

 **Providence**
Health Plan

2025

Individual & Family Plan Overview

Washington



Health For All

For more than 160 years, our non-profit healthcare collective has set the health and well-being standard for the community. Our commitment isn't solely about treating sickness, it's about investing in health. This means we intervene earlier, improve outcomes and better the health of the entire community.

As an integrated system, we utilize the strength of Providence's outstanding network of clinics, hospitals and doctors, and match that with Providence Health Plan's flexibility, affordability, and excellence in benefits and service – to create a truly, differentiated member experience.

- 04** Things to know as you consider coverage
- 06** Benefit Highlights
- 07** Care Options
- 08** Behavioral Health Suite of Services
- 10** Member Perks
- 11** How do I choose a plan?
- 12** Find a Provider
- 13** Medical Home
- 15** Columbia Plans

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, 2024 through December 15, 2024 for a January 1, 2025 Effective Date of Coverage. If you apply from December 16, 2024 through January 15, 2025, you will have a February 1, 2025 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/QE.



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. If you would prefer a prospective effective date, please call Membership Accounting at **888-816-1300 (TTY: 711)** for further instructions. All other Qualifying Events will be effective on the first day of the month following Providence Health Plan's receipt of your completed application.



Eligibility

To purchase one of our plans, you must live in the service area and be a resident of the state of Washington. 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.



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 **800-878-4445 (TTY: 711)**.

Benefit Highlights



No referrals

Providence Choice Network plans do not require referrals for in-network specialist visits, providing easier access to the care you need.



Covered in full benefits

Providence ExpressCare clinic and virtual visits are covered in full. Access same-day in-person appointments or connect to care within minutes using a tablet, smartphone, or computer.



Alternative care coverage

All plans offer chiropractic manipulation (10 visits per calendar year), acupuncture (12 visits per calendar year), and massage therapy (10 visits per calendar year) along with alternative care. You can see a naturopath or other alternative care providers 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.



Secure member portal

myProvidence provides on-demand access to personalized health plan information using a tablet, smartphone, or computer. It's also where members can access tools and resources to help you manage and make the most of healthcare coverage and benefits.

myProvidence.com is where members can:

- View claims information and explanation of benefits (EOBs)
- Monitor progress toward your deductible and out-of-pocket maximum
- Search for an in-network provider using the provider directory
- Print replacement ID cards



Pharmacy cost savings

Looking for ways to save? On certain plans, when ordering a 90-day supply of prescription drugs through mail order, the cost will be the same as a 60-day supply. Applies to tiers 1-4 only.

Care Options

With several options to choose from, you can get the care you need - at home, or in person - anytime, anywhere.



Primary Care

Visit your Primary Care Provider (PCP) to build a relationship and establish a personalized health history. If you need a primary care provider, visit [myProvidence.com](https://myprovidence.com) and select "Find a Provider" after logging in. Then choose Primary Care Providers.



Telehealth (Phone or Video Appointment)*

Arrange a phone appointment to talk with your provider from wherever you are. Schedule a visit with your PCP or specialist using a video conferencing platform such as Zoom.



24/7 Nurse Advice Line (ProvRN)

Speak with a registered nurse anytime, any day, when you have a health concern, a sick newborn, or just need advice - it's a simple first step to determine if you need in-person care. Have your member ID number available and call **800-700-0481**.



ExpressCare Virtual

Connect to care in minutes via phone or video to treat conditions like common colds, flu and fever, or infections like pink eye, laryngitis, or bronchitis. Reproductive and pediatric health concerns can be addressed at these virtual visits, along with prescription refills, and scheduling labs or procedures. To get started, visit Providence.org/Services/ExpressCare-Virtual.



ExpressCare Clinics

Find a same-day in-person appointment or walk-in where available. Treat common conditions like a cold, sore throat, or allergies. Most clinics are open from either 7 a.m. to 7 p.m. or 8 a.m. to 8 p.m. (Pacific Time). To find a location and schedule an appointment, visit Providence.org/ExpressCare.



Urgent Care

Urgent care is where you turn when you can't wait for a primary care appointment for minor injuries like cuts, burns, and pains. To find an urgent care clinic, login to [myProvidence.com](https://myprovidence.com) and select "Find a Provider." Then choose "Find a Service or Place; Urgent Care Clinic."



Emergency Care

Call 911 or go to the nearest emergency room if you think your life is in danger. Use for symptoms like suspected heart attack, severe abdominal pain, poisoning, or loss of consciousness.

For more information, visit

ProvidenceHealthPlan.com/Care-Options.

*Subject to availability, call your provider's office to ask if this is an option.

