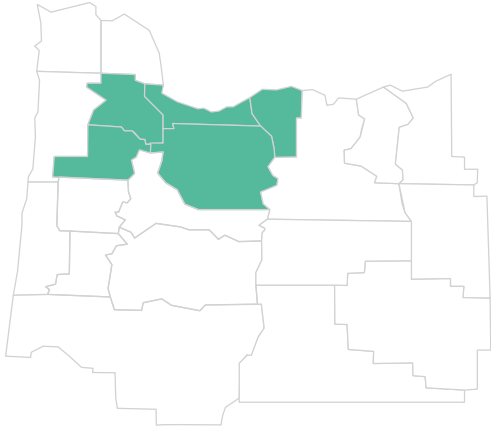




# Selling areas

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.

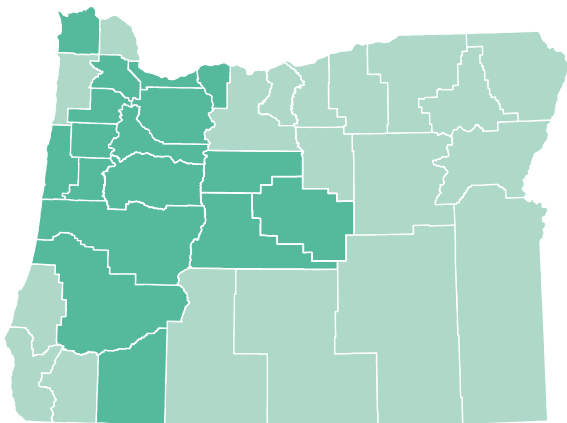
## Connect plans



### The Providence Connect network

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

## Standard, HSA Qualified and Providence Oregon Direct plans



### 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

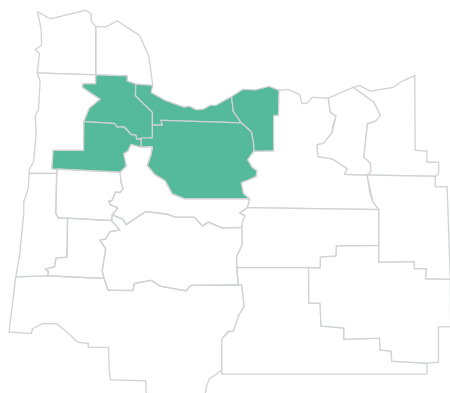
Available in all counties in Oregon.



# 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](https://www.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](https://www.ProvidenceHealthPlan.com/findaprovider). To see if your provider is in one of our medical homes, click the “Browse by provider networks” button, then:

1. Under the “Choose plan type” dropdown menu, select “Individual and Family Plans.”
2. Under the “Choose provider network” dropdown menu, select “Providence Connect Network.”
3. 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 ✓.

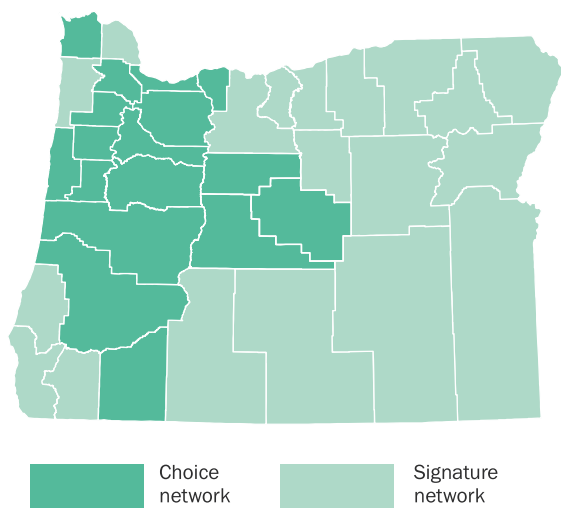
Preventive Care				
Periodic health exams and well-baby care (from any provider licensed to perform the service)	Covered in full ✓	Covered in full ✓	Covered in full ✓	Covered in full ✓
Maternity prenatal office visits	Covered in full ✓	Covered in full ✓	Covered in full ✓	Covered in full ✓
Annual gynecological 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.

# 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.
- ✔ 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](https://ProvidenceHealthPlan.com/findaprovider).

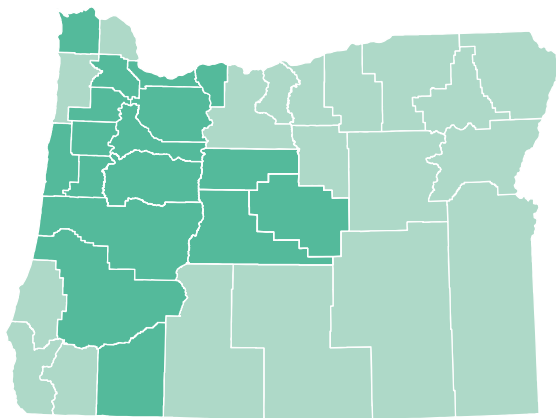
Providence Oregon Direct	Providence Oregon Direct Silver In-network (No out-of-network benefits)
Annual deductible Individual/Family	\$3,650/\$7,300
Annual out-of-pocket maximum Individual/Family	\$8,550/\$17,100
After meeting your deductible, you'll pay the following amounts for covered services. The 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.

# 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](http://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](http://ProvidenceHealthPlan.com/findaprovider).

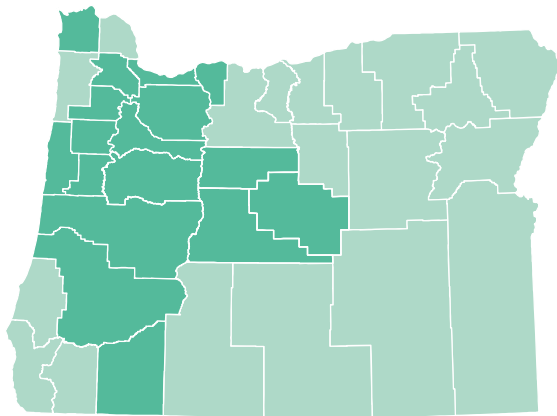
Standard plans	Providence Oregon Standard Gold In-network (No out-of-network benefits)	Providence Oregon Standard Silver In-network (No out-of-network benefits)	Providence Oregon Standard Bronze In-network (No out-of-network benefits)
Annual deductible Individual/Family	\$1,500/\$3,000	\$3,650/\$7,300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

# 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 ✓	
<b>Preventive Care</b>	
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 ✓