies are designated as participating retail, preferred retail, specialty or mail-order pharmacies.
- View a list of participating pharmacies, including specialty pharmacies, at ProvidenceHealthPlan.com or call us.
- Not sure what a word or phrase means? See the back for the definitions used in this summary.
- Copayments and coinsurance apply to your medical plan out-of-pocket maximum.

| Drug Coverage Category | Copay or Coinsurance | | |
|------------------------|--|--|--|
| | All Participating and Preferred Retail Pharmacies (for up to a 30-day supply) | All Mail Order and Preferred Retail Pharmacies (for up to a 90-day supply of maintenance prescriptions) | All Participating Specialty Pharmacies (for up to a 30-day supply of specialty drugs) |
| Tier 1 | \$10 | \$25 | N/A |
| Tier 2 | \$10 | \$25 | |
| Tier 3 | \$40 | \$115 | |
| Tier 4 | \$60 | \$175 | |
| Tier 5 | N/A | N/A | \$40 |
| Tier 6 | N/A | N/A | \$60 |

What you need to know about drug coverage categories

- Both generic and brand-name drugs are covered subject to the terms of your plan.
- FDA-approved women’s contraceptives, as listed on your formulary, are covered at no cost for up to a 12-month supply, after a 3-month initial fill, at any participating pharmacy.
- ACA Preventive Drugs are covered in full for up to a 30-day supply purchased at a participating / preferred retail pharmacy. Covered in full for up to a 90-day supply of maintenance drugs at a preferred retail or mail order pharmacy.
- If the cost of your prescription is less than your copay, you will only be charged the cost of the prescription.
- If your benefit includes a copayment or a coinsurance and you or your provider request or prescribe a brand-name drug when a generic is available, regardless of reason, you will be responsible for the cost difference between the brand-name and generic drug in addition to the drug copayment or coinsurance indicated on the benefit summary. Your total cost, however, will never exceed the actual cost of the drug.
- Compounded medications are prescriptions that are custom prepared by your pharmacist. They may be obtained at your participating pharmacy and must contain at least one FDA-approved drug to be eligible for coverage under your plan. Compounded medications are covered for up to a 30-day supply at a 50% coinsurance. Claims are subject to clinical review for medical necessity and are not guaranteed for payment.
- Specialty drugs are prescriptions that require special delivery, handling, administration and monitoring by your pharmacist and are limited to 30 days. In rare circumstances, specialty medications may be filled for a great than 30-day supply; in these cases, additional specialty cost-share(s) may apply.
- Self-administered chemotherapy drugs are covered under your pharmacy benefits or your medical benefits, whichever allows for your lowest out-of-pocket cost.
- Approved non-formulary medications will be covered at the non-preferred brand-name drug tier. Approved non-formulary specialty drugs will be covered at the specialty cost sharing tier.

Using your prescription drug benefit

- Your prescription drug benefit requires that you fill your prescriptions at a participating pharmacy.
- Be sure you present your current Providence Health Plan member identification card, along with your copay or coinsurance when you use a participating pharmacy.
- You may be assessed multiple copayments for a multi-use or unit-of-use container or package depending on the medication and the number of days supplied.
- You may purchase up to a 90-day supply of maintenance drugs using preferred retail or mail order pharmacy after the initial 30-day supply purchase. Not all drugs are considered maintenance prescriptions, including compounded drugs and drugs obtained from specialty pharmacies.
- Most specialty and chemotherapy drugs are only available at our designated specialty pharmacies. For more information, visit us online at ProvidenceHealthPlan.com.
- Diabetes supplies may be obtained at your participating pharmacy, and are subject to your group's medical supplies and devices benefits, limitations, and coinsurance. See your Member Handbook for details.
- Certain drugs, devices and supplies obtained from your pharmacy may apply toward your medical benefit.
- Insulin cost share capped at \$80 for a 30-day supply. Deductible does not apply.
- Self-injectable medications are only covered when they are being self-administered and labeled by the FDA for self-administration; in some cases, a prior authorization may be required for the drug. Documentation of self-administration may also be required. Drugs labeled for self-administration that are being administered by a provider will fall to your medical benefit.

