



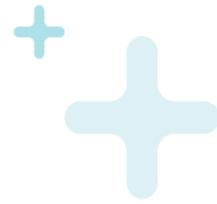
# 2021 Plan Overview

Individuals and families —  
Washington

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



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



## ProvRN Free

### Access to care 24/7

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

- ✓ Always free, always there for you
- ✓ Connect with a nurse at 1-800-700-0481 or 503-574-6520



## ExpressCare Virtual Free\*

### Getting the care you need, when you need it

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

- ✓ 8 a.m. – 8 p.m., (Pacific Time) daily



## ExpressCare Clinics \$

### Same-day, in-person treatment

When you need to see someone and your regular care provider is not available. With many convenient locations (some in your local Walgreens), it's easy to find a clinic near you.

- ✓ 7 days a week



## Primary Care \$

### Your primary healthcare partner

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

- ✓ By appointment
- ✓ Call your primary care provider



## Urgent Care \$\$

### When you need help right away

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

- ✓ Hours vary by location



## Emergency \$\$\$\$

### When you think you may be in danger

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

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

# More ways to reach True Health



## Active&Fit Direct®

Ready to kick-start a routine or looking to take it to the next level? Access more than 11,000 participating fitness centers, 2,500 digital workout videos or daily weekday workout classes on Facebook Live and YouTube for just \$25 per month (plus a \$25 enrollment fee and applicable taxes; 3-month commitment required).\*

*\*Prices, terms and programs subject to change.*



## LifeBalance

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



## Personal Health Coach

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



## ChooseHealthy

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



## ID Protection

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



## Emergency Travel Assistance

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



For information on these programs, visit

**[ProvidenceHealthPlan.com/discounts](https://www.providencehealthplan.com/discounts)**

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

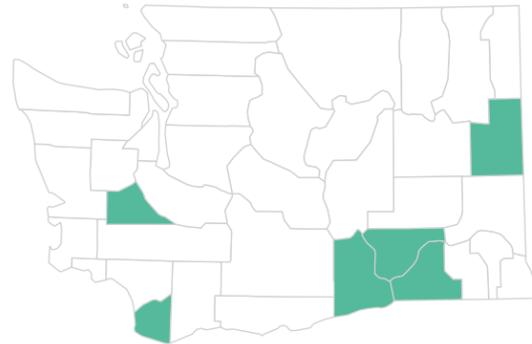
\*ExpressCare Virtual visits are free with Columbia and Providence Cascade plans.

# Columbia

Columbia plans combine a medical home model of care with a tailored provider network. Members select a medical home from our Providence Choice network with this plan. The medical home model provides a team of health professionals dedicated to your overall well-being.

## Columbia plans offer:

- + Access to specialists via referral from the medical home
- + No out-of-network benefits are included with this plan. You must use an in-network provider to receive benefits except for emergency and urgent care services.
- + Chiropractic manipulation, acupuncture and massage are covered in-network
- + You can see a naturopath or other alternative care provider for covered benefits, including periodic exams and well-baby care. These services are covered at the same rate as they would be for a primary care provider, as long as the alternative care provider is licensed to perform the services.



### The Providence Choice network

A network of primary care clinics in these counties:

- + Benton
- + Clark
- + Franklin
- + Spokane
- + Thurston
- + Walla Walla

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

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

Columbia plans	Columbia 1500 Gold In-network (No out-of-network benefits)	Columbia 4500 Silver In-network (No out-of-network benefits)	Columbia 8550 Bronze In-network (No out-of-network benefits)
Annual deductible Individual/Family	\$1,500/\$3,000	\$4,500/\$9,000	\$8,550/\$17,100
Annual out-of-pocket maximum Individual/Family	\$8,200/\$16,400	\$8,550/\$17,100	\$8,550/\$17,100
After meeting your deductible, you'll pay the following amounts for covered services. The deductible doesn't apply for services marked with a ✓.			
<b>Preventive Care</b>			
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✓

