



Individual and Family Plans

Nov. 1, 2009 - Oct. 31, 2010

Compare plans
Check rates
Apply online

www.providence.org/healthplans

Health insurance that gives you peace of mind.

Compare plans
Check rates
Apply online



This booklet provides an overview of our Individual and Family plans. For specific information about plan benefits, enrollment requirements, limitations and exclusions, please refer to the plan contract, the legal agreement between you and Providence Health Plan. The plan contract and our benefit summaries are available online at www.providence.org/healthplans or call our Sales Department at **503-574-5000 or 1-800-988-0088** to request that these documents be mailed to you.

Questions?


Call Providence Health Plan Sales Department:
503-574-5000 or 1-800-988-0088

Monday – Friday from 8 a.m. to 6 p.m.

Our office is located at:

3601 SW Murray Blvd, Suite 10
Beaverton, OR 97005

www.providence.org/healthplans



We have
the right
health plan
for you and
your family.

One that meets your
needs as well as your budget.

Our plans feature:

New! Low-cost Prime plan

Looking for a low-cost “in case of emergency” plan? Our Prime 10,000 plan option provides coverage at 50 percent coinsurance when you use participating providers for all services, including doctor visits, hospital and emergency care. Plans start at \$57 a month.

New! Coverage available in Tillamook and Clatsop counties

We’ve expanded our service area to include residents living on the north Oregon Coast. Choose from any of our 13 plans and receive covered services, including health care services from our five Providence Medical Group facilities on Oregon’s north coast.

Deductible waived for most preventive care services

We want you to use your medical benefits. That’s why we waive your deductible for most preventive care services, including doctor visits. That means whether you have a \$500 or \$10,000 deductible, you don’t have to pay it first to receive these services.

Provider network

Most doctors in Oregon accept Providence Health Plan... it’s more than likely our plan includes the doctors, hospitals and pharmacies you use now. Check our Provider Directory at www.providence.org/healthplans

Online services

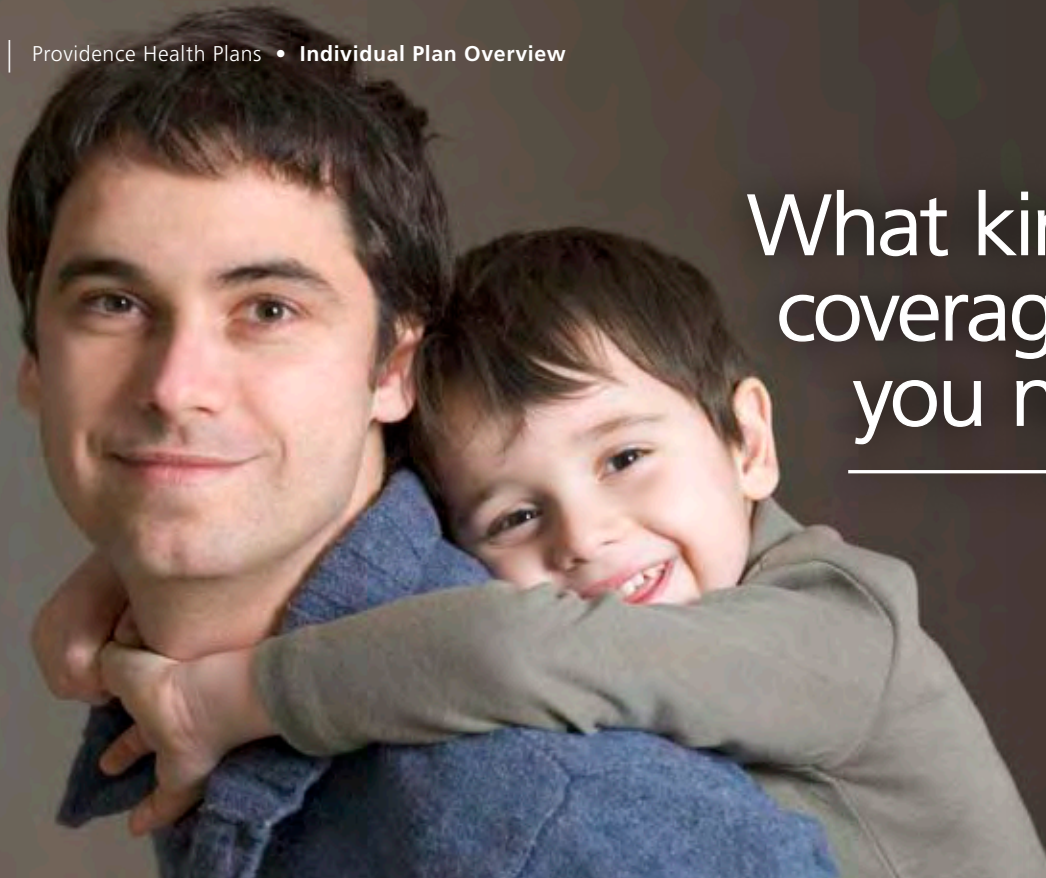
You have access to myProvidence, our secure member portal, where you can view your medical and pharmacy claims, estimate treatment costs and access cost saving tips and wellness resources.

