Your partner in health and wellness

Why choose Providence?

Everyone deserves better health.

• It’s our Mission to take care of people in need, so we invest in programs to create healthier communities.
• Since 2001, we have awarded $65 million in grants or donations to a wide variety of local organizations.
• We’re a local, not-for-profit health plan that understands the specific issues and challenges of Oregonians.

Experience and innovation mean better care for you.

• We’re part of Providence St. Joseph Health, one of the nation’s top 10 most-integrated health care providers, serving the Pacific Northwest for more than 160 years.
• Patients ranked Providence Express Care Virtual, our on-demand web-based health care service, 4.8 out of 5 stars for satisfaction.
• With innovative telemedicine, bundled care packages (e.g., one price guaranteed for certain procedures) and close coordination between our hospitals and clinics, you get better care.

We’re easy to work with.

• Our friendly, local customer service representatives answer your calls quickly and efficiently – 94.9 percent of calls are resolved the first time.
• For clean claims, 97.8 percent are processed within 30 days.
• You can get online claims and benefits information easily through myProvidence, a one-stop resource that can help you better understand and use your health plan benefits.

You get more for your health and your health care dollar.

• You’ll receive discounts on massage therapy, fitness classes, gym memberships, travel, entertainment and more, through LifeBalance.
• You can attend online classes and seminars, many of which are free or discounted for members.

Resources to keep you well

Our FitTogether™ wellness programs and services include:
• Access to ProvRN for free health advice, 24/7, from a registered nurse
• Tobacco cessation programs to help tobacco users quit for good
• Award-winning care managers who provide education and support for chronic conditions, such as asthma and diabetes
• Health and wellness classes to help you manage stress, achieve a healthy weight, begin a yoga practice and more
• An award-winning newsletter packed with health and wellness information from Providence health experts

Tools to maintain and improve health

With myProvidence, our secure member portal and complete source for health, wellness and benefits information, you can:
• Get a baseline of your overall health with a personal health assessment
• Improve your health with Wellness Central, an integrated health and wellness hub that offers a personalized dashboard, health trackers and assessments, a library of health videos and articles, meal plans and medication information
• Search the online directory to find in-network providers, review your claims history and calculate how much of your deductible you’ve met
• Manage your health costs with our treatment cost calculator and online bill pay options
• Order a replacement member ID card

Health-enhancing extras for better fitness and more fun

As a Providence Health Plan member, you can enjoy savings on:
• Exclusive recreation discounts through LifeBalance for:
  ° Popular local and national family attractions, such as zoos and amusement parks
  ° Hundreds of fitness facilities throughout Oregon
  ° Discounted tickets to local events, savings at hotels nationwide and more
• Board-certified LASIK vision correction or custom LASIK through our partner, TruVision

Alternative care options

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.

With the Connect plan, chiropractic manipulation and acupuncture are covered with a $25 copay when you use an in-network provider (3 combined visits per year).

This booklet offers an overview of our individual and family plans and premiums, 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 a benefit summary, go to ProvidenceHealthPlan.com/sbc.

Providence Health Plan Sales Department
503-574-5000 or 800-988-0088 (TTY: 711)
8 a.m. to 5 p.m., Monday – Friday
ProvidenceHealthPlan.com
Selling areas

To apply for a Providence Individual and Family plan, you must reside in our selling area for each plan type (counties indicated below).

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.

<table>
<thead>
<tr>
<th>Standard plans</th>
<th>Connect plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benton</td>
<td>Clackamas</td>
</tr>
<tr>
<td>Clackamas</td>
<td>Hood River</td>
</tr>
<tr>
<td>Coos</td>
<td>Mult.</td>
</tr>
<tr>
<td>Crook</td>
<td>Polk</td>
</tr>
<tr>
<td>Deschutes</td>
<td>Wash.</td>
</tr>
<tr>
<td>Hood River</td>
<td>Yamhill</td>
</tr>
<tr>
<td>Lane</td>
<td>Wash.</td>
</tr>
<tr>
<td>Linn</td>
<td>Wash.</td>
</tr>
<tr>
<td>Lincoln</td>
<td>Wash.</td>
</tr>
<tr>
<td>Marion</td>
<td>Washington, Yamhill (zip code 97132 only)</td>
</tr>
<tr>
<td>Multnomah</td>
<td>Wash.</td>
</tr>
<tr>
<td>Polk</td>
<td>Wash.</td>
</tr>
<tr>
<td>Yamhill</td>
<td>Wash.</td>
</tr>
<tr>
<td>Washington</td>
<td>Wash.</td>
</tr>
<tr>
<td>Wash.</td>
<td>Wash.</td>
</tr>
</tbody>
</table>