Columbia plans (continued)	Columbia 1500 Gold In-network (No out-of-network benefits)	Columbia 4500 Silver In-network (No out-of-network benefits)	Columbia 8550 Bronze In-network (No out-of-network benefits)
<b>Office Visits for Medical Services</b>			
Primary care provider (PCP)	\$30✓	\$40✓	\$50✓
ExpressCare Virtual visits	Covered in full✓	Covered in full✓	Covered in full✓
Alternative care provider	\$30✓	\$40✓	\$50✓
Specialist	\$50✓	\$60✓	\$75✓
<b>Hospital Services</b>			
Inpatient hospital services and maternity care	20%	35%	Covered in full
<b>Emergency and Urgent Care</b>			
Emergency services (all services treated as in-network)	\$250 then 20%	\$250 then 35%	Covered in full
Urgent care services (deductible applies out-of-network)	\$50✓	\$60✓	\$75✓
<b>Outpatient Diagnostic Services</b>			
X-ray and lab services	20%✓	35%✓	Covered in full
High tech imaging services (such as PET, CT, MRI)	20%	35%	Covered in full
<b>Mental Health and Chemical Dependency</b>			
Inpatient and residential services	20%	35%	Covered in full
Outpatient provider visits	\$30✓	\$40✓	\$50✓
<b>Other Covered Services</b>			
Outpatient surgery at an ambulatory surgery center	10%	25%	Covered in full
Chiropractic manipulation (limited to 10 visits per calendar year)	\$25✓	\$25✓	\$25✓
Acupuncture (limited to 12 visits per calendar year)	\$25✓	\$25✓	\$25✓
Massage therapy (limited to 10 visits per calendar year)	\$25✓	\$25✓	\$25✓
<b>Prescription Drugs</b>			
Tier 1	Covered in full✓	Covered in full✓	Covered in full✓
Tier 2	\$10✓	\$20✓	\$35✓
Tier 3	\$50✓	\$65✓	Covered in full
Tier 4	50%	50%	Covered in full
Tier 5	50% with a \$200 per script cap	50% with a \$200 per script cap	Covered in full
Tier 6	50%	50%	Covered in full
<b>Pediatric Vision Services (children aged 18 years and younger)</b>			
Routine eye exams (one exam per calendar year)	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✓

✓Deductible is waived for these services

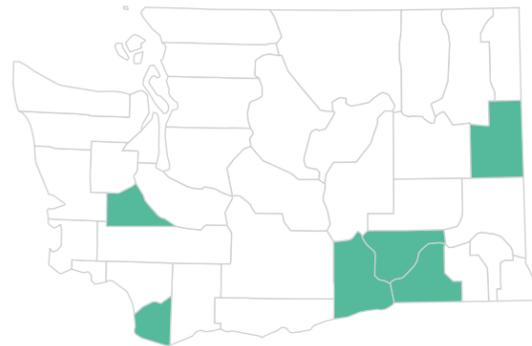
Purchase a Columbia plan at [ProvidenceHealthPlan.com/shop](https://www.providencehealthplan.com/shop) or through your local insurance producer.

# Providence Cascade

Providence Cascade plans are new for 2021. These plans were developed by Washington Health Benefit Exchange to offer standard cost-sharing designs, including deductibles, copays, and coinsurance for medical services.

## Providence Cascade plans offer:

- + Access to specialists via referral from the medical home
- + No out-of-network benefits are included with this plan. You must use an in-network provider to receive benefits except for emergency and urgent care services.
- + Chiropractic manipulation, acupuncture and massage are covered in-network
- + You can see a naturopath or other alternative care provider for covered benefits, including periodic exams and well-baby care. These services are covered at the same rate as they would be for a primary care provider, as long as the alternative care provider is licensed to perform the services.



### The Providence Choice network

A network of primary care clinics in these counties:

- + Benton
- + Clark
- + Franklin
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- + Walla Walla

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

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

Providence Cascade plans	Providence Cascade Gold In-network (No out-of-network benefits)	Providence Cascade Silver In-network (No out-of-network benefits)	Providence Cascade Bronze In-network (No out-of-network benefits)
Annual deductible Individual/Family	\$500/\$1,000	\$2,000/\$4,000	\$6,000/\$12,000
Annual out-of-pocket maximum Individual/Family	\$5,250/\$10,500	\$7,800/\$15,600	\$8,550/\$17,100
After meeting your deductible, you'll pay the following amounts for covered services. The deductible doesn't apply for services marked with a ✓.			
<b>Preventive Care</b>			
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✓

