

Selling areas

To apply for a Providence Health Plan Individual & Family plan, you must reside in our selling area for the selected plan type as listed below.

The Providence Connect Network

A network of more than 100 primary care clinics designated as medical homes.

Providence Connect plans are available in Portland metro counties, including:

- Clackamas
- Hood River
- Multnomah
- Washington
- Yamhill (ZIP codes 97123 and 97132 only)

The Providence Choice Network

A network of more than 400 primary care clinics designated as medical homes.

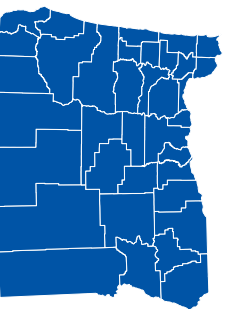
Providence Oregon Direct, Standard, and HSA Qualified plans are available on the Providence Choice Network in these counties:

- Benton
- Clackamas
- Clatsop
- Crook
- Deschutes
- Douglas
- Hood River
- Jackson
- Jefferson
- Lane
- Lincoln
- Linn
- Marion
- Multnomah
- Polk
- Washington
- Yamhill

The Providence Signature Network

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

Providence Oregon Direct, Standard, and HSA Qualified plans are available on the Providence Signature Network, available in all Oregon counties.



Add Individual & Family Dental to your coverage

Providence Health Plan has partnered with the Delta Dental Plan of Oregon to give our members access to more than 1,200 in-network providers throughout the state of Oregon. The Individual & Family Dental plan option is available in all Oregon counties.

Things to know as you consider your coverage

This booklet offers an overview of our Individual & Family plans, which are subject to change every year. For more information about plan benefits and enrollment requirements, limitations and exclusions, see the plan contract or contact our sales team or your insurance producer. To view the Summary of Benefits and Coverage (SBC), visit ProvidenceHealthPlan.com/SBC.

When to apply

Apply directly through Providence Health Plan during the Open Enrollment Period from November 1, 2023 through December 31, 2023 for a January 1, 2024 Effective Date of Coverage. If you apply from January 1, 2024 through January 15, 2024, you will have a February 1, 2024 Effective Date of Coverage. After the Open Enrollment Period ends, you must have a qualifying life event to enroll during a Special Enrollment Period. You can apply for and get health insurance coverage during a Special Enrollment Period if you experience an involuntary loss of minimum essential coverage except for failure to pay the premium or experience certain life events, such as marriage or adoption. For more information and a list of Qualifying Events, visit ProvidenceHealthPlan.com/OE.

Eligibility

To purchase one of our plans, you must live in the service area and be a resident of the state of Oregon. In order to be eligible to enroll in the Individual & Family Dental plan, you must enroll in a Providence Health Plan Individual & Family medical plan. Providence is non-duplication with Medicare on Individual & Family plans. Someone who is entitled to Medicare Part A and/or enrolled in Medicare Part B is not eligible to enroll in a Providence Health Plan Individual & Family plan.

Application and premium payment dates

To apply directly through Providence Health Plan, visit ProvidenceHealthPlan.com/Shop to use our online shopping and enrollment tool. At the time you submit your online application, you will be directed to submit your initial premium payment.

Qualifying event effective dates

During a Special Enrollment Period, the Effective Date of Coverage is determined by the Qualifying Event as well as Providence Health Plan's receipt of the initial premium. If the qualifying event is birth, adoption, placement for adoption or foster care of a child, or a court order, coverage will be effective from the date of the event. All other Qualifying Events will be effective on the first day of the month following Providence Health Plan's receipt of your completed application. If you would prefer a prospective effective date, please call Membership Accounting at [503-574-5791](tel:503-574-5791) or [888-818-1300](tel:888-818-1300) (TTY: 711) for further instructions.

Monthly premium payment information

After you have been enrolled, your monthly premium payment is due on the first of each month. Providence Health Plan encourages you to visit Providence.org/PremiumPay to set up a recurring payment arrangement through the Providence Health Plan electronic payment system. **Please note:** Providence Health Plan does not accept any premium payments made by an employer or a third party except as permitted by state or federal regulation.

