

 **Providence**
Health Plan

2026

Individual & Family Plan Overview

Oregon

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.

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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 agent or broker. 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, 2025 through December 31, 2025, for a January 1, 2026 Effective Date of Coverage. If you apply from January 1, 2026 through January 15, 2026, you will have a February 1, 2026 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.

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. If you would prefer a prospective effective date, please call Member Services at **503-574-5791** or **888-816-1300 (TTY: 711)** for further instructions. All other Qualifying Events will be effective on the first day of the month following Providence Health Plan's receipt of your completed application.

Eligibility

To purchase one of our plans, you must live in the service area and be a resident of the state of Oregon. To enroll in the Individual & Family dental plan, you must also be enrolled in a Providence Individual & Family medical plan purchased directly from Providence (not through the Health Insurance Marketplace). 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/ShopOR 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.

Monthly premium payment information

After you have 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)**.

Benefit Highlights



No referrals

Providence plans do not require referrals for in-network specialist visits, providing easier access to the care you need.



Covered in full benefits

Providence ExpressCare clinic and virtual visits are covered in full. Access same-day in-person appointments or connect to care within minutes using a tablet, smartphone, or computer. On some plans deductible applies before covered in full.



Alternative care coverage

All plans offer chiropractic manipulation (20 visits per calendar year), and acupuncture (12 visits per calendar year), along with alternative care. You can see a naturopath or other alternative care providers for covered benefits, including periodic exams and well-baby care.



Secure member portal

myProvidence provides on-demand access to personalized health plan information using a tablet, smartphone, or computer. It's also where members can access tools and resources to help you manage and make the most of your healthcare coverage and benefits.

myProvidence is where members can:

- View claims information and explanation of benefits (EOBs)
- Monitor progress toward your deductible and out-of-pocket maximum
- Search for an in-network provider using the provider directory
- Print replacement ID cards



Pharmacy cost savings

- 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.
- HelpScript* may help lower your out-of-pocket costs on select medications. Patient Advocates 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/HelpScript. **833-798-6732**

*HSA plan members are not eligible for program enrollment.

Care Options

With several options to choose from, you can get the care you need - at home or in person - anytime, anywhere.



Primary Care

Visit your Primary Care Provider (PCP) to build a relationship and establish a personalized health history. If you need a primary care provider, visit myProvidence.com and select "Find a Provider" after logging in. Then choose "Primary Care Providers." If you do not select a primary care provider, one will be assigned to you.



Telehealth (Phone or Video Appointment)

Arrange a phone appointment to talk with your provider from wherever you are. You can also schedule a visit with your PCP or specialist using a video conferencing platform such as Zoom. Call your provider to confirm they accept this option.



24/7 Nurse Advice Line

Speak with a registered nurse anytime, any day. It's an easy first step when you have symptoms and you want to know if you need face-to-face care. Have your member ID number available and call **800-700-0481**.



ExpressCare Virtual*

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. To get started, visit Providence.org/Services/ExpressCare-Virtual.



ExpressCare Clinics*

Find a same-day in-person appointment or walk-in where available. Treat common conditions like a cold, sore throat, minor cuts, burns, rashes, or allergies. Most clinics are open from either 7 a.m. to 7 p.m. or 8 a.m. to 8 p.m. (Pacific Time). To find a location and schedule an appointment, visit Providence.org/ExpressCare.



Urgent Care

Urgent care is where you turn when you can't wait for a primary care appointment for minor issues like a sinus infection, cuts, burns, and sprains. To find an urgent care clinic, login to myProvidence.com and select "Find a Provider." Then choose "Find a Service or Place; Urgent Care Clinic."



Emergency Care

Call 911 or go to the nearest emergency room if you think your life is in danger. This includes symptoms such as a suspected heart attack, severe abdominal pain, or loss of consciousness.

For more information, visit ProvidenceHealthPlan.com/Care-Options.

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

Where to buy plans

Purchasing a health plan through the Health Insurance Marketplace® may be the best option if you qualify for subsidies, such as premium tax credits or cost-sharing reductions. If you don't qualify for subsidies, buying directly from Providence gives you more flexibility to choose a plan that fits your needs—plus the opportunity to work with a licensed agent or broker for personalized guidance which can make enrolling much easier.

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



Medical plan name and metal tier	Plans available directly from Providence or your agent or broker	Plans available from the Health Insurance Marketplace® at HealthCare.gov
Connect Network		
Connect 1500 Gold	✓	✓
Connect 6000 Silver	✓	✓
Connect 9800 Bronze	✓	✓
Connect Direct 6000 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-E Qualified 7500 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-E Qualified 7500 Bronze - Signature Network	✓	✓
Providence Oregon Direct Silver Plan - Signature Network	✓	
Dental plan name		
Individual & Family Dental plan	✓	

Let us help find the right plan for you:

- Online at ProvidenceHealthPlan.com/ShopOR
- In-person or over the phone with your insurance agent or broker
- 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

Behavioral Health Suite of Services

Offering you more ways to access the care you need.