Behavioral Health Suite of Services

Offering you more ways to access the care you need.

At Providence Health Plan, we understand that behavioral health isn't a one-size-fits-all solution. Every person is unique. That's why we offer a variety of services that can help you feel supported and achieve positive outcomes.

Here's a quick look at our suite of offerings.



Resources for Improved Well-Being

Resources to Relax & Recharge

- Savings on massage therapy, yoga, meditation, and more
- ProvidenceHealthPlan.com/LifeBalance



Self-Management & Mindfulness Tools

Health Coaching

- ProvidenceHealthPlan.com/HealthCoaching
- One-on-one health coaching sessions
- Personalized goal setting with manageable steps
- A program designed to empower you to achieve your health goals

Learn to Live

- LearnToLive.com/Welcome/ProvidenceHealthPlan
- Self-directed virtual therapy to manage mental well-being
- One-on-one coaching, mindfulness exercises, and live and on-demand webinars
- Available at any time within the app



Telehealth/ Virtual

Behavioral Health Concierge

- Providence.org/BHC
- Quick access to direct care with Providence providers
- Extended hours 7 a.m. - 8 p.m. (Pacific Time), 7 days a week
- Help with life stressors, mental health, and addiction issues
- Available to eligible members residing in OR, WA, ID, CA, MT, and TX

Talkspace

- Talkspace.com/ProvidenceHealthPlan
- Telehealth provider of virtual psychotherapy for teens (13+) and adults
- Be matched to a provider within 48 hours
- Connect through text, call, or live video
- Access to therapy, psychiatry,* or both

*Psychiatrists have the ability to prescribe medication.

For more information, visit

ProvidenceHealthPlan.com/BehavioralHealth

Our services in action



Talkspace

80%

found Talkspace to be as effective or more effective than traditional therapy



Behavioral Health Concierge

42%

of members would not ask for help without this service



Learn to Live

44%

improvement in psychometric outcomes, when working with a Learn to Live coach



Equip

81%

of patients are seeing improvement in eating disorder symptoms



Charlie Health

60%

depression symptom reduction



Joon Care

87%

effective recovery from severe symptoms



Broad Clinical Network



Care Management & Crisis Support

Equip

- Virtual, eating disorder treatment
- Kids and young adults ages 6-24
- Family-Based Treatment (FBT) matched with a multi-disciplinary team

Charlie Health

- Virtual Intensive Outpatient Program (vIOP)
- Teens and young adults ages 11-30
- Personalized treatment plans, including group and family/individual therapy

Joon Care

- Suicide and crisis support
- Virtual sessions with a licensed therapist
- Teens and young adults ages 13-26
- Available to eligible members residing in OR, WA, TX, CA, DE, PA, and NY

Behavioral Health Network

- Local and nationwide access
- In-person and virtual services
- Age-specific care (kids, teens, adults)
- Access to specialty behavioral health network

Provider Directory

- [ProvidenceHealthPlan.com/FindAProvider](https://www.providencehealthplan.com/FindAProvider)
- Go to the Provider Directory and search using your Member ID number
- Select "Find a care provider"
- Select "Mental Health/Substance Use Disorder"

Behavioral Health Hub

- Immediate access 24/7
- Team trained in crisis triage care
- Real-time referrals
- **800-878-4445 (TTY: 711)**

Emergency & Urgent Care Services

- In-patient and residential care
- Partial hospital care

Call or text the **988 Suicide and Crisis Lifeline** if you or someone you know needs immediate crisis care.

Member Perks

Explore additional benefits and programs available to cover every aspect of your life.



One Pass Select™

Discover whole body health in one affordable program. Choose a membership tier that fits your lifestyle and access digital fitness apps, gym memberships, and home grocery delivery services. Start your journey for less than \$1 a day.



LifeBalance

LifeBalance gives members and their family discounts on the things they love to do, like going to the movies or taking a vacation. You'll find ways to stay active, reduce stress and save money on thousands of recreational, cultural, well-being, and travel-related purchases.



Health Coaching*

Whether you'd like to increase your activity level, reduce stress, improve your eating habits, lose weight, quit tobacco, or just feel better, a Providence Health Coach can help. We're here to remove barriers, motivate you when you need a nudge, and be a resource on your journey.



Travel Assistance®

We've partnered with Assist America Travel Assistance® to provide logistical support for emergency medical needs when away from home. Get help with prompt admission to a qualified hospital or replacing prescriptions that have been left behind, and much more.



ID Protection

Assist America protects from the theft of personal data and helps restore its integrity if it is used fraudulently. Store important information in a safe location, and if it's lost or stolen, take advantage of a fast and simple resolution process.

