

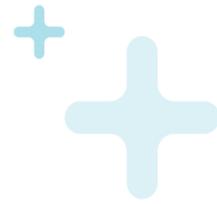
2022 Plan Overview

Individuals and families — Oregon

[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
- ✓ Create your free account today at Virtual.Providence.org



ExpressCare Clinics \$

Same-day, in-person treatment

When you need to see someone and your regular care provider is not available.

- ✓ 7 days a week
- ✓ Create your free account today at ProvidenceExpressCare.org



Primary Care \$

Your primary healthcare partner

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

- ✓ By appointment
- ✓ Call your primary care provider



Urgent Care \$\$

When you need help right away

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

- ✓ Hours vary by location
- ✓ Find your nearest Urgent Care at ProvidenceExpressCare.org



Emergency \$\$\$\$

When you think you may be in danger

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

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

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 16,000 participating fitness centers, 4,000 digital workout videos or daily weekday workout classes on Facebook Live and YouTube for only \$25 a month (plus a \$25 enrollment fee and applicable taxes; 2-month commitment required).*



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.



ID Protection

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



Behavioral Health Network

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



Personal Health Coach

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



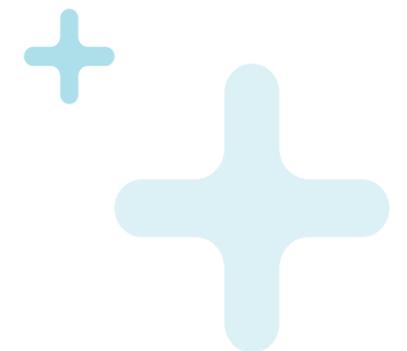
ChooseHealthy

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



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

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

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

*Prices, terms and programs subject to change.

What's new for 2022

Alternative Care Coverage

With increased visit limits, you now have more time to focus on your health and well-being! All plans now feature 20 chiropractic manipulations and 12 acupuncture visits when using an in-network provider.

All plans now have access to chiropractic manipulation and acupuncture along with the alternative care that has always been included with your plan. 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.

Primary Care Telehealth Visit

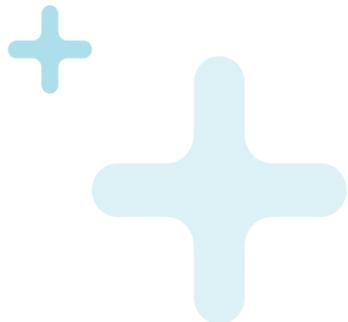
On all Connect and Providence Oregon Direct plans, you will only pay a \$10 copay for Primary Care Provider telehealth visits.

New plan offerings

If you don't qualify for a subsidy on the exchange, there are now three new plans to choose from that are sold directly through Providence Health Plan: Connect Direct, Providence Oregon Direct-Signature network, and Providence Oregon Direct-Choice network. In addition to the same great benefits that you've always had, there are now adult vision exams included on these plans for a \$25 copay.



Interested in these new offerings and want to learn more?
Just call **503-574-5000** or **800-988-0088** to speak with a representative.



Important benefits to note



Colonoscopy age change

The age for preventive colorectal cancer screenings has been lowered and members who are 45 and over can receive this service free of charge.

Pharmacy discount

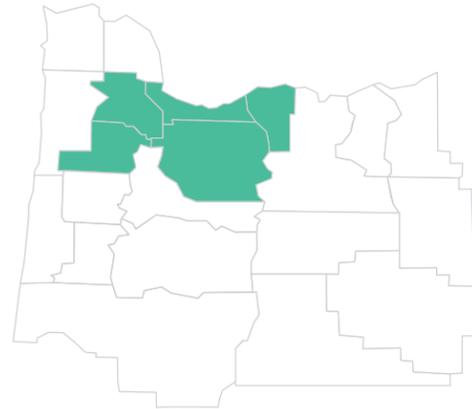
Looking for ways to save? On certain plans, when ordering a 90-day supply of prescription drugs through mail order, the cost will be the same as a 60-day supply. Applies to tiers 1-4 only.



