



INDIVIDUALS & FAMILIES



2016 Plan Overview

Your partner in health and wellness

As you evaluate health insurance plans, consider one that not only pays for treatments when you're sick but works actively to help you feel better and live well. Providence Health Plan offers coverage choices that help you manage your overall health as well as your costs.

Why choose Providence?

You'll find a plan and options to fit your unique needs.

- Choose from a broad range of plan types with different levels of deductibles, coinsurance and copayments. Our networks range from a local base of medical home providers to nearly 1 million providers nationwide.



Everyone deserves better health.

- It's our Mission to take care of people in need, so we strive to improve the quality of life for those in the communities we serve by donating vital health care services.
- We're a local, not-for-profit health plan that understands the specific issues and challenges of Oregonians.



We are good at what we do and we're recognized by peers.

- For 10 years in a row, we've been recognized by the Portland Business Journal as one of Oregon's most admired companies.
- The National Committee for Quality Assurance has awarded Providence Health Plan an accreditation status of Commendable for its Oregon Commercial PPO plans. This signifies Providence Health Plan's service and clinical quality meet or exceed NCQA's rigorous requirements for consumer protection and quality improvement.



Experience and innovation mean better care for you.

- We're part of Providence Health & Services, one of the nation's top 10 most-integrated health care providers, serving the Pacific Northwest for nearly 160 years.
- Patients ranked Providence Health eXpress, 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 – 80 percent are answered within 30 seconds.
- For the past four years, 97 percent of all claims were 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, LASIK and other extras.
- You can attend online classes and seminars, many of which are free or discounted for members.
- Members age 18 years and older can earn a \$100 gift card with Providence Healthy Rewards just for making healthy choices. Just complete a personal health assessment and one of our 35 online wellness workshops.



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

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
- Hearing aids (up to 60 percent off) through our partner, TruHearing

New for 2016

- Members age 18 years and older can earn a \$100 gift card for working toward their wellness goals with our Providence Healthy Rewards program.
- You can add dental coverage to any Providence medical plan you buy from Providence or a producer.

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 www.ProvidenceHealthPlan.com/sbc2016.

Providence Health Plan Sales Department

503-574-5000 or 800-988-0088 (TTY: 711)

Oct. 1, 2015 – Jan. 31, 2016: 8 a.m. to 8 p.m., seven days a week

Feb. 1, 2016 – Dec. 31, 2016: 8 a.m. to 8 p.m., Monday – Friday

www.ProvidenceHealthPlan.com

Your lifestyle, your plan

Choose a 2016 health plan that best fits your life and your health. You'll find robust benefits and extensive provider choices, plans with different levels of annual deductibles, and HSA-qualified plans that let you save tax-free dollars for future medical expenses. Two plan types are centered on a unique care model called medical home, which lets you choose a primary care clinic near you with a team to coordinate your care.

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 Balance, Choice and Connect plans, chiropractic manipulation and acupuncture are covered with a \$25 copay when you use an in-network provider.

Flexibility to change plans

We get it. Life throws curve balls that can change your circumstances. When you buy directly from Providence, you can switch to a medical plan with a lower premium once during the contract year.

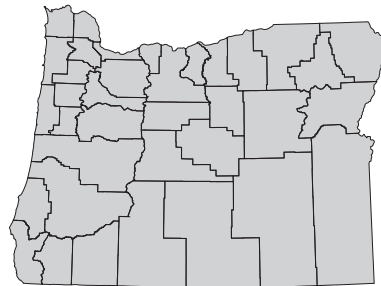
Dental coverage for you and your family

You can add dental coverage to any Providence medical plan you buy directly from Providence Health Plan or through an insurance producer. The Providence Progressive Dental plan gives you access to more than 2,000 in-network dental provider listings in Oregon and southwest Washington and more than 280,000 in-network provider listings nationwide. The dental plan provides comprehensive benefits with coverage for preventive care, such as X-rays and cleanings, as well as basic and major services, such as extractions, crowns and dentures. This option is not available if you purchase your Providence medical plan in the Federal Health Insurance Marketplace.

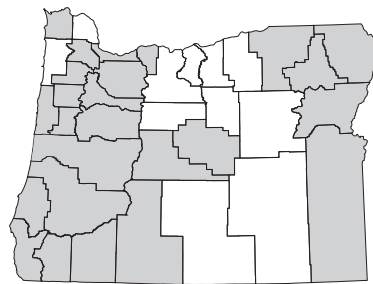
There's a Providence plan for you and your family, no matter where you live in Oregon.

Your rate will be calculated according to your age and the county you live in. See the map on p. 23 to find your rate area.

Balance, HSA Qualified, Standard and Essential plans are available throughout Oregon.



Choice plans are available in the counties specified in the map below.



Baker	Deschutes	Lincoln	Union
Benton	Douglas	Linn	Walla Walla
Clackamas	Hood River	Malheur	Washington
Clatsop	Jackson	Marion	Yamhill
Coos	Josephine	Multnomah	
Crook	Klamath	Polk	
Curry	Lane	Umatilla	

Connect plans are available only in Clackamas, Multnomah and Washington counties.



Where to buy plans

Purchase the right Providence plan for you at www.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 www.HealthCare.gov.

Metal tier	Plans available directly from Providence or your producer	Plans available from the Federal Health Insurance Marketplace at HealthCare.gov
Balance 1000 Gold	•	•
Balance 2000 Silver	•	•
Balance 4000 Silver	•	
Balance 6800 Bronze	•	•
Choice 1000 Gold	•	•
Choice 2000 Silver	•	•
Choice 4000 Silver	•	
Choice 6800 Bronze	•	•
Connect 1000 Gold	•	•
Connect 2000 Silver	•	•
Connect 4000 Silver	•	
Connect 6800 Bronze	•	•
Providence Oregon Standard Gold Plan	•	•
Providence Oregon Standard Silver Plan	•	•
Providence Oregon Standard Bronze Plan HSA Qualified	•	•
HSA Qualified 2800 Silver	•	
HSA Qualified 6000 Bronze	•	
Providence Essential (catastrophic)	•	•

[Compare plans](#) • [Check rates](#) • [Apply and enroll online](#)

We can help you find the right plan for you. Apply and enroll:

- **Online at www.ProvidenceHealthPlan.com**
- **Over the phone with a Providence representative**
 - Portland metro area **503-574-5000**
 - All other areas **800-988-0088**
- **With your insurance producer**

Apply during open enrollment from Nov. 1, 2015, through Jan. 31, 2016. 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 www.ProvidenceHealthPlan.com.

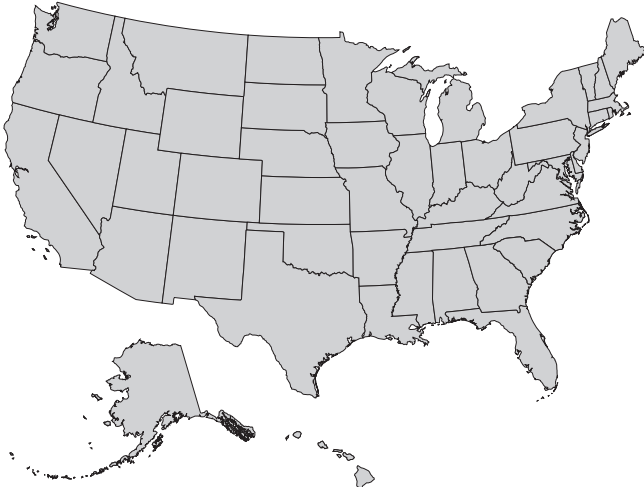
Balance

Balance plans offer a balance of cost-saving features and coverage for the services you use the most.

The plans include:

- Deductible waived for primary care, generic drugs, and lab and X-ray services; your only out-of-pocket expense for these is your copay, where applicable
- A deductible you can apply to the out-of-pocket maximum
- Coverage for routine vision services, including glasses and contact lenses
- Provider choice, in or out of the Providence Signature Network
- Pediatric dental coverage and optional family dental coverage
- Deductible waived for covered services needed to treat an accidental injury within 90 days of injury

Providence Signature Network: A network of nearly 1 million health care providers nationwide, both in Providence facilities and in other locations



A Balance plan may be right for you if access to the widest range of providers is your top priority.

For a listing of our Signature Network providers, visit www.ProvidenceHealthPlan.com/providerdirectory.

Balance

After meeting your deductible, you pay the following amounts for covered services. The deductible is waived for some covered services. These are marked with ✓	Balance 1000 Gold		Balance 2000 Silver		Balance 4000 Silver		Balance 6800 Bronze	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Annual deductible Individual/Family	\$1,000/ \$2,000	\$2,000/ \$4,000	\$2,000/ \$4,000	\$4,000/ \$8,000	\$4,000/ \$8,000	\$8,000/ \$16,000	\$6,800/ \$13,600	\$13,600/ \$27,200
Annual out-of-pocket maximum Individual/Family	\$4,000/ \$8,000	\$8,000/ \$16,000	\$6,850/ \$13,700	\$13,700/ \$27,400	\$6,850/ \$13,700	\$13,700/ \$27,400	\$6,850/ \$13,700	\$13,700/ \$27,400
Accidental Injury Benefit	The deductible is waived for all covered services required to treat an accidental injury within 90 days of injury.							
Preventive Care								
Periodic health exams and well-baby care (from any provider licensed to perform the service)	Covered in full ✓	50%	Covered in full ✓	50%	Covered in full ✓	50%	Covered in full ✓	50%
Maternity prenatal care	Covered in full ✓	50%	Covered in full ✓	50%	Covered in full ✓	50%	Covered in full ✓	50%
Gynecological exams; Pap tests	Covered in full ✓	50%	Covered in full ✓	50%	Covered in full ✓	50%	Covered in full ✓	50%
Mammograms	Covered in full ✓	50%	Covered in full ✓	50%	Covered in full ✓	50%	Covered in full ✓	50%
Colorectal cancer screenings (preventive age 50 and over)	Covered in full ✓	50%	Covered in full ✓	50%	Covered in full ✓	50%	Covered in full ✓	50%
Office Visits for Medical Services								
Personal physician/provider	\$15 ✓	50%	\$25 ✓	50%	\$25 ✓	50%	\$50 ✓	50%
Specialist	\$40 ✓	50%	\$50 ✓	50%	\$50 ✓	50%	\$90 ✓	50%
Alternative care provider	\$15 ✓	50%	\$25 ✓	50%	\$25 ✓	50%	\$50 ✓	50%

Balance (continued)

After meeting your deductible, you pay the following amounts for covered services. The deductible is waived for some covered services. These are marked with ✓	Balance 1000 Gold		Balance 2000 Silver		Balance 4000 Silver		Balance 6800 Bronze	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Hospital Services								
Inpatient hospital services and maternity care	20%	50%	30%	50%	30%	50%	50%	50%
Emergency/Urgent Care								
Emergency services	\$250 then 20%	\$250 then 20%	\$250 then 30%	\$250 then 30%	\$250 then 30%	\$250 then 30%	\$250 then 50%	\$250 then 50%
Urgent care services	\$75 ✓	50%	\$75 ✓	50%	\$75 ✓	50%	\$75 ✓	50%
Outpatient Diagnostic Services								
X-ray and lab services	20% ✓	50%	30% ✓	50%	30% ✓	50%	50% ✓	50%
High-tech imaging services (such as PET, CT, MRI)	20%	50%	30%	50%	30%	50%	50%	50%
Mental Health and Substance Abuse								
Inpatient and residential services	20%	50%	30%	50%	30%	50%	50%	50%
Outpatient provider visits	\$15 ✓	50%	\$25 ✓	50%	\$25 ✓	50%	\$50 ✓	50%
Other Covered Services								
Outpatient surgery at an ambulatory surgery center or hospital-based facility	20%	50%	30%	50%	30%	50%	50%	50%
Chiropractic manipulation and acupuncture (limited to three visits combined per calendar year)	\$25 ✓	50%	\$25 ✓	50%	\$25 ✓	50%	\$25 ✓	50%
Prescription Drugs								
Preventive (ACA-required drugs only)	Covered in full ✓	Not Covered	Covered in full ✓	Not Covered	Covered in full ✓	Not Covered	Covered in full ✓	Not Covered
Generic	\$15 ✓	Not Covered	\$15 ✓	Not Covered	\$15 ✓	Not Covered	\$50 ✓	Not Covered
Preferred brand name	\$45 ✓	Not Covered	\$60 ✓	Not Covered	\$60 ✓	Not Covered	\$95 ✓	Not Covered
Non-preferred brand name	50% ✓	Not Covered	50%	Not Covered	50%	Not Covered	50%	Not Covered
Specialty and compound	50% ✓	Not Covered	50%	Not Covered	50%	Not Covered	50%	Not Covered
Pediatric Vision Services (children up to age 19)								
Routine eye exams (limited to one exam per calendar year)	Covered in full ✓	Covered ✓	Covered in full ✓	Covered ✓	Covered in full ✓	Covered ✓	Covered in full ✓	Covered ✓
Vision hardware (frames, lenses, contact lenses) - limits apply	Covered in full ✓	Covered ✓	Covered in full ✓	Covered ✓	Covered in full ✓	Covered ✓	Covered in full ✓	Covered ✓
Adult Vision Services								
Routine eye exams (limited to one exam per calendar year)	\$30 ✓	Covered ✓	\$30 ✓	Covered ✓	\$30 ✓	Covered ✓	\$30 ✓	Covered ✓
Vision hardware (frames, lenses, contact lenses) - limits apply	Covered ✓	Covered ✓	Covered ✓	Covered ✓	Covered ✓	Covered ✓	Covered ✓	Covered ✓
Pediatric Dental Services* (children aged 18 years and younger)								
Diagnostic and preventive services (includes routine exams, cleanings, bitewing X-rays, topical fluoride, space maintainers)	Covered in full ✓	30% ✓	Covered in full ✓	30% ✓	Covered in full ✓	30% ✓	Covered in full ✓	30% ✓
Basic services (includes restorative fillings)	50%	70%	50%	70%	50%	70%	50%	70%
Major services (includes crowns, dentures, bridge work, oral surgery, endodontics, periodontics)	50%	70%	50%	70%	50%	70%	50%	70%