Key health insurance terms

See our online Glossary at ProvidenceHealthPlan.com/Glossary for explanations and definitions of health insurance terms.

Notice of privacy practices

Visit ProvidenceHealthPlan.com to learn about Providence Health Plan's privacy practices. You may obtain a copy of our Providence Health Plan notice of privacy practices by visiting ProvidenceHealthPlan.com/NOPP or by calling customer service at [503-574-7500](tel:503-574-7500) or [800-878-4445](tel:800-878-4445) (TTY: 711).

Connect Plans

The Connect Network delivers an integrated patient-centered experience for all your healthcare needs. Your medical home, led by your primary care provider (PCP), will work with other health professionals to coordinate your care.

Connect plans offer:

- ✔ The Connect Direct plan offers lower monthly premiums.
- ✔ The Connect Direct plan is only available through Providence Health Plan or through a producer.
- ✔ Connect plans do not require in-network specialist referrals.
- ✔ Connect plans offer a \$5 copay for your first three PCP and for your first three behavioral health outpatient visits.
- ✔ In-network chiropractic manipulation and acupuncture benefits.
- ✔ No out-of-network benefits are included with this plan. You must use an in-network provider to receive benefits except for emergency and urgent care services.
- ✔ The option to add dental coverage with the Individual & Family Dental plan, as long as you buy a Plan directly from Providence Health Plan or through a producer.

For a listing of in-network providers, visit [ProvidenceHealthPlan.com/FindAProvider](https://www.providencehealthplan.com/FindAProvider).

Connect plans	Connect \$500 Gold In-network (No out-of-network benefits)	Connect \$000 Silver In-network (No out-of-network benefits)	Connect \$450 Bronze In-network (No out-of-network benefits)	Connect Direct \$000 Silver In-network (No out-of-network benefits)
Annual deductible Individual/Family	\$1,500/\$3,000	\$5,000/\$10,000	\$9,450/\$18,900	\$5,000/\$10,000
Annual out-of-pocket maximum	\$8,200/\$16,400	\$9,000/\$18,000	\$9,450/\$18,900	\$9,000/\$18,000
Individual/Family	After meeting your deductible, you'll pay the following amounts for covered services. The deductible doesn't apply for services marked with a ✓.			
Preventive Care				
Periodic health exams and well-baby care (from any provider licensed to perform the service)	Covered in full ✓	Covered in full ✓	Covered in full ✓	Covered in full ✓
Maternity prenatal office visits	Covered in full ✓	Covered in full ✓	Covered in full ✓	Covered in full ✓
Annual gynecological exam and Pap test	Covered in full ✓	Covered in full ✓	Covered in full ✓	Covered in full ✓
Mammograms	Covered in full ✓	Covered in full ✓	Covered in full ✓	Covered in full ✓
Colorectal cancer screenings (preventive age 45 and over)	Covered in full ✓	Covered in full ✓	Covered in full ✓	Covered in full ✓
Office Visits for Medical Services				
Primary care provider (PCP)	First 3 visits covered at \$5 ✓ then In-Person: \$30 ✓ Virtually: \$10 ✓	First 3 visits covered at \$5 ✓ then In-Person: \$40 ✓ Virtually: \$10 ✓	First 3 visits covered at \$5 ✓ then In-Person: \$75 ✓ Virtually: \$10 ✓	First 3 visits covered at \$5 ✓ then In-Person: \$35 ✓ Virtually: \$10 ✓
Office Visits for Medical Services				
Alternative care provider	\$30 ✓	\$40 ✓	\$75 ✓	\$35 ✓
Specialist	\$50 ✓	\$80 ✓	\$100 ✓	\$55 ✓

