



2024 Oregon Individual & Family Plan Overview

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



Health For All

For more than 160 years, our non-profit healthcare collective has set the health and well-being standard for the community. Our commitment isn't solely about treating sickness, it's about investing in health. This means we intervene earlier, improve outcomes and better the health of the entire community.

As an integrated system, we utilize the strength of Providence's outstanding network of clinics, hospitals and doctors, and match that with Providence Health Plan's flexibility, affordability and excellence in benefits and service—to create a truly, differentiated member experience.






What's new for 2024

- ✔ Connect and Choice Network plans do not require referrals.
- ✔ Connect and Providence Oregon Direct plans offer a \$5 copay for your first three primary care and behavioral health outpatient visits.
- ✔ Standard plans offer a \$5 copay for your first three combined primary care and behavioral health outpatient visits.
- ✔ Providence Signature Network is available in all Oregon counties.

Behavioral Health Suite of Services

Providence members have more choice in how they want and need to access services and care.

Behavioral Health isn't a one-size-fits-all solution. Each person is unique, so we work to offer a mix of services and solutions. Here is a quick look at our suite of offerings:

 Resources for Improved Well-Being	Resources to Relax & Recharge <ul style="list-style-type: none">Savings on massage therapy, yoga, meditation, and moreLifeBalance: ProvidenceHealthPlan.com/LifeBalanceChooseHealthy: ProvidenceHealthPlan.com/ChooseHealthy
 Self-Management and Mindfulness Tools	Stress Management Health Coaching <ul style="list-style-type: none">ProvidenceHealthPlan.com/HealthCoachingOne-on-one health coaching sessionsPersonalized goal setting with manageable stepsA program designed to empower members to achieve their health goals Learn to Live <ul style="list-style-type: none">LearnToLive.com/Welcome/ProvidenceHealthPlanSelf-directed virtual therapy to manage mental well-beingOne-on-one coaching, mindfulness exercises, and live and on-demand webinarsAvailable at any time within the app
 Telehealth/Virtual	Behavioral Health Concierge <ul style="list-style-type: none">Providence.org/BHCQuick access to direct care with Providence providersExtended hours 7 a.m. to 8 p.m., seven days weekHelp with life stressors, mental health, and addiction issues Talkspace <ul style="list-style-type: none">Talkspace.com/ProvidenceHealthPlanTelehealth provider of virtual psychotherapy for teens (13+) and adultsBe matched to a provider within 48 hoursConnect through text, call, or live videoAccess to therapy, psychiatry,* or both
 Broad Clinical Support	Behavioral Health Network <ul style="list-style-type: none">Local and nationwide accessIn-person and virtual servicesAge-specific care (kids, teens, adults)Access to specialty behavioral health network Provider Directory <ul style="list-style-type: none">ProvidenceHealthPlan.com/FindAProviderGo to the Provider Directory and search using your Member IDSelect "Find a care provider"Select "Mental Health/Substance Use Disorder"
 Crisis Care	24/7 Crisis Line (HUB) <ul style="list-style-type: none">Immediate access 24/7Team trained in crisis triage careReal time referralsCall customer service at 503-574-7500 or 800-878-4445 and they will help connect you directly to our clinical department Urgent Care <ul style="list-style-type: none">Inpatient and residential carePartial hospital care

In-person and Virtual Care

With several options to choose from, members can get the right care, at the right time, at the right place.



Primary care

Visit with a primary care provider (PCP) to establish a relationship and build a personalized health history. Find an in-network provider online at [ProvidenceHealthPlan.com/FindAProvider](https://www.providencehealthplan.com/FindAProvider).



Telehealth (phone or video appointment)*

Members can arrange an appointment to talk with their provider or schedule a visit with a specialist from anywhere, using a video conferencing platform such as Zoom™.



24/7 nurse advice line (ProvRN)

Members can speak with a registered nurse anytime, any day, when they have a health concern and are looking for the best course of action.