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

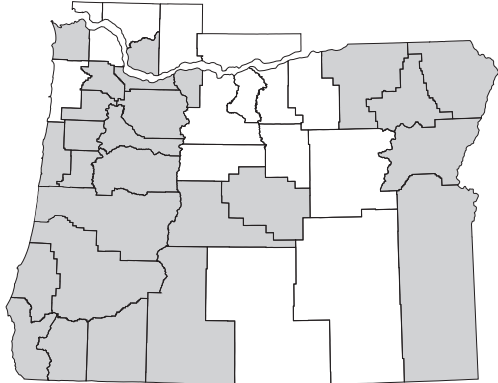
Choice

Choice plans use a medical home model that provides a team of health professionals dedicated to your overall well-being. Members select a medical home from the Providence Choice Network. The medical home team then works to support all aspects of your health, from wellness and prevention to active management of chronic conditions.

Choice plans offer:

- More than 235 medical home clinics in Oregon and southwest Washington that provide patient-focused, coordinated care
- Access to specialists via referral from the medical home in order to receive coverage at the in-network level
- Deductibles waived for doctor and specialist visits, urgent care, lab and X-ray services, chiropractic manipulation and acupuncture, and generic and preferred brand-name drugs
- Separate deductibles and out-of-pocket maximums in and out of the network
- Pediatric dental coverage and optional family dental coverage
- Adult vision coverage (exams and hardware)
- Deductible waived for covered services needed to treat an accidental injury within 90 days of injury

Providence Choice Network: A network of over 235 primary care clinics located throughout Oregon and southwest Washington designated as medical homes



For a complete list of medical homes and providers by location, visit www.ProvidenceHealthPlan.com/providerdirectory.

A Choice plan might be right for you if you value the convenience of a medical home and a centralized team dedicated to your health. Choice is best suited to members who live within 30 miles of a Providence medical home.

Choice

After meeting your deductible, you pay the following amounts for covered services. The deductible is waived for some covered services. These are marked with ✓	Choice 1000 Gold		Choice 2000 Silver		Choice 4000 Silver		Choice 6800 Bronze	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Annual deductible Individual/family	\$1,000/ \$2,000	\$2,000/ \$4,000	\$2,000/ \$4,000	\$4,000/ \$8,000	\$4,000/ \$8,000	\$8,000/ \$16,000	\$6,800/ \$13,600	\$13,600/ \$27,200
Annual out-of-pocket maximum Individual/family	\$4,000/ \$8,000	\$8,000/ \$16,000	\$6,850/ \$13,700	\$13,700/ \$27,400	\$6,850/ \$13,700	\$13,700/ \$27,400	\$6,850/ \$13,700	\$13,700/ \$27,400
Accidental injury benefit	The deductible is waived for all covered services required to treat an accidental injury within 90 days of injury.							
Preventive Care								
Periodic health exams and well-baby care (from any provider licensed to perform the service)	Covered in full ✓	50%	Covered in full ✓	50%	Covered in full ✓	50%	Covered in full ✓	50%
Maternity prenatal care	Covered in full ✓	50%	Covered in full ✓	50%	Covered in full ✓	50%	Covered in full ✓	50%
Gynecological exams; Pap tests	Covered in full ✓	50%	Covered in full ✓	50%	Covered in full ✓	50%	Covered in full ✓	50%
Mammograms	Covered in full ✓	50%	Covered in full ✓	50%	Covered in full ✓	50%	Covered in full ✓	50%
Colorectal cancer screenings (preventive age 50 and over)	Covered in full ✓	50%	Covered in full ✓	50%	Covered in full ✓	50%	Covered in full ✓	50%

Choice (continued)

After meeting your deductible, you pay the following amounts for covered services. The deductible is waived for some covered services. These are marked with ✓	Choice 1000 Gold		Choice 2000 Silver		Choice 4000 Silver		Choice 6800 Bronze	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Office Visits for Medical Services								
Personal physician/provider	\$15 ✓	50%	\$25 ✓	50%	\$25 ✓	50%	\$50 ✓	50%
Specialist	\$40 ✓	50%	\$50 ✓	50%	\$50 ✓	50%	\$90 ✓	50%
Alternative care provider	\$15 ✓	50%	\$25 ✓	50%	\$25 ✓	50%	\$50 ✓	50%
Hospital Services								
Inpatient hospital services and maternity care	20%	50%	30%	50%	30%	50%	50%	50%
Emergency/Urgent Care								
Emergency services	\$250 then 20% ✓	\$250 then 20%	\$250 then 30% ✓	\$250 then 30%	\$250 then 30% ✓	\$250 then 30%	\$250 then 50% ✓	\$250 then 50%
Urgent care services	\$75 ✓	50%	\$75 ✓	50%	\$75 ✓	50%	\$75 ✓	50%
Outpatient Diagnostic Services								
X-ray and lab services	20% ✓	50%	30% ✓	50%	30% ✓	50%	50% ✓	50%
High tech imaging services (such as PET, CT, MRI)	20%	50%	30%	50%	30%	50%	50%	50%
Mental Health and Substance Abuse								
Inpatient and residential services	20%	50%	30%	50%	30%	50%	50%	50%
Outpatient provider visits	\$15 ✓	50%	\$25 ✓	50%	\$25 ✓	50%	\$50 ✓	50%
Other Covered Services								
Outpatient surgery at an ambulatory surgery center or hospital-based facility	20%	50%	30%	50%	30%	50%	50%	50%
Chiropractic manipulation and acupuncture (limited to three visits combined per calendar year)	\$25 ✓	50%	\$25 ✓	50%	\$25 ✓	50%	\$25 ✓	50%
Prescription Drugs								
Preventive (ACA-required drugs only)	Covered in full ✓	Not covered	Covered in full ✓	Not covered	Covered in full ✓	Not covered	Covered in full ✓	Not covered
Generic	\$15 ✓	Not covered	\$15 ✓	Not covered	\$15 ✓	Not covered	\$50 ✓	Not covered
Preferred brand name	\$45 ✓	Not covered	\$60 ✓	Not covered	\$60 ✓	Not covered	\$95 ✓	Not covered
Non-preferred brand name	50% ✓	Not covered	50%	Not covered	50%	Not covered	50%	Not covered
Specialty and compound	50% ✓	Not covered	50%	Not covered	50%	Not covered	50%	Not covered
Pediatric Vision Services (children aged 18 years and younger)								
Routine eye exams (limited to one exam per calendar year)	Covered in full ✓	Covered ✓	Covered in full ✓	Covered ✓	Covered in full ✓	Covered ✓	Covered in full ✓	Covered ✓
Vision hardware (frames, lenses, contact lenses) - limits apply	Covered in full ✓	Covered ✓	Covered in full ✓	Covered ✓	Covered in full ✓	Covered ✓	Covered in full ✓	Covered ✓
Adult Vision Services								
Routine eye exams (limited to one exam per calendar year)	\$30 ✓	Covered ✓	\$30 ✓	Covered ✓	\$30 ✓	Covered ✓	\$30 ✓	Covered ✓
Vision hardware (frames, lenses, contact lenses) - limits apply	Covered ✓	Covered ✓	Covered ✓	Covered ✓	Covered ✓	Covered ✓	Covered ✓	Covered ✓
Pediatric Dental Services* (children aged 18 years and younger)								
Diagnostic and preventive services (includes routine exams, cleanings, bitewing X-rays, topical fluoride, space maintainers)	Covered in full ✓	30% ✓	Covered in full ✓	30% ✓	Covered in full ✓	30% ✓	Covered in full ✓	30% ✓
Basic services (includes restorative fillings)	50%	70%	50%	70%	50%	70%	50%	70%
Major services (includes crowns, dentures, bridge work, oral surgery, endodontics, periodontics)	50%	70%	50%	70%	50%	70%	50%	70%

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

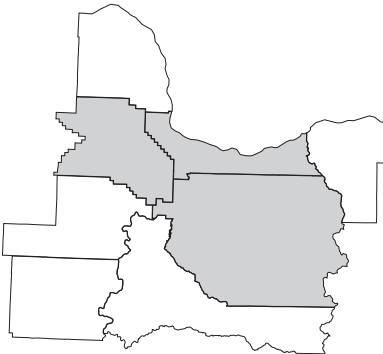
Connect

Connect plans combine a medical home model of care with a tailored provider network to achieve substantial premium savings. You choose a medical home from our Portland metro-area Providence Connect Network. The medical home model provides a team of health professionals dedicated to your overall well-being. The medical home team members work collaboratively to support all aspects of your health, from wellness and prevention to active management of chronic conditions.

Connect plans offer:

- Some of the lowest premiums of any Providence Individual & Family plans
- More than 65 medical home clinics in the Portland metro area
- Access to specialists via referral from the medical home in order to receive coverage at the in-network level
- A deductible that applies to the out-of-pocket maximum
- Deductible waived for doctor and specialist visits, lab and X-ray services, and generic drugs
- Pediatric dental coverage and optional family dental coverage
- Deductible waived for covered services needed to treat an accidental injury within 90 days of injury

Providence Connect Network: A Portland-area network of over 65 primary care clinics in Multnomah, Washington and Clackamas counties designated as medical homes



For a complete list of medical homes and providers by location, visit www.ProvidenceHealthPlan.com/providerdirectory.

A Connect plan might be right for you if convenience and cost savings are your top priority, but you also value a medical home team dedicated to your health.