Connect plans	Connect \$500 Gold In-network (No out-of-network benefits)	Connect \$000 Silver In-network (No out-of-network benefits)	Connect \$450 Bronze In-network (No out-of-network benefits)	Connect Direct \$000 Silver In-network (No out-of-network benefits)
Hospital Services				
Inpatient hospital services and maternity care	20%	40%	Covered in full	40%
Emergency and Urgent Care				
Emergency services (all services treated as in-network) (Deductible applies out-of-network)	\$250 then 20%	\$250 then 40%	Covered in full	\$250 then 40%
Urgent care services (Deductible applies out-of-network)	\$50 ✓	\$80 ✓	\$100 ✓	\$55 ✓
Outpatient Diagnostic Services				
X-ray and lab services	20% ✓	40% ✓	Covered in full	40% ✓
High tech imaging services (such as PET, CT, MRI)	20%	40%	Covered in full	40%
Mental Health and Chemical Dependency				
Inpatient and residential services	20%	40%	Covered in full	40%
Outpatient provider visits	First 3 visits covered at \$5 ✓ then In-Person: \$30 ✓ Virtually: \$10 ✓	First 3 visits covered at \$5 ✓ then In-Person: \$60 ✓ Virtually: \$10 ✓	First 3 visits covered at \$5 ✓ then In-Person: \$75 ✓ Virtually: \$10 ✓	First 3 visits covered at \$5 ✓ then In-Person: \$35 ✓ Virtually: \$10 ✓
Other Covered Services				
Outpatient surgery at an ambulatory surgery center	10%	30%	Covered in full	30%
Chiropractic manipulation (20 visits per calendar year) and acupuncture (12 visits per calendar year)	\$25 ✓	\$25 ✓	\$25 ✓	\$25 ✓
Prescription Drugs				
Tier 1	Covered in full ✓	Covered in full ✓	Covered in full ✓	Covered in full ✓
Tier 2	\$10 ✓	\$20 ✓	\$35 ✓	\$20 ✓
Tier 3	\$50 ✓	\$85 ✓	Covered in full	\$70 ✓
Tier 4	50%	50%	Covered in full	50%
Tier 5	50% with a \$200 per script cap	50% with a \$200 per script cap	Covered in full	50% with a \$200 per script cap
Tier 6	50%	50%	Covered in full	50%
Pediatric Vision Services (children aged 18 years and younger, one exam per calendar year)				
Routine eye exams	Covered in full ✓	Covered in full ✓	Covered in full ✓	Covered in full ✓
Vision hardware (frames, lenses contact lenses; limits apply)	Covered in full ✓	Covered in full ✓	Covered in full ✓	Covered in full ✓
Adult Vision Services (one exam per calendar year)				
Routine eye exams	\$25 ✓	\$25 ✓	\$25 ✓	\$25 ✓
Vision hardware (frames, lenses, contact lenses)	Not covered	Not covered	Not covered	Not covered
Pediatric Dental Services* (children aged 18 years and younger)				
Preventive services	Covered in full ✓	Covered in full ✓	Covered in full ✓	Covered in full ✓
Basic services (restorative fillings)	50%	50%	Covered in full	50%
Major services (includes oral surgery, crowns, endodontics, periodontics, denture and bridge work)	50%	50%	Covered in full	50%

* Deductible is waived for these services. ✓ Deductible is subject to medical deductible and out-of-pocket maximum.

Visit [ProvidenceHealthPlan.com/Shop](https://www.providencehealthplan.com/Shop) to compare plans, get a quote, and enroll.

Providence Oregon Direct Plan

These plans may offer a lower premium for those who don't qualify for financial assistance through the Health Insurance Marketplace®.

The Providence Oregon Direct plan offers:

- ✔ Providence Oregon Direct plans are only available through Providence Health Plan or through a producer.
- ✔ The Providence Oregon Direct plan is offered on the Choice Network or the Signature Network, depending on the county in which you live. Please see page 6 for selling areas.
- ✔ You will need to choose a medical home if your plan is on the Providence Choice Network.
- ✔ Providence Oregon Direct plans offer a \$5 copay for your first three PCP and for your first three behavioral health outpatient visits.
- ✔ No out-of-network benefits are included with this plan. You must use an in-network provider to receive benefits except for emergency and urgent care services.
- ✔ Providence Oregon Direct plans do not require in-network specialist referrals.
- ✔ The option to add dental coverage with the Individual & Family Dental plan as long as you buy a plan directly from Providence Health Plan or through a producer.