For more information about these benefit offerings, visit ProvidenceHealthPlan.com/Member-Perks.

*Eligibility and participation criteria apply. Health Coaching services are not available for all members. To determine program eligibility, please contact the Health Coaching program.

How do I choose a plan?

Before choosing a health plan for you and your family, there are several things to consider – for instance, how much does the plan cost, how much care will you need, do you have any chronic conditions, and are you currently on any medications? These are just a few important questions to think about when looking for a plan that gives you the right balance between your monthly premium and out-of-pocket costs.

Choosing the right network is also really important when you consider how to access the healthcare services you need. Your network is made up of the providers and facilities that your health plan contracts with. Just be sure to check that your doctors are covered in your service area.

How to choose the right plan

Gold, Silver, or Bronze, which plan is right for you? There are several things to consider, and it all starts with how much care you and your family expect to need. Depending on the tier you choose, your premium and out-of-pocket costs will vary. But one thing that never changes is the quality of the care you receive.

Here's a quick guide to the different tiers, what they offer, and who they work best for:



Gold

If you go to the doctor, or other specialists, often or you expect to need a lot of care (beyond preventative care), the Gold tier is probably the right option. The premiums are higher but the out-of-pocket costs are lower.



Silver

The Silver tier offers a great balance between the amount of care you'll need throughout the year and affordable premiums and out-of-pocket costs. It's ideal for people that see their doctors or specialists with some regularity, but not as much as someone on the Gold tier.



Bronze

If you are mostly healthy and don't often need care, the Bronze tier is a good fit. The premiums are the lowest of the three tiers while the out-of-pocket costs tend to be higher.

Sales assistance

For sales assistance, please call us at **800-988-0088 (TTY:711)** or visit [ProvidenceHealthPlan.com/Shop](https://www.providencehealthplan.com/shop).



Find a Provider

Customize your provider search in three easy steps.

It's easy to find in-network providers using the online provider directory. Whether you need a primary care provider, specialist, medical home, pharmacy, or facility, you'll find what you're looking for in just a few clicks.

Here's how to search for a provider:

01 Search
Visit ProvidenceHealthPlan.com/FindAProvider to find a complete list of in-network providers, pharmacies, and facilities

02 Tailor your search
Select "Find a care provider," then search by provider type, service, or place

03 Customize results
Use the left menu to further customize your search with personal identifiers

Filter results by:

- Type/Specialty
- Location
- Hospital affiliation
- Gender
- Language(s) spoken
- Race and ethnicity
- Religious community(ies)
- Personal identity
- Cultural competency
- LGBTQ+
- Communities of interest

For assistance, call
Customer Service at
800-878-4445 (TTY: 711),
Monday through Friday,
8 a.m. to 5 p.m. (Pacific Time).

Medical Home

Members have endless options when it comes to getting the right care. A medical home places members' needs at the center of every healthcare experience.

A medical home is a team-based healthcare model led by your primary care provider. They work with other health professionals to coordinate your care – like nurses, specialists, and pharmacists – this is called your “health care team”. The members of your team work together to make sure they're all on the same page when it comes to your health.



Your primary care provider, the doctor or nurse who leads your healthcare team, listens to your needs, and guides your care.



Other healthcare professionals, such as your healthcare team, who'll get to know you and your personal health situation.



A coordinated care plan so you, your care team, and health plan are all on the same page. With everyone working together, you won't have to repeat your story each time you see someone.



Benefits of having a medical home

With a Providence medical home, you'll get easier access to the best care for you.

- You'll get a personalized experience with a medical team that knows your detailed health history.
- Access to preferred providers in convenient locations, so you don't have to find one on your own.
- A comprehensive team that provides and manages your care, including coordinating appointments and prescriptions as necessary.



Columbia Plans

Highlights of the plan:

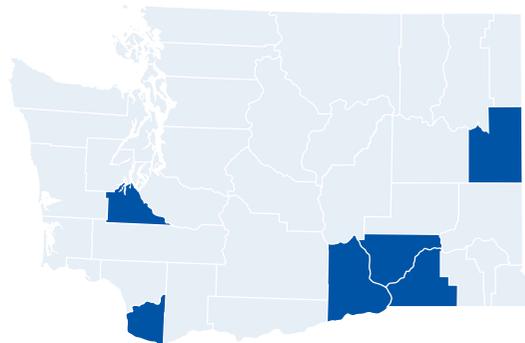
- ✓ Chiropractic manipulation, acupuncture and massage therapy are covered in-network.
- ✓ Columbia plans do not require specialist referrals.
- ✓ No out-of-network benefits are included with this plan. You must use an in-network provider to receive benefits except for emergency and urgent care services.
- ✓ You can see an in-network naturopath 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.