Using your prescription drug formulary

- The Providence formulary is a list of FDA-approved prescription brand-name and generic drugs developed by physicians and pharmacists. It is designed to offer drug treatment choices for covered medical conditions.
- The formulary can help you and your physician choose effective medications that are less costly and minimize your out-of-pocket expense.
- Some prescription drugs require prior authorization or a formulary exception in order to be covered; these may include select formulary agents, non-formulary agents, step therapy, and/or quantity limits as listed in our Prescription Drug Formulary available on our website.
- Effective generic drug choices are available to treat most medical conditions. Visit ProvidenceHealthPlan.com for answers to frequently asked questions about both generic drugs and the formulary.

Ordering prescriptions by mail

- To order prescriptions by mail, your provider may call in the prescription or you can mail your prescription along with your member identification number to one of our participating mail-order pharmacies.
- To find participating mail-order pharmacy information visit us online at ProvidenceHealthPlan.com.

If you use a non-participating pharmacy

- Urgent or emergency medical situations may require that you use a non-participating pharmacy.
- If this occurs, you will need to pay full price for your prescription at the time of purchase. Reimbursement forms are available online.
- Reimbursement is subject to your plan's limitations and exclusions.

Your guide to the words or phrases used to explain your benefits

ACA Preventive drug

Affordable Care Act (ACA) preventive drugs are medications, including contraceptives, that are listed in our formulary. They are covered at no cost when received from Participating Pharmacies as required by the Patient Protection and Affordable Care Act (ACA). Over-the-counter preventive drugs received from Participating Pharmacies will not be covered in full without a written prescription from your Qualified Practitioner under your ACA preventive drug benefit. Over-the-counter contraceptives do not require a written prescription, as required by ORS 743A.067(2)(j)(C) or 743A.067(4).

Coinsurance

The percentage of the cost that you pay to a participating pharmacy, at the time of purchase, for a covered prescription drug.

Copay

The fixed dollar amount you pay to a participating pharmacy, at the time of purchase, for a covered prescription drug.

Formulary

A formulary is a list of FDA-approved prescription drugs developed by physicians and pharmacists, designed to offer drug treatment choices for covered medical conditions. The Providence Health Plan formulary includes both brand-name and generic medications.

Maintenance drug

Medications that are typically prescribed to treat long-term or chronic conditions, such as diabetes, high blood pressure and high cholesterol. Maintenance drugs are those that you have received under our plan for at least a month's supply and that you anticipate continuing to use in the future. Compounded and specialty medications are excluded from this definition, and are limited to a 30-day supply.

Non-Formulary

An FDA-approved drug, generic or brand-name, that is not included in the list of approved formulary medications. These prescriptions require a prior authorization by the health plan and, if approved, will be covered at either the highest non-specialty or specialty cost sharing tier.

Participating pharmacies

Pharmacies that have a signed contract with Providence Health Plan to provide medications and other services at special rates. There are four types of participating pharmacies:

- Retail: a participating pharmacy that allows up to a 30-day supply of short-term and maintenance prescriptions.
- Preferred Retail: a participating pharmacy that allows up to a 90-day supply of maintenance prescriptions and access to up to a 30-day supply of short-term prescriptions.
- Specialty: a participating pharmacy that allows up to a 30-day supply of specialty and self-administered chemotherapy prescriptions. These prescriptions require special delivery, handling, administration and monitoring by your pharmacist.
- Mail Order: a participating pharmacy that allows up to a 90-day supply of maintenance prescriptions and specializes in direct delivery to your home.

For a complete description of the types of services provided by participating pharmacies, see your Member Handbook.

Prescription drug tier

The prescription drug tier number correlates to a drug's placement on the formulary. Tier 1 and Tier 2 consists of mainly generic drugs while Tier 3 and Tier 4 contains both generic and brand-name drugs. Specialty drugs are listed in Tier 5 and Tier 6.

Prior authorization

The process used to request an exception to the Providence Health Plan drug formulary. This process can be initiated by the prescriber of the medication or the member. Some drugs require prior authorization for medical necessity, place of therapy, length of therapy, step therapy or number of doses. Visit us online for additional information at www.ProvidenceHealthPlan.com

Self-administered chemotherapy

Oral, topical or self-injectable medications that are used to stop or slow the growth of cancerous cells.