At Providence Health Plan, we understand that behavioral health isn't a one-size-fits-all solution. Every person is unique. That's why we offer a variety of services that can help you feel supported and achieve positive outcomes.

Here's a quick look at our suite of offerings:

Our services in action

Talkspace

80%

found Talkspace to be as effective or more effective than traditional therapy

Behavioral Health Concierge

42%

of members would not ask for help without this service

Equip

81%

of patients are seeing improvement in eating disorder symptoms

Joon Care

87%

effective recovery from severe symptoms

Charlie Health

60%

depression symptom reduction

NOCD







90%

of patients found treatment to be effective

Vita Health

80%

reduction in suicide deaths

Resources for Improved Well-Being	Telehealth/Virtual	Broad Clinical Network	Care Management & Crisis Support
<i>Low Symptom Severity</i>		<i>High Symptom Severity</i>	
<p> LifeBalance</p> <p>Save on massage therapy, yoga, meditation, recreational and cultural activities, and more.</p> <p>ProvidenceHealthPlan.com/LifeBalance</p>	<p>Behavioral Health Concierge</p> <p>Virtual appointments with licensed behavioral health clinicians within 7 days. Available to eligible members in OR, WA, CA, ID, MT, and TX.</p> <p>Providence.org/BHC</p> <p>Talkspace</p> <p>Virtual psychotherapy for ages 13+ provides access to therapy and psychiatry* through text, call, or video, with help available within 48 hours.</p> <p>Talkspace.com/ProvidenceHealthPlan</p> <p> Equip</p> <p>Virtual eating disorder treatment using family-based treatment (FBT), matched with a multi-disciplinary team, for ages 6+.</p> <p>Equip.health</p> <p> charlie health</p> <p>Virtual intensive outpatient program (vIOP) for ages 11-30 offers group, family, and individual therapy sessions.</p> <p>CharlieHealth.com</p>	<p> joon</p> <p>Virtual therapy and crisis support for individuals age 13-26 who are experiencing suicidal thoughts. Available to eligible members in OR, WA, TX, CA, DE, PA, and NY.</p> <p>Joon.com</p> <p> nocd</p> <p>Specialized treatment for OCD for all ages uses cognitive behavior therapy (CBT), including effective Exposure and Response Prevention (ERP), and self-help tools within the app.</p> <p>TreatMyOCD.com</p> <p> vitahealth</p> <p>12-week virtual therapy program for individuals experiencing suicidal thoughts, depression, anxiety, PTSD, and more, with help available within 2 days.</p> <p>VitaHealth.care</p> <p><small>*Psychiatrists have the ability to prescribe medication.</small></p>	<p>Behavioral Health Network</p> <p>Local and nationwide in-person and virtual services for all ages, along with access to a specialized behavioral health network.</p> <p>Provider Directory</p> <p>ProvidenceHealthPlan.com/FindAProvider</p> <ul style="list-style-type: none"> Go to the Provider Directory and search using your Member ID number Select "Find a care provider" Select "Mental Health/Substance Use Disorder" <p>Behavioral Health Hub</p> <p>Navigators will help find care at every stage, including support from a crisis-trained team with real-time referrals.</p> <p>Call 503-574-7500 or 800-878-4445 (TTY: 711) 8 a.m. to 5 p.m. (Pacific Time), Monday – Friday.</p> <p>Emergency & Urgent Care Services</p> <ul style="list-style-type: none"> In-patient and residential care Partial hospital care

For more information, visit ProvidenceHealthPlan.com/BehavioralHealth

Call or text the **988 Suicide and Crisis Lifeline** if you or someone you know needs immediate crisis care.

Member Perks

Explore additional benefits and programs available to cover every aspect of your 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.



Travel Assistance®

We've partnered with Assist America Travel Assistance® to provide logistical support for emergency medical needs when you're 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.

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

How do I choose a plan?

Before choosing a health plan for you and your family, there are several things to consider – for instance, how much does the plan cost, how much care will you need, do you have any chronic conditions, and are you currently on any medications? These are just a few important questions to think about when looking for a plan that gives you the right balance between your monthly premium and out-of-pocket costs.

- ✔ Choosing the right network is also really important when you consider how to access the healthcare services you need.
- ✔ Your network is made up of the providers and facilities that your health plan contracts with.
- ✔ Be sure to check that your doctors are covered in your service area.