Connect

After meeting your deductible, you pay the following amounts for covered services. The deductible is waived for some covered services. These are marked with ✓	Connect 1000 Gold		Connect 2000 Silver		Connect 4000 Silver		Connect 6800 Bronze	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Annual deductible Individual/family	\$1,000/\$2,000	\$2,000/\$4,000	\$2,000/\$4,000	\$4,000/\$8,000	\$4,000/\$8,000	\$8,000/\$16,000	\$6,800/\$13,600	\$13,600/\$27,200
Annual out-of-pocket maximum Individual/family	\$4,000/\$8,000	\$8,000/\$16,000	\$6,850/\$13,700	\$13,700/\$27,400	\$6,850/\$13,700	\$13,700/\$27,400	\$6,850/\$13,700	\$13,700/\$27,400
Accidental injury benefit	The deductible is waived for all covered services required to treat an accidental injury within 90 days of injury.							
Preventive Care								
Periodic health exams and well-baby care (from any provider licensed to perform the service)	Covered in full ✓	50%	Covered in full ✓	50%	Covered in full ✓	50%	Covered in full ✓	50%
Maternity prenatal care	Covered in full ✓	50%	Covered in full ✓	50%	Covered in full ✓	50%	Covered in full ✓	50%
Gynecological exams; Pap tests	Covered in full ✓	50%	Covered in full ✓	50%	Covered in full ✓	50%	Covered in full ✓	50%
Mammograms	Covered in full ✓	50%	Covered in full ✓	50%	Covered in full ✓	50%	Covered in full ✓	50%
Colorectal cancer screenings (preventive age 50 and over)	Covered in full ✓	50%	Covered in full ✓	50%	Covered in full ✓	50%	Covered in full ✓	50%

Connect (continued)

After meeting your deductible, you pay the following amounts for covered services. The deductible is waived for some covered services. These are marked with ✓	Connect 1000 Gold		Connect 2000 Silver		Connect 4000 Silver		Connect 6800 Bronze	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Office Visits for Medical Services								
Personal physician/provider	\$15 ✓	50%	\$25 ✓	50%	\$25 ✓	50%	\$50 ✓	50%
Specialist	\$40 ✓	50%	\$50 ✓	50%	\$50 ✓	50%	\$90 ✓	50%
Alternative care provider	\$15 ✓	50%	\$25 ✓	50%	\$25 ✓	50%	\$50 ✓	50%
Hospital Services								
Inpatient hospital services and maternity care	20%	50%	30%	50%	30%	50%	50%	50%
Emergency/Urgent Care								
Emergency services	\$250 then 20%	\$250 then 20%	\$250 then 30%	\$250 then 30%	\$250 then 30%	\$250 then 30%	\$250 then 50%	\$250 then 50%
Urgent care services	\$75 ✓	50%	\$75 ✓	50%	\$75 ✓	50%	\$75 ✓	50%
Outpatient Diagnostic Services								
X-ray and lab services	20% ✓	50%	30% ✓	50%	30% ✓	50%	50% ✓	50%
High-tech imaging services (such as PET, CT, MRI)	20%	50%	30%	50%	30%	50%	50%	50%
Mental Health and Substance Abuse								
Inpatient and residential services	20%	50%	30%	50%	30%	50%	50%	50%
Outpatient provider visits	\$15 ✓	50%	\$25 ✓	50%	\$25 ✓	50%	\$50 ✓	50%
Other Covered Services								
Outpatient surgery at an ambulatory surgery center or hospital-based facility	20%	50%	30%	50%	30%	50%	50%	50%
Chiropractic manipulation and acupuncture (limited to three visits combined per calendar year)	\$25 ✓	50%	\$25 ✓	50%	\$25 ✓	50%	\$25 ✓	50%
Prescription Drugs								
Preventive (ACA-required drugs only)	Covered in full ✓	Not covered	Covered in full ✓	Not covered	Covered in full ✓	Not covered	Covered in full ✓	Not covered
Generic	\$15 ✓	Not covered	\$15 ✓	Not covered	\$15 ✓	Not covered	\$50 ✓	Not covered
Preferred brand name	\$45 ✓	Not covered	\$60 ✓	Not covered	\$60 ✓	Not covered	\$95 ✓	Not covered
Non-preferred brand name	50% ✓	Not covered	50%	Not covered	50%	Not covered	50%	Not covered
Specialty and compound	50% ✓	Not covered	50%	Not covered	50%	Not covered	50%	Not covered
Pediatric Vision Services (children aged 18 years and younger)								
Routine eye exams (limited to one exam per calendar year)	Covered in full ✓	Covered ✓	Covered in full ✓	Covered ✓	Covered in full ✓	Covered ✓	Covered in full ✓	Covered ✓
Vision hardware (frames, lenses, contact lenses) - limits apply	Covered in full ✓	Covered ✓	Covered in full ✓	Covered ✓	Covered in full ✓	Covered ✓	Covered in full ✓	Covered ✓
Adult Vision Services								
Routine eye exams (limited to one exam per calendar year)	\$25 ✓	Covered ✓	\$25 ✓	Covered ✓	\$25 ✓	Covered ✓	\$25 ✓	Covered ✓
Vision hardware (frames, lenses, contact lenses) - limits apply	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Pediatric Dental Services* (children aged 18 years and younger)								
Diagnostic and preventive services (includes routine exams, cleanings, bitewing X-rays, topical fluoride, space maintainers)	Covered in full ✓	30% ✓	Covered in full ✓	30% ✓	Covered in full ✓	30% ✓	Covered in full ✓	30% ✓
Basic services (includes restorative fillings)	50%	70%	50%	70%	50%	70%	50%	70%
Major services (includes crowns, dentures, bridge work, oral surgery, endodontics, periodontics)	50%	70%	50%	70%	50%	70%	50%	70%

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

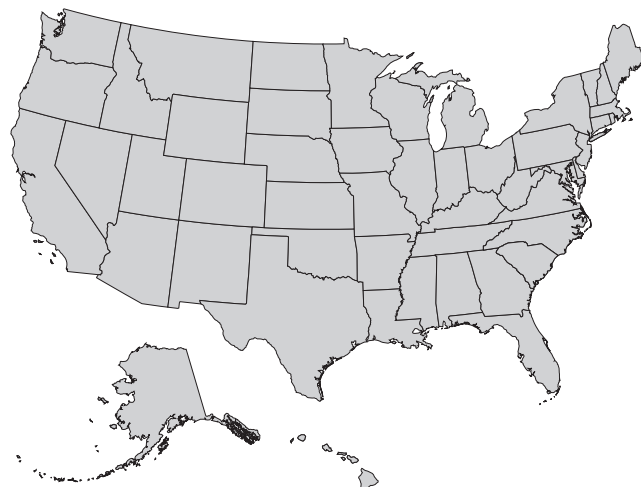
Standard

Benefits for Standard plans are defined by the state of Oregon. Choose a Gold, Silver or Bronze plan with deductibles ranging from \$1,250 to \$5,000. The Standard Bronze plan is HSA qualified.

Standard plans offer:

- Copays starting as low as \$20 and deductibles as low as \$1,250
- A deductible that applies to the out-of-pocket maximum
- Provider choice, in or out of the Providence 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 Signature Network: A network of nearly 1 million health care providers nationwide, both in Providence facilities and in other locations.



A Standard plan might be right for you if you want to minimize your health coverage costs while receiving more streamlined benefits.

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

For a listing of our Signature Network providers, visit www.ProvidenceHealthPlan.com/providerdirectory.

Standard

After meeting your deductible, you pay the following amounts for covered services. The deductible is waived for some covered services. These are marked with ✓	Providence Oregon Standard Gold		Providence Oregon Standard Silver		Providence Oregon Standard Bronze*	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Annual deductible Individual/family	\$1,250/ \$2,500	\$2,500/ \$5,000	\$2,500/ \$5,000	\$5,000/ \$10,000	\$5,000/ \$10,000	\$10,000/ \$20,000
Annual out-of-pocket maximum Individual/family	\$6,350/ \$12,700	\$12,700/ \$25,400	\$6,350/ \$12,700	\$12,700/ \$25,400	\$6,350/ \$12,700	\$12,700/ \$25,400
Preventive Care						
Periodic health exams and well-baby care (from any provider licensed to perform the service)	Covered in full ✓	50%	Covered in full ✓	50%	Covered in full ✓	50%
Maternity prenatal care	Covered in full ✓	50%	Covered in full ✓	50%	Covered in full ✓	50%
Gynecological exams; Pap tests	Covered in full ✓	50%	Covered in full ✓	50%	Covered in full ✓	50%
Mammograms	Covered in full ✓	50%	Covered in full ✓	50%	Covered in full ✓	50%
Colorectal cancer screenings (preventive age 50 and over)	Covered in full ✓	50%	Covered in full ✓	50%	Covered in full ✓	50%
Office Visits for Medical Services						
Personal physician/provider	\$20 ✓	50%	\$35 ✓	50%	\$60	50%
Specialist	\$40 ✓	50%	\$70 ✓	50%	\$100	50%
Alternative care provider	\$40 ✓	50%	\$70 ✓	50%	\$100	50%

Standard (continued)

After meeting your deductible, you pay the following amounts for covered services. The deductible is waived for some covered services. These are marked with ✓	Providence Oregon Standard Gold		Providence Oregon Standard Silver		Providence Oregon Standard Bronze*	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Hospital Services						
Inpatient hospital services and maternity care	10%	50%	30%	50%	50%	50%
Emergency/Urgent Care						
Emergency services	10%	10%	30%	30%	50%	50%
Urgent care services	\$60 ✓	50%	\$90 ✓	50%	\$120	50%
Outpatient Diagnostic Services						
X-ray and lab services	10%	50%	30%	50%	50%	50%
High-tech imaging services (such as PET, CT, MRI)	10%	50%	30%	50%	50%	50%
Mental Health and Substance Abuse						
Inpatient and residential services	10%	50%	30%	50%	50%	50%
Outpatient provider visits	\$20 ✓	50%	\$35 ✓	50%	\$60	50%
Other Covered Services						
Outpatient surgery at an ambulatory surgery center or hospital-based facility	10%	50%	30%	50%	50%	50%
Chiropractic manipulation and acupuncture	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Prescription Drugs						
Preventive (ACA-required drugs only)	Covered in full ✓	Not covered	Covered in full ✓	Not covered	Covered in full ✓	Not covered
Generic	\$10 ✓	Not covered	\$15 ✓	Not covered	\$20	Not covered
Preferred brand name	\$30 ✓	Not covered	\$50 ✓	Not covered	\$80	Not covered
Non-preferred brand name	50% ✓	Not covered	50% ✓	Not covered	50%	Not covered
Specialty and compound	50% ✓	Not covered	50% ✓	Not covered	50%	Not covered
Pediatric Vision Services (children aged 18 years and younger)						
Routine eye exams (limited to one exam per calendar year)	Covered in full ✓	Covered ✓	Covered in full ✓	Covered ✓	Covered in full ✓	Covered ✓
Vision hardware (frames, lenses, contact lenses) - limits apply	Covered in full ✓	Covered ✓	Covered in full ✓	Covered ✓	Covered in full ✓	Covered ✓
Adult Vision Services						
Routine eye exams (limited to one exam per calendar year)	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Vision hardware (frames, lenses, contact lenses) - limits apply	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Pediatric Dental Services (children aged 18 years and younger)						
Diagnostic and preventive services (includes routine exams, cleanings, bitewing X-rays, topical fluoride, space maintainers)	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Basic services (includes restorative fillings)	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Major services (includes crowns, dentures, bridge work, oral surgery, endodontics, periodontics)	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered

* HSA Qualified

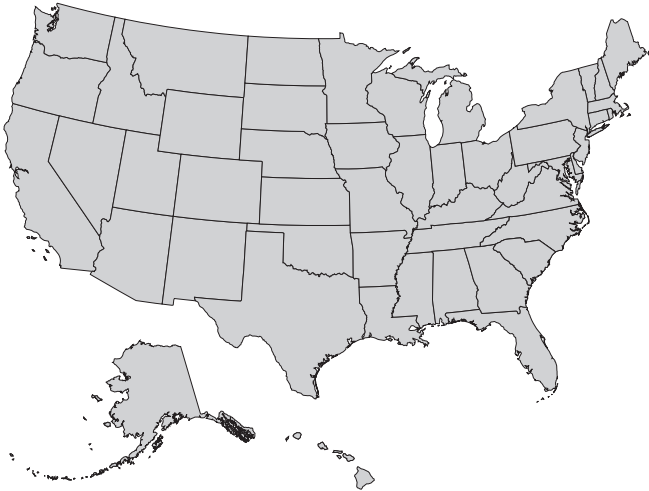
HSA Qualified

These high-deductible health plans have lower premiums. You get affordable coverage and the flexibility to choose any provider. With an HSA Qualified plan, paired with a tax-exempt health savings account, you save pre-tax dollars to pay for future health care expenses. Providence HSA Qualified plans are easy to set up and come with unparalleled support to help you manage your account and use it wisely.

HSA Qualified plans offer:

- Care from specialists without a referral
- Lower premiums with most services subject to the deductible
- In-network preventive care and adult routine vision services that are covered before the deductible
- Provider choice, in or out of the Providence Signature Network
- A deductible that applies to the out-of-pocket maximum
- Pediatric dental coverage and optional family dental coverage
- A preferred rate when you open a health savings account with HealthEquity, a partner of Providence Health Plan

Providence Signature Network: A network of nearly 1 million health care providers nationwide, both in Providence facilities and in other locations



An HSA Qualified plan might be right for you if you actively manage your health care and would like to use pre-tax dollars to help do it.

For a listing of our Signature Network providers, visit www.ProvidenceHealthPlan.com/providerdirectory.