For a listing of in-network providers, visit [ProvidenceHealthPlan.com/FindAProvider](https://www.providencehealthplan.com/FindAProvider).

Providence Oregon Direct plan	Providence Oregon Direct Silver In-network (No out-of-network benefits)
Annual deductible Individual/Family	\$5,500/\$11,000
Annual out-of-pocket maximum Individual/Family	\$9,450/\$18,900
After meeting your deductible, you'll pay the following amounts for covered services. The deductible doesn't apply for services marked with a ✓.	
Preventive Care	
Periodic health exams and well-baby care (from any provider licensed to perform the service)	Covered in full ✓
Maternity prenatal office visits	Covered in full ✓
Annual gynecological exam and Pap test	Covered in full ✓
Mammograms	Covered in full ✓
Colorectal cancer screenings (preventive age 45 and over)	Covered in full ✓
Office Visits for Medical Services	
Primary care provider (PCP)	First 3 visits covered at \$5 ✓ then In-Person: \$40 ✓ Virtually: \$10 ✓
Alternative care provider	\$80 ✓
Specialist	\$80 ✓

Providence Oregon Direct plan	Providence Oregon Direct Silver In-network (No out-of-network benefits)
Hospital Services	
Inpatient hospital services and maternity care	30%
Emergency and Urgent Care	
Emergency services (all services treated as in-network)	30%
Urgent care services (Deductible applies out-of-network)	\$70 ✓
Outpatient Diagnostic Services	
X-ray and lab services	30%
High tech imaging services (such as PET, CT, MRI)	30%
Mental Health and Chemical Dependency	
Inpatient and residential services	30%
Outpatient provider visits	First 3 visits covered at \$5 ✓ then In-Person: \$40 ✓ Virtually: \$10 ✓
Other Covered Services	
Outpatient surgery at an ambulatory surgery center	30%
Chiropractic manipulation (20 visits per calendar year) and acupuncture (12 visits per calendar year)	\$40 ✓
Prescription Drugs	
Tier 1	\$15 ✓
Tier 2	\$15 ✓
Tier 3	\$60 ✓
Tier 4	50% ✓
Tier 5	50% ✓
Tier 6	50% ✓
Pediatric Vision Services (children aged 18 years and younger, one exam per calendar year)	
Routine eye exams	Covered in full ✓
Vision hardware (frames, lenses, contact lenses) limits apply	Covered in full ✓
Adult Vision Services (one exam per calendar year)	
Routine eye exams	\$25 ✓
Vision hardware (frames, lenses, contact lenses)	Not covered
Pediatric Dental Services (children aged 18 years and younger)	
Preventive services	Not covered
Basic services (restorative fillings)	Not covered
Major services (includes oral surgery, crowns, endodontics, periodontics, denture and bridge work)	Not covered
✓ Deductible is waived for these services.	

Visit [ProvidenceHealthPlan.com/Shop](https://www.providencehealthplan.com/Shop) to compare plans, get a quote, and enroll.

HSA Qualified Plan

This high-deductible plan provides affordable coverage with a lower premium. A tax-exempt Health Savings Account (HSA) helps you save pre-tax dollars for future healthcare expenses.

The HSA Qualified plan offers:

- ✔ A preferred rate on an HSA with HealthEquity®, a partner of Providence Health Plan.
- ✔ Lower premiums with most services subject to the deductible.
- ✔ No out-of-network benefits are included with this plan. You must use an in-network provider to receive benefits except for emergency and urgent care services.
- ✔ You will need to choose a medical home if your plan is on the Providence Choice Network.
- ✔ The HSA Qualified plan is offered on the Choice or the Signature Network, depending on the county in which you live. Please see page 6 for selling areas.
- ✔ HSA Qualified plans do not require in-network specialist referrals.
- ✔ The option to add dental coverage with the Individual & Family Dental Plan, as long as you buy a medical plan directly from Providence Health Plan or through a producer.

For a listing of in-network providers, visit ProvidenceHealthPlan.com/FindAProvider.

