Your Benefit Summary
Personal Option Plan

Co-Pay	What You Pay	Annual Out-of-Pocket Maximum	Lifetime Maximum Benefit
$15	**20%** coinsurance	**$2,000** per person **$6,000** per family (3 or more)	**$2,000,000**

Important information about your plan

This summary provides only highlights of your benefits. To view all your plan details, including your Member Handbook, register for myProvidence at **www.providence.org/php/getstarted**

- Not sure what a word or phrase means? See the back for definitions used in this summary.
- This plan only provides benefits for medically necessary services when provided by a participating physician or provider.
- Some services and penalties do not apply to out-of-pocket maximums.
- Limitations and exclusions apply to your benefits. See your Member Handbook for details.

Personal Option Plan Benefit Highlights

	You pay the following for covered services: Co-Pay or Coinsurance (from participating providers only)
Physician / Provider Services	
• Office visits	$15 / visit
• Periodic health exams; well-baby care (from a Personal Physician/Provider only)	$15 / visit
• Routine immunizations; shots	$15 / visit
• Allergy shots; serums; injectable medications	20%
• Inpatient hospital visits	20%
• Surgery; anesthesia	20%
• Other office procedures	20%
Women's Health Services	
• Annual gynecological exams (calendar year); Pap tests	$15 / visit
• Follow-up visits after annual gynecological exam	$15 / visit
• Mammograms	$15
Hospital Services	
• Inpatient care	20%
• Observation care	20%
• Rehabilitative care (30 days per calendar year)	20%
• Skilled nursing facility (60 days per calendar year)	20%
Maternity	
• Pre- and post-natal visits; delivery	$150
• Routine newborn nursery care	20%
• Hospital services	20%
Medical and Diabetes Supplies, Durable Medical Equipment, Appliances, Prosthetic Devices (Removable custom shoe orthotics are limited to $200 per calendar year)	20%
Emergency/Urgent Care/Ambulance Services (Your emergency/urgent co-pay is waived if admitted to the hospital within 24 hours)	
• Emergency services (for emergency medical conditions only)	$125
• Urgent care services (for non-life threatening illness/minor injury)	$25
• Ambulance services (for emergency transportation only)	20%

Personal Option Plan Benefit Highlights (continued)	Co-Pay or Coinsurance
Other Covered Services	
• X-ray; lab services	20%
• Imaging services (PET, CT, MRI)	20%
• Outpatient rehabilitative services (30 visits per calendar year)	20%
• Outpatient surgery; dialysis; infusion, chemotherapy; radiation therapy	20%
• Temporomandibular joint (TMJ) service (limited to $1,000 per calendar year / $5,000 per lifetime)	50%
• Home health care	20%
• Hospice care	Covered in full
• Self-administered chemotherapy (Up to a 30-day supply from a designated participating pharmacy)	
-Generic drugs	$10
-Formulary brand-name drugs	$50
-Non-formulary brand-name drugs	$100
Mental Health / Chemical Dependency (To initiate services, you must call 1-800-711-4577. All inpatient, residential and day or partial hospitalization treatment services must be prior authorized.)	
• Inpatient, residential and day treatment services	20%
• Outpatient provider visits	$15 / visit

Your guide to the words or phrases used to explain your benefits

Coinsurance
The percentage of the cost that you may need to pay for a covered service.

Co-pay
The fixed dollar amount you pay to a health care provider for a covered service at the time care is provided.

Formulary
A list of preferred brand name and generic drugs that have been evaluated by us for effectiveness and safety.

Lifetime maximum benefit
The total dollar amount of benefits that you can receive from your plan during your lifetime.

Non-participating provider
Any health care professional who does not participate in Providence Health Plan's network of participating physicians and providers of health care services.

Out-of-pocket maximum
The limit on the dollar amount you will have to spend for specified covered health services in a calendar year. Some services and expenses do not apply to the out-of-pocket maximum. See your Member Handbook for details.

Participating provider
A physician or provider of health care services who belongs to the Providence Health Plan participating provider network. To find a participating provider, go to the online directory at www.providence.org/php/providerdirectory

Self-administered chemotherapy
Oral, topical or self-injectable medications that are used to stop or slow the growth of cancerous cells.

Contact us
Headquartered in Portland, our customer service professionals have been proudly serving our members since 1986.

Portland Metro Area: 503-574-7500
All other areas: 1-800-878-4445
TTY: 503-574-8702 or 1-888-244-6642

Have questions about your benefits and want to contact us via e-mail? Go to our Web site at: www.providence.org/php/contactus