HSA Qualified

After meeting your deductible, you pay the following amounts for covered services. The deductible is waived for some covered services. These are marked with ✓	HSA Qualified 2800 Silver		HSA Qualified 6000 Bronze	
	In-network	Out-of-network	In-network	Out-of-network
Annual deductible Individual/family	\$2,800/\$5,600	\$5,600/\$11,200	\$6,000/\$12,000	\$12,000/\$24,000
Annual out-of-pocket maximum Individual/family	\$5,000/\$10,000	\$10,000/\$20,000	\$6,450/\$12,900	\$12,900/\$25,800
Preventive Care				
Periodic health exams and well-baby care (from any provider licensed to perform the service)	Covered in full ✓	50%	Covered in full ✓	50%
Maternity prenatal care	Covered in full ✓	50%	Covered in full ✓	50%
Gynecological exams; Pap tests	Covered in full ✓	50%	Covered in full ✓	50%
Mammograms	Covered in full ✓	50%	Covered in full ✓	50%
Colorectal cancer screenings (preventive age 50 and over)	Covered in full ✓	50%	Covered in full ✓	50%

HSA Qualified (continued)

After meeting your deductible, you pay the following amounts for covered services. The deductible is waived for some covered services. These are marked with ✓	HSA Qualified 2800 Silver		HSA Qualified 6000 Bronze	
	In-network	Out-of-network	In-network	Out-of-network
Office Visits for Medical Services				
Personal physician/provider	20%	50%	20%	50%
Specialist	20%	50%	20%	50%
Alternative care provider	20%	50%	20%	50%
Hospital Services				
Inpatient hospital services and maternity care	20%	50%	20%	50%
Emergency/Urgent Care				
Emergency services	20%	20%	20%	20%
Urgent care services	20%	50%	20%	50%
Outpatient Diagnostic Services				
X-ray and lab services	20%	50%	20%	50%
High-tech imaging services (such as PET, CT, MRI)	20%	50%	20%	50%
Mental Health and Substance Abuse				
Inpatient and residential services	20%	50%	20%	50%
Outpatient provider visits	20%	50%	20%	50%
Other Covered Services				
Outpatient surgery at an ambulatory surgery center or hospital-based facility	20%	50%	20%	50%
Chiropractic manipulation and acupuncture	Not covered	Not covered	Not covered	Not covered
Prescription Drugs				
Preventive (ACA-required drugs only)	Covered in full ✓	Not covered	Covered in full ✓	Not covered
Generic	20%	Not covered	20%	Not covered
Preferred brand name	20%	Not covered	20%	Not covered
Non-preferred brand name	20%	Not covered	20%	Not covered
Specialty and compound	20%	Not covered	20%	Not covered
Pediatric Vision Services (children aged 18 years and younger)				
Routine eye exams (limited to one exam per calendar year)	Covered in full ✓	Covered ✓	Covered in full ✓	Covered ✓
Vision hardware (frames, lenses, contact lenses) - limits apply	Covered in full ✓	Covered ✓	Covered in full ✓	Covered ✓
Adult Vision Services				
Routine eye exams (limited to one exam per calendar year)	\$25 ✓	Covered ✓	\$25 ✓	Covered ✓
Vision hardware (frames, lenses, contact lenses) - limits apply	Not covered	Not covered	Not covered	Not covered
Pediatric Dental Services* (children aged 18 years and younger)				
Diagnostic and preventive services (includes routine exams, cleanings, bitewing X-rays, topical fluoride, space maintainers)	Covered in full ✓	30% ✓	Covered in full ✓	30% ✓
Basic services (includes restorative fillings)	50%	70%	50%	70%
Major services (includes crowns, dentures, bridge work, oral surgery, endodontics, periodontics)	50%	70%	50%	70%

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

Essential

The Essential plan covers you in case of unforeseen major medical expenses.

This catastrophic plan is available only to individuals age 29 and younger.

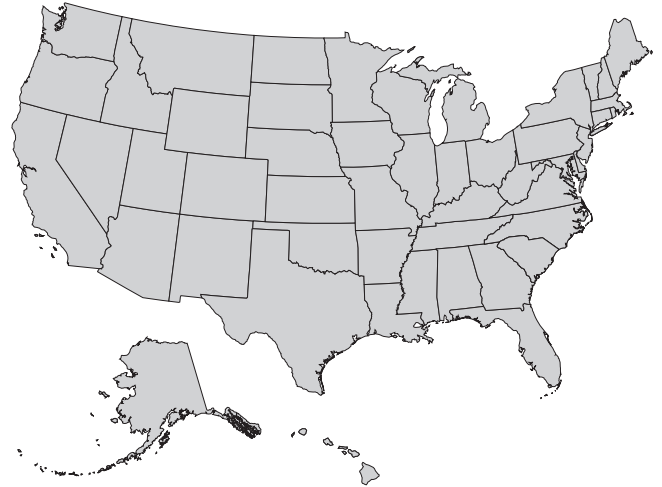
The Essential plan offers:

- Affordable coverage with lower monthly premiums
- Coverage for up to three office visits per calendar year before the deductible is met
- Prescription drug coverage
- The option to add family dental coverage when you purchase a plan directly from Providence Health Plan or a producer
- Provider choice, in or out of the Providence Signature Network

The Essential plan might be right for you if you are 29 or younger, don't expect to incur high medical expenses, want coverage in case of a catastrophe and want to keep your premium costs as low as possible.

To note: The Essential plan does not cover chiropractic manipulation, acupuncture, adult routine vision exams and vision hardware, or pediatric dental services.

Providence Signature Network: A network of nearly 1 million health care providers nationwide, both in Providence facilities and in other locations



For a listing of our Signature Network providers, visit www.ProvidenceHealthPlan.com/providerdirectory.

Essential

After meeting your deductible, you pay the following amounts for covered services. The deductible is waived for some covered services. These are marked with ✓	Essential	
	In-network	Out-of-network
Annual deductible Individual/family	\$6,850/\$13,700	\$13,700/\$27,400
Annual out-of-pocket maximum Individual/family	\$6,850/\$13,700	\$13,700/\$27,400
Preventive Care		
Periodic health exams and well-baby care (from any provider licensed to perform the service)	Covered in full ✓	Covered in full
Maternity prenatal care	Covered in full ✓	Covered in full
Gynecological exams; Pap tests	Covered in full ✓	Covered in full
Mammograms	Covered in full ✓	Covered in full
Colorectal cancer screenings (preventive age 50 and over)	Covered in full ✓	Covered in full
Office Visits for Medical Services		
Personal physician/provider	50% first 3 visits ✓	Covered in full
Specialist	Covered in full	Covered in full
Alternative care provider	Covered in full	Covered in full

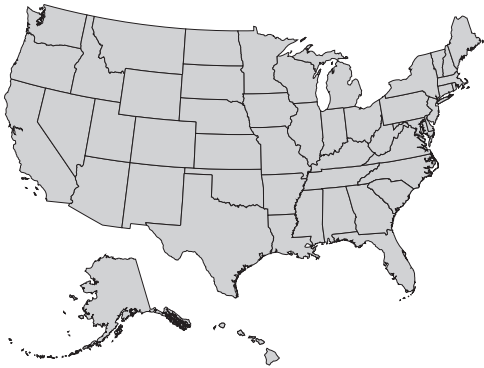
Essential (continued)

After meeting your deductible, you pay the following amounts for covered services. The deductible is waived for some covered services. These are marked with ✓	Essential	
	In-network	Out-of-network
Hospital Services		
Inpatient hospital services and maternity care	Covered in full	Covered in full
Emergency/Urgent Care		
Emergency services	Covered in full	Covered in full
Urgent care services	Covered in full	Covered in full
Outpatient Diagnostic Services		
X-ray and lab services	Covered in full	Covered in full
High-tech imaging services (such as PET, CT, MRI)	Covered in full	Covered in full
Mental Health and Substance Abuse		
Inpatient and residential services	Covered in full	Covered in full
Outpatient provider visits	Covered in full	Covered in full
Other Covered Services		
Outpatient surgery at an ambulatory surgery center or hospital-based facility	Covered in full	Covered in full
Chiropractic manipulation and acupuncture	Not covered	Not covered
Prescription Drugs		
Preventive (ACA-required drugs only)	Covered in full ✓	Not covered
Generic	Covered in full	Not covered
Preferred brand name	Covered in full	Not covered
Non-preferred brand name	Covered in full	Not covered
Specialty and compound	Covered in full	Not covered
Pediatric Vision Services (children aged 18 years and younger)		
Routine eye exams (limited to one exam per calendar year)	Covered in full ✓	Covered ✓
Vision hardware (frames, lenses, contact lenses) - limits apply	Covered in full ✓	Covered ✓
Adult Vision Services		
Routine eye exams (limited to one exam per calendar year)	Not covered	Not covered
Vision hardware (frames, lenses, contact lenses) - limits apply	Not covered	Not covered
Pediatric Dental Services (children aged 18 years and younger)		
Diagnostic and preventive services (includes routine exams, cleanings, bitewing X-rays, topical fluoride, space maintainers)	Not covered	Not covered
Basic services (includes restorative fillings)	Not covered	Not covered
Major services (includes crowns, dentures, bridge work, oral surgery, endodontics, periodontics)	Not covered	Not covered

Compare our 2016 plans side-by-side

Plan name	Balance 1000 Gold	Balance 2000 Silver	Balance 4000 Silver	Balance 6800 Bronze
Metal level	Gold	Silver	Silver	Bronze
Where to buy	Providence Health Plan/Producer and/or Marketplace	Providence Health Plan/Producer and/or Marketplace	Providence Health Plan/Producer	Providence Health Plan/Producer and/or Marketplace
Annual deductible individual/family	\$1,000/\$2,000	\$2,000/\$4,000	\$4,000/\$8,000	\$6,800/\$13,600
Annual out-of-pocket maximum individual/family	\$4,000/\$8,000	\$6,850/\$13,700	\$6,850/\$13,700	\$6,850/\$13,700
Accidental injury benefit	The deductible is waived for all covered services required to treat an accidental injury within 90 days of injury			
PPP office visit	\$15 ✓	\$25 ✓	\$25 ✓	\$50 ✓
Specialist office visit	\$40 ✓	\$50 ✓	\$50 ✓	\$90 ✓
Outpatient diagnostic lab and X-ray	20% ✓	30% ✓	30% ✓	50% ✓
Chiropractic manipulation and acupuncture**	\$25 ✓	\$25 ✓	\$25 ✓	\$25 ✓
Prescription drugs (generic)	\$15 ✓	\$15 ✓	\$15 ✓	\$50 ✓
Preferred brand name drugs	\$45 ✓	\$60 ✓	\$60 ✓	\$95 ✓
Inpatient hospital	20%	30%	30%	50%
Emergency services	\$250 then 20%	\$250 then 30%	\$250 then 30%	\$250 then 50%
Urgent care visits	\$75 ✓	\$75 ✓	\$75 ✓	\$75 ✓
Mental health - outpatient visits	\$15 ✓	\$25 ✓	\$25 ✓	\$50 ✓
Adult vision exams	\$30 ✓	\$30 ✓	\$30 ✓	\$30 ✓
Pediatric vision (exams and hardware)	Covered in full ✓	Covered in full ✓	Covered in full ✓	Covered in full ✓
Pediatric dental	Covered	Covered	Covered	Covered
Premium examples for non-tobacco users for rating Region A				
Single, 26 years old	\$263	\$227	\$207	\$187
Single, 55 years old	\$573	\$494	\$450	\$408
Family: parents aged 38 and 40, children aged 7 and 10	\$975	\$841	\$766	\$694
Networks	Signature Network			

A network of nearly 1 million health care providers nationwide, both in Providence facilities and in other locations



- ✓ Deductible waived for these services
- * Coverage for 2 children only
- ** Limited to 3 visits combined per calendar year

PLEASE NOTE: Benefit examples shown above for in-network coverage only.

