



2023 Plan Overview

Individual and Family — Oregon

[ProvidenceHealthPlan.com](https://www.ProvidenceHealthPlan.com)

Building True Health, Together

For more than 160 years, our not-for-profit healthcare collective has set the health and well-being standard for the community. We continue to raise this standard every day by helping anyone in need, members and beyond.

We believe that health insurance is much more than a perk or a benefit. That's why Providence Health Plan goes beyond just numbers.

This commitment isn't solely about treating sickness, it's about investing in health. It takes a collective approach – Providence leverages our own network of doctors, hospitals, clinics, and trusted partners to deliver on the whole care picture – True Population Health. This means we intervene earlier, improve outcomes, lower costs, and better the health of our entire community. Because healthcare isn't a commodity service, it's a community pursuit.

We all deserve True Health.



Primary Care Telehealth Visit

On all Connect and Providence Oregon Direct plans, you will only pay a \$10 copay for Primary Care Provider and Mental Health virtual visits.

Alternative Care Coverage

All plans offer chiropractic manipulation (20 visits) and acupuncture (12 visits) along with alternative care. You can see a naturopath or other alternative care providers for covered benefits, including periodic exams and well-baby care. These services are covered at the same rate as they would be for a primary care provider, as long as the alternative care provider is licensed to perform the services.

Secure Member Portal

As a Providence member, you have access to all of your personalized health plan information including your member materials and tools such as a treatment cost estimator using myProvidence. You can also:

- ✔ Communicate with our Customer Service team via secure email and chat
- ✔ Access exclusive member discounts on fitness memberships, travel, and more
- ✔ View an 18-month rolling history of claims, Explanation of Benefits (EOBs), and payment activity
- ✔ Monitor progress toward your deductible and out-of-pocket maximum

Providence Direct plans

If you don't qualify for a subsidy through the Health Insurance Marketplace, these three plans are sold directly through Providence Health Plan and may offer a lower premium:

- ✔ Connect Direct
- ✔ Providence Oregon Direct - Choice Network
- ✔ Providence Oregon Direct - Signature Network

Pharmacy discount

Looking for ways to save? On certain plans, when ordering a 90-day supply of prescription drugs through mail order, the cost will be the same as a 60-day supply. Applies to tiers 1-4 only.

Want to learn more?

Our Sales team is available to help you choose the right plan. Call **503-574-5000** or **800-988-0088 (TTY: 711)** to speak with a representative today.

Get the right care at the right time at the right place

If you ever think your life or well-being could be in serious danger, call 911 immediately.



ProvRN Free

Access to care 24/7

Speak with a registered nurse anytime, any day. An easy first step when you have symptoms and you want to know if you need face-to-face care.

- ✓ Always free, always there for you
- ✓ Connect with a nurse at [800-700-0481](tel:800-700-0481) or [503-574-6520](tel:503-574-6520)



ExpressCare Virtual Free*

Getting the care you need, when you need it

Talk with a provider from anywhere using your tablet, smartphone, or computer. This is a great option for prescriptions and treatment that doesn't require hands-on care. Available nationwide.

- ✓ 8 a.m. – 8 p.m. (Pacific Time), daily
- ✓ Connect to care today at Virtual.Providence.org



ExpressCare Clinics Free*

Same-day, in-person treatment

When you need to see someone and your regular care provider is unavailable. ExpressCare Clinics are only available in certain areas.

- ✓ 7 days a week
- ✓ Find the nearest ExpressCare clinic at ProvidenceExpressCare.org



Primary Care \$

Your primary healthcare partner

Primary care providers develop a relationship with you and know your health history. Visit them for check-ups, managing chronic conditions, and specialist referrals.

- ✓ By appointment
- ✓ Call your primary care provider



Urgent Care \$\$

When you need help right away

Urgent care is where you turn when you know you need help and can't wait for an appointment. This is best for minor injuries, cuts, burns, pains, and sprains.

- ✓ Hours vary by location
- ✓ Find an urgent care facility at ProvidenceHealthPlan.com/findaprovider



Emergency \$\$\$\$

When you think you may be in danger

Use emergency care for symptoms like suspected heart attack, stroke, severe abdominal pain, poisoning, choking, loss of consciousness, and uncontrolled bleeding.

- ✓ Available 24/7
- ✓ Get a ride to the nearest hospital

*ExpressCare Virtual and ExpressCare Clinic services are free with most plans. HSA plan members must first meet their plan deductible; then services are covered in full.

More ways to reach True Health



Active&Fit Direct™

Ready to kick-start a routine or looking to take it to the next level? Access thousands of participating fitness centers and online workout videos.



ChooseHealthy

We want to give you every opportunity to achieve your health goals. Save big on fitness and wellness products, services, and memberships.



LifeBalance

Get discounts on the things you love to do from movies to travel to a night on the town. LifeBalance provides savings on more than 20,000 travel, cultural, recreational, and other fun activities.



Emergency Travel Assistance

Get emergency medical help while traveling away from home, or even internationally, with Assist America Travel Assistance.



ID Protection

Get peace of mind with Assist America Identity Theft Protection's fraud monitoring, warning, and resolution.



Behavioral Health

Connect with a direct access line to a dedicated behavioral health and substance abuse service support team, which includes a crisis-trained staff. This team is available 24 hours a day, 7 days a week for members. Just call **800-878-4445** for assistance.



