2021 Plan Overview

Individuals and families — Oregon

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 any time, any day. An easy first step when you have symptoms and you want to know if you need face-to-face care.

**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.

**ExpressCare Clinics Free**
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.

**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.

**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.

**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.

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).*

**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.

**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.

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

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

For information on these programs, visit ProvidenceHealthPlan.com/discounts

Alternative Care Coverage
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 (three combined visits per year).
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
+ 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
+ With your insurance producer

<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 1500 Gold</td>
<td>✅</td>
<td>✅</td>
</tr>
<tr>
<td>Connect 4500 Silver</td>
<td>✅</td>
<td>✅</td>
</tr>
<tr>
<td>Connect 8550 Bronze</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 plan – Choice network</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 plan – Signature network</td>
<td>✅</td>
<td>✅</td>
</tr>
<tr>
<td>HSA Qualified 7000 Bronze – Choice network</td>
<td>✅</td>
<td>✅</td>
</tr>
<tr>
<td>HSA Qualified 7000 Bronze – Signature network</td>
<td>✅</td>
<td>✅</td>
</tr>
<tr>
<td>Providence Progressive Dental plan</td>
<td>✅</td>
<td>✅</td>
</tr>
</tbody>
</table>

When to apply

Apply during open enrollment from Nov. 1, 2020 through Dec. 15, 2020. 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.

Providence Choice network

- Benton
- Clackamas
- Clatsop
- Crook
- Deschutes
- Douglas
- Josephine
- Columbia
- Coos
- Curry
- Gilliam
- Grant
- Harney
- Junction
- Lane
- Malheur
- Morrow
- Sherman
- Tillamook
- Umatilla
- Union
- Wallowa
- Wasco
- Wheeler
- Yamhill
- Clatsop
- Marion
- Multnomah
- Polk
- Washington

Providence Signature network

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

Providence Connect network

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

Selling areas

To apply for a Providence Individual and Family plan, you must reside in our selling area for the selected 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.

Connect plans

The Providence Choice network

- Benton
- Clackamas
- Clatsop
- Crook
- Deschutes
- Douglas
- Josephine
- Columbia
- Coos
- Curry
- Gilliam
- Grant
- Harney
- Junction
- Lane
- Malheur
- Morrow
- Sherman
- Tillamook
- Umatilla
- Union
- Wallowa
- Wasco
- Wheeler
- Yamhill
- Clatsop
- Marion
- Multnomah
- Polk
- Washington

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.
Connect

Connect plans combine a medical home model of care with a vast, interconnected provider network. By choosing a medical home from our Providence Connect network, you’re provided with a team of health professionals dedicated to supporting your overall well-being.

Connect plans offer:

- More than 80 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.

Chiropractic manipulation and acupuncture are covered in-network.

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:

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

The Providence Connect network
A network of more than 80 primary care clinics designated as medical homes in:

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

Connect plans

<table>
<thead>
<tr>
<th>Connect plans</th>
<th>Connect 1500 Gold (No out-of-network benefits)</th>
<th>Connect 4500 Silver (No out-of-network benefits)</th>
<th>Connect 8550 Bronze (No out-of-network benefits)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual deductible Individual/Family</td>
<td>$1,500/$3,000</td>
<td>$4,500/$9,000</td>
<td>$8,550/$17,100</td>
</tr>
<tr>
<td>Annual out-of-pocket maximum Individual/Family</td>
<td>$8,200/$16,400</td>
<td>$8,550/$17,100</td>
<td>$8,550/$17,100</td>
</tr>
</tbody>
</table>

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 50 and over): Covered in full

Office Visits for Medical Services

<table>
<thead>
<tr>
<th>Connect plans</th>
<th>Connect 1500 Gold (No out-of-network benefits)</th>
<th>Connect 4500 Silver (No out-of-network benefits)</th>
<th>Connect 8550 Bronze (No out-of-network benefits)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary care provider</td>
<td>$30</td>
<td>$40</td>
<td>$50</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>$30</td>
<td>$40</td>
<td>$50</td>
</tr>
<tr>
<td>Specialist</td>
<td>$50</td>
<td>$60</td>
<td>$75</td>
</tr>
</tbody>
</table>