For the full listing of in- and out-of-network benefits, visit www.ProvidenceHealthPlan.com

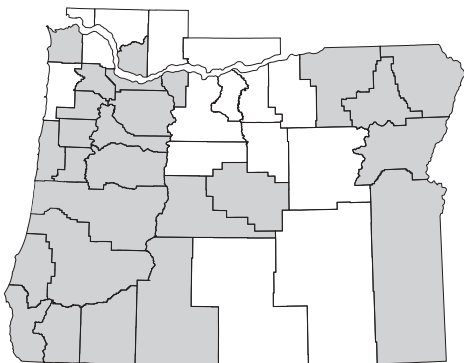
Choice 1000 Gold	Choice 2000 Silver	Choice 4000 Silver	Choice 6800 Bronze	Connect 1000 Gold	Connect 2000 Silver	Connect 4000 Silver
Gold	Silver	Silver	Bronze	Gold	Silver	Silver
Providence Health Plan/Producer and/or Marketplace	Providence Health Plan/Producer and/or Marketplace	Providence Health Plan/Producer	Providence Health Plan/Producer and/or Marketplace	Providence Health Plan/Producer and/or Marketplace	Providence Health Plan/Producer and/or Marketplace	Providence Health Plan/Producer
\$1,000/\$2,000	\$2,000/\$4,000	\$4,000/\$8,000	\$6,800/\$13,600	\$1,000/\$2,000	\$2,000/\$4,000	\$4,000/\$8,000
\$4,000/\$8,000	\$6,850/\$13,700	\$6,850/\$13,700	\$6,850/\$13,700	\$4,000/\$8,000	\$6,850/\$13,700	\$6,850/\$13,700

The deductible is waived for all covered services required to treat an accidental injury within 90 days of injury

\$15 ✓	\$25 ✓	\$25 ✓	\$50 ✓	\$15 ✓	\$25 ✓	\$25 ✓
\$40 ✓	\$50 ✓	\$50 ✓	\$90 ✓	\$40 ✓	\$50 ✓	\$50 ✓
20% ✓	30% ✓	30% ✓	50% ✓	20% ✓	30% ✓	30% ✓
\$25 ✓	\$25 ✓	\$25 ✓	\$25 ✓	\$25 ✓	\$25 ✓	\$25 ✓
\$15 ✓	\$15 ✓	\$15 ✓	\$50 ✓	\$15 ✓	\$15 ✓	\$15 ✓
\$45 ✓	\$60 ✓	\$60 ✓	\$95 ✓	\$45 ✓	\$60 ✓	\$60 ✓
20%	30%	30%	50%	20%	30%	30%
\$250 then 20%	\$250 then 30%	\$250 then 30%	\$250 then 50%	\$250 then 20%	\$250 then 30%	\$250 then 30%
\$75 ✓	\$75 ✓	\$75 ✓	\$75 ✓	\$75 ✓	\$75 ✓	\$75 ✓
\$15 ✓	\$25 ✓	\$25 ✓	\$50 ✓	\$15 ✓	\$25 ✓	\$25 ✓
\$30 ✓	\$30 ✓	\$30 ✓	\$30 ✓	\$25 ✓	\$25 ✓	\$25 ✓
Covered in full ✓	Covered in full ✓	Covered in full ✓	Covered in full ✓	Covered in full ✓	Covered in full ✓	Covered in full ✓
Covered	Covered	Covered	Covered	Covered	Covered	Covered
\$249	\$214	\$195	\$177	\$223	\$192	\$175
\$541	\$465	\$424	\$385	\$486	\$419	\$382
\$920	\$791	\$722	\$655	\$829	\$712	\$651

Choice Network

A network of over 235 primary care clinics located throughout Oregon and Southwest Washington designated as medical homes



Connect Network

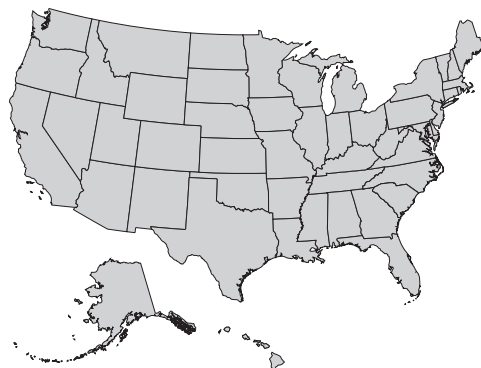
A Portland-area network of over 65 primary care clinics in Clackamas, Multnomah, and Washington counties designated as medical homes



Connect 6800 Bronze	Providence Oregon Standard Gold Plan	Providence Oregon Standard Silver Plan	Providence Oregon Standard Bronze Plan	HSA Qualified 2800 Silver	HSA Qualified 6000 Bronze	Providence Essential
Bronze	Gold	Silver	Bronze	Silver	Bronze	Catastrophic
Providence Health Plan/ Producer and/or Marketplace	Providence Health Plan/ Producer and/or Marketplace	Providence Health Plan/ Producer and/or Marketplace	Providence Health Plan/ Producer and/or Marketplace	Providence Health Plan/ Producer	Providence Health Plan/ Producer	Providence Health Plan/ Producer and/or Marketplace
\$6,800/\$13,600	\$1,250/\$2,500	\$2,500/\$5,000	\$5,000/\$10,000	\$2,800/\$5,600	\$6,000/\$12,000	\$6,850/\$13,700
\$6,850/\$13,700	\$6,350/\$12,700	\$6,350/\$12,700	\$6,350/\$12,700	\$5,000/\$10,000	\$6,450/\$12,900	\$6,850/\$13,700
	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
\$50 ✓	\$20 ✓	\$35 ✓	\$60	20%	20%	50% first 3 visits ✓
\$90 ✓	\$40 ✓	\$70 ✓	\$100	20%	20%	Covered in full
50% ✓	10%	30%	50%	20%	20%	Covered in full
\$25 ✓	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
\$50 ✓	\$10 ✓	\$15 ✓	\$20	20%	20%	Covered in full
\$95 ✓	\$30 ✓	\$50 ✓	\$80	20%	20%	Covered in full
50%	10%	30%	50%	20%	20%	Covered in full
\$250 then 50%	10%	30%	50%	20%	20%	Covered in full
\$75 ✓	\$60 ✓	\$90 ✓	\$120	20%	20%	Covered in full
\$50 ✓	\$20 ✓	\$35 ✓	\$60	20%	20%	Covered in full
\$25 ✓	Not covered	Not covered	Not covered	\$25 ✓	\$25 ✓	Not covered
Covered in full ✓	Covered in full ✓	Covered in full ✓	Covered in full ✓	Covered in full ✓	Covered in full ✓	Covered in full ✓
Covered	Not covered	Not covered	Not covered	Covered	Covered	Not covered
\$159	\$256	\$219	\$173	\$207	\$164	\$141
\$346	\$557	\$476	\$377	\$451	\$357	N/A
\$589	\$948	\$811	\$641	\$766	\$608	\$176*

Signature Network

A network of nearly 1 million health care providers nationwide, both in Providence facilities and in other locations



Glossary of Terms

Accidental injury

An injury that is due directly to an unintentional act, independent of all other causes.

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

Effective date of coverage means the date upon which coverage begins.

Exclusion

A service or supply not covered by the health plan

Exclusion period

A period of time during which all specified treatments or procedures are excluded from coverage. If treatment was covered under a previous plan, then the exclusion period is reduced by each day of continuous prior creditable coverage.

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 www.HealthCare.gov.

Member

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

Nonparticipating provider

A health care provider or facility with no agreement to participate with Providence Health Plan. When you use nonparticipating providers, you receive out-of-network benefits and pay a higher coinsurance for your share of the costs.

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.

Personal physician/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

Premium

The monthly rate you pay for health plan coverage

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 child-only member must physically reside in order to qualify for coverage. Plan availability may vary by county.

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 2,000 in-network dental provider listings in Oregon and southwest Washington and more than 280,000 in-network provider listings nationwide. To search for a dentist, visit www.ProvidenceHealthPlan.com/providerdirectory.

Providence Progressive Dental Plan features:

- Progressive benefits reward proper dental care by reducing your costs in subsequent years of service.
- You may be treated by any licensed dentist, but your out-of-pocket costs will be lower if you use an in-network provider.
- 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: \$32 per member per month

After meeting your deductible, you pay the following amounts for covered services. The deductible is waived for some covered services. These are marked with ✓	Providence Progressive Dental Plan					
	In-network			Out-of-network		
	yr1	yr2	yr3	yr1	yr2	yr3
Network	Providence			All other providers		
Deductible	\$25	\$25	\$25	\$50	\$50	\$50
Annual Maximum	\$1000					
Waiting period	None			None		
Diagnostic and preventive services (includes routine exams, cleanings, bitewing X-rays, topical fluoride (age 16 and younger), space maintainers)	Covered in full ✓	Covered in full ✓	Covered in full ✓	10%	10%	10%
Basic services (includes restorative fillings)	50%	40%	20%	70%	50%	30%
Major services (includes crowns, dentures, bridge work, oral surgery, endodontics, periodontics)	75%	65%	50%	90%	80%	60%

You must purchase a PHP medical plan in order to purchase the Providence Progressive Dental Plan. Not available when purchasing a Providence medical plan through the Federal Health Insurance Marketplace.

Individual and Family plan rates for 2016

Several factors make up your monthly premium rate:

- Your age
- Whether or not you use tobacco
- The county where you live

Providence has combined Oregon counties into three groups:

Group A:
Clackamas, Multnomah, Washington, Yamhill

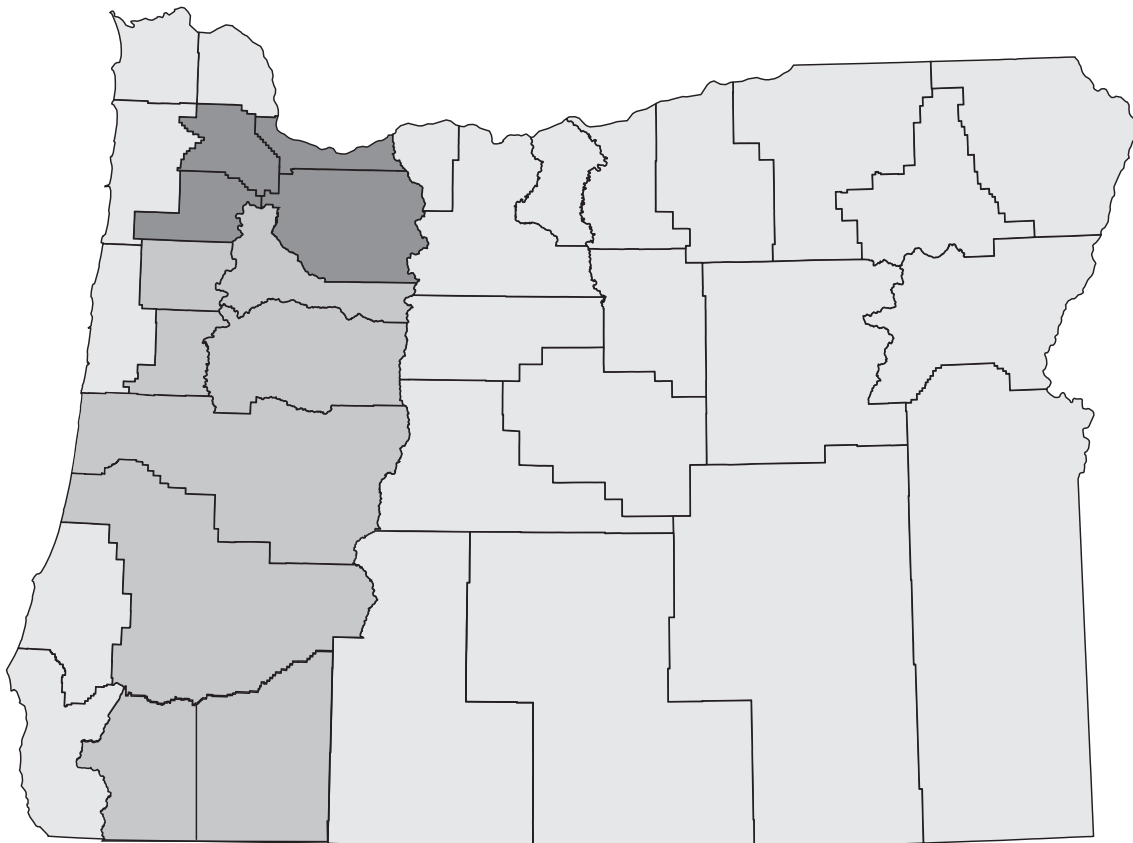
Group B:
Benton, Douglas, Jackson, Josephine, Lane, Linn, Marion, Polk

Group C:
Baker, Clatsop, Columbia, Coos, Crook, Curry, Deschutes, Gilliam, Grant, Harney, Hood River, Jefferson, Klamath, Lake, Lincoln, Malheur, Morrow, Sherman, Tillamook, Umatilla, Union, Wallowa, Wasco, Wheeler

To determine the premium for yourself as an individual, go to the rate sheet for the county in which you live, use your age and choose the plan that fits your needs.