Contact us

Headquartered in Portland, our customer service professionals have been proudly serving our members since 1986.



Portland Metro Area: **503-574-7500**
All other areas: **800-878-4445**
TTY: **503-574-8702** or **888-244-6642**



Have questions about your benefits and want to contact us via e-mail? Go to our Web site at:
www.ProvidenceHealthPlan.com/contactus



Vision Premium Benefit Summary

Get Access to the best in eye care and eyewear with Providence Health Plan and VSP® Vision Care

Using your VSP benefit is easy.

- **Create an account at vsp.com.** Once your plan is effective, review your benefit information.
- Find an eye doctor who's right for you. The decision is yours to make—choose a VSP network doctor or any out-of-network provider. Visit ProvidenceHealthPlan.com/findaprovider/ or call **800.877.7195**.
- At your appointment, all you need is your ID number.
This number is 17-digits composed of your Providence Health Plan member ID + group number. These numbers are available on your Providence member ID card.

Example: Member John Smith
ID#: 100112222-02 Group #100710
John's VSP ID is 10011222202100710

That's it! We'll handle the rest—there are no claim forms to complete when you see a VSP provider.

Best Eye Care

You'll get the highest level of care, including a WellVision Exam® under your medical benefit – the most comprehensive exam designed to detect eye and health conditions. Plus, when you see a VSP provider, you'll get the most out of your benefit, have lower out-of-pocket costs, and your satisfaction is guaranteed.

Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like bebe®, CALVIN KLEIN, Cole Haan, Flexon®, Lacoste, Nike, Nine West, and more. ¹Visit vsp.com to find a Premier Program location that carries these brands. Plus, save up to 40% on popular lens enhancements. ²Prefer to shop online? Check out all of the brands at eyeconic.com®, VSP's preferred online eyewear store.

Important information about your plan

- You do not need to meet any medical health plan deductibles, regardless of your medical plan type, before accessing your vision care benefit.
- Your copays do not apply to your plan's medical out-of-pocket maximums.
- Limitations and exclusions apply to your benefits. See your Member Handbook for further details.

¹ Brands/Promotion subject to change

² Savings based on network doctor's retail price and vary by plan and purchase selection: average savings determined after benefits are applied. Available only through VSP network doctors to VSP members with applicable plan benefits. Ask VSP network doctor for details.

Vision Premium Benefit Summary

Providence Health Plan and VSP provide you with the highest quality vision coverage for you and your family.

Plan Information

VSP Provider Network: VSP Choice

Adult Coverage

| Benefit | Description | Copay |
|--------------------------------------|---|--|
| WellVision Exam | <ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every 12 months | \$10 |
| Prescription Glasses | | |
| Frame | <ul style="list-style-type: none"> 20% savings on the amount over your allowance Every 12 months | Included in prescription Glasses \$130 allowance; copay does not apply |
| Lenses | <ul style="list-style-type: none"> Single vision, lined bifocal, lined trifocal, or lenticular lenses Every 12 months | Included in prescription Glasses \$50 for Progressive Lenses |
| Contacts (instead of glasses) | <ul style="list-style-type: none"> Contact lens and exam (fitting and evaluation) Every 12 months | \$130 allowance; copay does not apply |
| Extra Savings | <p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/special offers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. <p>Retinal Screening</p> <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities | |

Adult Coverage with Out-of-Network Providers

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 amount below. Any remaining balance is member responsibility.

| | |
|-----------------------|-------------|
| Exam | Up to \$45 |
| 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 |

Oregon – ASO

Once your benefit is effective, visit vsp.com for details

Vision Premium

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VSP, Otis & Piper, and WellVision Exam are registered trademarks of VSP Vision Care Inc.

All other company name and brands are trademarks or registered trademarks of their respective owners.