Signature Network

Available in these counties:

Choice Network: Benton, Clackamas, Clatsop, Crook, Deschutes, Douglas, Hood River, Jackson, Jefferson, Lane, Lincoln, Linn, Marion, Multnomah, Polk, Washington, Yamhill

Providence Progressive Dental plan:
All counties in Oregon

Where to buy plans

Purchase the right Providence plan for you at ProvidenceHealthPlan.com, 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.

<table>
<thead>
<tr>
<th>Plan name and metal tier</th>
<th>Plans available directly from Providence or your producer</th>
<th>Plans available from the Federal Health Insurance Marketplace at HealthCare.gov</th>
</tr>
</thead>
<tbody>
<tr>
<td>Connect 2500 Silver</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Connect 7350 Bronze</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Providence Oregon Standard Gold Plan - Signature Network</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Providence Oregon Standard Silver Plan - Signature Network</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Providence Oregon Standard Bronze HSA Plan - Signature Network</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Providence Oregon Standard Gold Plan - Choice Network</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Providence Oregon Standard Silver Plan - Choice Network</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Providence Oregon Standard Bronze HSA Plan - Choice Network</td>
<td>●</td>
<td>●</td>
</tr>
</tbody>
</table>

Compare plans. • Check rates. • Apply and enroll.

We can help you find the right plan for you. Apply and enroll:
- Online at ProvidenceHealthPlan.com
- Over the phone with a Providence representative, 8 a.m. to 5 p.m.
  – Portland metro area 503-574-5000
  – All other areas 800-988-0088
- With your insurance producer

Apply during open enrollment from Nov. 1, 2017, through Dec. 15, 2017. After the open enrollment period ends, you must have a qualifying life event to enroll in a health insurance plan. Qualifying life events include losing employer coverage, marriage and the birth of a child. See a list of qualifying life events at ProvidenceHealthPlan.com/qe.
Connect plans combine a medical home model of care with a tailored provider network. You choose a medical home from our Providence Connect network. The medical home model provides a team of health professionals that supports all aspects of your overall well-being, from wellness and prevention to helping you manage chronic conditions.

Connect plans offer:
- More than 70 medical home clinics in the Portland metro area
- No out-of-network benefits are included with this plan. You must use an in-network provider to receive benefits
- Access to specialists via referral from the medical home
- A deductible that applies to the out-of-pocket maximum
- Deductible waived in-network on the Connect Silver plan for primary doctor and specialist visits, urgent care, lab and X-ray services, and generic and preferred brand-name drugs
- Pediatric dental coverage and optional family dental coverage
- Chiropractic manipulation and acupuncture are covered in-network

Providence Connect Network: A network of more than 70 primary care clinics in Clackamas, Hood River, Multnomah, Washington and Yamhill (Zip code 97132 only) counties designated as medical homes

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 “Medical Home Primary Care Providers” under “Provider Type” when you filter search results.

Connect

<table>
<thead>
<tr>
<th></th>
<th>Connect 2500 Silver</th>
<th>Connect 7350 Bronze</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In-network</strong></td>
<td><strong>No Out-of-network benefits</strong></td>
<td><strong>In-network</strong></td>
</tr>
<tr>
<td>Annual deductible Individual/Family</td>
<td>$2,500/$5,000</td>
<td>$7,350/$14,700</td>
</tr>
<tr>
<td>Annual out-of-pocket maximum Individual/Family</td>
<td>$7,350/$14,700</td>
<td>$7,350/$14,700</td>
</tr>
</tbody>
</table>

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

**Preventive Care**

<table>
<thead>
<tr>
<th>Service</th>
<th>Connect 2500 Silver</th>
<th>Connect 7350 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>
</tr>
<tr>
<td>Maternity prenatual care</td>
<td>Covered in full✓</td>
<td>Covered in full✓</td>
</tr>
<tr>
<td>Gynecological exams (one per calendar year); Pap tests</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>
</tr>
<tr>
<td>Colorectal cancer screenings (preventive, age 50 and over)</td>
<td>Covered in ful✓x</td>
<td>Covered in full✓</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Service</th>
<th>Connect 2500 Silver</th>
<th>Connect 7350 Bronze</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine eye exams (one exam/calendar year)</td>
<td>Covered in full✓</td>
<td>Covered in full✓</td>
</tr>
<tr>
<td>Vision hardware (frames, lenses, contact lenses); limits apply</td>
<td>Covered in full✓</td>
<td>Covered in full✓</td>
</tr>
</tbody>
</table>