To determine the premium for you and your family, go to the rate sheet for the county in which you live, choose the plan that fits your needs, then use the ages for each person to be covered. Add the premium amounts for each family member to determine your total. If you're covering more than three children 19 years of age and younger, only add the premiums for your first three children.

PLEASE NOTE: Tobacco use is defined as the use of tobacco products in any form for an average of four or more times per week within the past six months.



Individual and Family Plan Rates, Group A: Non-tobacco user

Group A counties: Clackamas, Multnomah, Washington, Yamhill**

** Connect plans are not available for purchase in Yamhill county.

Purchase these plans directly from Providence at www.ProvidenceHealthPlan.com or your insurance producer.

Plans marked * may also be purchased through the Federal Health Insurance Marketplace at www.HealthCare.gov.

Effective Jan. 1, 2016 – Dec. 31, 2016

Plan Name	Age							
	0 to 20	21	22	23	24	25	26	27
Balance 1000 Gold*	163	257	257	257	257	258	263	269
Balance 2000 Silver*	141	221	221	221	221	222	227	232
Balance 4000 Silver	128	202	202	202	202	203	207	212
Balance 6800 Bronze*	116	183	183	183	183	184	187	192
Choice 1000 Gold*	154	243	243	243	243	244	249	254
Choice 2000 Silver*	132	209	209	209	209	209	214	219
Choice 4000 Silver	121	190	190	190	190	191	195	199
Choice 6800 Bronze*	110	173	173	173	173	173	177	181
Connect 1000 Gold*	139	218	218	218	218	219	223	229
Connect 2000 Silver*	119	188	188	188	188	189	192	197
Connect 4000 Silver	109	171	171	171	171	172	175	180
Connect 6800 Bronze*	99	155	155	155	155	156	159	163
Providence Oregon Standard Gold Plan*	159	250	250	250	250	251	256	262
Providence Oregon Standard Silver Plan*	136	213	213	213	213	214	219	224
Providence Oregon Standard Bronze Plan*	107	169	169	169	169	170	173	177
HSA Qualified 2800 Silver	128	202	202	202	202	203	207	212
HSA Qualified 6000 Bronze	102	160	160	160	160	161	164	168
Providence Essential*	88	138	138	138	138	139	141	145

Plan Name	Age							
	43	44	45	46	47	48	49	50
Balance 1000 Gold*	349	359	371	386	402	420	439	459
Balance 2000 Silver*	300	309	320	332	346	362	378	395
Balance 4000 Silver	274	282	291	303	315	330	344	361
Balance 6800 Bronze*	248	256	264	275	286	299	312	327
Choice 1000 Gold*	329	339	350	364	379	397	414	433
Choice 2000 Silver*	283	291	301	313	326	341	356	373
Choice 4000 Silver	258	265	274	285	297	311	324	339
Choice 6800 Bronze*	234	241	249	259	270	282	294	308
Connect 1000 Gold*	296	305	315	327	341	357	372	390
Connect 2000 Silver*	255	262	271	282	294	307	320	335
Connect 4000 Silver	233	239	247	257	268	280	292	306
Connect 6800 Bronze*	211	217	224	233	243	254	265	277
Providence Oregon Standard Gold Plan*	339	349	361	375	391	409	426	446
Providence Oregon Standard Silver Plan*	290	298	308	320	334	349	364	381
Providence Oregon Standard Bronze Plan*	229	236	244	254	264	276	289	302
HSA Qualified 2800 Silver	274	282	292	303	316	330	345	361
HSA Qualified 6000 Bronze	217	224	231	240	250	262	273	286
Providence Essential*	Not available to people age 30 and older							

Age														
28	29	30	31	32	33	34	35	36	37	38	39	40	41	42
280	288	292	298	304	308	312	314	316	318	320	325	329	335	341
241	248	251	257	262	265	269	270	272	274	276	279	283	288	293
219	226	229	234	239	242	245	247	248	250	252	255	258	263	267
199	205	208	212	217	219	222	224	225	227	228	231	234	238	243
264	272	275	281	287	291	295	297	299	300	302	306	310	316	322
227	233	237	242	247	250	253	255	257	258	260	263	267	272	276
206	213	216	220	225	228	231	232	234	235	237	240	243	247	252
188	193	196	200	204	207	209	211	212	214	215	218	220	225	229
237	244	248	253	258	261	265	267	268	270	272	275	279	284	289
204	210	213	218	222	225	228	230	231	233	234	237	240	245	249
186	192	195	199	203	205	208	209	211	212	214	216	219	223	227
169	174	176	180	184	186	188	190	191	192	193	196	198	202	206
272	280	284	290	296	299	303	305	307	309	311	315	319	325	331
232	239	242	247	252	256	259	261	263	264	266	269	273	278	283
184	189	192	196	200	203	205	207	208	209	211	213	216	220	224
220	226	229	234	239	242	245	247	249	250	252	255	258	263	268
174	179	182	186	189	192	194	196	197	198	199	202	205	208	212
150	155	Not available to people age 30 and older												

Age														
51	52	53	54	55	56	57	58	59	60	61	62	63	64	65 and Over
480	502	525	549	573	600	627	655	669	698	723	739	759	771	771
413	432	452	473	494	516	539	564	576	601	622	636	653	663	663
376	394	412	431	450	471	492	514	525	548	567	580	596	606	606
341	357	373	391	408	427	446	466	476	497	514	526	540	549	549
453	474	495	518	541	566	591	618	632	659	682	697	716	729	729
389	407	426	445	465	487	508	532	543	566	586	599	616	627	627
354	371	388	406	424	443	463	484	494	516	534	546	561	570	570
322	337	352	368	385	403	420	440	449	468	485	496	509	519	519
407	426	445	466	486	509	532	556	568	592	613	627	644	654	654
350	367	383	401	419	438	458	479	489	510	528	540	554	564	564
320	335	350	366	382	400	418	437	446	465	482	492	506	513	513
289	303	317	331	346	362	378	396	404	421	436	446	458	465	465
466	488	510	534	557	583	609	637	651	678	702	718	738	750	750
398	417	435	456	476	498	520	544	556	579	600	613	630	639	639
315	330	345	361	377	395	412	431	440	459	475	486	499	507	507
377	395	412	432	451	472	493	515	526	549	568	581	597	606	606
299	312	327	342	357	373	390	408	417	434	450	460	473	480	480
Not available to people age 30 and older														

Individual and Family Plan Rates, Group A: Tobacco user

Group A counties: Clackamas, Multnomah, Washington, Yamhill**

** Connect plans are not available for purchase in Yamhill county.

Purchase these plans directly from Providence at www.ProvidenceHealthPlan.com or your insurance producer.

Plans marked * may also be purchased through the Federal Health Insurance Marketplace at www.HealthCare.gov.

Effective Jan. 1, 2016 – Dec. 31, 2016

Plan Name	Age							
	0 to 20	21	22	23	24	25	26	27
Balance 1000 Gold*	163	283	283	283	283	284	290	296
Balance 2000 Silver*	141	243	243	243	243	244	249	255
Balance 4000 Silver	128	222	222	222	222	223	227	233
Balance 6800 Bronze*	116	201	201	201	201	202	206	211
Choice 1000 Gold*	154	267	267	267	267	268	273	280
Choice 2000 Silver*	132	229	229	229	229	230	235	240
Choice 4000 Silver	121	209	209	209	209	210	214	219
Choice 6800 Bronze*	110	190	190	190	190	191	194	199
Connect 1000 Gold*	139	240	240	240	240	241	246	251
Connect 2000 Silver*	119	207	207	207	207	207	212	217
Connect 4000 Silver	109	189	189	189	189	189	193	198
Connect 6800 Bronze*	99	171	171	171	171	171	175	179
Providence Oregon Standard Gold Plan*	159	275	275	275	275	276	282	288
Providence Oregon Standard Silver Plan*	136	235	235	235	235	236	240	246
Providence Oregon Standard Bronze Plan*	107	186	186	186	186	187	190	195
HSA Qualified 2800 Silver	128	222	222	222	222	223	228	233
HSA Qualified 6000 Bronze	102	176	176	176	176	177	180	185
Providence Essential*	88	152	152	152	152	152	156	159

Plan Name	Age							
	43	44	45	46	47	48	49	50
Balance 1000 Gold*	384	395	408	424	442	462	483	505
Balance 2000 Silver*	330	340	352	365	381	398	415	435
Balance 4000 Silver	301	310	321	333	347	363	379	397
Balance 6800 Bronze*	273	281	291	302	315	329	343	360
Choice 1000 Gold*	362	373	386	400	417	436	455	477
Choice 2000 Silver*	311	321	331	344	359	375	391	410
Choice 4000 Silver	284	292	302	313	327	342	356	373
Choice 6800 Bronze*	258	265	274	285	297	310	324	339
Connect 1000 Gold*	326	335	346	360	375	392	409	429
Connect 2000 Silver*	280	289	298	310	323	338	352	369
Connect 4000 Silver	256	263	272	283	295	308	322	337
Connect 6800 Bronze*	232	239	247	256	267	279	291	305
Providence Oregon Standard Gold Plan*	373	384	397	412	430	450	469	491
Providence Oregon Standard Silver Plan*	319	328	339	352	367	384	401	419
Providence Oregon Standard Bronze Plan*	252	260	269	279	291	304	317	332
HSA Qualified 2800 Silver	302	311	321	334	348	364	379	397
HSA Qualified 6000 Bronze	239	246	254	264	275	288	300	315
Providence Essential*	Not available to people age 30 and older							

Age														
28	29	30	31	32	33	34	35	36	37	38	39	40	41	42
307	317	321	328	335	339	343	346	348	350	352	357	362	368	375
265	272	276	282	288	292	296	298	299	301	303	307	311	317	323
241	248	252	257	263	266	270	271	273	275	277	280	284	289	294
219	225	229	233	238	241	244	246	248	249	251	254	257	262	267
290	299	303	309	316	320	324	326	328	331	333	337	341	348	354
249	257	260	266	271	275	279	280	282	284	286	290	293	299	304
227	234	237	242	247	250	254	255	257	259	260	264	267	272	277
206	212	215	220	225	227	230	232	233	235	236	240	243	247	251
261	269	272	278	284	287	291	293	295	297	299	303	307	312	318
225	231	234	239	244	248	251	252	254	256	257	261	264	269	274
205	211	214	218	223	226	229	230	232	233	235	238	241	245	250
186	191	194	198	202	205	207	209	210	211	213	215	218	222	226
299	308	312	319	325	329	334	336	338	340	343	347	351	358	364
255	263	266	272	278	281	285	287	289	291	293	296	300	306	311
202	208	211	216	220	223	226	227	229	230	232	235	238	242	246
242	249	252	258	263	266	270	272	273	275	277	281	284	290	295
191	197	200	204	208	211	214	215	217	218	219	222	225	229	233
165	170	Not available to people age 30 and older												

Age														
51	52	53	54	55	56	57	58	59	60	61	62	63	64	65 and Over
528	552	577	604	631	660	689	721	736	768	795	813	835	849	849
454	475	497	520	543	568	593	620	634	661	684	700	719	729	729
414	433	453	474	495	518	541	566	578	603	624	638	655	666	666
376	393	411	430	449	470	491	513	524	546	566	578	594	603	603
498	521	545	570	595	623	651	680	695	725	750	767	788	801	801
428	448	468	490	512	535	559	585	597	623	645	659	677	687	687
390	408	426	446	466	487	509	532	544	567	587	600	617	627	627
354	370	387	405	423	443	463	484	494	515	533	545	560	570	570
448	468	490	512	535	560	585	611	625	651	674	689	708	720	720
385	403	421	441	461	482	503	526	538	561	581	594	610	621	621
352	368	385	402	420	440	459	480	491	512	530	542	557	567	567
318	333	348	365	381	398	416	435	444	463	480	491	504	513	513
513	537	561	587	613	641	670	701	716	746	773	790	812	825	825
438	458	479	501	524	548	572	598	611	637	660	674	693	705	705
347	363	379	397	415	434	453	474	484	505	523	534	549	558	558
415	434	454	475	496	519	542	567	579	603	625	639	656	666	666
328	344	359	376	393	411	429	449	458	478	495	506	520	528	528
Not available to people age 30 and older														

Individual and Family Plan Rates, Group B: Non-tobacco user

Group B counties: Benton, Douglas, Jackson, Josephine, Lane, Linn, Marion, Polk

Purchase these plans directly from Providence at www.ProvidenceHealthPlan.com or your insurance producer.