ExpressCare Virtual

Connect to on-demand virtual care in minutes and from anywhere using a smart device or computer to treat conditions like common colds, fever, heartburn, sore throat, pink eye, UTIs, allergies, dry skin, and more.



ExpressCare clinics

Find a same-day in-person or walk-in appointment where available. ExpressCare clinics are useful for treating common conditions like a cold, sore throat, or allergies.



Urgent care

Urgent care is where members turn when they can't wait for a primary care appointment for minor injuries like cuts, burns, and pains.



Emergency care

Emergency care is used for symptoms like suspected heart attack, severe abdominal pain, poisoning, or loss of consciousness.

*Subject to availability. Call your provider's office to ask if this is an option.

Member Perks

Additional benefits and programs available to cover every aspect of life.



One Pass Select™

Discover whole body health in one affordable program. Choose a membership tier that fits your lifestyle and access digital fitness apps, gym memberships, and home grocery delivery services. Start your journey for less than \$1 a day.



LifeBalance

LifeBalance gives members and their family discounts on the things they love to do, like going to the movies or taking a vacation. You'll find ways to stay active, reduce stress and save money on thousands of recreational, cultural, well-being and travel-related purchases.



Health Coaching*

Whether you'd like to increase your activity level, reduce stress, improve your eating habits, lose weight, quit tobacco, or just feel better, a Providence Health Coach can help. We're here to remove barriers, motivate you when you need a nudge, and be a resource on your journey.

*Eligibility and participation criteria apply. Health Coaching services are not available for all members. To determine program eligibility, please contact the health coaching program at 888-819-8999.

**HSA plan members are not eligible for program enrollment.



Travel Assistance®

We've partnered with Assist America Travel Assistance® to provide logistical support for emergency medical needs when away from home. Get help with prompt admission to a qualified hospital or replacing prescriptions that have been left behind, and much more.



ID Protection

Assist America protects from the theft of personal data and helps restore its integrity if it is used fraudulently. Store important information in a safe location, and if it's lost or stolen, take advantage of a fast and simple resolution process.



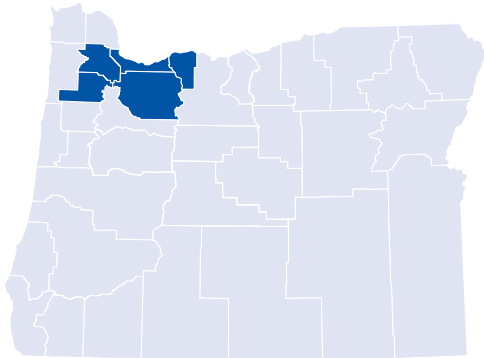
SmartRx Assist™**

Specialty medications are often expensive, but Smart RxAssist can help reduce costs by eliminating the copay. Program Navigators are available every step of the way to help you understand the program and maximize savings. For a full list of the 100+ eligible medications, visit ProvidenceHealthPlan.com/SmartRxAssist.

For more information about these benefit offerings, visit ProvidenceHealthPlan.com/Member-Perks.

Selling areas

To apply for a Providence Health Plan Individual & Family plan, you must reside in our selling area for the selected plan type as listed below.

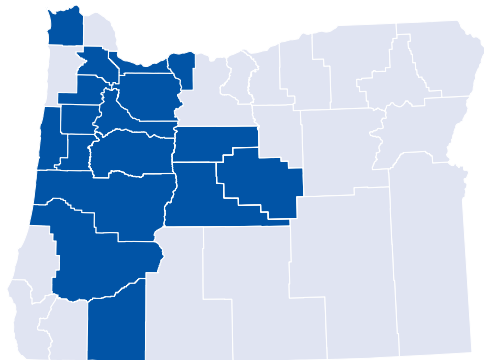


The Providence Connect Network

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

Providence Connect plans are available in Portland metro counties, including:

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

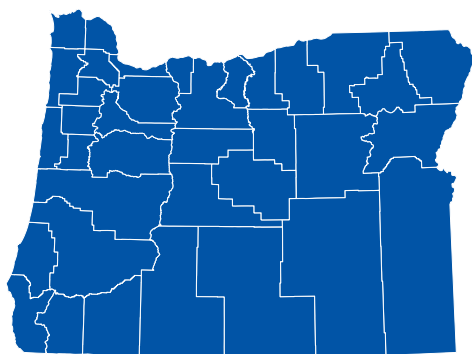


The Providence Choice Network

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

Providence Oregon Direct, Standard, and HSA Qualified plans are available on the Providence Choice Network in these counties:

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



The Providence Signature Network

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

Providence Oregon Direct, Standard, and HSA Qualified plans are available on the Providence Signature Network, available in all Oregon counties.



Add Individual & Family Dental to your coverage

Providence Health Plan has partnered with the Delta Dental Plan of Oregon to give our members access to more than 1,200 in-network providers throughout the state of Oregon. The Individual & Family Dental plan option is available in all Oregon counties.

Things to know as you consider your coverage

This booklet offers an overview of our Individual & 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), visit ProvidenceHealthPlan.com/SBC.

When to apply

Apply directly through Providence Health Plan during the Open Enrollment Period from November 1, 2023 through December 31, 2023 for a January 1, 2024 Effective Date of Coverage. If you apply from January 1, 2024 through January 15, 2024, you will have a February 1, 2024 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.

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 Individual & Family Dental plan, you must enroll in a Providence Health Plan Individual & Family medical plan. Providence is non-duplication with Medicare on Individual & 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 & Family plan.

Application and premium payment dates

To apply directly through Providence Health Plan, visit 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 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 for explanations and definitions of health insurance terms.

Notice of privacy practices

Visit 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 visiting ProvidenceHealthPlan.com/NOPP or by calling customer service at **503-574-7500** or **800-878-4445 (TTY: 711)**.

Connect Plans

The Connect Network delivers an integrated patient-centered experience for all your healthcare needs. Your medical home, led by your primary care provider (PCP), will work with other health professionals to coordinate your care.

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.
- ✔ Connect plans do not require in-network specialist referrals.
- ✔ Connect plans offer a \$5 copay for your first three PCP and for your first three behavioral health outpatient visits.
- ✔ In-network chiropractic manipulation and acupuncture benefits.
- ✔ 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 Individual & Family Dental plan, as long as you buy a plan directly from Providence Health Plan or through a producer.

For a listing of in-network providers, visit ProvidenceHealthPlan.com/FindAProvider.

Connect plans	Connect 1500 Gold In-network (No out-of-network benefits)	Connect 5000 Silver In-network (No out-of-network benefits)	Connect 9450 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	\$9,450/\$18,900	\$5,000/\$10,000
Annual out-of-pocket maximum Individual/Family	\$8,200/\$16,400	\$9,000/\$18,000	\$9,450/\$18,900	\$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 ✓
Office Visits for Medical Services				
Primary care provider (PCP)	First 3 visits covered at \$5 ✓ then In-Person: \$30 ✓ Virtually: \$10 ✓	First 3 visits covered at \$5 ✓ then In-Person: \$40 ✓ Virtually: \$10 ✓	First 3 visits covered at \$5 ✓ then In-Person: \$75 ✓ Virtually: \$10 ✓	First 3 visits covered at \$5 ✓ then In-Person: \$35 ✓ Virtually: \$10 ✓
Office Visits for Medical Services				
Alternative care provider	\$30 ✓	\$40 ✓	\$75 ✓	\$35 ✓
Specialist	\$50 ✓	\$60 ✓	\$100 ✓	\$55 ✓

