

## Providence Individual and Family Plans

	Optimum Plans		Value Plans		Prime Plan	HSA Plans
<b>Annual Deductible</b> Individual/Family	Optimum 1000	\$1,000/\$3,000	Value 1000	\$1,000/\$3,000	\$10,000/\$30,000	See separate PDF for HSA plan details and benefits
	Optimum 2500	\$2,500/\$7,500	Value 2500	\$2,500/\$7,500		
	Optimum 5000	\$5,000/\$15,000	Value 5000	\$5,000/\$15,000		
	Optimum10000	\$10,000/\$30,000	Value 7500	\$7,500/\$22,500		
<b>Annual Out-of-Pocket Maximum</b> Individual/Family	All Optimum Plans \$4,000/\$12,000		Value 1000	\$7,000/\$21,000	\$12,500/\$37,500	
			Value 2500	\$7,000/\$21,000		
			Value 5000	\$10,000/\$30,000		
			Value 7500	\$12,000/\$36,000		
<b>Accidental Injury Benefit</b>	The deductible is waived for all covered services required to treat an accidental injury within 90 days of injury.					Not covered

**After meeting your deductible, you pay the following amounts for covered services:** The deductible is waived for some covered services. These services are marked with ✓

	In-Plan	Out-of-Plan	In-Plan	Out-of-Plan	In-Plan only	HSA Plans
<b>Preventive Care</b>						
Periodic health exams, well-baby care	Covered in full✓	40%✓	Covered in full✓	50%✓	Covered in full✓	See separate PDF for HSA plan details and benefits
Routine immunizations/shots	Covered in full✓	40%✓	Covered in full✓	50%✓	Covered in full✓	
Mammograms	Covered in full✓	40%	Covered in full✓	50%	Covered in full✓	
Gynecological exams, Pap tests	Covered in full✓	40%✓	Covered in full✓	50%✓	Covered in full✓	
<b>Physician/Provider Services</b>						
Office visits	\$20 copay✓	40%✓	\$30 copay✓*	50%	50%✓	See separate PDF for HSA plan details and benefits
Office visits to specialists	\$20 copay✓	40%✓	30%	50%	50%	
Inpatient hospital visits, surgery, anesthesia	20%	40%	30%	50%	50%	
<b>Hospital Services</b>						
Inpatient and observation care	20%	40%	30%	50%	50%	See separate PDF for HSA plan details and benefits
Maternity care	20%	40%	30%	50%	50%	
Routine newborn nursery care	20%	40%	30%	50%	50%	
Rehabilitative care	20%	40%	30%	50%	50%	
<b>Emergency/Urgent Care</b>						
Emergency services	\$250 copay		\$250 copay		50%	See separate PDF for HSA plan details and benefits
Urgent care visits	\$20 copay✓	40%✓	\$30 copay✓*	50%	50%✓	
Emergency transportation	20%	20%	30%	50%	50%	
<b>Outpatient Diagnostic Services</b>						
X-ray; lab services	20%	40%	30%	50%	50%	See separate PDF for HSA plan details and benefits
Imaging services (PET, CT, MRI)	20%	40%	50%	50%	50%	
<b>Other Covered Services</b>						
Medical & diabetes supplies**	20%	40%	30%	50%	50%	See separate PDF for HSA plan details and benefits
Outpatient surgery, radiation therapy, chemotherapy	20%	40%	30%	50%	50%	
Mental health & alcohol treatment	20%	40%	30%	50%	50%	
<b>Prescription Drugs</b>						
Covered at participating retail and mail-order pharmacies only	Generic drugs - \$10✓ Brand name drugs - 50%✓		Generic drugs - 50%✓ Brand name drugs - 50% with \$200 per person/\$600 per family deductible		Not covered	See separate PDF for HSA plan details and benefits

### Routine Vision Services

Optimum, Value and HSA Plans provide benefits for certain vision services. Benefits include coverage for routine vision exams (\$30 copay in-plan), frames, basic lenses and contact lenses. Visit [www.ProvidenceHealthPlan.com](http://www.ProvidenceHealthPlan.com) for details.

### Alternative Care, Chiropractic, Massage Services (administered by Choose Healthy)

Receive 25 percent off provider fees for alternative care services with Choose Healthy. Visit [www.ProvidenceHealthPlan.com](http://www.ProvidenceHealthPlan.com) for details.

\*The deductible is waived for the first three provider office and urgent care visits, combined.

\*\*The deductible does not apply to purchases of diabetes supplies