Selling areas

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

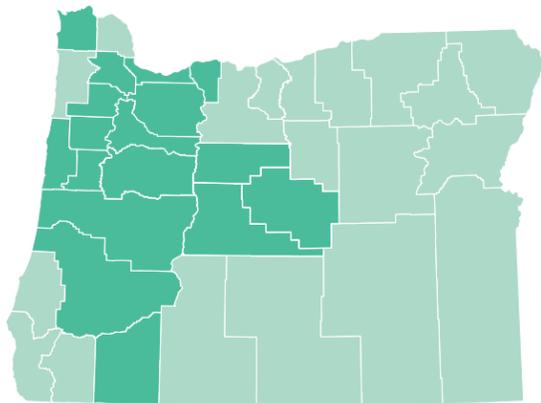
Connect plans



The Providence Connect network

- + Clackamas
- + Hood River
- + Multnomah
- + Washington
- + Yamhill (zip code 97132 only)

Standard, HSA Qualified and Providence Oregon Direct plans



Choice Network

Signature Network

The Providence Choice network

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

The Providence Signature network

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

Providence Progressive Dental plan

Available in all counties in Oregon.



Where to buy plans

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

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

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

Plan name and metal tier	Plans available directly from Providence or your producer	Plans available from the Federal Health Insurance Marketplace at HealthCare.gov
Connect 1500 Gold	✔	✔
Connect 4500 Silver	✔	✔
Connect 8700 Bronze	✔	✔
Connect Direct 4500 Silver	✔	
Providence Oregon Standard Gold Plan - Choice Network	✔	✔
Providence Oregon Standard Silver Plan - Choice Network	✔	✔
Providence Oregon Standard Bronze Plan - Choice Network	✔	✔
Providence Oregon Standard Gold Plan - Signature Network	✔	✔
Providence Oregon Standard Silver Plan - Signature Network	✔	✔
Providence Oregon Standard Bronze Plan - Signature Network	✔	✔
Providence Oregon Direct Silver Plan - Choice Network	✔	
Providence Oregon Direct Silver Plan - Signature Network	✔	
HSA Qualified 7000 Bronze - Choice Network	✔	✔
HSA Qualified 7000 Bronze - Signature Network	✔	✔
Providence Progressive Dental Plan	✔	



When to apply

Apply during open enrollment from Nov. 1, 2021 through Jan. 15, 2021. After the open enrollment period ends, you must have a qualifying life event to enroll in a health insurance plan. Examples of a qualifying life event include losing employer coverage, marriage and the birth of a child. See a list of qualifying life events at ProvidenceHealthPlan.com/qe.

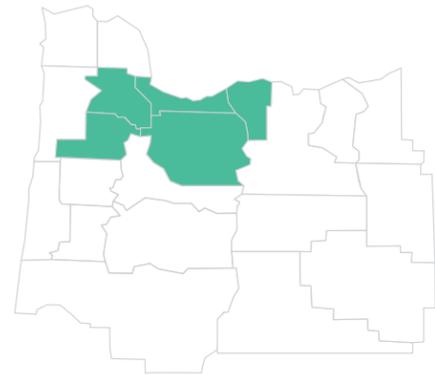
This booklet offers an overview of our Individual and Family Plans, which are subject to change every year. For more information about plan benefits and enrollment requirements, limitations and exclusions, see the plan contract or contact our sales team or your insurance producer. To view the Summary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



Connect

Connect plans offer:

- ✓ **NEW!** Connect Direct plan within our Connect network
- ✓ The **Connect Direct** plan is only available through Providence Health Plan or through a producer
- ✓ Chiropractic manipulation and acupuncture are covered in-network
- ✓ More than 90 medical home clinics in the Portland metro area
- ✓ 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.
- ✓ The option to add dental coverage with the Providence Progressive Dental plan, as long as you buy a plan directly from Providence Health Plan or through a producer. Providence Progressive Dental is not available through [HealthCare.gov](#).