Personal Health Coach

Thinking about a healthier lifestyle but don't know where to start? Our Providence health coaches are here to support your journey to a healthier, happier life.

Behavioral Health Concierge

Access virtual and confidential same-day or next-day appointments at no cost*, with Providence licensed behavioral health professionals. Call **877-744-9355** or visit **Providence.org/bhc** to request an appointment.

For information on these programs, visit

ProvidenceHealthPlan.com/discounts

Learn to Live

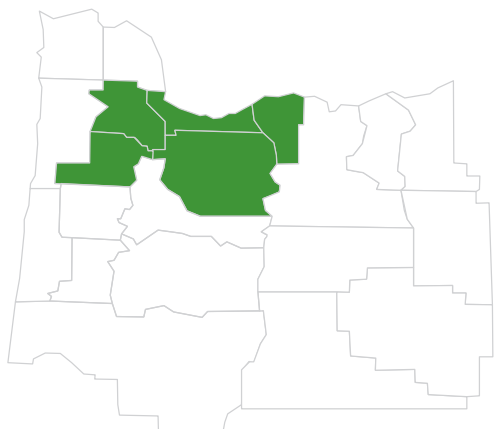
Take advantage of a virtual self-directed program that's confidential and accessible from anywhere. Visit **ProvidenceHealthPlan.com/behavioralhealth** for more information.

*HSA plan members must first meet their plan deductible; then services are covered in full.

Selling areas

Please note that the selling area for each plan may be different from the provider network.
See the plan pages for the provider network maps.

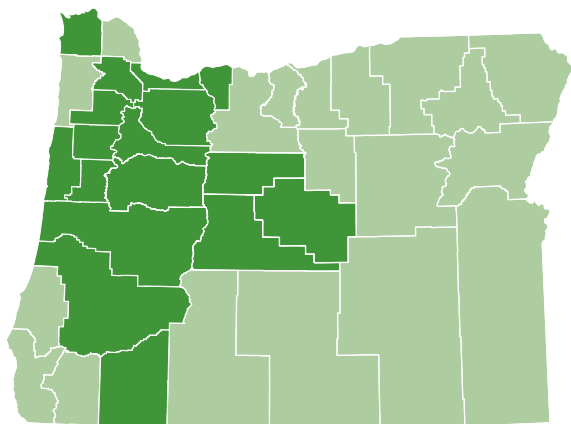
Connect plans



The Providence Connect network

- + Clackamas
- + Hood River
- + Multnomah
- + Washington
- + Yamhill (zip codes 97123 and 97132 only)

Standard, HSA Qualified and Providence Oregon Direct plans



The Providence Choice network

- + Benton
- + Clackamas
- + Clatsop
- + Crook
- + Deschutes
- + Douglas
- + Hood River
- + Jackson
- + Jefferson
- + Lane
- + Lincoln
- + Linn
- + Marion
- + Multnomah
- + Polk
- + Washington
- + Yamhill

The Providence Signature network

- + Baker
- + Columbia
- + Coos
- + Curry
- + Gilliam
- + Grant
- + Harney
- + Josephine
- + Klamath
- + Lake
- + Malheur
- + Morrow
- + Sherman
- + Tillamook
- + Umatilla
- + Union
- + Wallowa
- + Wasco
- + Wheeler



Providence Progressive Dental plan

Available in all Oregon counties.

Where to buy plans

Purchase the right plan for you at ProvidenceHealthPlan.com/shop, or ask a Providence Health Plan representative or your insurance producer for help. Providence plans are also available through the Federal Health Insurance Marketplace at HealthCare.gov.

Shop, view rates, compare plans, apply and enroll. Let us help find the right plan for you:

- + Online at ProvidenceHealthPlan.com/shop
- + With your insurance producer
- + Over the phone with a Providence representative, 8 a.m. to 5 p.m. (Pacific Time), Monday through Friday
 - Portland metro area **503-574-5000**
 - All other areas **800-988-0088**

| Plan name and metal tier | Plans available directly from Providence or your producer | Plans available from the Federal Health insurance Marketplace at HealthCare.gov |
|--|---|---|
| Connect 1500 Gold | ✔ | ✔ |
| Connect 5000 Silver | ✔ | ✔ |
| Connect 9000 Bronze | ✔ | ✔ |
| Connect Direct 5000 Silver | ✔ | |
| Providence Oregon Standard Gold Plan - Choice Network | ✔ | ✔ |
| Providence Oregon Standard Silver Plan - Choice Network | ✔ | ✔ |
| Providence Oregon Standard Bronze Plan - Choice Network | ✔ | ✔ |
| Providence Oregon Standard Gold Plan - Signature Network | ✔ | ✔ |
| Providence Oregon Standard Silver Plan - Signature Network | ✔ | ✔ |
| Providence Oregon Standard Bronze Plan - Signature Network | ✔ | ✔ |
| Providence Oregon Direct Silver Plan - Choice Network | ✔ | |
| Providence Oregon Direct Silver Plan - Signature Network | ✔ | |
| HSA Qualified 7050 Bronze - Choice Network | ✔ | ✔ |
| HSA Qualified 7050 Bronze - Signature Network | ✔ | ✔ |
| Providence Progressive Dental Plan | ✔ | |

