

Providence Individual and Family HSA-Qualified Plan & Rates



Nov. 1, 2009 – Oct. 31, 2010

HSA-Qualified Plans	HSA 2500	HSA 3500
Annual Deductible		
Individual / Family	\$2,500 / \$5,000	\$3,500 / \$7,000
Annual Out-of-Pocket Maximum		
Individual / Family	\$5,000 / \$10,000	\$5,250 / \$10,500
Lifetime Maximum	\$2 million per person	\$2 million per person

After meeting your deductible, you pay the following amounts for covered services:

The deductible is waived for some covered services. These services are marked with ✓ * Limitations apply. See your Plan Contract for details.

Preventive Care	In-Plan	Out-of-Plan	In-Plan	Out-of-Plan
Periodic health exams, well-baby care*	\$20 copay✓	40%	\$20 copay✓	40%
Annual gynecological exam	\$20 copay✓	40%	\$20 copay✓	40%
Routine immunizations/shots	\$20 copay✓	40%	\$20 copay✓	40%
Mammograms	\$20 copay✓	40%	\$20 copay✓	40%
Physician/Provider Services				
Office visits to a Personal Physician/Provider	\$20 copay	40%	\$20 copay	40%
Office visits to all other physicians/providers	20%	40%	20%	40%
Inpatient hospital visits and surgery	20%	40%	20%	40%
Hospital Services				
Inpatient & observation care	20%	40%	20%	40%
Rehabilitative care & services*				
Maternity Care				
Provider & hospital services	20%	40%	20%	40%
Emergency/Urgent care				
Emergency services	\$250 copay		\$250 copay	
Urgent care services	\$20 copay		\$20 copay	
Emergency transportation services*	20%		20%	
Other Covered Services				
Medical & diabetes supplies*	20%	40%	20%	40%
Lab & x-ray, outpatient surgery, radiation therapy, chemotherapy				
Home health care*				
Mental health & alcohol treatment*				
Prescription Drugs				
Covered at participating retail and mail-order pharmacies only	Generic & Brand drugs – 50%		Generic & Brand drugs – 50%	

Routine Vision Services (administered by VSP)

HSA-Qualified plans provide benefits for certain vision services. Benefits include coverage for routine vision exams (\$30 copay in-plan), frames, basic lenses or contact lenses. Visit www.providence.org/healthplans for details.

HSA-Qualified Plan Rates		To determine premium, use the age of the oldest covered family member.										
Age		0 - 17	18 - 20	21 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64
HSA 2500	Individual	\$109	\$141	\$168	\$182	\$208	\$222	\$283	\$334	\$387	\$466	\$535
	Individual & Spouse		\$262	\$315	\$339	\$385	\$413	\$527	\$622	\$722	\$868	\$996
	Individual & Children		\$196	\$236	\$254	\$289	\$310	\$394	\$466	\$541	\$651	\$747
	Individual & Family		\$367	\$440	\$500	\$579	\$610	\$764	\$777	\$830	\$998	\$1,095
HSA 3500	Individual	\$101	\$131	\$156	\$169	\$192	\$206	\$262	\$310	\$359	\$433	\$495
	Individual & Spouse		\$241	\$289	\$313	\$355	\$379	\$484	\$572	\$664	\$799	\$917
	Individual & Children		\$180	\$217	\$234	\$266	\$284	\$363	\$429	\$497	\$599	\$687
	Individual & Family		\$338	\$405	\$461	\$533	\$560	\$702	\$715	\$764	\$919	\$1,008