Deductible carryover

Our Optimum, Value and Prime plans feature deductible carryover. That means any portion of your deductible paid in Oct., Nov. and Dec. will carry forward to the next year.

Commitment to excellence

Providence Health Plan is a not-for-profit organization dedicated to outstanding customer service, superior medical management, and financial stability with an “A” rating from A.M. Best, the world’s most authoritative insurance rating source.



What kind of coverage do you need?



Individual Coverage

To apply for individual plan coverage, you must:

- be 18-64 years of age
- not be eligible for Medicare
- live in the Oregon service area (page 15).



Child-Only Coverage

To apply for dependent-only coverage, your child must:

- be newborn to 17 years of age
- live in the Oregon service area (page 15)

Coverage just for children:

You can apply as the policyholder for your dependent child. A separate policy is required for each child age 0-17. Your monthly premium will be the individual age "0-17" premium listed under the plan you choose.



Family Coverage

A family plan can include:

- you and your spouse or domestic partner (ages 18-64, must live in Oregon Service area, page 15)
- you and your dependent children (age 0-22); or
- you, your spouse or domestic partner and your dependent children.

Your premium is determined by the oldest family member applying for coverage.



What plan works best for you?

Our plans offer a variety of benefit options, from comprehensive to basic medical coverage with a range of deductibles.

Optimum Plans offer you the most comprehensive coverage and feature:

- \$20 copay for doctor and specialists visits.
- \$10 generic drugs and brand name drugs covered at 50 percent.
- Routine vision services.
- Deductible waived on all doctor office visits, urgent care, prescription drugs, and most preventive care services.
- Low out-of-pocket maximum: \$2,500 individual or \$7,500 family.
- Deductible waived for all covered services within 90 days of an accidental injury.
- Hospital, surgery, X-ray and laboratory services.
- A national network of participating providers.

Preventive Care

We believe that getting the right preventive care is essential for maintaining good health. All our plans cover many preventive care services prior to meeting your deductible, including:

- Men's and women's preventive care
- Well baby care
- Mammograms
- Periodic health examinations
- Immunizations/shots
- Annual women's gynecological exams
- Prostate screening exams

Value Plans offer similar coverage as Optimum Plans, but with slightly higher out-of-pocket costs. Value Plans feature:

- \$20 copay for most doctor office visits.
- Prescription drugs covered at 50 percent.
- Routine vision services.
- Deductible waived on most doctor office visits, urgent care, prescription drugs and most preventive care services.
- Deductible waived on all covered services within 90 days of an accidental injury.
- Hospital, surgery, X-ray and laboratory services.
- A national network of participating providers.