When to apply

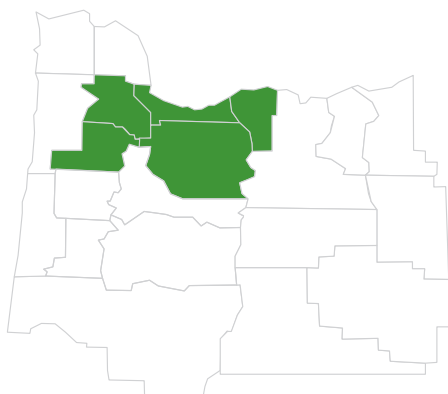
Apply during open enrollment from Nov. 1, 2022 through Jan. 15, 2023. After the open enrollment period ends, you must have a qualifying life event to enroll in a health insurance plan. Examples of a qualifying life event include losing employer coverage, marriage, and the birth of a child. See a list of qualifying life events at ProvidenceHealthPlan.com/qe.

This booklet offers an overview of our Individual and Family plans, which are subject to change every year. For more information about plan benefits and enrollment requirements, limitations and exclusions, see the plan contract or contact our sales team or your insurance producer. To view the Summary of Benefits and Coverage (SBC), go to ProvidenceHealthPlan.com/sbc.

Connect

Connect plans offer:

- ✓ The **Connect Direct** plan offers lower monthly premiums
- ✓ The **Connect Direct** plan is only available through Providence Health Plan or through a producer
- ✓ In-network chiropractic manipulation and acupuncture benefits
- ✓ Access to specialists with a referral from the medical home
- ✓ No out-of-network benefits are included with this plan. You must use an in-network provider to receive benefits except for emergency and urgent care services.
- ✓ The option to add dental coverage with the Providence Progressive Dental plan, as long as you buy a plan directly from Providence Health Plan or through a producer. Providence Progressive Dental is not available through **HealthCare.gov**.



The Providence Connect network

A network of more than 100 primary care clinics designated as medical homes in:

- + Clackamas
- + Hood River
- + Multnomah
- + Washington
- + Yamhill (zip codes 97123 and 97132 only)

For a complete list of medical homes and providers by location, visit ProvidenceHealthPlan.com/findaprovider. To see if your provider is in one of our medical homes, click the “Browse by provider networks” button, then:

1. Under the “Choose plan type” dropdown menu, select “Individual and Family Plans.”
2. Under the “Choose provider network” dropdown menu, select “Providence Connect Network.”
3. Specify the location specifications of where you’re looking for care, then click the blue “Search” button.

| Connect plans | Connect 1500 Gold In-network (No out-of-network benefits) | Connect 5000 Silver In-network (No out-of-network benefits) | Connect 9000 Bronze In-network (No out-of-network benefits) | Connect Direct 5000 Silver In-network (No out-of- network benefits) |
|---|--|--|--|--|
| Annual deductible Individual/ Family | \$1,500/\$3,000 | \$5,000/\$10,000 | \$9,000/\$18,000 | \$5,000/\$10,000 |
| Annual out-of-pocket maximum Individual/Family | \$8,200/\$16,400 | \$9,000/\$18,000 | \$9,000/\$18,000 | \$9,000/\$18,000 |
| After meeting your deductible, you’ll pay the following amounts for covered services. The deductible doesn’t apply for services marked with a ✓. | | | | |
| Preventive Care | | | | |
| Periodic health exams and well- baby care (from any provider licensed to perform the service) | Covered in full ✓ | Covered in full ✓ | Covered in full ✓ | Covered in full ✓ |
| Maternity prenatal office visits | Covered in full ✓ | Covered in full ✓ | Covered in full ✓ | Covered in full ✓ |
| Annual gynecological exam and Pap test | Covered in full ✓ | Covered in full ✓ | Covered in full ✓ | Covered in full ✓ |
| Mammograms | Covered in full ✓ | Covered in full ✓ | Covered in full ✓ | Covered in full ✓ |
| Colorectal cancer screenings (preventive age 45 and over) | Covered in full ✓ | Covered in full ✓ | Covered in full ✓ | Covered in full ✓ |