Please visit ProvidenceHealthPlan.com/Shop to compare plans, see rates, and enroll.

The Providence Choice Network

A network of primary care clinics designated as medical homes in these counties:

- Benton
- Clark
- Franklin
- Spokane
- Thurston
- Walla Walla



Columbia plans	Columbia 1500 Gold In-network (No out-of-network benefits)	Columbia 5000 Silver In-network (No out-of-network benefits)	Columbia 8900 Bronze In-network (No out-of-network benefits)
Deductibles			
Annual deductible Individual (1 person)	\$1,500	\$5,000	\$8,900
Annual deductible Family (2 or more people)	\$3,000	\$10,000	\$17,800
Annual out-of-pocket maximum Individual (1 person)	\$8,200	\$8,900	\$8,900
Annual out-of-pocket maximum Family (2 or more people)	\$16,400	\$17,800	\$17,800
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 ✓
Colorectal 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)	\$30 ✓	\$45 ✓	\$70 ✓
ExpressCare Virtual visits	Covered in full ✓	Covered in full ✓	Covered in full ✓
Alternative care provider	\$30 ✓	\$45 ✓	\$70 ✓
Specialist	\$50 ✓	\$65 ✓	\$100 ✓
Hospital Services			
Inpatient hospital services and maternity care	20%	35%	Covered in full
Emergency and Urgent Care			
Emergency services (all services treated as in-network)	\$250 then 20%	\$250 then 35%	Covered in full
Urgent care services (Deductible applies out-of-network)	\$50 ✓	\$65 ✓	\$100 ✓

Table continues on next page

Columbia plans	Columbia 1500 Gold In-network (No out-of-network benefits)	Columbia 5000 Silver In-network (No out-of-network benefits)	Columbia 8900 Bronze In-network (No out-of-network benefits)
Outpatient Diagnostic Services			
X-ray and lab services	20%✓	35%✓	Covered in full
High tech imaging services (such as PET, CT, MRI)	20%	35%	Covered in full
Mental Health and Substance Use Disorder			
Inpatient and residential services	20%	35%	Covered in full
Outpatient provider visits	\$30✓	\$45✓	\$70✓
Other Covered Services			
Outpatient surgery at an ambulatory surgery center	10%	25%	Covered in full
Chiropractic manipulation (limited to 10 visits per calendar year)	\$25✓	\$25✓	\$25✓
Acupuncture (limited to 12 visits per calendar year)	\$25✓	\$25✓	\$25✓
Massage therapy (limited to 10 visits per calendar year)	\$25✓	\$25✓	\$25✓
Prescription Drugs			
Tier 1	Covered in full✓	Covered in full✓	Covered in full✓
Tier 2	\$10✓	\$25✓	\$35✓
Tier 3	\$50✓	\$70✓	Covered in full
Tier 4	50%	50%	Covered in full
Tier 5	50% with a \$200 per script cap	50% with a \$200 per script cap	Covered in full
Tier 6	50%	50%	Covered in full
Insulin Maximum			
30-day supply	\$35✓	\$35✓	\$35✓
Pediatric Vision Services (children aged 18 years and younger)			
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✓

Purchase a Columbia plan at ProvidenceHealthPlan.com/Shop or through your local insurance producer.

✓Deductible is waived for these services.

Termination of pregnancy is excluded, unless there is a severe threat to the mother, or if the life of the fetus cannot be sustained. Providence has a religious objection to providing this service in other circumstances. However, enrollees in this Plan have coverage for termination of pregnancy services not covered under this Plan through the Washington Department of Health Family Planning Program. For information on how to receive these services, please contact the Department of Health customer service line at 1-877-501-2233. You are not required to notify or interact with Providence Health Plan in any way concerning such non-covered services.



Health For All

We are committed to working alongside the communities we serve, learning about unique healthcare challenges, and creating tangible solutions to make healthcare more equitable and accessible.

Sales assistance

800-988-0088 (TTY: 711)

8 a.m. to 5 p.m. (Pacific Time), Monday through Friday.

ProvidenceHealthPlan.com/Shop



2025 Washington Application for Individual & Family Insurance

Thank you for choosing Providence Health Plan for your individual health insurance coverage.