**Adult Vision Services**

<table>
<thead>
<tr>
<th>Service</th>
<th>Connect 2500 Silver</th>
<th>Connect 7350 Bronze</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine eye exams (one exam/calendar year)</td>
<td>$25✓</td>
<td>$25✓</td>
</tr>
<tr>
<td>Vision hardware (frames, lenses, contact lenses); limits apply</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
</tbody>
</table>

**Pediatric Dental Services∗ (children aged 18 years and younger)**

<table>
<thead>
<tr>
<th>Service</th>
<th>Connect 2500 Silver</th>
<th>Connect 7350 Bronze</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive services (includes routine exams, cleanings, X-rays, topical fluoride)</td>
<td>Covered in full✓</td>
<td>Covered in full✓</td>
</tr>
<tr>
<td>Basic services (restorative fillings)</td>
<td>50%</td>
<td>0%</td>
</tr>
<tr>
<td>Major services (includes oral surgery, crowns, periodontics, endodontics, denture and bridge work)</td>
<td>50%</td>
<td>0%</td>
</tr>
</tbody>
</table>

✓ Deductible is waived for these services

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

**Note:** In order to access the in-network cost shares, you must work through your medical home.

Please visit ProvidenceHealthPlan.com/IndRates for more information and rates.

(continued)
Standard

Our Standard plans do not include out-of-network benefits. The Bronze plan is HSA qualified. The provider network depends on the county in which you live.

Standard plans offer:
- Copays starting as low as $10 and deductibles as low as $1,000
- No out-of-network benefits are included with this plan. You must use an in-network provider to receive benefits
- In some counties, your provider network will be the Providence Choice Network. In other counties, your provider network is the Providence Signature Network
- For the Standard Bronze HSA plan only: Get a preferred rate when you open a health savings account with HealthEquity*, a provider of Providence Health Plan
- 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 Signature Network: A network of nearly 1 million health care providers nationwide, both in Providence facilities and in other locations
Providence Choice Network: A network of over 230 primary care clinics designated as medical homes

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

Note: Standard plans do not cover chiropractic manipulation, acupuncture, adult routine vision exams and vision hardware, or pediatric dental services.

Standard (continued)

<table>
<thead>
<tr>
<th></th>
<th>Providence Oregon Standard Gold</th>
<th>Providence Oregon Standard Silver</th>
<th>Providence Oregon Standard Bronze**</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-network</td>
<td>No out of network benefits</td>
<td></td>
</tr>
<tr>
<td>Annual deductible</td>
<td>$1,000/$2,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual/family</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual out-of-pocket</td>
<td>$6,850/$13,700</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual/family</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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 care Covered in full✓ Covered in full✓ Covered in full✓
- Gynecological exams (one per calendar year); Pap tests Covered in full✓ Covered in full✓ Covered in full✓
- Mammograms Covered in full✓ Covered in full✓ Covered in full✓
- Colorectal cancer screenings (preventive, age 50 and over) Covered in full✓ Covered in full✓ Covered in full✓

Other Covered Services
- Outpatient surgery at an ambulatory surgery center or hospital-based facility 20% 30% 0%
- Chiropractic manipulation and acupuncture Not covered Not covered Not covered

Prescription Drugs
- Generic 10% 15% 0%
- Preferred brand name 30% 60% 0%
- Non-preferred brand name 50% 50% 0%
- Specialty 50% 50% 0%

Pediatric Vision Services (children aged 18 years and younger)
- Routine eye exams (one exam/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✓

Adult Vision Services
- Routine eye exams (one exam/calendar year) Not covered Not covered Not covered
- Vision hardware (frames, lenses, contact lenses); limits apply Not covered Not covered Not covered

Pediatric Dental Services* (children aged 18 years and younger)
- Preventive services (includes routine exams, cleanings, X-rays, topical fluoride) Not covered Not covered Not covered
- Basic services (restorative fillings) Not covered Not covered Not covered
- Major services (includes oral surgery, crowns, periodontics, endodontics, denture and bridge work) Not covered Not covered Not covered