The Providence Connect network

A network of more than 90 primary care clinics designated as medical homes in:

- + Clackamas
- + Hood River
- + Multnomah
- + Washington
- + Yamhill (zip code 97132 only)

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

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

Connect plans	Connect 1500 Gold In-network (No out-of-network benefits)	Connect 4500 Silver In-network (No out-of-network benefits)	Connect 8700 Bronze In-network (No out-of-network benefits)	Connect Direct 4500 Silver In-network (No out-of-network benefits)
Annual deductible Individual/Family	\$1,500/\$3,000	\$4,500/\$9,000	\$8,700/\$17,400	\$4,500/\$9,000
Annual out-of-pocket maximum Individual/Family	\$8,200/\$16,400	\$8,700/\$17,400	\$8,700/\$17,400	\$8,700/\$17,400
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				
Periodic health exams and well-baby care (from any provider licensed to perform the service)	Covered in full ✓	Covered in full ✓	Covered in full ✓	Covered in full ✓
Maternity prenatal office visits	Covered in full ✓	Covered in full ✓	Covered in full ✓	Covered in full ✓
Annual gynecological exam and Pap test	Covered in full ✓	Covered in full ✓	Covered in full ✓	Covered in full ✓
Mammograms	Covered in full ✓	Covered in full ✓	Covered in full ✓	Covered in full ✓
Colorectal cancer screenings (preventive age 45 and over)	Covered in full ✓	Covered in full ✓	Covered in full ✓	Covered in full ✓

Connect plans continued on next page.

Connect plans (continued)	Connect 1500 Gold In-network (No out-of-network benefits)	Connect 4500 Silver In-network (No out-of-network benefits)	Connect 8700 Bronze In-network (No out-of-network benefits)	Connect Direct 4500 Silver In-network (No out-of-network benefits)
Office Visits for Medical Services				
Primary care provider (PCP)	\$30 ✓	\$40 ✓	\$70 ✓	\$35 ✓
Primary care provider (PCP) virtually	\$10 ✓	\$10 ✓	\$10 ✓	\$10 ✓
Alternative care provider	\$30 ✓	\$40 ✓	\$70 ✓	\$35 ✓
Specialist	\$50 ✓	\$60 ✓	\$100 ✓	\$55 ✓
Hospital Services				
Inpatient hospital services and maternity care	20%	35%	Covered in full	35%
Emergency and Urgent Care				
Emergency services (all services treated as in-network)	\$250 then 20%	\$250 then 35%	Covered in full	\$250 then 35%
Urgent care services (Deductible applies out-of-network)	\$50 ✓	\$60 ✓	\$100 ✓	\$55 ✓
Outpatient Diagnostic Services				
X-ray and lab services	20% ✓	35% ✓	Covered in full	35% ✓
High tech imaging services (such as PET, CT, MRI)	20%	35%	Covered in full	35%
Mental Health and Chemical Dependency				
Inpatient and residential services	20%	35%	Covered in full	35%
Outpatient provider visits	\$30 ✓	\$40 ✓	\$70 ✓	\$35 ✓
Other Covered Services				
Outpatient surgery at an ambulatory surgery center	10%	25%	Covered in full	25%
Chiropractic manipulation (20 visits per calendar year) and acupuncture (12 visits per calendar year)	\$25 ✓	\$25 ✓	\$25 ✓	\$25 ✓
Prescription Drugs				
Tier 1	Covered in full ✓	Covered in full ✓	Covered in full ✓	Covered in full ✓
Tier 2	\$10 ✓	\$20 ✓	\$35 ✓	\$20 ✓
Tier 3	\$50 ✓	\$65 ✓	Covered in full	\$65 ✓
Tier 4	50%	50%	Covered in full	50%
Tier 5	50% with a \$200 per script cap	50% with a \$200 per script cap	Covered in full	50% with a \$200 per script cap
Tier 6	50%	50%	Covered in full	50%
Pediatric Vision Services (children aged 18 years and younger, one exam per calendar year)				
Routine eye exams	Covered in full ✓	Covered in full ✓	Covered in full ✓	Covered in full ✓
Vision hardware (frames, lenses, contact lenses); limits apply	Covered in full ✓	Covered in full ✓	Covered in full ✓	Covered in full ✓
Adult Vision Services (one exam per calendar year)				
Routine eye exams	\$25 ✓	\$25 ✓	\$25 ✓	\$25 ✓
Vision hardware (frames, lenses, contact lenses)	Not covered	Not covered	Not covered	Not covered
Pediatric Dental Services* (children aged 18 years and younger)				
Preventive services	Covered in full ✓	Covered in full ✓	Covered in full ✓	Covered in full ✓
Basic services (restorative fillings)	50%	50%	Covered in full	50%
Major services (includes oral surgery, crowns, endodontics, periodontics, denture and bridge work)	50%	50%	Covered in full	50%