Child Coverage – up to 19 years old

| Benefit | Description | Copay |
|--------------------------------------|---|-----------------|
| WellVision Exam | <ul style="list-style-type: none"> • Focuses on your eyes and overall wellness • Every 12 months | Covered in full |
| Prescription Glasses | | |
| Frame | <ul style="list-style-type: none"> • Otis & Piper Frames are Covered in full • The equivalent value of \$150 can also be applied to other frame collections • Every 12 months | \$0 |
| Lenses | <ul style="list-style-type: none"> • Single vision, lined bifocal, lined trifocal, or lenticular lenses • Polycarbonate, scratch, and UV • Covered in full • Every 12 months | \$0 |
| Contacts (instead of glasses) | <ul style="list-style-type: none"> • Contact lens exam and an annual supply of contact lenses • Covered in full • Every 12 months | \$0 |
| Extra Savings | <p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> • 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. <p>Laser Vision Correction</p> <ul style="list-style-type: none"> • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities | |

Child Coverage with Out-of-Network Providers

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 amount below. Any remaining balance is member responsibility.

| | |
|-----------------------|-------------|
| Exam | Up to \$45 |
| 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 |

Oregon – ASO

Once your benefit is effective, visit vsp.com for details

Vision Premium

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All other company name and brands are trademarks or registered trademarks of their respective owners.

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2018. Contact your State for more information on eligibility –

| | |
|---|---|
| ALABAMA – Medicaid | FLORIDA – Medicaid |
| Website: http://myalhipp.com/ Phone: 1-855-692-5447 | Website: http://flmedicaidtplrecovery.com/hipp/ Phone: 1-877-357-3268 |
| ALASKA – Medicaid | GEORGIA – Medicaid |
| The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx | Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507 |
| ARKANSAS – Medicaid | INDIANA – Medicaid |
| Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447) | Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864 |
| COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+) | IOWA – Medicaid |
| Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 | Website: http://dhs.iowa.gov/hawk-i Phone: 1-800-257-8563 |

| | |
|--|--|
| KANSAS – Medicaid | NEW HAMPSHIRE – Medicaid |
| Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512 | Website: https://www.dhhs.nh.gov/ombp/nhhpp/ Phone: 603-271-5218 Hotline: NH Medicaid Service Center at 1-888-901-4999 |
| KENTUCKY – Medicaid | NEW JERSEY – Medicaid and CHIP |
| Website: https://chfs.ky.gov Phone: 1-800-635-2570 | Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 |
| LOUISIANA – Medicaid | NEW YORK – Medicaid |
| Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447 | Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831 |
| MAINE – Medicaid | NORTH CAROLINA – Medicaid |
| Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711 | Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100 |
| MASSACHUSETTS – Medicaid and CHIP | NORTH DAKOTA – Medicaid |
| Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840 | Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825 |
| MINNESOTA – Medicaid | OKLAHOMA – Medicaid and CHIP |
| Website: https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739 | Website: http://www.insureoklahoma.org Phone: 1-888-365-3742 |
| MISSOURI – Medicaid | OREGON – Medicaid |
| Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005 | Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075 |
| MONTANA – Medicaid | PENNSYLVANIA – Medicaid |
| Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 | Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462 |
| NEBRASKA – Medicaid | RHODE ISLAND – Medicaid |
| Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178 | Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347 |
| NEVADA – Medicaid | SOUTH CAROLINA – Medicaid |
| Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900 | Website: https://www.scdhhs.gov Phone: 1-888-549-0820 |

| | |
|---|--|
| <p align="center">SOUTH DAKOTA - Medicaid</p> <p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p> | <p align="center">WASHINGTON – Medicaid</p> <p>Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473</p> |
| <p align="center">TEXAS – Medicaid</p> <p>Website: http://gethipptexas.com/ Phone: 1-800-440-0493</p> | <p align="center">WEST VIRGINIA – Medicaid</p> <p>Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p> |
| <p align="center">UTAH – Medicaid and CHIP</p> <p>Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669</p> | <p align="center">WISCONSIN – Medicaid and CHIP</p> <p>Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002</p> |
| <p align="center">VERMONT– Medicaid</p> <p>Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427</p> | <p align="center">WYOMING – Medicaid</p> <p>Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531</p> |
| <p align="center">VIRGINIA – Medicaid and CHIP</p> <p>Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282</p> | |

To see if any other states have added a premium assistance program since July 31, 2018, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

Employee Notices

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see below for more details, and be sure to give this notice to your Medicare-eligible dependents covered under the Combined Transport, Inc. group health plans.