How to choose the right plan

Gold, Silver, or Bronze, which plan is right for you? There are several things to consider, and it all starts with how much care you and your family expect to need. Depending on the tier you choose, your premium and out-of-pocket costs will vary. But one thing that never changes is the quality of the care you receive.

Here's a quick guide to the different tiers, what they offer, and who they work best for:



Gold

If you go to the doctor or other specialists often, or you expect to need a lot of care (beyond preventive care), consider the Gold tier. The premiums are higher but the out-of-pocket costs are lower.



Silver

The Silver tier offers a great balance between the amount of care you'll need throughout the year and affordable premiums and out-of-pocket costs. It's ideal for people that see their doctors or specialists with some regularity, but not as much as someone on the Gold tier.



Bronze

If you are mostly healthy and don't often need care, the Bronze tier is a good fit. The premiums are the lowest of the metal tiers while the out-of-pocket costs tend to be higher.

Potential financial assistance

To see if you qualify for a premium tax credit or other financial assistance, we encourage you to call us at [503-574-5000](tel:503-574-5000) or [800-988-0088 \(TTY:711\)](tel:800-988-0088) or visit HealthCare.gov.





Medical Home

What is a Medical Home?

Think of your medical home as your health hub. It starts with your primary care clinic—but it’s much more than a doctor’s office. It is a dedicated care team that knows you, supports you, and works together to keep you healthy.

One connected team

Everyone on your care team—your doctor, nurses, and other providers—shares access to your records and care plan, so your care stays personal and seamless.

Coordinated for you

We communicate with specialists, pharmacies, and other providers to make sure your care is efficient, connected, and nothing gets missed.

Care that fits your life

From same-day appointments and telehealth to after-hours care, your medical home is designed for real life—yours.

At Providence, a medical home puts you at the center of your care, literally.

Find a Provider

Customize your provider search in three easy steps.

It’s easy to find in-network providers using the online provider directory. Whether you need a primary care provider, specialist, medical home, pharmacy, or facility, you’ll find what you’re looking for in just a few clicks.

Here’s how to search for a provider:

- 01 Search**
Visit ProvidenceHealthPlan.com/FindAProvider to find a complete list of in-network providers, pharmacies, and facilities
- 02 Tailor your search**
Select “Find a care provider,” then search by provider type, service, or place
- 03 Customize results**
Use the left menu to further customize your search with personal identifiers

Filter results by:

- Provider Type/Specialty
- Language(s) spoken
- Location
- Hospital affiliation
- Gender
- Race and ethnicity
- Personal identity
- LGBTQ+
- Religious community(ies)
- Cultural competency
- Communities of interest

For assistance, call Customer Service at **503-574-7500** or **800-878-4445 (TTY: 711)**, Monday through Friday, 8 a.m. to 5 p.m. (Pacific Time).



Important to know: With Connect or Choice plans, you select a Medical Home instead of a Primary Care Provider. Once you’ve chosen your Medical Home, you can see any provider within that group. If you do not select a medical home, one will be selected for you. You can change your medical home whenever and however many times you need to.



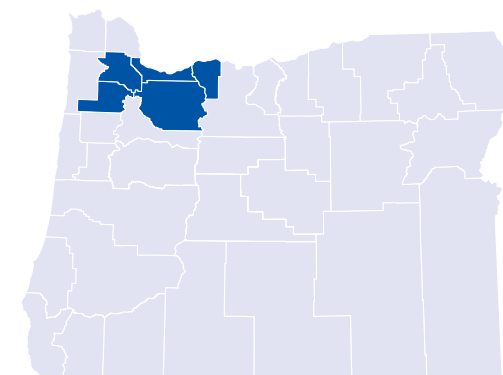
Connect Plans

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.

Highlights of the plan:

- ✔ Lower monthly premiums and copays.
- ✔ \$5 copay for your first three PCP visits and a \$5 copay for your first three behavioral health outpatient visits. These are not combined. After your first 3 visits for each, the standard cost share applies.
- ✔ In-network chiropractic manipulation and acupuncture benefits.
- ✔ Select your Medical Home from the Providence Connect Network—your hub for connected care.
- ✔ Connect 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 an agent or broker.
- ✔ 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.