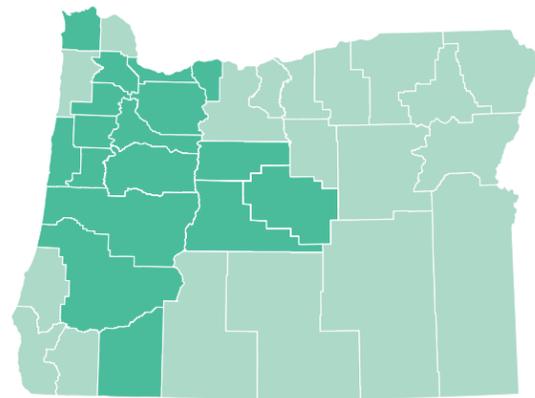
✓ Deductible is waived for these services.

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

NEW! Providence Oregon Direct

Providence Oregon Direct plan offers:

- ✓ Providence Oregon Direct plans are only available through Providence Health Plan or through a producer.
- ✓ In some counties, your provider network is the Providence Choice network. In other counties, your provider network is the Providence Signature network.
- ✓ You will need to choose a medical home if your plan is on the Providence Choice network.



Choice network
 Signature network

- ✓ No out-of-network benefits are included with this plan. You must use an in-network provider to receive benefits except for emergency and urgent care services.
- ✓ Access to specialists via referral from the medical home for Providence Oregon Direct plans on the Providence Choice network. No referral needed for Providence Oregon Direct plans on the Signature network.
- ✓ The option to add dental coverage with the Providence Progressive Dental Plan.

The Providence Choice network

A network of more than 420 primary care clinics designated as medical homes.

Providence Signature network

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

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

Providence Oregon Direct	Providence Oregon Direct Silver In-network (No out-of-network benefits)
Annual deductible Individual/Family	\$3,650/\$7,300
Annual out-of-pocket maximum Individual/Family	\$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 ✓.	
Preventive Care	
Periodic health exams and well-baby care (from any provider licensed to perform the service)	Covered in full ✓
Maternity prenatal office visits	Covered in full ✓
Annual gynecological exam and Pap test	Covered in full ✓
Mammograms	Covered in full ✓
Colorectal cancer screenings (preventive age 45 and over)	Covered in full ✓

Providence Oregon Direct plan continued on next page.

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

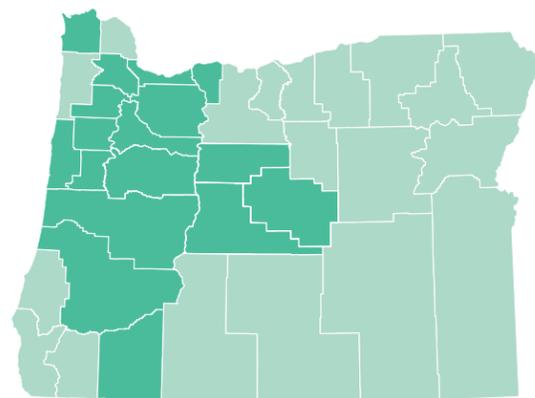
✓ Deductible is waived for these services.

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

Standard

Standard plans offer:

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



Choice network Signature network

The Providence Choice network

A network of more than 420 primary care clinics designated as medical homes.

Providence Signature network

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

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

Standard plans	Providence Oregon Standard Gold In-network (No out-of-network benefits)	Providence Oregon Standard Silver In-network (No out-of-network benefits)	Providence Oregon Standard Bronze In-network (No out-of-network benefits)
Annual deductible Individual/Family	\$1,500/\$3,000	\$3,650/\$7,300	\$8,700/\$17,400
Annual out-of-pocket maximum Individual/Family	\$7,300/\$14,600	\$8,550/\$17,100	\$8,700/\$17,400
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			
Periodic health exams and well-baby care (from any provider licensed to perform the service)	Covered in full✓	Covered in full✓	Covered in full✓
Maternity prenatal office visits	Covered in full✓	Covered in full✓	Covered in full✓
Annual gynecological exam and Pap test	Covered in full✓	Covered in full✓	Covered in full✓
Mammograms	Covered in full✓	Covered in full✓	Covered in full✓
Colorectal cancer screenings (preventive age 45 and over)	Covered in full✓	Covered in full✓	Covered in full✓