Our **Prime Plan** offers basic coverage for a lower premium. The Prime Plan includes:

- 50 percent coinsurance for all covered services.
- Receive covered services from an in-plan participating provider only. (Out-of-plan providers not covered.)
- Prescription drugs covered at \$15 for generics, 50 percent coinsurance for brand name drugs.
- Deductible waived on most doctor office visits, urgent care, prescription drugs and most preventive care services.
- Hospital, surgery, X-ray and laboratory services for 50 percent coinsurance.

Is a Health Savings Account right for you?

What is a Health Savings Account (HSA)?

A HSA is a tax-exempt, bank savings account that you can pair with one of our HSA-qualified plans. We provide comprehensive medical benefits while you fund your health savings account and enjoy tax savings.

Providence HSA-Qualified Plans offer comprehensive medical benefits that feature:

- \$20 copay for most doctor office visits.
- Prescription drugs covered at 50 percent.
- Deductible waived on most preventive care services
- Hospital, surgery, X-ray and laboratory services.
- Emergency and Urgent care.
- Vision services.
- A national network of participating providers.



The HSA Advantage

■ Financial flexibility

Use your account to pay for qualified medical expenses, including those not covered by your by your insurance. Or invest your HSA dollars for future medical expenses or retirement.

■ Ownership

A HSA belongs to you and its savings are yours to keep. Funds roll over every year and follow you wherever you go, even if you change health insurance.

■ Triple tax savings

HSA contributions are **tax deductible**. Medical expense withdrawals are **tax-free**. Investments are **tax-deferred**.

Take a look at our covered benefits for routine vision services.

We've partnered with VSP to provide vision benefits with our Optimum, Value, and HSA plans.

	In-Plan	Out-of-Plan
Routine Vision Exam (covered once per 12 months)	\$30 copay	Covered up to \$29
Frames (covered once per 24 months)	Covered up to \$80	Covered up to \$33
Basic Lenses (covered once per 24 months)		
- Single	Covered in full	Covered up to \$28
- Bifocal	Covered in full	Covered up to \$42
- Trifocal	Covered in full	Covered up to \$56
Contact Lenses (covered once per 24 months in lieu of complete pair of glasses)	Covered up to \$80	Covered up to \$65
Extra Discounts and Savings:	Contacts: 15 percent off cost of contact lens exam (fitting and evaluation) Laser Vision Correction: Average 15 percent off regular price or 5 percent off promotional price from contracted facilities.	

To find a VSP Select participating provider go to: www.vsp.com/select or contact VSP Member Services at 1-800-877-7195.

Out-of-plan Vision Services: You get the best value from your benefit when you see a VSP doctor. If you see a non-VSP provider, you'll typically pay more out-of-pocket. You will pay the provider in full and then have 6 months to submit a claim to VSP for partial reimbursement less copays.

Providence Individual & Family Plans

Annual Deductible	Optimum Plans		Value Plans		Prime Plan	
Individual / Family	Optimum 500	\$500 / \$1,500	Value 500	\$500 / \$1,500	Prime 10000	\$10,000/\$30,000
	Optimum 1000	\$1,000 / \$3,000	Value 1000	\$1,000 / \$3,000		
	Optimum 2500	\$2,500 / \$7,500	Value 2500	\$2,500 / \$7,500		
	Optimum 5000	\$5,000 / \$15,000	Value 5000	\$5,000 / \$15,000		
	Optimum 10000	\$10,000 / \$30,000	Value 7500	\$7,500 / \$22,500		
Annual Out-of-Pocket Maximum	All Optimum Plans: \$2,500 / \$7,500		Value 500	\$4,000 / \$12,000	Prime 10000	\$7,500/\$22,500
Individual / Family			Value 1000	\$4,500 / \$13,500		
			Value 2500	\$5,500 / \$16,500		
			Value 5000	\$8,500 / \$25,500		
			Value 7500	\$11,000/\$33,000		
	Lifetime Maximum	\$2 million per person		\$2 million per person		\$2 million per person
Accidental Injury Benefit	The deductible is waived for all covered services required to treat an accidental injury within 90 days of injury.					