Plans marked * may also be purchased through the Federal Health Insurance Marketplace at www.HealthCare.gov.

Effective Jan. 1, 2016 – Dec. 31, 2016

Plan Name	Age							
	0 to 20	21	22	23	24	25	26	27
Balance 1000 Gold*	167	262	262	262	262	263	269	275
Balance 2000 Silver*	143	226	226	226	226	227	231	237
Balance 4000 Silver	131	206	206	206	206	207	211	216
Balance 6800 Bronze*	119	187	187	187	187	187	191	196
Choice 1000 Gold*	157	248	248	248	248	249	253	259
Choice 2000 Silver*	135	213	213	213	213	214	218	223
Choice 4000 Silver	123	194	194	194	194	195	198	203
Choice 6800 Bronze*	112	176	176	176	176	177	180	184
Connect 1000 Gold*	Connect plans are not available in these counties							
Connect 2000 Silver*	Connect plans are not available in these counties							
Connect 4000 Silver	Connect plans are not available in these counties							
Connect 6800 Bronze*	Connect plans are not available in these counties							
Providence Oregon Standard Gold Plan*	162	255	255	255	255	256	261	267
Providence Oregon Standard Silver Plan*	138	218	218	218	218	219	223	228
Providence Oregon Standard Bronze Plan*	110	172	172	172	172	173	177	181
HSA Qualified 2800 Silver	131	206	206	206	206	207	211	216
HSA Qualified 6000 Bronze	104	163	163	163	163	164	167	171
Providence Essential*	89	141	141	141	141	141	144	148

Plan Name	Age							
	43	44	45	46	47	48	49	50
Balance 1000 Gold*	356	366	379	393	410	429	447	468
Balance 2000 Silver*	306	315	326	339	353	369	385	403
Balance 4000 Silver	279	288	297	309	322	337	351	368
Balance 6800 Bronze*	253	261	270	280	292	305	319	333
Choice 1000 Gold*	336	346	357	371	387	405	422	442
Choice 2000 Silver*	289	297	307	319	333	348	363	380
Choice 4000 Silver	263	271	280	291	303	317	331	346
Choice 6800 Bronze*	239	246	254	264	275	288	300	314
Connect 1000 Gold*	Connect plans are not available in these counties							
Connect 2000 Silver*	Connect plans are not available in these counties							
Connect 4000 Silver	Connect plans are not available in these counties							
Connect 6800 Bronze*	Connect plans are not available in these counties							
Providence Oregon Standard Gold Plan*	346	356	368	382	398	417	435	455
Providence Oregon Standard Silver Plan*	295	304	314	327	340	356	371	389
Providence Oregon Standard Bronze Plan*	234	241	249	259	270	282	294	308
HSA Qualified 2800 Silver	280	288	298	309	322	337	352	368
HSA Qualified 6000 Bronze	222	228	236	245	255	267	279	292
Providence Essential*	Not available to people age 30 and older							

Age														
28	29	30	31	32	33	34	35	36	37	38	39	40	41	42
285	294	298	304	310	314	318	321	323	325	327	331	335	342	348
245	253	256	262	267	270	274	276	278	280	281	285	289	294	299
224	230	234	239	244	247	250	252	253	255	257	260	263	268	273
203	209	212	216	221	224	227	228	230	231	233	236	239	243	247
269	277	281	287	293	297	301	303	304	306	308	312	316	322	328
231	238	241	247	252	255	258	260	262	263	265	269	272	277	282
211	217	220	225	229	232	235	237	238	240	241	245	248	252	257
191	197	200	204	208	211	214	215	216	218	219	222	225	229	233
Connect plans are not available in these counties														
Connect plans are not available in these counties														
Connect plans are not available in these counties														
Connect plans are not available in these counties														
277	285	289	295	302	305	310	312	314	316	318	322	326	332	338
237	244	247	252	258	261	264	266	268	269	271	275	278	283	288
187	193	196	200	204	207	209	211	212	214	215	218	220	225	229
224	231	234	239	244	247	250	252	254	255	257	260	264	268	273
177	183	185	189	193	196	198	200	201	202	203	206	209	213	216
153	158	Not available to people age 30 and older												

Age														
51	52	53	54	55	56	57	58	59	60	61	62	63	64	65 and Over
489	512	535	560	585	612	639	668	683	712	737	754	774	786	786
421	441	461	482	503	527	550	575	588	613	634	649	666	678	678
384	402	420	440	459	480	502	525	536	559	579	592	608	618	618
348	364	381	399	416	436	455	476	486	507	525	536	551	561	561
462	483	505	529	552	578	603	631	644	672	696	711	731	744	744
397	415	434	454	474	496	519	542	554	577	598	611	628	639	639
361	378	395	414	432	452	472	494	504	526	544	557	572	582	582
328	344	359	376	392	411	429	448	458	478	495	506	519	528	528
Connect plans are not available in these counties														
Connect plans are not available in these counties														
Connect plans are not available in these counties														
Connect plans are not available in these counties														
475	498	520	544	569	595	621	650	664	692	716	732	753	765	765
406	425	444	465	485	508	531	555	567	591	612	625	643	654	654
322	337	352	368	385	402	420	440	449	468	485	496	509	516	516
385	402	421	440	460	481	502	525	537	560	579	592	609	618	618
305	319	333	349	364	381	398	416	425	443	459	469	482	489	489
Not available to people age 30 and older														

Individual and Family Plan Rates, Group B: Tobacco user

Group B counties: Benton, Douglas, Jackson, Josephine, Lane, Linn, Marion, Polk

Purchase these plans directly from Providence at www.ProvidenceHealthPlan.com or your insurance producer. Plans marked * may also be purchased through the Federal Health Insurance Marketplace at www.HealthCare.gov.

Effective Jan. 1, 2016 – Dec. 31, 2016

Plan Name	Age							
	0 to 20	21	22	23	24	25	26	27
Balance 1000 Gold*	167	289	289	289	289	290	295	302
Balance 2000 Silver*	143	248	248	248	248	249	254	260
Balance 4000 Silver	131	226	226	226	226	227	232	237
Balance 6800 Bronze*	119	205	205	205	205	206	210	215
Choice 1000 Gold*	157	272	272	272	272	273	279	285
Choice 2000 Silver*	135	234	234	234	234	235	240	245
Choice 4000 Silver	123	213	213	213	213	214	218	223
Choice 6800 Bronze*	112	194	194	194	194	194	198	203
Connect 1000 Gold*	Connect plans are not available in these counties							
Connect 2000 Silver*	Connect plans are not available in these counties							
Connect 4000 Silver	Connect plans are not available in these counties							
Connect 6800 Bronze*	Connect plans are not available in these counties							
Providence Oregon Standard Gold Plan*	162	280	280	280	280	282	287	294
Providence Oregon Standard Silver Plan*	138	239	239	239	239	240	245	251
Providence Oregon Standard Bronze Plan*	110	190	190	190	190	191	194	199
HSA Qualified 2800 Silver	131	227	227	227	227	228	232	238
HSA Qualified 6000 Bronze	104	180	180	180	180	180	184	188
Providence Essential*	89	155	155	155	155	156	159	162

Plan Name	Age							
	43	44	45	46	47	48	49	50
Balance 1000 Gold*	392	403	417	433	451	472	492	515
Balance 2000 Silver*	337	347	359	373	388	406	424	444
Balance 4000 Silver	307	316	327	340	354	370	386	404
Balance 6800 Bronze*	279	287	297	308	321	336	350	367
Choice 1000 Gold*	370	380	393	408	426	445	465	486
Choice 2000 Silver*	318	327	338	351	366	383	399	418
Choice 4000 Silver	289	298	308	320	333	348	364	381
Choice 6800 Bronze*	263	270	280	290	303	317	330	346
Connect 1000 Gold*	Connect plans are not available in these counties							
Connect 2000 Silver*	Connect plans are not available in these counties							
Connect 4000 Silver	Connect plans are not available in these counties							
Connect 6800 Bronze*	Connect plans are not available in these counties							
Providence Oregon Standard Gold Plan*	381	392	405	421	438	459	478	501
Providence Oregon Standard Silver Plan*	325	335	346	359	374	392	409	428
Providence Oregon Standard Bronze Plan*	257	265	274	285	297	310	324	339
HSA Qualified 2800 Silver	308	317	328	340	354	371	387	405
HSA Qualified 6000 Bronze	244	251	259	269	281	294	306	321
Providence Essential*	Not available to people age 30 and older							

Tobacco use is defined as the use of tobacco products in any form an average of four or more times per week within the past six months.

Age														
28	29	30	31	32	33	34	35	36	37	38	39	40	41	42
314	323	327	334	341	346	350	353	355	357	359	364	369	376	382
270	278	282	288	294	298	302	303	305	307	309	313	317	323	329
246	253	257	262	268	271	275	277	279	280	282	286	289	295	300
223	230	233	238	243	246	249	251	253	254	256	259	262	267	272
296	305	309	316	322	326	331	333	335	337	339	344	348	355	361
254	262	266	271	277	280	284	286	288	290	292	295	299	305	310
232	238	242	247	252	255	259	260	262	264	266	269	272	278	282
210	217	220	224	229	232	235	237	238	240	241	244	247	252	256
Connect plans are not available in these counties														
Connect plans are not available in these counties														
Connect plans are not available in these counties														
Connect plans are not available in these counties														
305	314	318	325	332	336	340	343	345	347	349	354	358	365	372
260	268	272	278	283	287	291	293	295	296	298	302	306	312	317
206	212	215	220	224	227	230	232	233	235	236	239	242	247	251
247	254	257	263	268	272	275	277	279	281	283	286	290	295	301
195	201	204	208	212	215	218	219	221	222	224	227	230	234	238
168	173	Not available to people age 30 and older												

Age														
51	52	53	54	55	56	57	58	59	60	61	62	63	64	65 and Over
538	563	589	616	643	673	703	735	751	783	811	829	852	867	867
463	485	507	530	554	579	605	633	646	674	698	714	733	744	744
422	442	462	484	505	528	552	577	590	615	636	651	669	678	678
383	401	419	438	458	479	500	523	535	557	577	590	606	615	615
508	532	556	581	607	635	664	694	709	739	765	782	804	816	816
437	457	477	500	522	546	570	596	609	635	658	672	691	702	702
397	416	435	455	475	497	519	543	555	578	599	612	629	639	639
361	378	395	413	432	452	472	493	504	525	544	556	571	582	582
Connect plans are not available in these counties														
Connect plans are not available in these counties														
Connect plans are not available in these counties														
Connect plans are not available in these counties														
523	547	572	599	625	654	683	715	730	761	788	806	828	840	840
447	467	488	511	534	559	584	610	623	650	673	688	707	717	717
354	370	387	405	423	443	462	483	494	515	533	545	560	570	570
423	443	463	484	506	529	553	578	590	616	637	652	670	681	681
335	351	366	383	401	419	438	458	468	487	505	516	530	540	540
Not available to people age 30 and older														

Individual and Family Plan Rates, Group C: Non-Tobacco user

Group C counties: Baker, Clatsop, Columbia, Coos, Crook, Curry, Deschutes, Gilliam, Grant, Harney, Hood River, Jefferson, Klamath, Lake, Lincoln, Malheur, Morrow, Sherman, Tillamook, Umatilla, Union, Wallowa, Wasco, Wheeler

** Choice plans are not available for purchase in these Group C counties: Columbia, Gilliam, Grant, Harney, Jefferson, Lake, Morrow, Sherman, Tillamook, Wasco, and Wheeler.

Purchase these plans directly from Providence at www.ProvidenceHealthPlan.com or your insurance producer.

Plans marked * may also be purchased through the Federal Health Insurance Marketplace at www.HealthCare.gov.