✓ Deductible is waived for these services
*
Dental services subject to medical deductible and out-of-pocket maximum
** The Providence Oregon Standard Bronze plan is HSA qualified

Please visit ProvidenceHealthPlan.com/FindRates for more information and rates
Providence Progressive Dental Plan option

Providence Progressive Dental provides comprehensive benefits that promote good health with coverage for preventive care, such as X-rays and cleanings. Basic and major services, including extractions, crowns and dentures, are also covered. Through the plan, you have access to more than 2,300 in-network dental provider listings in Oregon and southwest Washington and more than 270,000 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 is no out-of-network coverage, so you must use an in-network provider to receive benefits.
- There are no waiting periods for dental coverage.
- In-network diagnostic and preventive care services, such as exams, cleanings and X-rays, are covered in full. You are also covered for more extensive services, including root canals, crowns, bridges and dentures.
- Rate: $30 per member per month

<table>
<thead>
<tr>
<th>Providence Progressive Dental Plan</th>
<th>In-network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible (per person)</td>
<td>$25</td>
</tr>
<tr>
<td>Deductible (per family)</td>
<td>$75</td>
</tr>
<tr>
<td>Annual maximum benefit (per person)*</td>
<td>$1000</td>
</tr>
<tr>
<td>Waiting period</td>
<td>None</td>
</tr>
</tbody>
</table>

Below is the amount you pay after you have met your deductible. The deductible is waived for some covered services. These are marked with ✓.

<table>
<thead>
<tr>
<th>In-network</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic and preventive services (includes routine exams, X-rays, cleanings, topical fluoride [age 16 and younger])</td>
<td>Covered in full</td>
<td>Covered in full</td>
<td>Covered in full</td>
</tr>
<tr>
<td>Basic services (includes restorative fillings)</td>
<td>50%</td>
<td>40%</td>
<td>20%</td>
</tr>
<tr>
<td>Major services (includes oral surgery, crowns, endodontics, periodontics, denture and bridge work)</td>
<td>75%</td>
<td>65%</td>
<td>50%</td>
</tr>
</tbody>
</table>

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

Important information about dental coverage:

You must purchase a PHP 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 enrolled 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. 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 on the policy will be enrolled and charged the dental premium amount in addition to the medical plan premium. In order to purchase the Providence Progressive Dental Plan, you must also purchase a Providence Health Plan medical plan.

If you purchase a Providence Health Plan Standard medical plan, the Providence Progressive Dental Plan for children aged 18 and younger does not satisfy the ACA pediatric dental Essential Health Benefit (EHB) requirement. For more details on the Providence Progressive Dental Plan, visit ProvidenceHealthPlan.com.

With Providence, you can choose from many types of care.

This guide can help you decide which type to use in each situation.

- **ProvRN** (free)
  - Not sure if you need care?
  - Just want advice about what to do next? Talk to a registered nurse by phone for free, 24/7.
  - Always free, always there
  - Call 800-700-0481 or 503-574-6520

- **Express Care Virtual** (free)
  - Need treatment, but have a fairly simple problem and want to stay home? Have a virtual visit with a provider from your phone, tablet or computer.
  - Open 8 a.m. to midnight, 7 days a week
  - Go to providencehealthplan.com/virtualvisit

- **Express Care Clinics** (free)
  - Need same-day treatment when it’s not an emergency? Want to be seen in person? Find a clinic in Portland, including inside many Walgreens.
  - Same-day appointments, 7 days a week
  - Visit providenceexpresscare.org

- **Primary Care ($$)**
  - Want to see someone who knows your health, but it’s not urgent?
  - Have a chronic problem, need preventive care or follow-up? See your primary care provider.
  - By appointment
  - Call your primary care clinic

- **Urgent Care ($$$)**
  - Know you need help right away, but don’t think you are in immediate danger? Urgent care can deal with things like minor cuts and burns, infections and more.
  - Seen according to urgency of problem
  - Visit an urgent care facility near you

- **Emergency ($$$$$)**
  - Think your life may be in danger? Maybe you have signs of heart attack, stroke, uncontrolled bleeding or unbearable pain?
  - You need the E.R.
  - Call 9-1-1
  - Get a ride to the nearest hospital

*Providence Oregon Standard Bronze HSA members must first meet their deductible
Other things to know as you consider your coverage

Special enrollment
To apply for 2018 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 lose your medical coverage or experience certain life events, such as marriage or adoption. For more information and a list of qualifying events, visit ProvidenceHealthPlan.com/qe.