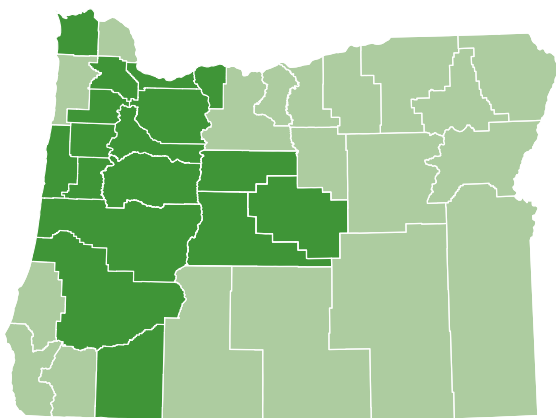
| Connect plans (continued) | Connect 1500 Gold In-network (No out-of-network benefits) | Connect 5000 Silver In-network (No out-of-network benefits) | Connect 9000 Bronze In-network (No out-of-network benefits) | Connect Direct 5000 Silver In-network (No out-of- network benefits) |
|---|--|--|--|--|
| Office Visits for Medical Services | | | | |
| Primary care provider (PCP) | \$30✓ | \$40✓ | \$60✓ | \$35✓ |
| Primary care provider (PCP) virtually | \$10✓ | \$10✓ | \$10✓ | \$10✓ |
| Alternative care provider | \$30✓ | \$40✓ | \$60✓ | \$35✓ |
| Specialist | \$50✓ | \$60✓ | \$80✓ | \$55✓ |
| Hospital Services | | | | |
| Inpatient hospital services and maternity care | 20% | 40% | Covered in full | 40% |
| Emergency and Urgent Care | | | | |
| Emergency services (all services treated as in-network) | \$250 then 20% | \$250 then 40% | Covered in full | \$250 then 40% |
| Urgent care services (Deductible applies out-of-network) | \$50✓ | \$60✓ | \$80✓ | \$55✓ |
| Outpatient Diagnostic Services | | | | |
| X-ray and lab services | 20%✓ | 40%✓ | Covered in full | 40%✓ |
| High tech imaging services (such as PET, CT, MRI) | 20% | 40% | Covered in full | 40% |
| Mental Health and Chemical Dependency | | | | |
| Inpatient and residential services | 20% | 40% | Covered in full | 40% |
| Outpatient provider visits | \$30✓ | \$40✓ | \$60✓ | \$35✓ |
| Other Covered Services | | | | |
| Outpatient surgery at an ambulatory surgery center | 10% | 30% | Covered in full | 30% |
| Chiropractic manipulation (20 visits per calendar year) and acupuncture (12 visits per calendar year) | \$25✓ | \$25✓ | \$25✓ | \$25✓ |
| Prescription Drugs | | | | |
| Tier 1 | Covered in full✓ | Covered in full✓ | Covered in full✓ | Covered in full✓ |
| Tier 2 | \$10✓ | \$20✓ | \$35✓ | \$20✓ |
| Tier 3 | \$50✓ | \$65✓ | Covered in full | \$65✓ |
| Tier 4 | 50% | 50% | Covered in full | 50% |
| Tier 5 | 50% with a \$200 per script cap | 50% with a \$200 per script cap | Covered in full | 50% with a \$200 per script cap |
| Tier 6 | 50% | 50% | Covered in full | 50% |
| Pediatric Vision Services (children aged 18 years and younger, one exam per calendar year) | | | | |
| Routine eye exams | Covered in full✓ | Covered in full✓ | Covered in full✓ | Covered in full✓ |
| Vision hardware (frames, lenses, contact lenses); limits apply | Covered in full✓ | Covered in full✓ | Covered in full✓ | Covered in full✓ |
| Adult Vision Services (one exam per calendar year) | | | | |
| Routine eye exams | \$25✓ | \$25✓ | \$25✓ | \$25✓ |
| Vision hardware (frames, lenses, contact lenses) | Not covered | Not covered | Not covered | Not covered |
| Pediatric Dental Services* (children aged 18 years and younger) | | | | |
| Preventive services | Covered in full✓ | Covered in full✓ | Covered in full✓ | Covered in full✓ |
| Basic services (restorative fillings) | 50% | 50% | Covered in full | 50% |
| Major services (includes oral surgery, crowns, endodontics, periodontics, denture and bridge work) | 50% | 50% | Covered in full | 50% |
| ✓Deductible is waived for these services. | | | | |
| * Dental services subject to medical deductible and out-of-pocket maximum. | | | | |

Please visit ProvidenceHealthPlan.com/shop to compare plans, see rates and enroll.

Providence Oregon Direct

Providence Oregon Direct plan offers:

- ✔ **Providence Oregon Direct** plans are only available through Providence Health Plan or through a producer.
- ✔ In some counties, your provider network is the Providence Choice network. In other counties, your provider network is the Providence Signature network.
- ✔ You will need to choose a medical home if your plan is on the Providence Choice network.
- ✔ No out-of-network benefits are included with this plan. You must use an in-network provider to receive benefits except for emergency and urgent care services.
- ✔ Access to specialists with a referral from the medical home for Providence Oregon Direct plans on the Providence Choice network. No referral needed for Providence Oregon Direct plans on the Signature network.
- ✔ The option to add dental coverage with the Providence Progressive Dental plan.



Choice network
 Signature network

The Providence Choice network

A network of more than 400 primary care clinics designated as medical homes.

Providence Signature network

A nationwide network of nearly 1 million providers, both in Providence facilities and in other locations.

For a listing of our Choice or Signature network providers, visit ProvidenceHealthPlan.com/findaprovider.

| Providence Oregon Direct plan | Providence Oregon Direct Silver In-network (No out-of-network benefits) |
|---|--|
| Annual deductible Individual/Family | \$4,800/\$9,600 |
| Annual out-of-pocket maximum Individual/Family | \$9,100/\$18,200 |
| After meeting your deductible, you'll pay the following amounts for covered services. The deductible doesn't apply for services marked with a ✓. | |
| Preventive Care | |
| Periodic health exams and well-baby care (from any provider licensed to perform the service) | Covered in full ✓ |
| Maternity prenatal office visits | Covered in full ✓ |
| Annual gynecological exam and Pap test | Covered in full ✓ |
| Mammograms | Covered in full ✓ |
| Colorectal cancer screenings (preventive age 45 and over) | Covered in full ✓ |

Providence Oregon Direct plan continued on next page.