HSA Qualified plan	HSA Qualified 7100 Bronze In-network (No out-of-network benefits)
Annual deductible Individual/Family	\$7,100/\$14,200
Annual out-of-pocket maximum Individual/Family	\$7,100/\$14,200
After meeting your deductible, you'll pay the following amounts for covered services. The deductible doesn't apply for services marked with a ✓	
Preventive Care	
Periodic health exams and well-baby care (from any provider licensed to perform the service)	Covered in full ✓
Maternity prenatal office visits	Covered in full ✓
Annual gynecological exam and Pap test	Covered in full ✓
Mammograms	Covered in full ✓
Colorectal cancer screenings (preventive age 45 and over)	Covered in full ✓
Office Visits for Medical Services	
Primary care provider (PCP)	Covered in full
Primary care provider (PCP) virtually	Covered in full
Alternative care provider	Covered in full
Specialist	Covered in full

HSA Qualified plan	HSA Qualified 7100 Bronze In-network (No out-of-network benefits)
Hospital Services	
Inpatient hospital services and maternity care	Covered in full
Emergency and Urgent Care	
Emergency services (all services treated as in-network)	Covered in full
Urgent care services	Covered in full
Outpatient Diagnostic Services	
X-ray and lab services	Covered in full
High tech imaging services (such as PET, CT, MRI)	Covered in full
Mental Health and Chemical Dependency	
Inpatient and residential services	Covered in full
Outpatient provider visits	Covered in full
Other Covered Services	
Outpatient surgery at an ambulatory surgery center	Covered in full
Chiropractic manipulation (20 visits per calendar year) and acupuncture (12 visits per calendar year)	Covered in full
Prescription Drugs	
Tier 1	Covered in full
Tier 2	Covered in full
Tier 3	Covered in full
Tier 4	Covered in full
Tier 5	Covered in full
Tier 6	Covered in full
Pediatric Vision Services (children aged 18 years and younger)	
Routine eye exams	Covered in full ✓
Vision hardware (frames, lenses, contact lenses); limits apply	Covered in full ✓
Adult Vision Services (one exam per calendar year)	
Routine eye exams	Not covered
Vision hardware (frames, lenses, contact lenses)	Not covered
Pediatric Dental Services (children aged 18 years and younger)	
Preventive services	Not covered
Basic services (restorative fillings)	Not covered
Major services (includes oral surgery, crowns, endodontics, periodontics, denture and bridge work)	Not covered
	✓ Deductible is waived for these services.

Visit ProvidenceHealthPlan.com/Shop to compare plans, get a quote, and enroll.

Standard Plans

Choose a coverage level with affordable premiums and pair it with your preferred network.

Standard plans offer:

- ✔ Providence Standard plans are offered on the Choice Network or the Signature Network, depending on the county in which you live. Please see page 6 for selling areas.
- ✔ You will need to choose a medical home if your plan is on the Providence Choice network.
- ✔ Providence Standard plans offer a \$5 copay for your first three combined PCP and behavioral health outpatient visits.
- ✔ Providence Standard plans do not require in-network specialist referrals.
- ✔ No out-of-network benefits are included with this plan. You must use an in-network provider to receive benefits except for emergency and urgent care services.
- ✔ The option to add dental coverage with the Individual & Family Dental plan, as long as you buy a plan directly from Providence Health Plan or through a producer.

For a listing of in-network providers, visit [ProvidenceHealthPlan.com/FindAProvider](https://providencehealthplan.com/FindAProvider).