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



The Providence Connect Network

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

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

Connect plans	Connect 1500 Gold In-network (No out-of-network benefits)	Connect 6000 Silver In-network (No out-of-network benefits)	Connect Direct 6000 Silver In-network (No out-of- network benefits)	Connect 9800 Bronze In-network (No out-of-network benefits)
Deductibles				
Annual deductible Individual (1 person)	\$1,500	\$6,000	\$6,000	\$9,800
Annual deductible Family (2 or more people)	\$3,000	\$12,000	\$12,000	\$19,600
Annual out-of-pocket maximum Individual (1 person)	\$9,000	\$10,000	\$10,000	\$9,800
Annual out-of-pocket maximum Family (2 or more people)	\$18,000	\$20,000	\$20,000	\$19,600
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 (deductible waived)				
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 (deductible waived)				
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: \$50 ✓ Virtually: \$10 ✓	First 3 visits covered at \$5 ✓ then In-Person: \$45 ✓ Virtually: \$10 ✓	First 3 visits covered at \$5 ✓ then In-Person: \$75 ✓ Virtually: \$10 ✓
Primary care provider (PCP) virtually	Covered in full ✓	Covered in full ✓	Covered in full ✓	Covered in full ✓
Alternative care provider	\$30 ✓	\$50 ✓	\$45 ✓	\$75 ✓
Specialist	\$50 ✓	\$90 ✓	\$85 ✓	\$100 ✓
Hospital Services				
Inpatient hospital services and maternity care	20%	45%	45%	Covered in full*
Emergency and Urgent Care				
Emergency services (all services treated as in-network)	\$250 then 20%	\$250 then 45%	\$250 then 45%	Covered in full*
Urgent care services (Deductible applies out-of-network)	\$50 ✓	\$90 ✓	\$85 ✓	\$100 ✓
Diagnostic Services				
X-ray and lab services	20% ✓	45% ✓	45% ✓	Covered in full*
High tech imaging services (such as PET, CT, MRI)	20%	45%	45%	Covered in full*

Table continues on next page

Connect plans	Connect 1500 Gold In-network (No out-of-network benefits)	Connect 6000 Silver In-network (No out-of-network benefits)	Connect Direct 6000 Silver In-network (No out-of- network benefits)	Connect 9800 Bronze In-network (No out-of-network benefits)
Mental Health and Substance Use Disorder				
Inpatient and residential services	20%	45%	45%	Covered in full*
Outpatient provider visits	First 3 visits covered at \$5 ✓ then In-Person: \$30 ✓ Virtually: \$10 ✓	First 3 visits covered at \$5 ✓ then In-Person: \$50 ✓ Virtually: \$10 ✓	First 3 visits covered at \$5 ✓ then In-Person: \$45 ✓ Virtually: \$10 ✓	First 3 visits covered at \$5 ✓ then In-Person: \$75 ✓ Virtually: \$10 ✓
Other Covered Services				
Outpatient surgery at an ambulatory surgery center	10%	35%	35%	Covered in full*
Chiropractic manipulation (20 visits per calendar year) and acupuncture (12 visits per calendar year)	\$30 ✓	\$50 ✓	\$45 ✓	\$75 ✓
Prescription Drugs				
Tier 1	Covered in full ✓	Covered in full ✓	Covered in full ✓	Covered in full ✓
Tier 2	\$10 ✓	\$25 ✓	\$25 ✓	\$35 ✓
Tier 3	\$50 ✓	\$80 ✓	\$80 ✓	Covered in full*
Tier 4	50% up to \$200	50% up to \$200	50% up to \$200	Covered in full*
Tier 5	50% up to \$300	50% up to \$300	50% up to \$300	Covered in full*
Tier 6	50%	50%	50%	Covered in full*
Insulin Maximum (deductible waived)				
30-day supply	\$35 ✓	\$35 ✓	\$35 ✓	\$35 ✓
90-day supply	\$105 ✓	\$105 ✓	\$105 ✓	\$105 ✓
Pediatric Vision Services for members under age 19, one exam per calendar year (deductible waived)				
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 (deductible waived)				
Routine eye exams	\$25 ✓	\$25 ✓	\$25 ✓	\$25 ✓
Hearing Services (deductible waived)				
Diagnostic Hearing Test	20% ✓	45% ✓	45% ✓	Covered in full ✓
Hearing Aids (2 hearing aids every 3 calendar years)	20% ✓	45% ✓	45% ✓	Covered in full ✓
Pediatric Dental Services** (members under age 19)				
Preventive services	Covered in full ✓	Covered in full ✓	Covered in full ✓	Covered in full ✓
Basic services (restorative fillings)	50%	50%	50%	Covered in full*
Major services (includes oral surgery, crowns, endodontics, periodontics, denture and bridge work)	50%	50%	50%	Covered in full*

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

Co-insurance is the amount you will pay.

✓Deductible is waived for these services.

*Deductible must be met before this is covered in full.