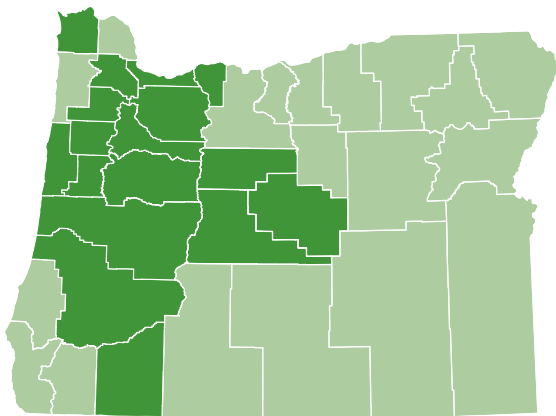
| Providence Oregon Direct plan (continued) | Providence Oregon Direct Silver In-network (No out-of-network benefits) |
|---|--|
| Office Visits for Medical Services | |
| Primary care provider (PCP) | \$40✓ |
| Primary care provider (PCP) virtually | \$10✓ |
| Alternative care provider | \$80✓ |
| Specialist | \$80✓ |
| Hospital Services | |
| Inpatient hospital services and maternity care | 30% |
| Emergency and Urgent Care | |
| Emergency services (all services treated as in-network) | 30% |
| Urgent care services (Deductible applies out-of-network) | \$70✓ |
| Outpatient Diagnostic Services | |
| X-ray and lab services | 30% |
| High tech imaging services (such as PET, CT, MRI) | 30% |
| Mental Health and Chemical Dependency | |
| Inpatient and residential services | 30% |
| Outpatient provider visits | \$40✓ |
| Other Covered Services | |
| Outpatient surgery at an ambulatory surgery center | 30% |
| Chiropractic manipulation (20 visits per calendar year) and acupuncture (12 visits per calendar year) | \$40✓ |
| Prescription Drugs | |
| Tier 1 | \$15✓ |
| Tier 2 | \$15✓ |
| Tier 3 | \$60✓ |
| Tier 4 | 50%✓ |
| Tier 5 | 50%✓ |
| Tier 6 | 50%✓ |
| Pediatric Vision Services (children aged 18 years and younger, one exam per calendar year) | |
| Routine eye exams | Covered in full✓ |
| Vision hardware (frames, lenses, contact lenses); limits apply | Covered in full✓ |
| Adult Vision Services (one exam per calendar year) | |
| Routine eye exams | \$25✓ |
| Vision hardware (frames, lenses, contact lenses) | Not covered |
| Pediatric Dental Services (children aged 18 years and younger) | |
| Preventive services | Not covered |
| Basic services (restorative fillings) | Not covered |
| Major services (includes oral surgery, crowns, endodontics, periodontics, denture and bridge work) | Not covered |
| ✓Deductible is waived for these services. | |

Please visit ProvidenceHealthPlan.com/shop to compare plans, see rates and enroll.

Standard

Standard plans offer:

- ✔ In some counties, your provider network is the Providence Choice network. In other counties, your provider network is the Providence Signature network.
- ✔ You will need to choose a medical home if your plan is on the Providence Choice network.
- ✔ No out-of-network benefits are included with this plan. You must use an in-network provider to receive benefits except for emergency and urgent care services.
- ✔ Access to specialists with a referral from the medical home for Standard plans on the Providence Choice network. No referral needed for Standard plans on the Signature network.
- ✔ The option to add dental coverage with the Providence Progressive Dental plan, as long as you buy a plan directly from Providence Health Plan or through a producer. Providence Progressive Dental is not available through [HealthCare.gov](https://www.healthcare.gov).



Choice network Signature network

The Providence Choice network

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For a listing of our Choice or Signature network providers, visit [ProvidenceHealthPlan.com/findaprovider](https://www.ProvidenceHealthPlan.com/findaprovider).

| Standard plans | Providence Oregon Standard Gold In-network (No out-of-network benefits) | Providence Oregon Standard Silver In-network (No out-of-network benefits) | Providence Oregon Standard Bronze In-network (No out-of-network benefits) |
|---|---|---|---|
| Annual deductible Individual/Family | \$1,800/\$3,600 | \$4,800/\$9,600 | \$8,800/\$17,600 |
| Annual out-of-pocket maximum Individual/Family | \$7,300/\$14,600 | \$9,100/\$18,200 | \$8,800/\$17,600 |
| After meeting your deductible, you'll pay the following amounts for covered services. The deductible doesn't apply for services marked with a ✓ | | | |
| Preventive Care | | | |
| Periodic health exams and well-baby care (from any provider licensed to perform the service) | Covered in full ✓ | Covered in full ✓ | Covered in full ✓ |
| Maternity prenatal office visits | Covered in full ✓ | Covered in full ✓ | Covered in full ✓ |
| Annual gynecological exam and Pap test | Covered in full ✓ | Covered in full ✓ | Covered in full ✓ |
| Mammograms | Covered in full ✓ | Covered in full ✓ | Covered in full ✓ |
| Colorectal cancer screenings (preventive age 45 and over) | Covered in full ✓ | Covered in full ✓ | Covered in full ✓ |