Important Notice from Combined Transport, Inc. About Your Prescription Drug Coverage and Medicare - CREDITABLE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Combined Transport, Inc. and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Combined Transport, Inc. has determined that the prescription drug coverage offered by the Welfare Benefit Plan for Combined Transport, Inc. is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Combined Transport, Inc. coverage will not be affected. See the Contact listed below for an explanation of your plan benefits including the prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your current Combined Transport, Inc. coverage, be aware that you and your dependents will be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Combined Transport, Inc. and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Combined Transport, Inc. changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

Employee Notices

- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

| | |
|--|--|
| Date: | 12/15/18 |
| Sender: | Combined Transport, Inc. |
| Contact--Position/ Office: Address: | Jessica Rios, Human Resources 5656 Crater Lake Avenue Central Point, OR 97502 |
| Phone Number: | (541) 618-6527 |

Notice of Privacy Practices – Effective February 1, 2019

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

- We can use your health information and share it with professionals who are treating you.
- *Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

We can share health information about you for certain situations such as:

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.
- *Example: We use health information about you to develop better services for you.*

Pay for your health services

- We can use and disclose your health information as we pay for your health services.
- *Example: We share information about you with your dental plan to coordinate payment for your dental work.*

Administer your plan

- We may disclose your health information to your health plan sponsor for plan administration.
- *Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena. **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html. **Changes to the Terms of this Notice**

Combined Transport, Inc.

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request and we will mail a copy to you.

If you have any questions about this Notice or about our privacy practices, please contact: Jessica Rios at 541-618-6527 or 5656 Crater Lake Ave., Central Point, OR 97502.

(C)(ii) of the Internal Revenue Code of 1986)

Combined Transport, Inc.

Special Enrollment Rights

This notice is being provided to ensure that you understand your right to apply for group health insurance coverage. You should read this notice even if you plan to waive coverage at this time.

Loss of Other Coverage

If you are declining coverage for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within **30 days** after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Example: You waived coverage because you were covered under a plan offered by your spouse's employer. Your spouse terminates their employment. If you notify your employer within **30 days** of the date coverage ends, you and your eligible dependents may apply for coverage under our health plan.

Marriage, Birth, or Adoption

If you have a new dependent as a result of a marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within **30 days** after the marriage, birth, or placement for adoption.

Example: When you were hired by us, you were single and chose not to elect health insurance benefits. One year later, you marry. You and your eligible dependents are entitled to enroll in this group health plan. However, you must apply within **30 days** from the date of your marriage.

Medicaid or CHIP

If you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within **60 days** of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

Example: When you were hired by us, your children received health coverage under CHIP and you did not enroll them in our health plan. Because of changes in your income, your children are no longer eligible for CHIP coverage. You may enroll them in this group health plan if you apply within **60 days** of the date of their loss of CHIP coverage.

Women's Health and Cancer Rights Act

This communication is to provide notice as required under the federal Women's Health and Cancer Rights Act, effective October 21, 1998. Please review this information carefully.

As a Plan participant or beneficiary of the Combined Transport Health Plan, if you or a covered dependent elects breast reconstruction in connection to a mastectomy, coverage will also be provided for:

- reconstruction of the breast on which the mastectomy was performed
- surgery and reconstruction of the other breast to produce symmetrical appearance; and
- prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedemas.

This coverage will be provided after consultation with the attending physician and the patient, and will be subject to the same annual deductibles and coinsurance provisions that apply for the mastectomy.

This notice is provided to you for informational purposes, no action is required on your part.

Please keep this information with your other group health plan documents. If you have any questions regarding this notice, please contact Member Services at the number found on your Medical ID Card.

NOTICE REGARDING WELLNESS PROGRAM

Combined Transport's Healthy Incentive Program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health assessment that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of a \$50 discount on your monthly health insurance premiums for the remainder of the plan year. Although you are not required to complete the Health Assessment, only employees who do so will receive the discount.

The information from your Health Assessment will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through a wellness program. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Combined Transport Inc. may use aggregate information it collects to design a program based on identified health risks in the workplace, HealthSCOPE will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and

no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Human Resources at 541-618-6527.