Connect plans	Connect 1500 Gold In-network (No out-of-network benefits)	Connect 5000 Silver In-network (No out-of-network benefits)	Connect 9450 Bronze In-network (No out-of-network benefits)	Connect Direct 5000 Silver In-network (No out-of-network benefits)
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✓	\$100✓	\$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	First 3 visits covered at \$5 ✓ then In-Person: \$30 ✓ Virtually: \$10 ✓	First 3 visits covered at \$5 ✓ then In-Person: \$40 ✓ Virtually: \$10 ✓	First 3 visits covered at \$5 ✓ then In-Person: \$75 ✓ Virtually: \$10 ✓	First 3 visits covered at \$5 ✓ then In-Person: \$35 ✓ Virtually: \$10 ✓
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	\$70✓
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.				

Visit ProvidenceHealthPlan.com/Shop to compare plans, get a quote, and enroll.

Providence Oregon Direct Plan

These plans may offer a lower premium for those who don't qualify for financial assistance through the Health Insurance Marketplace®.

The Providence Oregon Direct plan offers:

- ✔ Providence Oregon Direct plans are only available through Providence Health Plan or through a producer.
- ✔ The Providence Oregon Direct plan is offered on the Choice Network or the Signature Network, depending on the county in which you live. Please see page 6 for selling areas.
- ✔ You will need to choose a medical home if your plan is on the Providence Choice Network.
- ✔ Providence Oregon Direct plans offer a \$5 copay for your first three PCP and for your first three behavioral health outpatient visits.
- ✔ 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.
- ✔ Providence Oregon Direct plans do not require in-network specialist referrals.
- ✔ The option to add dental coverage with the Individual & Family Dental plan as long as you buy a plan directly from Providence Health Plan or through a producer.

For a listing of in-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	\$5,500/\$11,000
Annual out-of-pocket maximum Individual/Family	\$9,450/\$18,900
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 ✓
Office Visits for Medical Services	
Primary care provider (PCP)	First 3 visits covered at \$5 ✓ then In-Person: \$40 ✓ Virtually: \$10 ✓
Alternative care provider	\$80 ✓
Specialist	\$80 ✓

Providence Oregon Direct plan	Providence Oregon Direct Silver In-network (No out-of-network benefits)
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	First 3 visits covered at \$5 ✓ then In-Person: \$40 ✓ Virtually: \$10 ✓
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.	

Visit [ProvidenceHealthPlan.com/Shop](https://www.ProvidenceHealthPlan.com/Shop) to compare plans, get a quote, and enroll.

HSA Qualified Plan

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

The HSA Qualified plan offers:

- ✔ A preferred rate on an HSA 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.
- ✔ You will need to choose a medical home if your plan is on the Providence Choice Network.
- ✔ The HSA Qualified plan is offered on the Choice or the Signature Network, depending on the county in which you live. Please see page 6 for selling areas.
- ✔ HSA Qualified plans do not require in-network specialist referrals.
- ✔ The option to add dental coverage with the Individual & Family Dental plan, as long as you buy a medical plan directly from Providence Health Plan or through a producer.

For a listing of in-network providers, visit [ProvidenceHealthPlan.com/FindAProvider](https://www.providencehealthplan.com/FindAProvider).

HSA Qualified plan	HSA Qualified 7100 Bronze In-network (No out-of-network benefits)
Annual deductible Individual/Family	\$7,100/\$14,200
Annual out-of-pocket maximum Individual/Family	\$7,100/\$14,200
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 ✓
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

HSA Qualified plan	HSA Qualified 7100 Bronze In-network (No out-of-network benefits)
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.	

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Standard Plans

Choose a coverage level with affordable premiums and pair it with your preferred network.

Standard plans offer:

- ✔ Providence Standard plans are offered on the Choice Network or the Signature Network, depending on the county in which you live. Please see page 6 for selling areas.
- ✔ You will need to choose a medical home if your plan is on the Providence Choice network.
- ✔ Providence Standard plans offer a \$5 copay for your first three combined PCP and behavioral health outpatient visits.
- ✔ Providence Standard plans do not require in-network specialist referrals.
- ✔ 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 Individual & Family Dental plan, as long as you buy a plan directly from Providence Health Plan or through a producer.