After meeting your deductible, you pay the following amounts for covered services:

The deductible is waived for some covered services. These services are marked with ✓ * Limitations apply. See your Plan Contract for details.

Preventive Care	In-Plan	Out-of-Plan	In-Plan	Out-of-Plan	In-Plan	Out-of-Plan
Periodic health exams, well-baby care	\$20 copay✓	40%✓	\$20 copay✓	50%✓	50%✓	Not Covered
Annual gynecological exam	\$20 copay✓	40%✓	\$20 copay✓	50%✓	50%✓	Not Covered
Routine immunizations/shots	\$20 copay✓	40%✓	\$20 copay✓	50%✓	50%✓	Not Covered
Mammograms	\$20 copay✓	40%	\$20 copay✓	50%	50%✓	Not Covered
Physician/Provider Services						
Office visits	\$20 copay✓	40%✓	\$20 copay✓	50%✓	50%✓	Not Covered
Office visits to specialists	\$20 copay✓	40%✓	30%	50%	50%	Not Covered
Inpatient hospital visits, surgery and other services	20%	40%	30%	50%	50%	Not Covered
Hospital Services						
Inpatient & observation care	20%	40%	30%	50%	50%	Not Covered
Rehabilitative care & services*						
Maternity Care						
Provider & hospital services	20%	40%	30%	50%	50%	Not Covered
Emergency/Urgent care						
Emergency services	\$250 copay		\$250 copay		50%	50%
Urgent care services	\$20 copay✓		\$20 copay✓		50%✓	50%✓
Emergency transportation services*	20%		30%		50%	50%
Other Covered Services						
Medical & diabetes supplies*	20%	40%	30%	50%	50%	Not Covered
Lab & x-ray, outpatient surgery, radiation therapy, chemotherapy						
Home health care*						
Mental health & alcohol treatment*						
Prescription Drugs						
Covered at participating retail and mail-order pharmacies only	Generic drugs - \$10✓ Brand-name drugs – 50%✓		Generic & Brand drugs – 50%✓		Generic drugs - \$15✓ Brand-name drugs – 50%✓	
Routine Vision Services (administerd by VSP)						
Optimum, Value and HSA plans provide benefits for certain vision services. Benefits include coverage for routine vision exams (\$30 copay in-plan), frames, basic lenses and contact lenses. Visit www.providence.org/healthplans for details.					Routine vision services not covered.	

✓Deductible is waived. This means you can receive coverage for these services prior to meeting your deductible.



Get more value from Providence Individual and Family Plan!

In addition to your medical and vision benefits, enjoy exclusive discounts on these healthy extras:

Gym memberships

Receive exclusive discounts on hundreds of gym and fitness facilities across Oregon including 24 Hour Fitness, Curves and Gold's Gym with the LifeBalance Program.

Massage, acupuncture and chiropractic services

Receive 25 percent off provider fees with Choose Healthy™, an American Speciality Networks Program.



Family attractions

Save on local and national family attractions including discounts at the Oregon Zoo, Wildlife Safari, Disneyland, SeaWorld and more with the LifeBalance program.

LASIK vision correction

TruVision contracts with hundreds of board-certified refractive surgeons to offer LASIK correction for \$895 per eye and custom LASIK for \$1,295 per eye.

Hearing aids

Save on hearing aids for you, your parents and your grandparents with the TruHearing Program.

For more information and discount details, visit our Web site at www.providence.org/healthplans and select "Individual & Family" and then "Health Balance™"

Getting the health care that's right for you.

Health care can be complex – but we can help. Understanding your costs can help you get the most from your coverage and your care.