**Pediatric Dental services subject to medical deductible and out-of-pocket maximum.

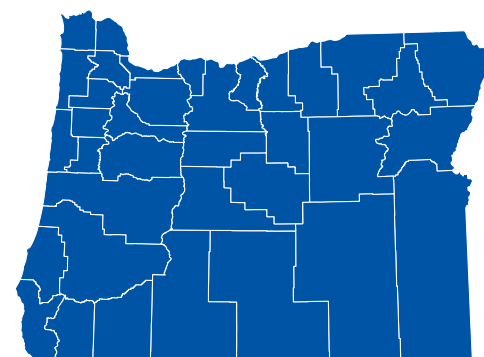
Direct Plans

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

Highlights of the plan:

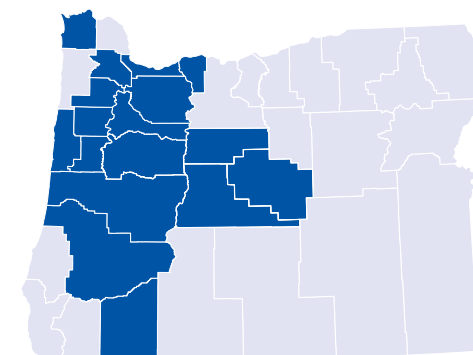
- ✔ \$5 copay for your first three PCP visits and a \$5 copay for your first three behavioral health outpatient visits. These are not combined. After your first 3 visits for each, the standard cost share applies.
- ✔ These plans offer a \$10 copay on virtual PCP and virtual behavioral health visits.
- ✔ \$25 adult vision exam copay.
- ✔ Direct plans do not require in-network specialist referrals.
- ✔ The Providence Oregon Direct Silver plan is offered on the Choice Network or the Signature Network, depending on the county in which you live.
- ✔ The Connect Direct 6000 Silver is offered on the Connect Network.
- ✔ You will need to choose a medical home if your plan is on the Providence Choice or Connect Network.
- ✔ Only available through Providence Health Plan or through an agent or broker.
- ✔ 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 an agent or broker.

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



The Providence Signature Network

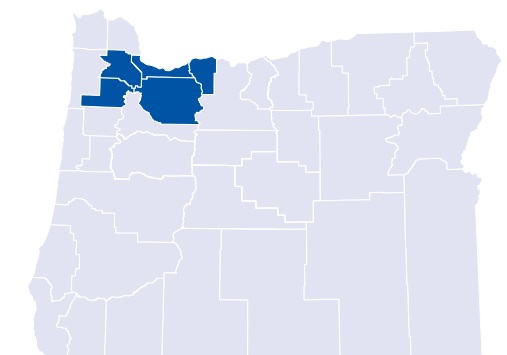
A nationwide network of nearly 1 million providers, both in Providence facilities and in other locations.



The Providence Choice Network

A network of more than 400 primary care clinics designated as medical homes in these counties:

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



The Providence Connect Network

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

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

Direct plans	Providence Oregon Direct Silver In-network (No out-of-network benefits)	Connect Direct 6000 Silver In-network (No out-of-network benefits)
Deductibles		
Annual deductible Individual (1 person)	\$6,100	\$6,000
Annual deductible Family (2 or more people)	\$12,200	\$12,000
Annual out-of-pocket maximum Individual (1 person)	\$9,200	\$10,000
Annual out-of-pocket maximum Family (2 or more people)	\$18,400	\$20,000
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 (deductible waived)		
Periodic health exams and well-baby care (from any provider licensed to perform the service)	Covered in full✓	Covered in full✓
Maternity prenatal office visits	Covered in full✓	Covered in full✓
Annual gynecological exam and Pap test	Covered in full✓	Covered in full✓
Mammograms	Covered in full✓	Covered in full✓
Colorectal cancer screenings (preventive age 45 and over)	Covered in full✓	Covered in full✓
Office Visits for Medical Services (deductible waived)		
Primary care provider (PCP)	First 3 visits covered at \$5 ✓ then In-Person: \$40 ✓ Virtually: \$10 ✓	First 3 visits covered at \$5 ✓ then In-Person: \$45 ✓ Virtually: \$10 ✓
Primary care provider (PCP) virtually	Covered in full✓	Covered in full✓
Alternative care provider	\$100✓	\$45✓
Specialist	\$100✓	\$85✓
Hospital Services		
Inpatient hospital services and maternity care	30%	45%
Emergency and Urgent Care		
Emergency services (all services treated as in-network)	30%	\$250 then 45%
Urgent care services (Deductible applies out-of-network)	\$70✓	\$85✓
Outpatient Diagnostic Services		
X-ray and lab services	30%	45%✓
High tech imaging services (such as PET, CT, MRI)	30%	45%
Mental Health and Substance Use Disorder		
Inpatient and residential services	30%	45%
Outpatient provider visits	First 3 visits covered at \$5 ✓ then In-Person: \$40 ✓ Virtually: \$10 ✓	First 3 visits covered at \$5 ✓ then In-Person: \$45 ✓ Virtually: \$10 ✓