For a listing of in-network providers, visit 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	\$5,500/\$11,000	\$9,450/\$18,900
Annual out-of-pocket maximum Individual/Family	\$7,550/\$15,100	\$9,450/\$18,900	\$9,450/\$18,900
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 ✓
Office Visits for Medical Services			
Primary care provider (PCP)	First 3 visits combined with behavioral health outpatient visits covered at \$5 ✓ then In-Person: \$20 ✓, Virtually: \$20 ✓	First 3 visits combined with behavioral health outpatient visits covered at \$5 ✓ then In-Person: \$40 ✓, Virtually: \$40 ✓	First 3 visits combined with behavioral health outpatient visits covered at \$5 ✓ then In-Person: \$50 ✓, Virtually: \$50 ✓
Alternative care provider	\$40 ✓	\$80 ✓	\$150 ✓
Specialist	\$40 ✓	\$80 ✓	\$150 ✓
Hospital Services			
Inpatient hospital services and maternity care	20%	30%	Covered in full

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)
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	First 3 visits combined with PCP visits covered at \$5 ✓, then In-Person: \$20 ✓, Virtually: \$20 ✓	First 3 visits combined with PCP visits covered at \$5 ✓, then In-Person: \$40 ✓, Virtually: \$40 ✓	First 3 visits combined with PCP visits covered at \$5 ✓, then In-Person: \$50 ✓, Virtually: \$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✓	\$25✓
Tier 2	\$10✓	\$15✓	\$25✓
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.			

Visit [ProvidenceHealthPlan.com/Shop](https://www.providencehealthplan.com/shop) to compare plans, get a quote, and enroll.

Individual & Family Dental Plan

Good oral health starts with great coverage. Our partnership with Delta Dental Plan of Oregon gives you access to the Delta Dental PPO™ Network with more than 1,200 in-network providers at over 850 locations across Oregon to help keep your smile healthy. Choose the Individual & Family Dental plan and get coverage for preventive care, as well as many basic and major services, with a \$0 deductible.

For a listing of Delta Dental providers available through the Delta Dental PPO™ network, visit ProvidenceHealthPlan.com/FindADentist.

Individual & Family Dental plan	In-network (No out-of-network benefits)
Monthly rate (per person)	\$34
Deductible (per person)	\$0
Deductible (per family)	\$0
Annual maximum benefit (per person)	\$1,000
Waiting periods	6 to 12 months*
Services	
Diagnostic and preventive services (includes routine exams, bitewing X-rays, cleanings, topical fluoride)	Covered in full
Basic services (includes restorative fillings and space maintainers)	30%
Major services (includes oral surgery, crowns, endodontics, periodontics, denture and bridge work)	50%

Limits and restrictions may apply.

*For members without 12 continuous months of prior dental coverage, there is a 6-month exclusion period for Basic Services and a 12-month exclusion period for Major Services.

Find more details in the Individual & Family Dental plan contract online at ProvidenceHealthPlan.com/PlanDocuments.

Important information about Individual & Family Dental plan coverage:

You must purchase a Providence Health Plan Individual & Family medical plan in order to purchase the Individual & Family 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 Individual & Family Dental plan provides benefits for adults and children for an additional monthly premium per person, per month. If you choose the Individual & Family Dental plan, 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 Providence Oregon Direct medical plan, adding the Individual & Family Dental plan does not satisfy the ACA pediatric dental Essential Health Benefit (EHB) requirement. For more details on the Individual & Family Dental plan, visit ProvidenceHealthPlan.com/INDDental2024.