Premium: Each of our plans has a premium, or monthly rate, you pay. Our premiums vary by plan, your age and the number of people to be covered. We renew our premiums annually, usually in November.

Deductibles: Each plan also has a deductible, or the amount you pay before the plan begins to pay. A new deductible must be met each year.

- **Deductible Carryover:** For Optimum, Value and Prime Plans, deductible amounts paid in the last three months of a calendar year will carry forward and apply toward the deductible for the following year.

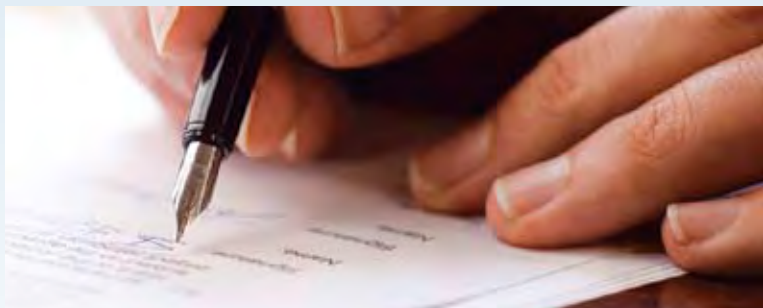
Copayment and Coinsurance:

These are costs you pay to receive health care services, after you've met your deductible. A copayment (copay) is a dollar amount. If a copay is listed as \$20 for an office visit, you pay \$20 at the time of service. Coinsurance is a percentage you must pay. If a plan lists 20 percent for a health care service that costs \$125, you would pay \$25 (20 percent of \$125).

In-plan versus out-of-plan benefits:

Our plans provide access to an extensive network of participating doctors, specialists, hospitals, clinics and pharmacies.

You receive the highest level of benefits (called in-plan) when you use participating providers for covered health care services.



For our Optimum, Value and HSA plans you have the option to see a non-participating provider (out-of-plan). You may pay a higher coinsurance and pay any amounts over Usual, Customary, and Reasonable Rates (UCR).

Out-of-pocket maximum: Our plans include an annual out-of-pocket maximum to protect you from catastrophic costs. After you meet your out-of-pocket maximum, the plan will pay 100 percent of covered services for the remainder of the calendar year. (Certain services do not apply to the out-of-pocket maximum.)

Applying for coverage: It is important to be thorough and accurate in completing your application. If you provide health information in error or omit information about your health, we may need to terminate your contract and/or not cover your medical claims.

Some benefit limitations and exclusions apply to our plans.

The following are the most common exclusions and limitations that apply to our plans. For a complete list, visit our Web site at www.providence.org/healthplans.

Exclusion Periods

- **Pre-existing condition:** You must be covered on our plan for six months before a pre-existing condition will be covered. A pre-existing condition is a medical condition for which medical advice, diagnosis, care or treatment was recommended or received within six months prior to the effective date of coverage.
- **Elective procedures:** An elective procedure is one that can be postponed for treatment such as allergy testing or knee surgery. You must be on our plan for 12 months before treatment for elective services will be covered.
- **Organ transplant:** You must be on our plan for 24 months before we pay benefits for organ transplants.
- **Newborns:** Exclusion periods are waived for a newborn or adopted child if the child is enrolled on the plan within 60 days of birth or adoption placement.

Creditable Coverage

If you were covered on another health plan within 63 days before your effective date of coverage, you may have “creditable coverage.” Your creditable coverage will be applied day for day toward the plan exclusion periods. You will need to provide us with a copy of your Certificate of Creditable Coverage (obtain from your prior health carrier).