Hospital Services

<table>
<thead>
<tr>
<th>Emergency and Urgent Care</th>
<th>Connect plans (continued)</th>
<th>Connect 1500 Gold (No out-of-network benefits)</th>
<th>Connect 4500 Silver (No out-of-network benefits)</th>
<th>Connect 8550 Bronze (No out-of-network benefits)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency services (all services treated as in-network)</td>
<td>$250 then 20%</td>
<td>$250 then 35%</td>
<td>Covered in full</td>
<td></td>
</tr>
<tr>
<td>Urgent care services</td>
<td>Covered in full</td>
<td>Covered in full</td>
<td>Covered in full</td>
<td></td>
</tr>
</tbody>
</table>

Outpatient Diagnostic Services

<table>
<thead>
<tr>
<th>Outpatient Diagnostic Services</th>
<th>Connect plans (continued)</th>
<th>Connect 1500 Gold (No out-of-network benefits)</th>
<th>Connect 4500 Silver (No out-of-network benefits)</th>
<th>Connect 8550 Bronze (No out-of-network benefits)</th>
</tr>
</thead>
<tbody>
<tr>
<td>X-ray and lab services</td>
<td>Covered in full</td>
<td>Covered in full</td>
<td>Covered in full</td>
<td></td>
</tr>
</tbody>
</table>

Mental Health and Chemical Dependency

<table>
<thead>
<tr>
<th>Mental Health and Chemical Dependency</th>
<th>Connect plans (continued)</th>
<th>Connect 1500 Gold (No out-of-network benefits)</th>
<th>Connect 4500 Silver (No out-of-network benefits)</th>
<th>Connect 8550 Bronze (No out-of-network benefits)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient and residential services</td>
<td>Covered in full</td>
<td>Covered in full</td>
<td>Covered in full</td>
<td></td>
</tr>
</tbody>
</table>

Other Covered Services

- Outpatient surgery at an ambulatory surgery center: Covered in full
- Chiropractic manipulation and acupuncture (limited to three visits combined per calendar year): Covered in full

Prescription Drugs

<table>
<thead>
<tr>
<th>Prescription Drugs</th>
<th>Connect plans (continued)</th>
<th>Connect 1500 Gold (No out-of-network benefits)</th>
<th>Connect 4500 Silver (No out-of-network benefits)</th>
<th>Connect 8550 Bronze (No out-of-network benefits)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>Covered in full</td>
<td>Covered in full</td>
<td>Covered in full</td>
<td></td>
</tr>
<tr>
<td>Tier 2</td>
<td>$30</td>
<td>$20</td>
<td>$35</td>
<td></td>
</tr>
<tr>
<td>Tier 3</td>
<td>$50</td>
<td>$65</td>
<td>Covered in full</td>
<td></td>
</tr>
<tr>
<td>Tier 4</td>
<td>50%</td>
<td>50%</td>
<td>Covered in full</td>
<td></td>
</tr>
<tr>
<td>Tier 5</td>
<td>50% with a $200 per script cap</td>
<td>50% with a $200 per script cap</td>
<td>Covered in full</td>
<td></td>
</tr>
<tr>
<td>Tier 6</td>
<td>50%</td>
<td>50%</td>
<td>Covered in full</td>
<td></td>
</tr>
</tbody>
</table>

Pediatric Vision Services (children aged 18 years and younger, one exam per calendar year)

<table>
<thead>
<tr>
<th>Pediatric Vision Services (children aged 18 years and younger, one exam per calendar year)</th>
<th>Connect plans (continued)</th>
<th>Connect 1500 Gold (No out-of-network benefits)</th>
<th>Connect 4500 Silver (No out-of-network benefits)</th>
<th>Connect 8550 Bronze (No out-of-network benefits)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine eye exams</td>
<td>Covered in full</td>
<td>Covered in full</td>
<td>Covered in full</td>
<td></td>
</tr>
<tr>
<td>Vision hardware (frames, lenses, contact lenses): limits apply</td>
<td>Covered in full</td>
<td>Covered in full</td>
<td>Covered in full</td>
<td></td>
</tr>
</tbody>
</table>

Adult Vision Services (one exam per calendar year)