| Standard plans (continued) | Providence Oregon Standard Gold In-network (No out-of-network benefits) | Providence Oregon Standard Silver In-network (No out-of-network benefits) | Providence Oregon Standard Bronze In-network (No out-of-network benefits) |
|---|---|---|---|
| Office Visits for Medical Services | | | |
| Primary care provider (PCP) | \$20✓ | \$40✓ | \$50✓ |
| Primary care provider (PCP) virtually | \$20✓ | \$40✓ | \$50✓ |
| Alternative care provider | \$40✓ | \$80✓ | \$100✓ |
| Specialist | \$40✓ | \$80✓ | \$100✓ |
| Hospital Services | | | |
| Inpatient hospital services and maternity care | 20% | 30% | Covered in full |
| Emergency and Urgent Care | | | |
| Emergency services (all services treated as in-network) | 20% | 30% | Covered in full |
| Urgent care services (Deductible applies out-of-network) | \$60✓ | \$70✓ | \$100✓ |
| Outpatient Diagnostic Services | | | |
| X-ray and lab services | 20% | 30% | Covered in full |
| High tech imaging services (such as PET, CT, MRI) | 20% | 30% | Covered in full |
| Mental Health and Chemical Dependency | | | |
| Inpatient and residential services | 20% | 30% | Covered in full |
| Outpatient provider visits | \$20✓ | \$40✓ | \$50✓ |
| Other Covered Services | | | |
| Outpatient surgery at an ambulatory surgery center | 20% | 30% | Covered in full |
| Chiropractic manipulation (20 visits per calendar year) and acupuncture (12 visits per calendar year) | \$20✓ | \$40✓ | \$50✓ |
| Prescription Drugs | | | |
| Tier 1 | \$10✓ | \$15✓ | \$20✓ |
| Tier 2 | \$10✓ | \$15✓ | \$20✓ |
| Tier 3 | \$30✓ | \$60✓ | Covered in full |
| Tier 4 | 50%✓ | 50%✓ | Covered in full |
| Tier 5 | 50% with a \$500 per script cap✓ | 50%✓ | Covered in full |
| Tier 6 | 50% with a \$500 per script cap✓ | 50%✓ | Covered in full |
| Pediatric Vision Services (children aged 18 years and younger, one exam per calendar year) | | | |
| Routine eye exams | Covered in full✓ | Covered in full✓ | Covered in full✓ |
| Vision hardware (frames, lenses, contact lenses); limits apply | Covered in full✓ | Covered in full✓ | Covered in full✓ |
| Adult Vision Services (one exam per calendar year) | | | |
| Routine eye exams | Not covered | Not covered | Not covered |
| Vision hardware (frames, lenses, contact lenses) | Not covered | Not covered | Not covered |
| Pediatric Dental Services (children aged 18 years and younger) | | | |
| Preventive services | Not covered | Not covered | Not covered |
| Basic services (restorative fillings) | Not covered | Not covered | Not covered |
| Major services (includes oral surgery, crowns, endodontics, periodontics, denture and bridge work) | Not covered | Not covered | Not covered |

✓Deductible is waived for these services.

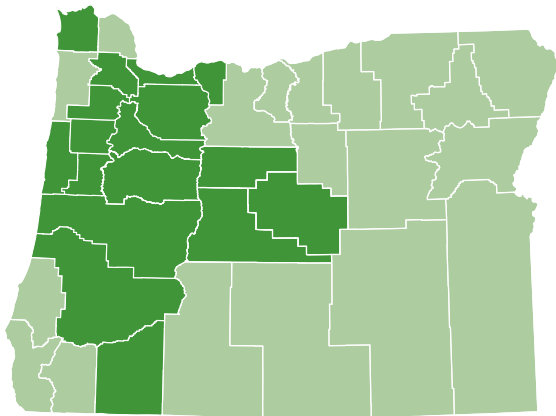
Please visit ProvidenceHealthPlan.com/shop to compare plans, see rates and enroll.

HSA Qualified

This high-deductible plan provides affordable coverage with a lower premium. A tax-exempt Health Savings Account (HSA) helps you save pre-tax dollars on future healthcare expenses.

The HSA Qualified plan offers:

- ✔ A preferred rate on a health savings account with HealthEquity®, a partner of Providence Health Plan
- ✔ Lower premiums with most services subject to the deductible
- ✔ No out-of-network benefits are included with this plan. You must use an in-network provider to receive benefits except for emergency and urgent care services.
- ✔ In some counties, your provider network is the Providence Choice network. In other counties, your provider network is the Providence Signature network.
- ✔ You will need to choose a medical home if your plan is on the Providence Choice network.
- ✔ Access to specialists with a referral from the medical home on the Providence Choice network. No referral needed for the Signature network.
- ✔ The option to add dental coverage with the Providence Progressive Dental plan, as long as you buy a medical plan directly from Providence Health Plan or through a producer. Providence Progressive Dental is not available through [HealthCare.gov](https://www.healthcare.gov).



Choice network Signature network

The Providence Choice network

A network of more than 400 primary care clinics designated as medical homes.

Providence Signature network

A nationwide network of nearly 1 million providers, both in Providence facilities and in other locations.