Table continues on next page

Direct plans	Providence Oregon Direct Silver In-network (No out-of-network benefits)	Connect Direct 6000 Silver In-network (No out-of-network benefits)
Other Covered Services		
Outpatient surgery at an ambulatory surgery center	30%	35%
Chiropractic manipulation (20 visits per calendar year) and acupuncture (12 visits per calendar year)	\$40✓	\$45✓
Prescription Drugs		
	No deductible	
Tier 1	\$15	Covered in full✓
Tier 2	\$15	\$25✓
Tier 3	\$60	\$80✓
Tier 4	50%	50% up to \$200
Tier 5	50%	50% up to \$300
Tier 6	50%	50%
Insulin Maximum (deductible waived)		
30-day supply	\$35✓	\$35✓
90-day supply	\$105✓	\$105✓
Pediatric Vision Services for members under age 19, one exam per calendar year (deductible waived)		
Routine eye exams	Covered in full✓	Covered in full✓
Vision hardware (frames, lenses, contact lenses); limits apply	Covered in full✓	Covered in full✓
Adult Vision Services - one exam per calendar year (deductible waived)		
Routine eye exams	\$25✓	\$25✓
Hearing Services (deductible waived)		
Diagnostic Hearing Test	30% ✓	45%✓
Hearing Aids (2 hearing aids every 3 calendar years)	30%✓	45%✓
Pediatric Dental Services* (for members under age 19)		
Preventive services	Not covered	Covered in full✓
Basic services (restorative fillings)	Not covered	50%
Major services (includes oral surgery, crowns, endodontics, periodontics, denture and bridge work)	Not covered	50%

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

Co-insurance is the amount you will pay.

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.

✓Deductible is waived for these services.

*Pediatric Dental services subject to medical deductible and out-of-pocket maximum.

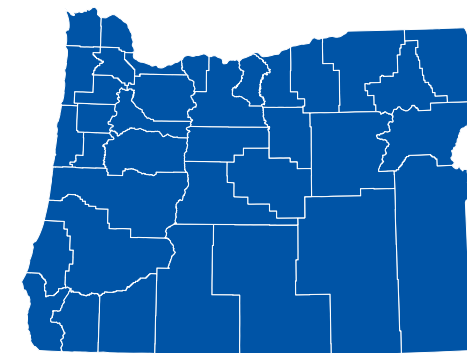
HSA-E Qualified Plan

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.

Highlights of the plan:

- ✔ Lower premiums with most services subject to the deductible.
- ✔ A preferred rate for a Health Savings Account (HSA) with HealthEquity®, a partner of Providence Health Plan.
- ✔ This plan includes an embedded deductible. Each family member has their own individual deductible, and coverage for that person begins once they meet it. Full family benefits begin once the combined deductible amount for all family members reaches the total family deductible.
- ✔ Does not require in-network specialist referrals.
- ✔ The HSA-E Qualified plan is offered on the Choice or the Signature Network, depending on the county in which you live.
- ✔ You will need to choose a medical home if your plan is on the Providence Choice Network.
- ✔ 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 an agent or broker.
- ✔ 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.

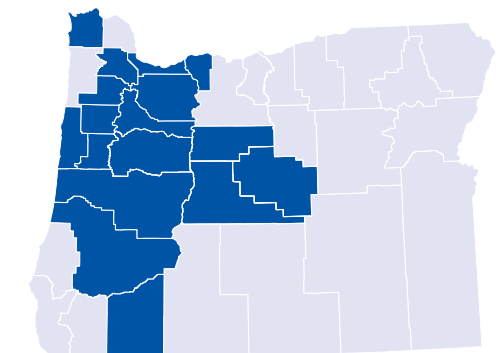
For a listing of in-network providers, visit ProvidenceHealthPlan.com/FindAProvider.



The Providence Signature Network

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

No Member will ever pay more than an Individual Deductible before the Plan begins paying for Covered Services for that Member.



The Providence Choice Network

A network of more than 400 primary care clinics designated as medical homes in these counties:

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

HSA Qualified plan	HSA-E Qualified 7500 Bronze In-network (No out-of-network benefits)
Deductibles	
Annual deductible Individual (1 person)	\$7,500
Annual deductible Family (2 or more people)	\$15,000
Annual out-of-pocket maximum Individual (1 person)	\$7,500
Annual out-of-pocket maximum Family (2 or more people)	\$15,000
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 (deductible waived)	
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*
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*
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 Substance Use Disorder	
Inpatient and residential services	Covered in full*
Outpatient provider visits	Covered in full*

Table continues on next page

HSA Qualified plan	HSA-E Qualified 7500 Bronze In-network (No out-of-network benefits)
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*
Insulin Maximum (deductible waived)	
30-day supply	\$35✓
90-day supply	\$105✓
Pediatric Vision Services for members under age 19, one exam per calendar year (deductible waived)	
Routine eye exams	Covered in full✓
Adult Vision Services - one exam per calendar year	
Routine eye exams	Not covered
Hearing Services	
Diagnostic Hearing Test	Covered in full*
Hearing Aids (2 hearing aids every 3 calendar years)	Covered in full*
Pediatric Dental Services (for members under age 19)	
Preventive services	Not covered
Basic services (restorative fillings)	Not covered
Major services (includes oral surgery, crowns, endodontics, periodontics, denture and bridge work)	Not covered

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

Co-insurance is the amount you will pay.