Effective Jan. 1, 2016 – Dec. 31, 2016

Plan Name	Age							
	0 to 20	21	22	23	24	25	26	27
Balance 1000 Gold*	188	296	296	296	296	297	303	310
Balance 2000 Silver*	162	255	255	255	255	256	261	267
Balance 4000 Silver	147	232	232	232	232	233	238	243
Balance 6800 Bronze*	134	210	210	210	210	211	216	221
Choice 1000 Gold*	177	279	279	279	279	280	286	293
Choice 2000 Silver*	152	240	240	240	240	241	246	251
Choice 4000 Silver	139	218	218	218	218	219	224	229
Choice 6800 Bronze*	126	198	198	198	198	199	203	208
Connect 1000 Gold*	Connect plans are not available in these counties							
Connect 2000 Silver*	Connect plans are not available in these counties							
Connect 4000 Silver	Connect plans are not available in these counties							
Connect 6800 Bronze*	Connect plans are not available in these counties							
Providence Oregon Standard Gold Plan*	183	287	287	287	287	289	294	301
Providence Oregon Standard Silver Plan*	156	245	245	245	245	246	251	257
Providence Oregon Standard Bronze Plan*	123	194	194	194	194	195	199	204
HSA Qualified 2800 Silver	148	232	232	232	232	233	238	244
HSA Qualified 6000 Bronze	117	184	184	184	184	185	189	193
Providence Essential*	101	159	159	159	159	159	163	166

Plan Name	Age							
	43	44	45	46	47	48	49	50
Balance 1000 Gold*	401	413	427	444	462	484	505	528
Balance 2000 Silver*	345	356	368	382	398	416	434	455
Balance 4000 Silver	315	324	335	348	363	380	396	415
Balance 6800 Bronze*	286	294	304	316	329	344	359	376
Choice 1000 Gold*	379	390	403	419	436	456	476	498
Choice 2000 Silver*	326	335	346	360	375	392	409	428
Choice 4000 Silver	296	305	315	328	341	357	373	390
Choice 6800 Bronze*	269	277	287	298	310	324	338	354
Connect 1000 Gold*	Connect plans are not available in these counties							
Connect 2000 Silver*	Connect plans are not available in these counties							
Connect 4000 Silver	Connect plans are not available in these counties							
Connect 6800 Bronze*	Connect plans are not available in these counties							
Providence Oregon Standard Gold Plan*	390	402	415	431	449	470	490	513
Providence Oregon Standard Silver Plan*	333	343	354	368	384	401	419	438
Providence Oregon Standard Bronze Plan*	264	272	281	292	304	318	332	347
HSA Qualified 2800 Silver	315	325	336	349	363	380	397	415
HSA Qualified 6000 Bronze	250	257	266	276	288	301	314	329
Providence Essential*	Not available to people age 30 and older							

Age														
28	29	30	31	32	33	34	35	36	37	38	39	40	41	42
321	331	336	343	350	354	359	361	364	366	368	373	378	385	392
277	285	289	295	301	305	309	311	313	315	317	321	325	331	337
252	260	263	269	275	278	282	284	286	287	289	293	297	302	308
229	236	239	244	249	252	256	257	259	261	262	266	269	274	279
303	312	317	323	330	334	339	341	343	346	348	352	357	363	370
261	268	272	278	284	287	291	293	295	297	299	303	307	312	318
237	244	248	253	258	262	265	267	269	270	272	276	279	284	289
216	222	225	230	235	238	241	242	244	246	247	250	254	258	263
Connect plans are not available in these counties														
Connect plans are not available in these counties														
Connect plans are not available in these counties														
Connect plans are not available in these counties														
312	322	326	333	340	344	349	351	354	356	358	363	367	374	381
267	275	279	284	290	294	298	300	302	304	306	310	314	320	325
211	218	221	225	230	233	236	238	239	241	242	245	249	253	258
253	260	264	269	275	278	282	284	286	288	290	293	297	303	308
200	206	209	213	218	221	224	225	226	228	229	232	235	240	244
173	178	Not available to people age 30 and older												

Age														
51	52	53	54	55	56	57	58	59	60	61	62	63	64	65 and Over
552	577	603	631	659	690	721	754	770	803	831	850	873	888	888
475	497	519	543	568	594	620	649	663	691	715	731	751	765	765
433	453	474	496	518	542	566	591	604	630	652	667	685	696	696
393	411	429	449	469	491	513	536	548	571	591	605	621	630	630
521	545	569	596	622	651	680	711	727	757	784	802	824	837	837
447	468	489	512	535	560	585	611	624	651	674	689	708	720	720
407	426	446	466	487	510	532	557	569	593	614	628	645	654	654
370	387	405	424	442	463	484	506	516	538	558	570	586	594	594
Connect plans are not available in these counties														
Connect plans are not available in these counties														
Connect plans are not available in these counties														
Connect plans are not available in these counties														
536	561	586	614	641	671	700	732	748	780	808	826	849	861	861
458	479	501	524	547	573	598	625	639	666	690	705	725	735	735
363	380	397	415	434	454	474	496	506	528	546	559	574	582	582
434	454	474	496	518	542	567	592	605	631	653	668	686	696	696
343	359	376	393	411	430	449	469	479	500	517	529	543	552	552
Not available to people age 30 and older														

Individual and Family Plan Rates, Group C: Tobacco user

Group C counties: Baker, Clatsop, Columbia, Coos, Crook, Curry, Deschutes, Gilliam, Grant, Harney, Hood River, Jefferson, Klamath, Lake, Lincoln, Malheur, Morrow, Sherman, Tillamook, Umatilla, Union, Wallowa, Wasco, Wheeler

** Choice plans are not available for purchase in these counties: Columbia, Gilliam, Grant, Harney, Jefferson, Lake, Morrow, Sherman, Tillamook, Wasco, and Wheeler.

Purchase these plans directly from Providence at www.ProvidenceHealthPlan.com or your insurance producer.

Plans marked * may also be purchased through the Federal Health Insurance Marketplace at www.HealthCare.gov.

Effective Jan. 1, 2016 – Dec. 31, 2016

Plan Name	Age							
	0 to 20	21	22	23	24	25	26	27
Balance 1000 Gold*	188	325	325	325	325	327	333	341
Balance 2000 Silver*	162	280	280	280	280	281	287	293
Balance 4000 Silver	147	255	255	255	255	256	261	268
Balance 6800 Bronze*	134	232	232	232	232	232	237	243
Choice 1000 Gold*	177	307	307	307	307	308	314	322
Choice 2000 Silver*	152	264	264	264	264	265	270	277
Choice 4000 Silver	139	240	240	240	240	241	246	252
Choice 6800 Bronze*	126	218	218	218	218	219	223	229
Connect 1000 Gold*	Connect plans are not available in these counties							
Connect 2000 Silver*	Connect plans are not available in these counties							
Connect 4000 Silver	Connect plans are not available in these counties							
Connect 6800 Bronze*	Connect plans are not available in these counties							
Providence Oregon Standard Gold Plan*	183	316	316	316	316	317	324	331
Providence Oregon Standard Silver Plan*	156	270	270	270	270	271	276	283
Providence Oregon Standard Bronze Plan*	123	214	214	214	214	215	219	224
HSA Qualified 2800 Silver	148	256	256	256	256	257	262	268
HSA Qualified 6000 Bronze	117	203	203	203	203	203	207	212
Providence Essential*	101	175	175	175	175	175	179	183

Plan Name	Age							
	43	44	45	46	47	48	49	50
Balance 1000 Gold*	441	454	470	488	508	532	555	581
Balance 2000 Silver*	380	391	404	420	438	458	478	500
Balance 4000 Silver	346	357	369	383	399	417	436	456
Balance 6800 Bronze*	314	323	334	347	362	379	395	414
Choice 1000 Gold*	417	429	443	461	480	502	524	548
Choice 2000 Silver*	358	369	381	396	412	431	450	471
Choice 4000 Silver	326	336	347	360	376	393	410	429
Choice 6800 Bronze*	296	305	315	327	341	357	372	390
Connect 1000 Gold*	Connect plans are not available in these counties							
Connect 2000 Silver*	Connect plans are not available in these counties							
Connect 4000 Silver	Connect plans are not available in these counties							
Connect 6800 Bronze*	Connect plans are not available in these counties							
Providence Oregon Standard Gold Plan*	429	442	457	474	494	517	539	565
Providence Oregon Standard Silver Plan*	366	377	390	405	422	441	461	482
Providence Oregon Standard Bronze Plan*	290	299	309	321	334	350	365	382
HSA Qualified 2800 Silver	347	357	369	384	400	418	436	457
HSA Qualified 6000 Bronze	275	283	292	304	317	331	345	362
Providence Essential*	Not available to people age 30 and older							

Age														
28	29	30	31	32	33	34	35	36	37	38	39	40	41	42
354	364	369	377	385	390	395	398	400	403	405	411	416	424	431
304	313	318	325	331	335	340	342	344	347	349	353	358	365	371
278	286	290	296	302	306	310	312	314	316	318	322	326	332	338
252	259	263	268	274	277	281	283	285	287	289	292	296	301	307
334	344	348	356	363	368	373	375	378	380	383	387	392	400	407
287	295	300	306	312	316	320	322	325	327	329	333	337	344	350
261	269	273	279	284	288	292	294	296	297	299	303	307	313	318
237	244	248	253	258	261	265	267	268	270	272	275	279	284	289
Connect plans are not available in these counties														
Connect plans are not available in these counties														
Connect plans are not available in these counties														
Connect plans are not available in these counties														
344	354	359	366	374	379	384	386	389	391	394	399	404	412	419
293	302	306	313	319	323	328	330	332	334	336	341	345	352	358
233	239	243	248	253	256	260	261	263	265	267	270	273	279	283
278	286	290	296	303	306	310	312	315	317	319	323	327	333	339
220	227	230	235	240	243	246	247	249	251	252	256	259	264	268
190	195	Not available to people age 30 and older												

Age														
51	52	53	54	55	56	57	58	59	60	61	62	63	64	65 and Over
607	635	664	695	725	759	793	829	847	883	914	935	960	975	975
522	547	571	598	624	653	682	713	729	760	787	804	827	840	840
476	498	521	545	569	596	622	651	665	693	718	734	754	765	765
432	452	472	494	516	540	564	590	603	628	651	665	684	696	696
573	599	626	655	685	716	748	782	799	833	863	882	906	921	921
492	515	538	563	588	616	643	672	687	716	741	758	779	792	792
448	469	490	513	536	561	586	612	625	652	675	690	709	720	720
407	426	445	466	487	509	532	556	568	592	613	627	644	654	654
Connect plans are not available in these counties														
Connect plans are not available in these counties														
Connect plans are not available in these counties														
Connect plans are not available in these counties														
590	617	645	675	705	738	771	806	823	858	888	908	933	948	948
504	527	551	576	602	630	658	688	703	733	759	776	797	810	810
399	418	436	457	477	499	521	545	557	581	601	615	632	642	642
477	499	522	546	570	597	623	652	666	694	719	735	755	768	768
378	395	413	432	452	472	494	516	527	550	569	582	598	609	609
Not available to people age 30 and older														

Other things to know as you consider your coverage

Special Enrollment

To apply for 2016 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 www.ProvidenceHealthPlan.com/qe.

Application and premium payment dates

Your paper or online application submitted directly to Providence Health Plan needs to be received by the requested effective date.

When you start coverage, your first health insurance premium is due by the end of the first day of coverage. For example, if your coverage start date is Feb. 1, your payment must be received by Providence Health Plan by the close of business on Feb. 1. On a monthly, ongoing basis, your premium is due the first day of the month. 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 & 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.

Additional benefit notes

There is a waiting period of 12 months for elective surgeries. Examples of elective surgeries include arthroscopic cartilage repair, bunionectomy, carpal tunnel surgery and tonsillectomy. If a certificate of creditable coverage is provided, we will credit days toward the waiting period.

Non-preventive colonoscopies will be covered under the in-patient or outpatient surgical benefits (provider and facility).

Travel reimbursement benefits added for 2016 non-transplant services:

- If an in-network provider is not available for your specific condition within 50 miles, we will reimburse travel to an in-network provider up to 300 miles away
- Reimbursement to closest in-network provider
- Mileage reimbursement or per diem (\$150) if overnight stay is required; annual maximum benefit (\$1,500)
- Must be medically necessary, and prior authorization is required

New for 2016

Members age 18 years and older can earn a \$100 gift card for working toward their wellness goals with our Providence Healthy Rewards program.

You can add dental coverage to any Providence medical plan you buy from Providence or a producer.

Privacy policy

Visit www.ProvidenceHealthPlan.com to learn about PHP privacy practices. You may obtain a copy of PHP Notice of Privacy Practices by going to www.ProvidenceHealthPlan.com and selecting "Privacy Notices & Policies" or by calling customer service at **800-878-4445**.

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

Oct. 1, 2015 – Jan. 31, 2016: 8 a.m. to 8 p.m., seven days a week

Feb. 1, 2016 – Dec. 31, 2016: 8 a.m. to 8 p.m., Monday – Friday

www.ProvidenceHealthPlan.com



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

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