



Providence Employee Assistance Program (EAP) : Implementation Form

		If Current PHP Medical Client:	
Company Name:		Group#	
Requested Effective Date:		Medical Policy Renewal Month:	
Billing Contact Information		Use Medical Billing Contact? (Y/N)	Yes No
Name:			
Title:			
Address:			
Phone:			
Email:			
Total # of Employees:		Do any Employees reside in California? Yes No	
<i>Note: Please provide the total company head count of all your employees. The EAP benefit is offered to ALL employees, not just those enrolled in employer-sponsored benefits. Dependents up to age 26 are also offered the EAP benefit, but should not be included in the count above.</i>		If YES, Total # of California Employees:	
		Please provide the resident zip codes for the California employees:	
EAP Product Selection: <input type="checkbox"/> 3 visits <input type="checkbox"/> 6 visits			
_____ x _____ x 12 months = \$		Estimated Annual Premium	
Total # of Employees PEPM Rate (See rate grid below)			

EAP Product	Rates by Company Size			
	2-25 Employees	26-50 Employees	51-250 Employees	251+ Employees
3 visits	\$2.10	\$2.00	\$1.60	\$1.30
6 visits	\$2.90	\$2.55	\$2.40	\$2.00
3 visits EAP only*	Not Available	Not Available	\$1.70	\$1.45
6 visits EAP only*	Not Available	Not Available	\$2.65	\$2.20

*EAP only rates apply to groups that do not have PHP Medical Plan(s)

Onsite Services	Rates
CISM (Critical Incident Stress Management)	\$300 per hour
Lunch & learns/employee presentations	\$250 per hour
Manager trainings	\$200 per hour
EAP orientations	Included, NO additional fees
Participation in annual benefits/health & wellness fairs	Included, NO additional fees