Application and premium payment dates
Your paper or online application must be submitted directly to Providence Health Plan. Please see the 2018 Application and premium payment dates. For your convenience, you can set up auto-pay with your financial institution or through your myProvidence account.

Eligibility
To purchase one of our plans, you must live in the service area and be a legal 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 or enrolled in part B is not eligible to enroll in a PHP Individual and Family plan.

Glossary of health insurance terms

Calendar year
The period from Jan. 1 through Dec. 31 each year.

Coinsurance
A percentage of the amount you are responsible to pay a health care provider for a covered service. For example, if a health care service is covered at a 20 percent coinsurance, you would pay 20 percent of the covered costs, and the plan would pay 80 percent.

Copay
A fixed dollar amount that you are responsible for paying to a health care provider at the time you receive the service. For example, if an office visit is covered at a $20 copay, you would pay $20, and the plan would pay the remaining covered costs.

Deductible
The amount you must pay for services that are covered by the health plan before your plan will begin to pay for these services. A new deductible must be met each calendar year.

Dependent
The policyholder’s spouse or eligible family member.

Effective date of coverage
The date upon which coverage begins.

Exclusion
A service or supply not covered by the health plan.

Limitations
Coverage is limited by quantity, frequency, provider or type of service.

Marketplace
Also called an “exchange,” a health insurance marketplace is a place where you can buy health coverage online. If you qualify for a tax credit or subsidy to help pay for your coverage, you must buy your health plan through the Federal Health Insurance Marketplace, located at HealthCare.gov.

Medical Home
A full-service health care clinic which has been designated as a Medical Home providing and coordinating members’ medical care.

Medical Home referral
A referral from your Medical Home to receive services from an in-network provider that is not part of your medical home.

Member
A policyholder or eligible spouse or dependent who is properly enrolled in the plan.

Out-of-pocket maximum
The total amount you will pay in deductible, copays and coinsurance for covered services in a calendar year. After you meet your plan’s out-of-pocket maximum, the plan will pay for 100 percent of covered services for the remainder of the year.

Participating provider
A health care provider or facility with an agreement to participate with Providence Health Plan. When you use participating providers, you receive in-network benefits and have lower costs.

Premium
The monthly rate you pay for health plan coverage.

Primary Care Provider
A participating provider who has agreed to provide or coordinate medical care and is listed in the personal physician/provider section of the Provider Directory.

Provider network
A provider network is a collection of providers, hospitals and facilities that have agreed to set reimbursement rates for health care services delivered to members of a health insurance plan. Providence Health Plan has three networks that are matched to our various plans.

Service area
The geographic area in Oregon where the policyholder, spouse of the policyholder or dependent-only member must physically reside in order to qualify for coverage. Plan availability may vary by county.

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.

Plan availability may vary by county.

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The geographic area in Oregon where the policyholder, spouse of the policyholder or dependent-only member must physically reside in order to qualify for coverage. Plan availability may vary by county.

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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 need help filing a grievance, and you are a Medicare member call 503-574-8000 or 1-800-603-2340. All other members can call 503-574-7500 or 1-800-878-4445 (TTY line at 711) for assistance. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F HHH Building
Washington, DC 20201
1-800-368-1019, 1-800-537-7697 (TTY)


Language Access Information

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

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

시: 휘하 문화, 접할적으로 지원을 받으십시오. 문화 지원을 받으십시오. 1-800-878-4445 (TTY: 711).

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.

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

If you need help filing a grievance, and you are a Medicare member call 503-574-8000 or 1-800-603-2340. All other members can call 503-574-7500 or 1-800-878-4445 (TTY line at 711) for assistance. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F HHH Building
Washington, DC 20201
1-800-368-1019, 1-800-537-7697 (TTY)


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

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ATTENTION : Si vous parlez français, des services d’aide linguistique vous sont proposés gratuitement. Appelez le 1-800-878-4445 (ATS : 711).
Our Mission
As people of Providence, we reveal God’s love for all, especially the poor and vulnerable, through our compassionate service.

Our Core Values
Respect, Compassion, Justice, Excellence, Stewardship

Portland metro area
503-574-5000
All other areas
800-988-0088
Hours: 8 a.m. to 5 p.m., Monday – Friday

ProvidenceHealthPlan.com