Providence Cascade plans (continued)	Providence Cascade Gold In-network (No out-of-network benefits)	Providence Cascade Silver In-network (No out-of-network benefits)	Providence Cascade Bronze In-network (No out-of-network benefits)
<b>Office Visits for Medical Services</b>			
Primary care provider (PCP)	\$15✓	\$25✓	\$50✓
ExpressCare Virtual visits	Covered in full✓	Covered in full✓	Covered in full✓
Alternative care provider	\$15✓	\$25✓	\$50✓
Specialist	\$40✓	\$60✓	\$100
<b>Hospital Services</b>			
Inpatient hospital services and maternity care	\$525✓ *	\$800*	40%
<b>Emergency and Urgent Care</b>			
Emergency services (all services treated as in-network)	\$450	\$800	40%
Urgent care services (deductible applies out-of-network)	\$35✓	\$60✓	\$100✓
<b>Outpatient Diagnostic Services</b>			
X-ray services	\$30✓	\$60✓	40%
Lab services	\$20✓	\$35✓	40%
High tech imaging services (such as PET, CT, MRI)	\$300	30%	40%
<b>Mental Health and Chemical Dependency</b>			
Inpatient and residential services	\$525✓ *	\$800*	40%
Outpatient provider visits	\$15✓	\$25✓	\$50✓
<b>Other Covered Services</b>			
Outpatient surgery at an ambulatory surgery center	\$350	\$600	40%
Chiropractic manipulation (limited to 10 visits per calendar year)	\$15✓	\$25✓	\$50✓
Acupuncture (limited to 12 visits per calendar year)	\$15✓	\$25✓	\$50✓
Massage therapy (limited to 10 visits per calendar year)	\$15✓	\$25✓	\$50✓
<b>Prescription Drugs</b>			
Tier 1	\$10✓	\$20✓	\$32✓
Tier 2	\$10✓	\$20✓	\$32✓
Tier 3	\$60✓	\$70✓	40%
Tier 4	\$100✓	\$250	40%
Tier 5	\$100✓	\$250	40%
Tier 6	\$100✓	\$250	40%
<b>Pediatric Vision Services (children aged 18 years and younger)</b>			
Routine eye exams (one exam per calendar year)	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✓

✓Deductible is waived for these services

\* Per day copay. Limit of 5 copays per stay.

Purchase the right plan for you through the Washington Health Benefit Exchange at [WaHealthPlanFinder.org](https://www.WaHealthPlanFinder.org).



# Things to know as you consider your coverage

**When to apply**

Apply during open enrollment from Nov. 1, 2020 through Dec. 15, 2020 for a Jan. 1, 2021 effective date of coverage. After the open enrollment period ends, you must have a qualifying life event to enroll during the special enrollment period. You can apply for and get health insurance coverage during the special enrollment period if you experience an involuntary loss of minimum essential coverage except for failure to pay the premium or experience certain life events, such as marriage or adoption. For more information and a list of qualifying events, visit [ProvidenceHealthPlan.com/qe](https://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 Washington. Providence is non-duplication with Medicare on Individual and Family plans. Someone who is entitled to Medicare part A and/or enrolled in part B is not eligible to enroll in a PHP Individual and Family plan.

**Application and premium payment dates**

To apply directly through Providence Health Plan, visit [ProvidenceHealthPlan.com/shop](https://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.

The Effective Date of Coverage is determined by the Qualifying Event as well as Providence Health Plan's receipt of the initial Premium.

Date we receive your application	<b>1st–15th of the month</b> Example: We receive your application on March 12th.	<b>16th–last day of the month</b> Example: We receive your application on March 28th.
Coverage effective date	<b>1st day of the following month</b> Example: Your coverage will start on April 1st.	<b>1st day of the 2nd following month</b> Example: Your coverage will start on May 1st.
Due date for your initial premium payment (Refer to your offer of coverage for more information)	<b>Coverage effective date</b> Example: We received your first payment prior to April 1st.	<b>Coverage effective date</b> Example: We received your first payment prior to May 1st.

To see if you qualify for financial help to lower your monthly premium or out-of-pocket costs and to apply for coverage through the Washington Health Benefit Exchange, visit [WaHealthPlanFinder.org](https://WaHealthPlanFinder.org). The Effective Date of Coverage is determined by the Washington Health Benefit Exchange as well as Providence Health Plan's receipt of the Initial Premium.

**Monthly premium payment information**

After you have been enrolled, your monthly premium payment is due on the first of each month. Providence Health Plan encourages you to visit [Providence.org/premiumpay](https://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-wa](https://ProvidenceHealthPlan.com/glossary-wa) for explanations and definitions of health insurance terms.

**Termination of Pregnancy Notice**

Termination of pregnancy is not a covered service, unless there is a severe threat to the mother, or if the life of the fetus cannot be sustained. Providence has a religious objection to providing this service in other circumstances. However, enrollees in Providence Plans have coverage for termination of pregnancy services not covered under these Plans through the Washington Department of Health Family Planning Program. For information on how to receive these services, please visit [Providence.org/tpr](https://Providence.org/tpr) or contact the Department of Health customer service line at **1-800-525-0127**. You are not required to notify or interact with Providence Health Plan in any way.