Standard plans	Providence Oregon Standard Gold In-network (No out-of-network benefits)	Providence Oregon Standard Silver In-network (No out-of-network benefits)	Providence Oregon Standard Bronze In-network (No out-of-network benefits)
Annual deductible Individual/Family	\$1,800/\$3,600	\$5,500/\$11,000	\$9,450/\$18,900
Annual out-of-pocket maximum Individual/Family	\$7,550/\$15,100	\$9,450/\$18,900	\$9,450/\$18,900
	After meeting your deductible, you'll pay the following amounts for covered services. The deductible doesn't apply for services marked with a ✓		
Preventive Care			
Periodic health exams and well-baby care (from any provider licensed to perform the service)	Covered in full✓	Covered in full✓	Covered in full✓
Maternity prenatal office visits	Covered in full✓	Covered in full✓	Covered in full✓
Annual gynecological exam and Pap test	Covered in full✓	Covered in full✓	Covered in full✓
Mammograms	Covered in full✓	Covered in full✓	Covered in full✓
Colorctal cancer screenings (preventive age 45 and over)	Covered in full✓	Covered in full✓	Covered in full✓
Office Visits for Medical Services			
Primary care provider (PCP)	First 3 visits combined with behavioral health outpatient visits covered at \$5 ✓ Then In-Person: \$20 ✓, Virtually: \$20 ✓	First 3 visits combined with behavioral health outpatient visits covered at \$5 ✓ Then In-Person: \$20 ✓, Virtually: \$20 ✓	First 3 visits combined with behavioral health outpatient visits covered at \$5 ✓ Then In-Person: \$20 ✓, Virtually: \$20 ✓
Alternative care provider	\$40✓	\$80✓	\$150✓
Specialist	\$40✓	\$80✓	\$150✓
Hospital Services			
Inpatient hospital services and maternity care	20%	30%	Covered in full

Standard plans	Providence Oregon Standard Gold In-network (No out-of-network benefits)	Providence Oregon Standard Silver In-network (No out-of-network benefits)	Providence Oregon Standard Bronze In-network (No out-of-network benefits)
Emergency and Urgent Care			
Emergency services (all services treated as in-network)	20%	30%	Covered in full
Urgent care services (deductible applies out-of-network)	\$60✓	\$70✓	\$100✓
Outpatient Diagnostic Services			
X-ray and lab services	20%	30%	Covered in full
High tech imaging services (such as PET, CT, MRI)	20%	30%	Covered in full
Mental Health and Chemical Dependency			
Inpatient and residential services	20%	30%	Covered in full
Outpatient provider visits	First 3 visits combined with PCP visits covered at \$5 ✓, then In-Person: \$20 ✓, Virtually: \$20 ✓	First 3 visits combined with PCP visits covered at \$5 ✓, then In-Person: \$20 ✓, Virtually: \$20 ✓	First 3 visits combined with PCP visits covered at \$5 ✓, then In-Person: \$20 ✓, Virtually: \$20 ✓
Other Covered Services			
Outpatient surgery at an ambulatory surgery center	20%	30%	Covered in full
Chiropractic manipulation (20 visits per calendar year) and acupuncture (12 visits per calendar year)	\$20✓	\$40✓	\$50✓
Prescription Drugs			
Tier 1	\$10✓	\$15✓	\$25✓
Tier 2	\$10✓	\$15✓	\$25✓
Tier 3	\$30✓	\$60✓	Covered in full
Tier 4	50%✓	50%✓	Covered in full
Tier 5	50% with a \$500 per script cap✓	50%✓	Covered in full
Tier 6	50% with a \$500 per script cap✓	50%✓	Covered in full
Pediatric Vision Services (children aged 18 years and younger, one exam per calendar year)			
Routine eye exams	Covered in full✓	Covered in full✓	Covered in full✓
Vision hardware (frames, lenses, contact lenses), limits apply	Covered in full✓	Covered in full✓	Covered in full✓
Adult Vision Services (one exam per calendar year)			
Routine eye exams	Not covered	Not covered	Not covered
Vision hardware (frames, lenses, contact lenses)	Not covered	Not covered	Not covered
Pediatric Dental Services (children aged 18 years and younger)			
Preventive services	Not covered	Not covered	Not covered
Basic services (restorative fillings)	Not covered	Not covered	Not covered
Major services (includes oral surgery, crowns, endodontics, periodontics, denture and bridge work)	Not covered	Not covered	Not covered
	✓ Deductible is waived for these services.		

Visit [ProvidenceHealthPlan.com/Shop](https://providencehealthplan.com/Shop) to compare plans, get a quote, and enroll.