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| HSA Qualified plan | HSA Qualified 7050 Bronze In-network (No out-of-network benefits) |
|--|--|
| Annual deductible Individual/Family | \$7,050/\$14,100 |
| Annual out-of-pocket maximum Individual/Family | \$7,050/\$14,100 |
| After meeting your deductible, you'll pay the following amounts for covered services. The deductible doesn't apply for services marked with a ✓ | |
| Preventive Care | |
| Periodic health exams and well-baby care (from any provider licensed to perform the service) | Covered in full ✓ |
| Maternity prenatal office visits | Covered in full ✓ |
| Annual gynecological exam and Pap test | Covered in full ✓ |
| Mammograms | Covered in full ✓ |
| Colorectal cancer screenings (preventive age 45 and over) | Covered in full ✓ |

| HSA Qualified plan (continued) | HSA Qualified 7050 Bronze In-network (No out-of-network benefits) |
|---|--|
| Office Visits for Medical Services | |
| Primary care provider (PCP) | Covered in full |
| Primary care provider (PCP) virtually | Covered in full |
| Alternative care provider | Covered in full |
| Specialist | Covered in full |
| Hospital Services | |
| Inpatient hospital services and maternity care | Covered in full |
| Emergency and Urgent Care | |
| Emergency services (all services treated as in-network) | Covered in full |
| Urgent care services | Covered in full |
| Outpatient Diagnostic Services | |
| X-ray and lab services | Covered in full |
| High tech imaging services (such as PET, CT, MRI) | Covered in full |
| Mental Health and Chemical Dependency | |
| Inpatient and residential services | Covered in full |
| Outpatient provider visits | Covered in full |
| Other Covered Services | |
| Outpatient surgery at an ambulatory surgery center | Covered in full |
| Chiropractic manipulation (20 visits per calendar year) and acupuncture (12 visits per calendar year) | Covered in full |
| Prescription Drugs | |
| Tier 1 | Covered in full |
| Tier 2 | Covered in full |
| Tier 3 | Covered in full |
| Tier 4 | Covered in full |
| Tier 5 | Covered in full |
| Tier 6 | Covered in full |
| Pediatric Vision Services (children aged 18 years and younger) | |
| Routine eye exams | Covered in full ✓ |
| Vision hardware (frames, lenses, contact lenses); limits apply | Covered in full ✓ |
| Adult Vision Services (one exam per calendar year) | |
| Routine eye exams | Not covered |
| Vision hardware (frames, lenses, contact lenses) | Not covered |
| Pediatric Dental Services (children aged 18 years and younger) | |
| Preventive services | Not covered |
| Basic services (restorative fillings) | Not covered |
| Major services (includes oral surgery, crowns, endodontics, periodontics, denture and bridge work) | Not covered |
| ✓ Deductible is waived for these services. | |

Please visit ProvidenceHealthPlan.com/shop to compare plans, see rates and enroll.

Providence Progressive Dental plan option

Providence Progressive Dental plan provides you with comprehensive benefits promoting good health with coverage for preventive care, as well as many basic and major services. With this plan, you have access to over 4,200 provider listings in Oregon and southwest Washington, and over 350,000 in-network provider listings nationwide. To find a dentist, visit ProvidenceHealthPlan.com/findaprovider.

Providence Progressive Dental plan features:

- + Progressive benefits reward proper dental care by reducing your costs in subsequent years of service
- + There are no waiting periods for dental coverage
- + There is no out-of-network coverage, so you must use an in-network provider to receive benefits
- + Rate: \$32 per member per month

| Providence Progressive Dental plan | In-network (No out-of-network benefits) | | |
|--|---|-------------------|-------------------|
| Deductible (per person) | \$25 | | |
| Deductible (per family) | \$75 | | |
| Annual maximum benefit (per person)* | \$1,000 | | |
| Waiting periods | None | | |
| After meeting your deductible, you'll pay the following amounts for covered services. The deductible doesn't apply for services marked with a ✓ | | | |
| In-network | | | |
| | Year 1 | Year 2 | Year 3 |
| Diagnostic and preventive services (includes routine exams, bitewing X-rays, cleanings, topical fluoride (age 16 and younger)) | Covered in full ✓ | Covered in full ✓ | Covered in full ✓ |
| Basic services (includes restorative fillings) | 50% | 40% | 20% |
| Major services (includes oral surgery, crowns, endodontics, periodontics, denture and bridge work) | 75% | 65% | 50% |

*Preventive services do not apply to the annual maximum benefit.

Important information about dental coverage:

You must purchase a Providence Health Plan Individual and Family medical plan in order to purchase the Providence Progressive Dental plan. You may not purchase our dental plan if you get your Providence medical plan through the Health Insurance Marketplace. If you apply for this dental plan, everyone on the application will be included on the dental plan. If anyone in your family wishes to have just medical and not dental, you must submit a separate application. Our optional Providence Progressive Dental plan provides benefits for adults and children for an additional monthly premium per person, per month. If you choose Providence Progressive Dental, all people listed on the application will be enrolled and charged the dental premium amount in addition to the medical plan premium. If you purchase a Providence Health Plan Standard, HSA Qualified or Oregon Direct medical plan, adding the Providence Progressive Dental plan does not satisfy the ACA pediatric dental Essential Health Benefit (EHB) requirement. For more details on the Providence Progressive Dental plan, visit ProvidenceHealthPlan.com/IndDental23.