Where to buy plans

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

Let us help find the right plan for you:

- Online at ProvidenceHealthPlan.com/Shop
- In-person or over the phone with your insurance producer
- Over the phone with a Providence sales representative by calling **503-574-5000** or **800-988-0088 (TTY: 711)** 8 a.m. to 5 p.m. (Pacific Time), Monday through Friday

Medical plan name and metal tier	Plans available directly from Providence or your producer	Plans available from the Health Insurance Marketplace® at HealthCare.gov
Connect Network		
Connect 1500 Gold	✓	✓
Connect 5000 Silver	✓	✓
Connect 9450 Bronze	✓	✓
Connect Direct 5000 Silver	✓	
Choice Network		
Providence Oregon Standard Gold Plan - Choice Network	✓	✓
Providence Oregon Standard Silver Plan - Choice Network	✓	✓
Providence Oregon Standard Bronze Plan - Choice Network	✓	✓
HSA Qualified 7100 Bronze - Choice Network	✓	✓
Providence Oregon Direct Silver Plan - Choice Network	✓	
Signature Network		
Providence Oregon Standard Gold Plan - Signature Network	✓	✓
Providence Oregon Standard Silver Plan - Signature Network	✓	✓
Providence Oregon Standard Bronze Plan - Signature Network	✓	✓
HSA Qualified 7100 Bronze - Signature Network	✓	✓
Providence Oregon Direct Silver Plan - Signature Network	✓	
Dental plan name	Plans available directly from Providence or your producer	Plans available from the Health Insurance Marketplace® at HealthCare.gov
Individual & Family Dental plan	✓	

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 **503-574-7500** or **800-878-4445 (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

P.O. Box 4158

Portland, OR 97208-4158

Email: **PHPAppealsandGrievances@providence.org**

If you need help filing a grievance, call us at **503-574-7500** or **800-878-4445 (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, D.C. 20201

800-368-1019 or **800-537-7697 (TTY)**

Complaint forms are available at **<https://www.HHS.gov/OCR/office/file/index.html>**.

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

Language Access Information

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-878-4445 (TTY: 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-878-4445 (TTY: 711).

Russian: ВНИМАНИЕ: Если Вы говорите по-русски, то Вам доступны услуги бесплатной языковой поддержки. Звоните 1-800-878-4445 (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 1-800-878-4445 (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 1-800-878-4445 (TTY: 711)。

Kushite: XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-878-4445 (TTY: 711).

Farsi:

توجه: اگر به زبان فارسی صحبت می‌کنید، تسهیلات زبانی به صورت رایگان به شما ارائه می‌شود. با 1-800-878-4445 (TTY: 711) تماس بگیرید.

Ukrainian: УВАГА! Якщо Ви розмовляєте українською мовою, для Вас доступні безкоштовні послуги мовної підтримки. Телефонуйте за номером 1-800-878-4445 (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。1-800-878-4445 (TTY: 711)まで、お電話ください。

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-878-4445 (TTY: 711) 번으로 전화해 주십시오.

Nepali: ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंले निम्न भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छन् । 1-800-878-4445 (TTY: 711) मा फोन गर्नुहोस् ।

Romanian: ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii gratuite de asistență lingvistică. Sunați 1-800-878-4445 (TTY: 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Rufnummer: 1-800-878-4445 (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 1-800-878-4445 (TTY: 711).

Cambodian: កំណត់សម្គាល់: បើសិនជាអ្នកនិយាយភាសាខ្មែរ អាចមានសេវាជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃពីលោកអ្នក។ សូមហៅទូរស័ព្ទលេខ 1-800-878-4445 (TTY: 711)។

Laotian: ເຊີນຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ຈະມີການຊ່ວຍເຫຼືອດ້ານພາສາ ໂດຍບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ໂທ 1-800-878-4445 (TTY: 711).



Health For All

We believe everyone should have access to quality healthcare. Healthcare is a human right. And we're dedicated to the health and care of every member of the community because everyone's well-being matters.

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