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

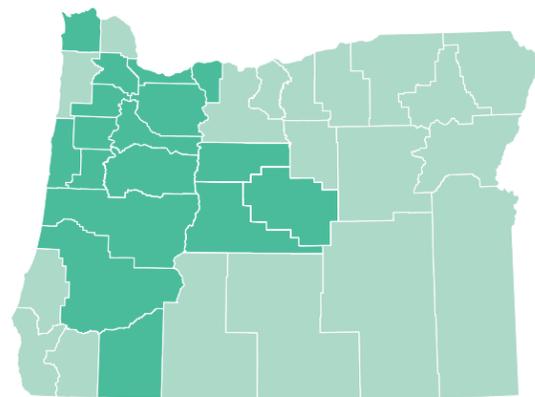
✓Deductible is waived for these services.

HSA Qualified

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

The HSA Qualified plan offers:

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



■ Choice network ■ Signature network

The Providence Choice network

A network of more than 420 primary care clinics designated as medical homes.

Providence Signature network

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

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

HSA Qualified plan	HSA Qualified 7000 Bronze In-network (No out-of-network benefits)
Annual deductible Individual/Family	\$7,000/\$14,000
Annual out-of-pocket maximum Individual/Family	\$7,000/\$14,000
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 ✓
Maternity prenatal office visits	Covered in full ✓
Annual gynecological exam and Pap test	Covered in full ✓
Mammograms	Covered in full ✓
Colorectal cancer screenings (preventive age 45 and over)	Covered in full ✓

HSA Qualified plan (continued)	HSA Qualified 7000 Bronze In-network (No out-of-network benefits)
Office Visits for Medical Services	
Primary care provider (PCP)	Covered in full
Primary care provider (PCP) virtually	Covered in full
Alternative care provider	Covered in full
Specialist	Covered in full
Hospital Services	
Inpatient hospital services and maternity care	Covered in full
Emergency and Urgent Care	
Emergency services (all services treated as in-network)	Covered in full
Urgent care services	Covered in full
Outpatient Diagnostic Services	
X-ray and lab services	Covered in full
High tech imaging services (such as PET, CT, MRI)	Covered in full
Mental Health and Chemical Dependency	
Inpatient and residential services	Covered in full
Outpatient provider visits	Covered in full
Other Covered Services	
Outpatient surgery at an ambulatory surgery center	Covered in full
Chiropractic manipulation (20 visits per calendar year) and acupuncture (12 visits per calendar year)	\$25
Prescription Drugs	
Tier 1	Covered in full
Tier 2	Covered in full
Tier 3	Covered in full
Tier 4	Covered in full
Tier 5	Covered in full
Tier 6	Covered in full
Pediatric Vision Services (children aged 18 years and younger)	
Routine eye exams	Covered in full ✓
Vision hardware (frames, lenses, contact lenses); limits apply	Covered in full ✓
Adult Vision Services (one exam per calendar year)	
Routine eye exams	Not covered
Vision hardware (frames, lenses, contact lenses)	Not covered
Pediatric Dental Services (children aged 18 years and younger)	
Preventive services	Not covered
Basic services (restorative fillings)	Not covered
Major services (includes oral surgery, crowns, endodontics, periodontics, denture and bridge work)	Not covered

✓ Deductible is waived for these services.

Please visit [ProvidenceHealthPlan.com/shop](https://www.ProvidenceHealthPlan.com/shop) to compare plans, see rates and enroll.

Providence Progressive Dental plan option

Providence Progressive Dental provides you with comprehensive benefits promoting good health with coverage for preventive care, as well as many basic and major services. With this plan, you have access to over 3,600 provider listings in Oregon and southwest Washington, and nearly 353,000 in-network provider listings nationwide. To search for a dentist, visit ProvidenceHealthPlan.com/findaprovider.