Things to know as you consider your coverage

When to apply

Apply during open enrollment from Nov. 1, 2022 through Dec. 31, 2022 for a Jan. 1, 2023 Effective Date of Coverage. If you apply from Jan. 1, 2023 through Jan. 15, 2023, you will have a Feb. 1, 2023 Effective Date of Coverage. After the open enrollment period ends, you must have a qualifying life event to enroll during a special enrollment period. You can apply for and get health insurance coverage during a special enrollment period if you experience an involuntary loss of minimum essential coverage except for failure to pay the premium or experience certain life events, such as marriage or adoption. For more information and a list of qualifying events, visit [ProvidenceHealthPlan.com/qe](https://www.providencehealthplan.com/qe).

Eligibility

To purchase one of our plans, you must live in the service area and be a resident of the state of Oregon. In order to be eligible to enroll in the Providence Progressive Dental plan, you must enroll in a Providence Health Plan Individual and Family medical plan. Providence is non-duplication with Medicare on Individual and Family plans. Someone who is entitled to Medicare Part A and/or enrolled in Medicare Part B is not eligible to enroll in a Providence Health Plan Individual and Family plan.

Application and premium payment dates

To apply directly through Providence Health Plan, visit [ProvidenceHealthPlan.com/shop](https://www.providencehealthplan.com/shop) to use our online shopping and enrollment tool. At the time you submit your online application, you will be directed to submit your initial premium payment.

Qualifying Event Effective Dates

During a special enrollment period, the Effective Date of Coverage is determined by the Qualifying Event as well as Providence Health Plan's receipt of the initial premium. If the qualifying event is birth, adoption, placement for adoption or foster care of a child, or a court order, coverage will be effective from the date of the event. All other qualifying events will be effective on the first day of the month following Providence Health Plan's receipt of your completed application. If you would prefer a prospective effective date, please call Membership Accounting at **503-574-5791** or **888-816-1300 (TTY: 711)** for further instructions.

Monthly premium payment information

After you have been enrolled, your monthly premium payment is due on the first of each month. Providence Health Plan encourages you to visit [Providence.org/premiumpay](https://www.providence.org/premiumpay) to set up a recurring payment arrangement through the Providence Health Plan electronic payment system. **Please note:** Providence Health Plan does not accept any premium payments made by an employer or a third party except as permitted by state or federal regulation.

Key health insurance terms

See our online Glossary at [ProvidenceHealthPlan.com/glossary](https://www.providencehealthplan.com/glossary) for explanations and definitions of health insurance terms.

Notice of Privacy Practices

Visit [ProvidenceHealthPlan.com](https://www.providencehealthplan.com) to learn about Providence Health Plan's privacy practices. You may obtain a copy of our Providence Health Plan Notice of Privacy Practices by going to [ProvidenceHealthPlan.com/notice-of-privacy-practice](https://www.providencehealthplan.com/notice-of-privacy-practice) or by calling customer service at **503-574-7500** or **800-878-4445 (TTY: 711)**.

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, 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, or sex.

Providence Health Plan and Providence Health Assurance:

Provide 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)

Provide free language services to people whose primary language is not English, such as:

- + Qualified interpreters
- + Information written in other languages

If you are a Medicare member who needs these services, call **503-574-8000** or **800-603-2340**. All other members can call **503-574-7500** or **800-878-4445**. Hearing impaired members may call our TTY line at 711.

Filing a Grievance

If you believe that Providence Health Plan or Providence Health Assurance has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, 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

Language Access Information

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-603-2340 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-603-2340 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-603-2340 (TTY: 711)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-603-2340 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-603-2340 (TTY: 711) 번으로 전화해 주십시오.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-603-2340 (телетайп: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-603-2340 (TTY: 711).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-603-2340 (телетайп: 711).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អិត គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-800-603-2340 (TTY: 711)។

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-603-2340 (TTY:711) まで、お電話にてご連絡ください。

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚስተለው ቁጥር ይደውሉ 1-800-603-2340 (ማስማት ለተሰናድው: 711) .

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-603-2340 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-603-2340 (رقم هاتف الصم والبكم: (TTY: 711).

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-800-603-2340 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-603-2340(TTY: 711).

ໂປດສູບ: ຖ້າ ວ່າ ທ່ານ ວ່າ ພາສາ ລາວ, ການ ບໍລິການ ຊ່ວຍ ອຸປະ ອັດ ການ ພາສາ, ໂດຍ ບໍ່ ຕ້ ຳ ບ່ ຳ ກໍ ມີ ມາ ທີ່ ທ່ານ. ໂທ ຣ 1-800-603-2340(TTY: 711).

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-603-2340 (TTY: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-603-2340(ATS: 711).

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-603-2340(TTY: 711)

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-603-2340 (TTY: 711) تماس بگیرید.



Our Mission

As expressions of God's healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.

Our Values

Compassion | Dignity | Justice | Excellence | Integrity

Sales assistance

Portland metro area: **503-574-5000**

All other areas: **800-988-0088 (TTY: 711)**

8 a.m. to 5 p.m. (Pacific Time) Monday through Friday.

[ProvidenceHealthPlan.com/shop](https://www.ProvidenceHealthPlan.com/shop)