✓Deductible is waived for these services.

*Deductible must be met before this is covered in full.

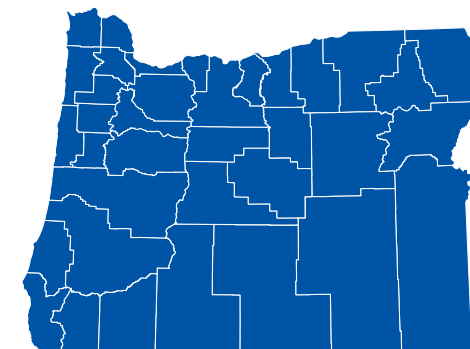
Standard Plans

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

Highlights of the plan:

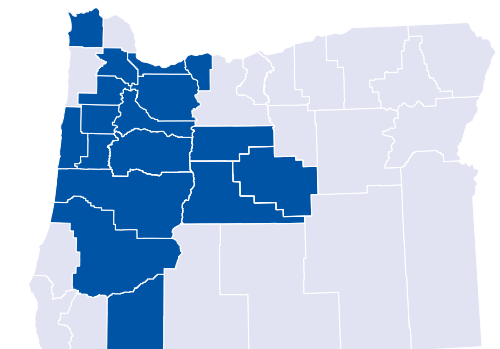
- ✔ Standard Plans, created by the State of Oregon, ensure fair, reliable coverage with consistent copays, deductibles, and coinsurance across all insurers.
- ✔ Vetted for quality, these plans include essential health benefits and allow members to focus on premium cost, doctor networks, and customer service without worrying about confusing benefit differences.
- ✔ \$5 copay for your first three combined PCP and behavioral health outpatient visits.
- ✔ 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 an agent or broker.
- ✔ Providence Standard plans are offered on the Choice Network or the Signature Network, depending on the county in which you live.
- ✔ 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.

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



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



The Providence Choice Network

A network of more than 400 primary care clinics designated as medical homes in these counties:

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

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)
Deductibles			
Annual deductible Individual (1 person)	\$1,800	\$6,100	\$9,200
Annual deductible Family (2 or more people)	\$3,600	\$12,200	\$18,400
Annual out-of-pocket maximum Individual (1 person)	\$8,150	\$9,200	\$9,200
Annual out-of-pocket maximum Family (2 or more people)	\$16,300	\$18,400	\$18,400
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 (deductible waived)			
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 (deductible waived)			
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 ✓
Primary care provider (PCP) virtually	Covered in full✓	Covered in full✓	Covered in full✓
Alternative care provider	\$40✓	\$100✓	\$150✓
Specialist	\$40✓	\$100✓	\$150✓
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✓
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*

Table continues on next page

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)
Mental Health and Substance Use Disorder			
Inpatient & 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			
	No deductible	No deductible	
Tier 1	\$10	\$15	\$25 (deductible waived)
Tier 2	\$10	\$15	\$25 (deductible waived)
Tier 3	\$30	\$60	Covered in full*
Tier 4	50%	50%	Covered in full*
Tier 5	50% up to \$500	50%	Covered in full*
Tier 6	50% up to \$500	50%	Covered in full*
Insulin Maximum (deductible waived)			
30-day supply	\$35✓	\$35✓	\$35✓
90-day supply	\$105✓	\$105✓	\$105✓
Pediatric Vision Services (members under age 19) - one exam per calendar year (deductible waived)			
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
Hearing Services			
Diagnostic Hearing Test	20% ✓	30% ✓	Covered in full✓
Hearing Aids (2 hearing aids every 3 calendar years)	20%✓	30%✓	Covered in full✓
Pediatric Dental Services (members under age 19)			
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

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

Co-insurance is the amount you will pay.

✓Deductible is waived for these services.

*Deductible must be met before this is covered in full.