<table>
<thead>
<tr>
<th>Adult Vision Services (one exam per calendar year)</th>
<th>Connect plans (continued)</th>
<th>Connect 1500 Gold (No out-of-network benefits)</th>
<th>Connect 4500 Silver (No out-of-network benefits)</th>
<th>Connect 8550 Bronze (No out-of-network benefits)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine eye exams</td>
<td>$25</td>
<td>$25</td>
<td>$25</td>
<td></td>
</tr>
<tr>
<td>Vision hardware (frames, lenses, contact lenses): limits apply</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Pediatric Dental Services* (children aged 18 years and younger)</th>
<th>Connect plans (continued)</th>
<th>Connect 1500 Gold (No out-of-network benefits)</th>
<th>Connect 4500 Silver (No out-of-network benefits)</th>
<th>Connect 8550 Bronze (No out-of-network benefits)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive services</td>
<td>Covered in full</td>
<td>Covered in full</td>
<td>Covered in full</td>
<td></td>
</tr>
<tr>
<td>Basic services (restorative fillings)</td>
<td>50%</td>
<td>50%</td>
<td>Covered in full</td>
<td></td>
</tr>
<tr>
<td>Major services (includes oral surgery, crowns, periodontics, endodontics, denture and bridge work)</td>
<td>50%</td>
<td>50%</td>
<td>Covered in full</td>
<td></td>
</tr>
</tbody>
</table>

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

Please visit ProvidenceHealthPlan.com/shop to compare plans, see rates and enroll.
Our Standard plan benefits are determined by the state of Oregon and your provider network is based on the county in which you live.

### Standard plans offer:

- 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 Choice network

A network of more than 410 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.

### Standard plans

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual deductible Individual/Family</td>
<td>$1,500/$3,000</td>
<td>$3,650/$7,300</td>
<td>$8,550/$17,100</td>
</tr>
<tr>
<td>Annual out-of-pocket maximum Individual/Family</td>
<td>$7,300/$14,600</td>
<td>$8,550/$17,100</td>
<td>$8,550/$17,100</td>
</tr>
</tbody>
</table>

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 50 and over): Covered in full ✓

#### Prescription Drugs

<table>
<thead>
<tr>
<th>Tier</th>
<th>$10 ✓</th>
<th>$15 ✓</th>
<th>$20 ✓</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 2</td>
<td>$10 ✓</td>
<td>$15 ✓</td>
<td>$20 ✓</td>
</tr>
<tr>
<td>Tier 3</td>
<td>$30 ✓</td>
<td>$60 ✓</td>
<td>Covered in full</td>
</tr>
<tr>
<td>Tier 4</td>
<td>50% ✓</td>
<td>50% ✓</td>
<td>Covered in full</td>
</tr>
<tr>
<td>Tier 5</td>
<td>50% with a $500 per script cap ✓</td>
<td>50% with a $500 per script cap ✓</td>
<td>Covered in full</td>
</tr>
<tr>
<td>Tier 6</td>
<td>50% ✓</td>
<td>50% ✓</td>
<td>Covered in full</td>
</tr>
</tbody>
</table>

#### 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: Not covered
- Vision hardware (frames, lenses, contact lenses; limits apply): Not covered

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

- Preventive services: Not covered
- Basic services (restorative fillings): Not covered
- Major services: Not covered

✓ Deductible is waived for these services.

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

The Providence Choice network
A network of more than 410 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.