Providence Progressive Dental plan features:

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

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

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

Important information about dental coverage:

You must purchase a PHP Individual and Family medical Plan in order to purchase the Providence Progressive Dental Plan. You may not purchase our dental plan if you get your Providence medical plan through the Marketplace. If you apply for this dental plan, everyone on the application will be included on the dental plan. If anyone in your family wishes to have just medical and not dental, you must submit a separate application. Our optional Providence Progressive Dental Plan provides benefits for adults and children for an additional monthly premium per person, per month. If you choose Providence Progressive Dental, all people listed on the application will be enrolled and charged the dental premium amount in addition to the medical plan premium. If you purchase a Providence Health Plan Standard or HSA Qualified medical plan, adding the Providence Progressive Dental Plan does not satisfy the ACA pediatric dental Essential Health Benefit (EHB) requirement. For more details on the Providence Progressive Dental Plan, visit ProvidenceHealthPlan.com/IndDental22

Things to know as you consider your coverage

When to apply

Apply during open enrollment from Nov. 1, 2021 through Dec. 31, 2021 for a Jan. 1, 2022 effective date of coverage. If you apply from Jan. 1, 2022 through Jan. 15, 2022, you will have a Feb. 1, 2022 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.

Eligibility

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

Application and premium payment dates

Your online application must be submitted directly to 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

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 as outlined in the contract, please call Membership Accounting at [503-574-5791](tel:503-574-5791) or [1-888-816-1300](tel:1-888-816-1300) 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 privacy practices. You may obtain a copy of our Providence Health Plan Notice of Privacy Practices by going to ProvidenceHealthPlan.com and selecting "Rights and notices" at the bottom of the main page, or by calling customer service at [800-878-4445](tel:800-878-4445).



Non-discrimination statement

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

Providence Health Plan and Providence Health Assurance:

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

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

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

- + Qualified interpreters
- + Information written in other languages

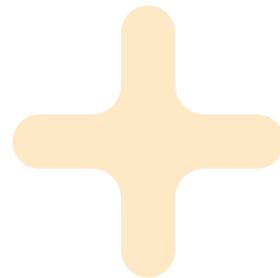
If you are a Medicare member who needs these services, call **503-574-8000** or **800-603-2340**. All other members can call **503-574-7500** or **800-878-4445**. Hearing impaired members may call our **TTY** line at **711**.

Filing a grievance

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

Providence Health Plan and Providence Health Assurance

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



Language access information

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

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

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

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

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

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

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

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

ប្រយ័ត្ន: 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፣ በገዳ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-800-603-2340 (ማስማት ለተሳናቸው: 711)።

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

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

ପିଆନ ଚିଃ: ନେ ତ୍ରୁମିଁ ପିନାସି ସେଲେ ଚେ, ଡାଁ ଡାମ୍ପା ଝିଂଚ ମଗାଝିଡା ମେଢା ତ୍ରାଡେ ଲଝି ମୁଢ଼ତ ତ୍ରାପଲସପ ଚେ। 1-800-603-2340 (TTY: 711) 'ଡେ ବାଲ ବଚେ।

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

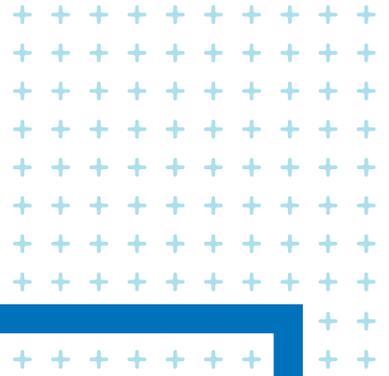
ໂປດສະກາ: ຖ້າ ວ່ າ ທ່ າ ນວ່ າ ພາສາ ລາວ, ການບໍ ລິການວ່ າ ວຍເຫຼ ອດ້ າ ນພາສາ, ໂດຍ ບໍ ລິ ບໍ ລິ າ, ແມ່ ນມພໍ ອມໃຫ້ ທ່ າ ນ. ໂທ 1-800-603-2340 (TTY: 711).

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

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

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

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



Our Mission

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

Our Values

Compassion | Dignity | Justice | Excellence | Integrity

Sales assistance

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

All other areas: **1-800-988-0088**

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

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