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 1,300 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)
Deductibles	
Monthly rate (per person)	\$42
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:

If you want to purchase a Providence Individual & Family Dental plan, you must also have a Providence medical plan directly from Providence. You cannot get the dental plan if your Providence medical plan comes from the Health Insurance Marketplace®. When you apply for the dental plan, everyone listed on the application will automatically be enrolled. If someone in your family wants medical coverage and not dental, you will need to submit a separate application for them. The optional plan offers benefits for adults and children, with an additional monthly premium per person. If you choose this plan, all people on the application will be enrolled, and you'll be charged the dental premium in addition to the medical plan premium. Note that adding the Individual & Family Dental plan does not satisfy the ACA pediatric dental Essential Health Benefit (EHB) requirement if you have a Providence Standard, HSA-E Qualified, or Providence Oregon Direct medical plan. For more details on the dental plan, visit ProvidenceHealthPlan.com/INDDental2026.

Non-discrimination Statement

Discrimination is against the law. Providence Health Plan ("PHP") does not discriminate or treat people unfairly based on:

- Age
- Gender identity
- Religion
- Color
- Language proficiency
- Sex
- Disability
- Race
- Pregnancy
- National origin
- Sexual orientation

You have the following rights:

- To get free help from a qualified language interpreter.
- To get written information in the language you speak.
- To get information in a way you understand, including:
 - free help from a qualified sign language interpreter,
 - written information in large print, audio, Braille, or other formats, or
 - other reasonable modifications.

Contact the Civil Rights Coordinator at PHP if you:

- Need reasonable modifications, appropriate auxiliary aids and services, or language assistance services,
- Believe PHP failed to provide services and discriminated against you, or
- Want to file a grievance.

Please contact our Civil Rights Coordinator in one of these ways:

1. You can call us.

Toll-Free: **1-800-878-4445**,
 Oregon: **1-503-574-7500**
 Hearing Impaired members may call our TTY line at 711.

2. You can mail or email us.

Providence Health Plan
 Attn: Civil Rights Coordinator
 PO Box 4158
 Portland, OR 97208-4158
 Email: PHPAppealsandGrievances@providence.org

3. You also have a right to file a complaint with the following:

U.S. Department of Health and Human Services,
 Office for Civil Rights
 Web portal: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>
 Email: OCRComplaint@hhs.gov
 Phone: **1-800-368-1019, 1-800-537-7697 (TTY: 711)**
 Mail: U.S. Department of Health and Human Services
 200 Independence Avenue SW, Room 509F, HHH Bldg.,
 Washington, DC 20201
 Oregon Division of Financial Regulation
 Web: <https://dfr.oregon.gov/Pages/index.aspx>
 Email: DFR.InsuranceHelp@dcbs.oregon.gov
 Phone: **1-888-877-4894**

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-878-4445 (TTY: 711) or speak to your provider.

Español (Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-800-878-4445 (TTY: 711) o hable con su proveedor.

中文 (Simplified Chinese)

注意：如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-800-878-4445 文本电话：711 或咨询您的服务提供商。

中文 (Traditional Chinese)

注意：如果您說中文，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-800-878-4445 (TTY：711) 或與您的提供者討論。

Việt (Vietnamese)

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-800-878-4445 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.”

РУССКИЙ (Russian)

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-800-878-4445 (TTY: 711) или обратитесь к своему поставщику услуг.

Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-800-878-4445 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.“

Français (French)

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-878-4445 (TTY : 711) ou parlez à votre fournisseur.

ProvidenceHealthPlan.com/Non-Discrimination-and-Communication-Assistance

Tagalog (Filipino)

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-800-878-4445 (TTY: 711) o makipag-usap sa iyong provider.”

日本語 (Japanese)

注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも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。または、ご利用の事業者にご相談ください。

한국어 (Korean)

주의: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-800-878-4445 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

(Arabic) العربية

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-800-878-4445 (711) أو تحدث إلى مقدم الخدمة".

हिंदी (Hindi)

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-800-878-4445 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।”

(Farsi) فارسی

توجه: اگر فارسی صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک‌ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل دسترس، به‌طور رایگان موجود می‌باشند. با شماره 1-800-878-4445 (تله‌تایپ: 711) تماس بگیرید یا با ارائه‌دهنده خود صحبت کنید.

ភាសាខ្មែរ (Khmer)

សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយ ភាសាខ្មែរ សេវាកម្មជំនួយភាសាភាគតិចភ្នែកគឺមានសម្រាប់អ្នក។ ជំនួយ និងសេវាកម្មដែលជាការជួយដ៏សមរម្យ ក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បាន ក៏អាចរកបានដោយភាគតិចភ្នែកផងដែរ។ ហៅទូរសព្ទទៅ 1-800-878-4445 (TTY: 711) ឬនិយាយទៅកាន់អ្នកផ្តល់សេវារបស់អ្នក។”

Português do Brasil (Brasillian Portuguese)

ATENÇÃO: Se você fala Português, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-800-878-4445 (TTY: 711) ou fale com seu provedor.”

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