Limited Covered Services

Certain covered services have limitations. Once the plan maximum is met, you will be responsible for costs until a new limitation period begins. The following services are subject to limitations and maximum coverage amounts:

Inpatient rehabilitation:

30 visits per calendar year

Outpatient rehabilitation:

30 visits per calendar year

Skilled nursing facility care:

60 visits per calendar year

Home health care: 180 visits per calendar year

Durable medical equipment:

\$2,500 per member, per year

Removable custom shoe orthotics:

\$200 per calendar year

Emergency transportation:

\$2,000 per calendar year

Mental health treatment:

\$2,000 per calendar year

Alcohol treatment: \$4,500 per two calendar years

Transplant services: \$250,000 lifetime maximum

Lifetime maximum

coverage for all benefits: \$2,000,000

Exclusions

- Chiropractic, alternative care, massage, acupuncture and naturopathic care
- Chemical dependency, except as noted for alcohol treatment
- Cosmetic surgery
- Dental care
- Hearing aids/devices, screening and exams
- Home births and all related services
- Certain mental health services
- Physical exams primarily for camps, sports, insurance, licensing, employment, or other third-party purposes
- Voluntary sterilization or termination of pregnancy
- Temporomandibular joint (TMJ) services
- Treatment for tobacco addiction, including prescription drugs
- Obesity or weight control treatment, including surgery and prescription drugs
- Services covered by motor vehicle insurance or other liability insurance

Prescription Drug Exclusions

- Drugs not listed in our plan formulary
- Drugs not directly related to treatment of a covered illness or injury
- Over-the-counter (OTC) drugs, medications, or vitamins
- Amphetamines and derivatives, except for narcolepsy or hyperactivity treatment
- Drugs used to treat shift-sleep disorder, drug induced fatigue or general fatigue
- Fluoride for members over the age of 10 years old
- Drugs to stimulate hair growth

For a complete list of our plans limitations and exclusions, visit our Web site at www.providence.org/healthplans or call our Sales Department at 503-574-5000 or 1-800-988-0088.

Find answers to the most common questions here

Can my employer pay my premium?

In compliance with Oregon state law, Providence Health Plan does not accept premiums from employers for individual health coverage.

Do I have coverage while I am at work?

Our plans provide coverage 24 hours a day, seven days a week. You will be covered while you are working, unless you are required to have coverage through Workers' Compensation Act or similar law.

Will my premium change?

Premiums are subject to an annual rate change, usually in November. Your premium may also change as you move to a new age category.

How do I pay for my coverage?

We will invoice you for your first month's premium once your application is approved and you accept our offer of coverage. Your premium is billed monthly and you can pay online at www.providence.org/billpay or by mail.

When does my coverage begin?

Coverage will begin either the first or fifteenth of the month following application approval. You can request a later date to begin coverage, up to 70 days from the date you submit your application.

Are all applications for coverage approved?

Not all applications are approved for coverage. Sometimes coverage is not offered, based on our review of your health statement.

What if you do not approve my application?