<table>
<thead>
<tr>
<th>HSA Qualified plan</th>
<th>HSA Qualified 7000 Bronze</th>
<th>HSA Qualified 7000 Bronze</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-network (No out-of-network benefits)</td>
<td>In-network (No out-of-network benefits)</td>
</tr>
<tr>
<td><strong>Annual deductible Individual/Family</strong></td>
<td>$7,000/$14,000</td>
<td>Covered in full</td>
</tr>
<tr>
<td><strong>Annual out-of-pocket maximum Individual/Family</strong></td>
<td>$7,000/$14,000</td>
<td>Covered in full</td>
</tr>
<tr>
<td><strong>Preventive Care</strong></td>
<td></td>
<td></td>
</tr>
<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 prenatal office visits</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>
</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 full</td>
<td>Covered in full</td>
</tr>
<tr>
<td><strong>Office Visits for Medical Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary care provider</td>
<td>Covered in full</td>
<td>Covered in full</td>
</tr>
<tr>
<td>Primary care provider by phone/video</td>
<td>Covered in full</td>
<td>Covered in full</td>
</tr>
<tr>
<td>Alternative care provider</td>
<td>Covered in full</td>
<td>Covered in full</td>
</tr>
<tr>
<td>Specialist</td>
<td>Covered in full</td>
<td>Covered in full</td>
</tr>
<tr>
<td><strong>Hospital Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient hospital services and maternity care</td>
<td>Covered in full</td>
<td>Covered in full</td>
</tr>
<tr>
<td>Emergency and Urgent Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency services (all services treated as in-network)</td>
<td>Covered in full</td>
<td>Covered in full</td>
</tr>
<tr>
<td>Urgent care services</td>
<td>Covered in full</td>
<td>Covered in full</td>
</tr>
<tr>
<td><strong>Outpatient Diagnostic Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>X-ray and lab services</td>
<td>Covered in full</td>
<td>Covered in full</td>
</tr>
<tr>
<td>High tech imaging services (such as PET, CT, MRI)</td>
<td>Covered in full</td>
<td>Covered in full</td>
</tr>
<tr>
<td><strong>Mental Health and Chemical Dependency</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient and residential services</td>
<td>Covered in full</td>
<td>Covered in full</td>
</tr>
<tr>
<td>Outpatient provider visits</td>
<td>Covered in full</td>
<td>Covered in full</td>
</tr>
<tr>
<td><strong>Other Covered Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient surgery at an ambulatory surgery center</td>
<td>Covered in full</td>
<td>Covered in full</td>
</tr>
<tr>
<td>Chiropractic manipulation and acupuncture</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td><strong>Prescription Drugs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 1</td>
<td>Covered in full</td>
<td>Covered in full</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Covered in full</td>
<td>Covered in full</td>
</tr>
<tr>
<td>Tier 3</td>
<td>Covered in full</td>
<td>Covered in full</td>
</tr>
<tr>
<td>Tier 4</td>
<td>Covered in full</td>
<td>Covered in full</td>
</tr>
<tr>
<td>Tier 5</td>
<td>Covered in full</td>
<td>Covered in full</td>
</tr>
<tr>
<td>Tier 6</td>
<td>Covered in full</td>
<td>Covered in full</td>
</tr>
<tr>
<td><strong>Pediatric Vision Services (children aged 18 years and younger)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Routine eye exams</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>
<tr>
<td><strong>Adult Vision Services (one exam per calendar year)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Routine eye exams</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>Vision hardware (frames, lenses, contact lenses)</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td><strong>Pediatric Dental Services (children aged 18 years and younger)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive services</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>Basic services (restorative fillings)</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>Major services</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>Deductible is waived for these services.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please visit 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 more than 3,200 in-network dental provider listings in Oregon and southwest Washington and more than 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

<table>
<thead>
<tr>
<th>Providence Progressive Dental plan</th>
<th>In-network (% out-of-network benefits)</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>$1,000</td>
</tr>
<tr>
<td>Waiting periods</td>
<td>None</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic and preventive services</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 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/IndDental21.

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.

**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.

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 we receive your application</th>
<th>1st-15th of the month</th>
<th>16th-last day of the month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: We receive your application on March 12th.</td>
<td>Example: We receive your application on March 28th.</td>
<td></td>
</tr>
</tbody>
</table>

**Effective date of coverage**

1st day of the following month
Example: Your coverage will start on April 1st.

1st day of the 2nd following month
Example: Your coverage will start on May 1st.

**Due date for your initial premium payment**

(Refer to your offer of coverage for more information)

Within 15 days after the effective date of coverage or within 15 days after the date of our offer of coverage and initial payment request, whichever is later.

**Within 15 days after the effective date of coverage or within 15 days after the date of our offer of coverage and initial payment request, whichever is later.**

**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 or 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” or by calling customer service at 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)

If you are a Medicare member who needs these services, call 503-574-7500 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 800-603-2340 (TTY: 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).

Language access information

If you believe that Providence Health Plan or Providence Health Assurance has failed to provide these services or discriminated in another way because 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).
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