2020 Plan Overview

Individuals and families — Washington
Your best health starts with these great perks

**Providence Express Care Virtual** – Visit a health care provider at your convenience via your computer or smartphone. Services are covered in full on most Providence health plans.

**Health Coaching** – Join the 92 percent of Providence health coaching participants who’ve made a lifestyle improvement. Call 888-819-8999.

**ProvRN** – Get free medical advice from a Providence registered nurse. Call anytime – 24/7 – 800-700-0481.

**ID Protection** – With Assist America’s Identity Theft Protection, eligible members who enroll are protected from the effects of identity theft. You’ll have tools to help prevent theft of personal data, and restore its integrity if used fraudulently.

**Travel Assistance** – With a single phone call to Assist America, Providence members get access to a unique global emergency assistance program. It immediately connects you to emergency services while traveling more than 100 miles away from home or if you are in another country.

**Active&Fit Direct™** – Tired of paying expensive health club membership fees? Join the Active&Fit Direct program for $25 a month. Choose from more than 10,000 participating fitness centers nationally.

**LifeBalance** – Get discounts on the things you love to do, from seeing a movie to getting away for less with unique vacation packages. Visit LifeBalanceProgram.com.

**ChooseHealthy®** – Get discounts on acupuncture, chiropractic care, massage therapy and dietitian services. Visit ChooseHealthy.com.

**Areas we cover**

To apply for a Providence Individual and Family plan, you must reside in our selling area of Benton, Clark, Franklin, Spokane, Thurston and Walla Walla counties.

**Where to buy plans**

Purchase the right Providence plan for you through the Washington Health Benefit Exchange at WaHealthPlanFinder.org.

Get help from a Providence representative, 800-988-0088, 8 a.m. to 5 p.m. (Pacific Time), Monday through Friday or contact your insurance producer.

**When to apply**

Apply during open enrollment from Nov. 1, 2019 through Dec. 15, 2019. 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.
Things to know as you consider your coverage

Special enrollment
To apply for 2020 medical coverage or make a change to your current plan outside of the open enrollment period, you must qualify for special enrollment. 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 legal 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
Your online application must be submitted directly to WaHealthPlanFinder.org. 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.

<table>
<thead>
<tr>
<th>Date application is received</th>
<th>Coverage effective date</th>
<th>Date initial payment must be received by PHP</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st–15th of the month</td>
<td>1st day of the following month</td>
<td>1st day of the following month</td>
</tr>
<tr>
<td>16th–last day of the month</td>
<td>1st day of the 2nd following month</td>
<td>1st day of the 2nd following month</td>
</tr>
</tbody>
</table>

For example: If your application is received on April 14, then your coverage starts May 1. If your application is received on April 18, then your coverage starts June 1.

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.

Privacy policy
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 "Privacy Notices & Policies" or by calling customer service at 800-878-4445.
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.
+ Emergency and urgent care services covered in- and out-of-network
+ Chiropractic manipulation, acupuncture and massage are covered in-network

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. To see if your provider is in one of our medical homes, select “Individual and Family Plans”, and “Providence Choice Network.” Then, select “Medical Home Primary Care Providers” under “What type of doctor are you looking for?” when you filter search results.

For more information about Providence medical homes, visit ProvidenceHealthPlan.com/medhome.

<table>
<thead>
<tr>
<th>Columbia plans</th>
<th>Columbia 1500 Gold</th>
<th>Columbia 4500 Silver</th>
<th>Columbia 8150 Bronze</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual deductible Individual/Family</td>
<td>$1,500/$3,000</td>
<td>$4,500/$9,000</td>
<td>$8,150/$16,300</td>
</tr>
<tr>
<td>Annual out-of-pocket maximum Individual/Family</td>
<td>$6,000/$12,000</td>
<td>$8,150/$16,300</td>
<td>$8,150/$16,300</td>
</tr>
</tbody>
</table>

After meeting your deductible, you pay the following amounts for covered services. The deductible does not apply for the covered services that are marked with ✓.

### Preventive Care

<table>
<thead>
<tr>
<th>Preventive Service</th>
<th>Columbia 1500 Gold</th>
<th>Columbia 4500 Silver</th>
<th>Columbia 8150 Bronze</th>
</tr>
</thead>
<tbody>
<tr>
<td>Periodic health exams and well-baby care (from any provider licensed to perform the service)</td>
<td>Covered in full✓</td>
<td>Covered in full✓</td>
<td>Covered in full✓</td>
</tr>
<tr>
<td>Maternity prenatal office visits</td>
<td>Covered in full✓</td>
<td>Covered in full✓</td>
<td>Covered in full✓</td>
</tr>
<tr>
<td>Annual gynecological exam and Pap test</td>
<td>Covered in full✓</td>
<td>Covered in full✓</td>
<td>Covered in full✓</td>
</tr>
<tr>
<td>Mammograms</td>
<td>Covered in full✓</td>
<td>Covered in full✓</td>
<td>Covered in full✓</td>
</tr>
<tr>
<td>Colorectal cancer screenings (preventive age 50 and over)</td>
<td>Covered in full✓</td>
<td>Covered in full✓</td>
<td>Covered in full✓</td>
</tr>
</tbody>
</table>

Columbia plans continued on next page.
### Columbia plans (continued)

<table>
<thead>
<tr>
<th>Office Visits for Medical Services</th>
<th>Columbia 1500 Gold (No out-of-network benefits)</th>
<th>Columbia 4500 Silver (No out-of-network benefits)</th>
<th>Columbia 8150 Bronze (No out-of-network benefits)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary care provider</td>
<td>$45✓</td>
<td>$60✓</td>
<td>$70✓</td>
</tr>
<tr>
<td>Primary care provider by phone/video</td>
<td>Covered in full✓</td>
<td>Covered in full✓</td>
<td>Covered in full✓</td>
</tr>
<tr>
<td>Alternative care provider</td>
<td>$45✓</td>
<td>$60✓</td>
<td>$70✓</td>
</tr>
<tr>
<td>Specialist</td>
<td>$65✓</td>
<td>$80✓</td>
<td>$100✓</td>
</tr>
</tbody>
</table>

### Hospital Services

- Inpatient hospital services and maternity care: 20% 35% Covered in full

### Emergency and Urgent Care

- Emergency services (all services treated as in-network): $250 then 20% 35% Covered in full
- Urgent care services (deductible applies out-of-network): $65✓ 80✓ 100✓

### Outpatient Diagnostic Services

- X-ray and lab services: 20% 35% Covered in full
- High tech imaging services (such as PET, CT, MRI): 20% 35% Covered in full

### Mental Health and Chemical Dependency

- Inpatient and residential services: 20% 35% Covered in full
- Outpatient provider visits: $45✓ 60✓ 70✓

### Other Covered Services

- 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✓

### Prescription Drugs

- Tier 1 Covered in full✓ Covered in full✓ Covered in full✓
- Tier 2 $10✓ $20✓ $35✓
- Tier 3 $50✓ $75✓ 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

### Pediatric Vision Services (children aged 18 years and younger)

- 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 the right plan for you through the Washington Health Benefit Exchange at [WaHealthPlanFinder.org](http://WaHealthPlanFinder.org).
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
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）。

주의: 한글을 사용하시는 경우, 언어 지원을 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).

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。

明らかに sophia chung: 우주에 이름이 없는 어떤 그분의 기적을 사랑하십시오. 1-800-603-2340 (TTY: 711).


Language access information
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

For Sales assistance: 800-988-0088
Hours: 8 a.m. to 5 p.m., (Pacific Time), Monday – Friday

To shop for and enroll in our plans, visit WaHealthPlanFinder.org