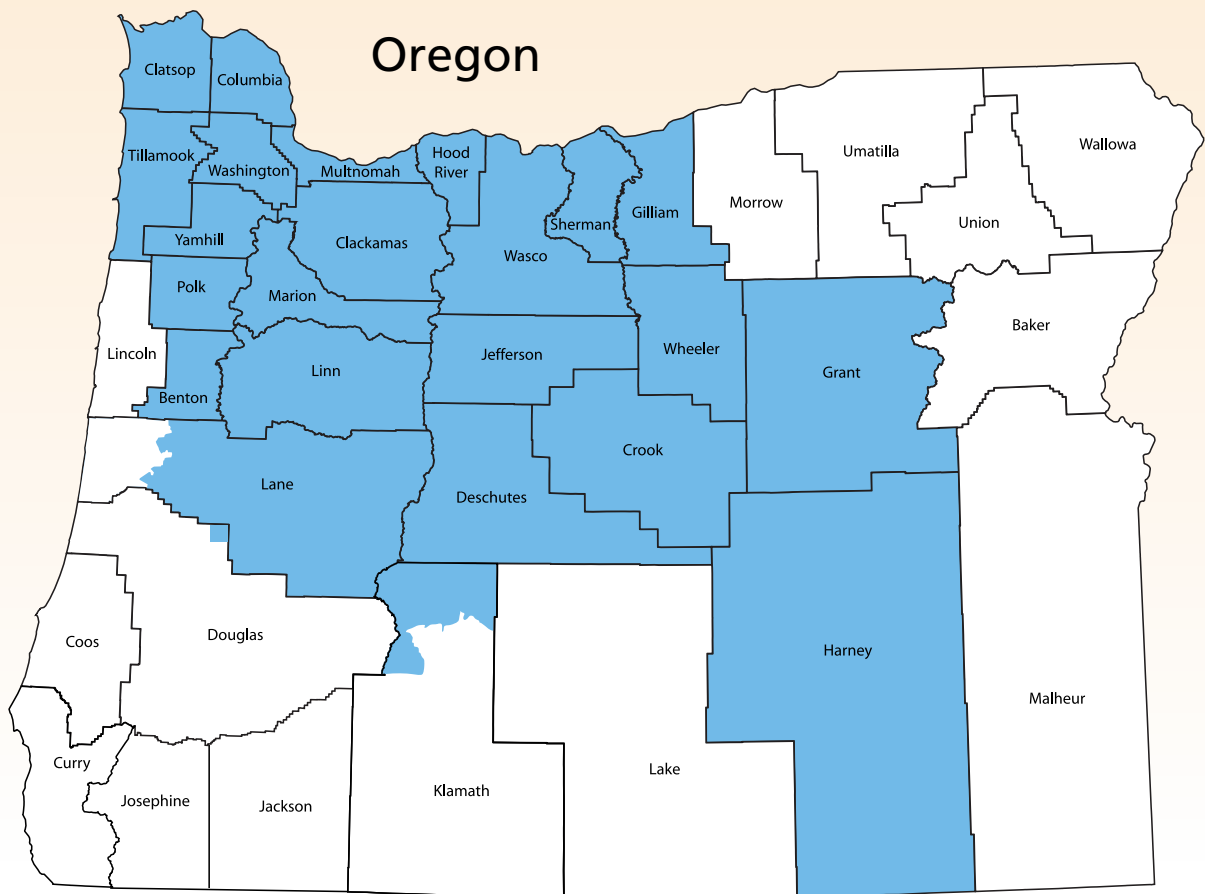
If your application is not approved, you may be eligible for insurance through the Oregon Medical Insurance Pool (OMIP) at 1-800-848-7280 or www.omip.state.or.us/

Can I add a dependent after I'm enrolled?

Yes. You can add your spouse or dependent children by completing a new application. If you add a newborn or adopted child within 60 days, you do not need to complete a new health statement.

Individual and Family Plan

To apply for Providence Individual and Family Plans, you must reside in our service area (counties highlighted in blue). Once enrolled on our plan, you have in-plan access to over 540,000 providers, 4,000 hospitals, and 78,000 clinics and hospitals nationwide.



Service Area ZIP Codes:

All zip codes in Benton, Clackamas, Clatsop, Columbia, Crook, Deschutes, Gilliam, Grant, Harney, Hood River, Jefferson, Linn, Marion, Multnomah, Polk, Sherman, Tillamook, Wasco, Washington, Wheeler and Yamhill counties.

Selected ZIP codes in Lane County:

97401, 97402, 97403, 97404, 97405, 97408, 97409, 97412, 97413, 97419, 97420, 97424, 97426, 97427, 97431, 97434, 97437, 97438, 97440, 97482, 97451, 97452, 97454, 97455, 97461, 97463, 97472, 97477, 97478, 97487, 97488, 97489, 98490, 97492

Selected ZIP codes in Klamath County:

97425, 97733, 97737

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

1-800-988-0088

www.providence.org/healthplans



Providence Health & Services, a not-for-profit health system, is an equal opportunity organization in the provision of health care services and employment opportunities.

© 2009 Providence Health Plan. All rights reserved.