

Understanding your benefits

OEBB Providence Plan 2

| | Routine care | Surgery/hospital | Additional cost tier |
|--|---|---|---|
| What you pay in-plan (copay) | \$0/\$10/\$15 | \$100 | \$500 |
| What you pay out-of-plan (after deductible) | 50% coinsurance (UCR applies) | 50% coinsurance (UCR applies) | 50% coinsurance (UCR applies) |
| Annual out-of-plan deductible | \$400/\$1,200 (individual/family) | | |
| Annual maximum out-of-pocket in-plan | \$1,200 per person | | |
| Annual maximum out-of-pocket out-of-plan (after deductible) | \$2,400 per person | | |

Providence Health Plan and OEBB designed this plan to help you maintain and improve your health – and save you money by helping you make the right health care decisions.

Just about everything is covered with low or zero copays under routine care, including preventive and wellness treatments, doctor visits, immunizations and most screenings. Please see your benefit summary for more details.

Under the additional cost tier, there are a few procedures that have a \$500 copay. This is because we've found there are often less invasive options to consider with your doctor. (These less invasive options usually fall under routine care.) **This means you will pay more for additional cost tier services if you choose them.** If your doctor recommends a

treatment listed in the additional cost tier, you may want to ask if there are any less invasive options for treating your condition. For each of these procedures, there is information from doctors available at www.providence.org/oebb that may help you with your decision. You can show your doctor this benefit summary and call us if you need help.

But no matter what, the choice is always yours.

To find cost estimates based on your actual benefits for many common medical procedures, including additional cost tier services, please use the online treatment cost estimator at myProvidence.org. Or call us if you prefer. And remember, talk to your doctor. Know your options. Understand health care choices. We're here to help.

OEBB Plan 2 overview

Routine care (\$)

Covers most routine health care needs, including:

Primary care, alternative care and specialist office visits

Annual physicals, including most lab work

Annual screening exams, including mammograms, gynecological and prostate exams

Routine shots and vaccines

Nutritional counseling and smoking cessation

Surgical and hospital services (\$\$)

Maternity

Inpatient care

Surgery and anesthesia

Imaging services (such as PET, CT and MRI)

Emergency services and ambulance

Sleep apnea studies

Additional cost tier (\$\$\$)

Upper GI endoscopy

Spine procedures for pain

Knee replacement

Hip replacement

Knee arthroscopy

Shoulder surgery

Dedicated Providence Health Plan

OEBB customer service line:

800-633-1878

Monday through Friday, 8 a.m. to 5 p.m.

Find interactive decision tools at www.providence.org/oebb to help guide you through key health decisions. Created by doctors, these online tools combine medical information with your personal values to help you make a wise health decision.

For 24/7 access to benefits and claims information, create or log in to your myProvidence account at www.myprovidence.org.