Individual & Family Dental Plan

Good oral health starts with great coverage. Our partnership with Delta Dental Plan of Oregon gives you access to the Delta Dental PPO™ Network with more than 1,200 In-network providers at over 850 locations across Oregon to help keep your smile healthy. Choose the Individual & Family Dental plan and get coverage for preventive care, as well as many basic and major services, with a \$0 deductible.

For a listing of Delta Dental providers available through the Delta Dental PPO™ network, visit ProvidenceHealthPlan.com/FindADentist.

Individual & Family Dental plan	In-network (No out-of-network benefits)
Monthly rate (per person)	\$34
Deductible (per person)	\$0
Deductible (per family)	\$0
Annual maximum benefit (per person)	\$1,000
Waiting periods	6 to 12 months*
Services	
Diagnostic and preventive services (includes routine exams, bitewing X-rays, cleanings, topical fluoride)	Covered in full
Basic services (includes restorative fillings and space maintainers)	30%
Major services (includes oral surgery, crowns, endodontics, periodontics, denture and bridge work)	50%

Limits and restrictions may apply.

*For members without 12 continuous months of prior dental coverage, there is a 6-month exclusion period for Basic Services and a 12-month exclusion period for Major Services.

Find more details in the Individual & Family Dental plan contract online at

ProvidenceHealthPlan.com/PlanDocuments.

Important information about Individual & Family Dental plan coverage:

You must purchase a Providence Health Plan Individual & Family medical plan in order to purchase the Individual & Family Dental plan. You may not purchase our dental plan if you get your Providence medical plan through the Health Insurance Marketplace®. If you apply for this dental plan, everyone on the application will be included on the dental plan. If anyone in your family wishes to have just medical and not dental, you must submit a separate application. Our optional Individual & Family Dental plan provides benefits for adults and children for an additional monthly premium per person, per month. If you choose the Individual & Family Dental plan, all people listed on the application will be enrolled and charged the dental premium amount in addition to the medical plan premium. If you purchase a Providence Health Plan Standard, HSA Qualified, or Providence Oregon Direct medical plan, adding the Individual & Family Dental plan does not satisfy the ACA pediatric dental Essential Health Benefit (EHB) requirement. For more details on the Individual & Family Dental plan, visit ProvidenceHealthPlan.com/INDDental2024.

Where to buy plans

Purchase the right plan for you at ProvidenceHealthPlan.com/Shop, or ask a Providence sales representative or your insurance producer for help. Providence plans are also available through the Health Insurance Marketplace® at HealthCare.gov.

Let us help find the right plan for you:

- Online at ProvidenceHealthPlan.com/Shop
- In-person or over the phone with your insurance producer
- Over the phone with a Providence sales representative by calling **503-574-5000** or **800-988-0088 (TTY: 711)** 8 a.m. to 5 p.m. (Pacific Time), Monday through Friday

Medical plan name and metal tier	Plans available directly from Providence or your producer	Plans available from the Health Insurance Marketplace® at HealthCare.gov
Connect Network		
Connect 1500 Gold	☑	☑
Connect 5000 Silver	☑	☑
Connect 9450 Bronze	☑	☑
Connect Direct 5000 Silver	☑	☑
Choice Network		
Providence Oregon Standard Gold Plan - Choice Network	☑	☑
Providence Oregon Standard Silver Plan - Choice Network	☑	☑
Providence Oregon Standard Bronze Plan - Choice Network	☑	☑
HSA Qualified 7100 Bronze - Choice Network	☑	☑
Providence Oregon Direct Silver Plan - Choice Network	☑	☑
Signature Network		
Providence Oregon Standard Gold Plan - Signature Network	☑	☑
Providence Oregon Standard Silver Plan - Signature Network	☑	☑
Providence Oregon Standard Bronze Plan - Signature Network	☑	☑
HSA Qualified 7100 Bronze - Signature Network	☑	☑
Providence Oregon Direct Silver Plan - Signature Network	☑	☑

Dental plan name	Plans available directly from Providence or your producer	Plans available from the Health Insurance Marketplace® at HealthCare.gov
Individual & Family Dental plan	☑	☑