# Non-discrimination statement

Providence Health Plan and Providence Health Assurance comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Providence Health Plan and Providence Health Assurance do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

## Providence Health Plan and Providence Health Assurance:

Provide free aids and services to people with disabilities to communicate effectively with us, such as:

- + Qualified sign language interpreters
- + Written information in other formats (large print, audio, accessible electronic formats, other formats)

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

- + Qualified interpreters
- + Information written in other languages

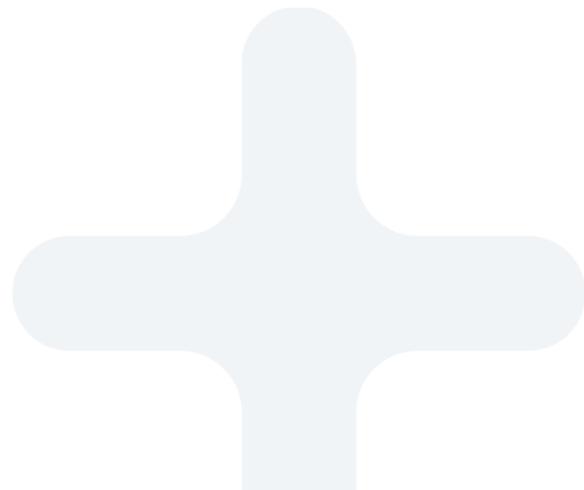
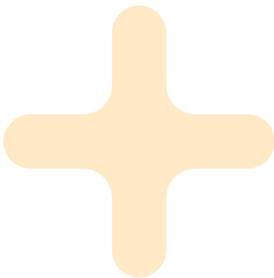
If you are a Medicare member who needs these services, call **503-574-8000** or **1-800-603-2340**. All other members can call **503-574-7500** or **1-800-878-4445**. Hearing impaired members may call our **TTY** line at **711**.

## Filing a grievance

If you believe that Providence Health Plan or Providence Health Assurance has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Non-discrimination Coordinator by mail:

### Providence Health Plan and Providence Health Assurance

Attn: Non-discrimination Coordinator  
 PO Box 4158  
 Portland, OR 97208-4158



# Language access information

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

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

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

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

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

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

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

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

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អល គឺអាចមានសំរាប់បម្រើអ្នក។ ចូរ ទូរស័ព្ទ 1-800-603-2340 (TTY: 711)។

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

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

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

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

ପିଆନ ଚିଃ: ନେ ତ୍ରୁମିଁ ନିନାସି ସେଲେ ଚେ, ତାଁ ଡାମ୍ମା ଝିଂଚ ମଗାଝିତା ମେଢା ତ୍ରାଡ଼େ ଲଝି ମୁଢ଼ତ ଓପିଲସପ ଚେ। 1-800-603-2340 (TTY: 711) 'ତେ ବାଲ ବଚେ।

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

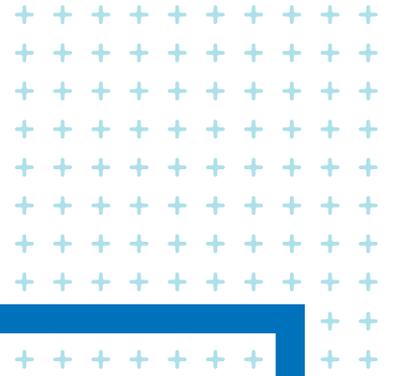
ໂປດຊາບ: ຖ້າ ວ່ າ ທ່ າ ນວ່ າ ພາສາ ລາວ, ການບໍ ລິການວ່ າ ວຍເຫຼ ອດ້ າ ນພາສາ, ໂດຍ ບໍ ລິ ບໍ ລິ າ, ແມ່ ນມພໍ ອມໃຫ້ ທ່ າ ນ. ໂທສ 1-800-603-2340 (TTY: 711).

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

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

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

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



### **Our Mission**

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

### **Our Values**

Compassion | Dignity | Justice | Excellence | Integrity

## **Sales assistance**

Call **1-800-988-0088**

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

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

Providence Cascade Plans: [WaHealthPlanFinder.org](https://www.wahealthplanfinder.org)

### **Notice of Privacy Practices**

Visit [ProvidenceHealthPlan.com](https://www.providencehealthplan.com) to learn about Providence Health Plan privacy practices. You may obtain a copy of our Providence Health Plan Notice of Privacy Practices by going to [ProvidenceHealthPlan.com](https://www.providencehealthplan.com) and selecting “Rights and notices” or by calling customer service at **1-800-878-4445**.