THIS FORM IS FOR NEW ENROLLMENT ONLY. DO NOT USE THIS FORM IF:

- **You currently have an active Providence Health Plan Individual & Family insurance plan in the state of Washington. To learn how to make changes to your existing plan, please see the attached Additional Information page.**
- **You're entitled to Medicare Part A and/or enrolled in Medicare Part B. For information about Providence Medicare plans, please visit ProvidenceHealthPlan.com/Medicare.**

For assistance completing your application, please contact the Providence Health Plan Sales team at 503-574-5000 or 800-988-0088 (TTY: 711), 8 a.m. to 5 p.m. (Pacific Time), Monday through Friday. You may also contact your insurance agent/producer for assistance.

Before You Begin

Here's some important information about this form.

Everyone listed on this form will be enrolled in the same single plan. A separate application is required for any family members who want coverage on different plans.

All plans purchased using this application will expire December 31, 2025. All plans under the Affordable Care Act (ACA) are considered to be guaranteed renewable. Providence Health Plan will send you information at the end of the plan year regarding your eligibility for coverage in 2026.

Learn about different plans, compare coverage and check rates at ProvidenceHealthPlan.com.

This form does NOT cancel any active coverage you might already have. To avoid paying two premiums or having overlapping coverage, you need to cancel any currently active coverage you might have on a plan from either the Health Benefit Exchange or an employer, even if the policy is with Providence Health Plan.

Once you've completed this form, submit pages 1-8 to Providence Health Plan. If the form isn't signed, dated, fully completed, or if we need additional information, the date your coverage starts may be delayed. Your application will expire 60 days after the signature date, and we will not accept any postdated applications.

Step 1 of 5: Select Enrollment Period

Select one of the following enrollment options:

Option 1:

- I'm enrolling for new coverage during the **Open Enrollment Period (11/1/2024 - 1/15/2025)**.

Open Enrollment is your opportunity to enroll for coverage without requiring a qualifying event. For your coverage to be effective January 1, 2025, Providence Health Plan must receive your completed application no later than 12/15/2024.

Applications received between 12/16/2024 - 1/15/2025 will have coverage effective February 1, 2025. To effectuate coverage, you must submit your initial premium payment by the due date listed in Providence Health Plan's offer of coverage.

Option 2:

- I'm enrolling for new coverage during a **Special Enrollment Period (1/1/2025 - 12/31/2025)**.

You must have experienced one of the qualifying events listed below and submit your application and required documentation. Providence Health Plan must receive this completed application and required documentation **within 60 days** of the qualifying event.

Your effective date will be determined based on the type of qualifying event and the date Providence Health Plan receives your completed application, conditioned on timely receipt of your initial premium payment. Your effective date cannot be prior to the qualifying event. Please see the attached **Additional Information page** to learn more.

____ / ____ / ____
DATE OF QUALIFYING EVENT

If you're applying outside of the Open Enrollment Period you must select a qualifying event:

- | | |
|--|---|
| <input type="checkbox"/> Involuntary loss of individual or group coverage except for failure to pay the premium | <input type="checkbox"/> Loss of coverage due to end of marriage or state registered domestic partnership |
| <input type="checkbox"/> Marriage or state registered domestic partnership* | <input type="checkbox"/> Involuntary loss of Medicaid or CHIP coverage |
| <input type="checkbox"/> Birth, adoption, placement for adoption or foster care of a child | <input type="checkbox"/> Newly eligible for a state- or federally-sponsored premium assistance program |
| <input type="checkbox"/> Qualified Medical Child Support Order (QMCSO) or acquisition of legal guardianship | <input type="checkbox"/> Loss of Advance Premium Tax Credit (APTC), Cost Sharing Reductions (CSR), or cessation of employer contribution to COBRA |
| <input type="checkbox"/> Permanent move to a new Providence Health Plan service area that offers different health plan options | <input type="checkbox"/> Newly gains access to an individual coverage HRA (ICHRA) or is newly provided a qualified small employer health reimbursement arrangement (QSEHRA) |
| <input type="checkbox"/> Loss of coverage as a dependent due to age | <input type="checkbox"/> Survivor of domestic abuse/violence or spousal abandonment and wants to enroll in a health plan separate from the abuser or abandoner |

*"State registered domestic partners" means two adults who meet the requirements for a valid state registered domestic partnership as established by RCW 26.60.030, and who have been issued a certificate of state registered domestic partnership by the secretary.

Step 2 of 5: Provide Member Information

Who is this application for? (Select one)

- Myself only:** You must be at least 18 years old and reside in our service area.
- Myself and my spouse/state registered domestic partner:*** Includes you and your spouse or state registered domestic partner. Both must reside in our service area.
- Myself and my children:** Includes you, your dependent children age 25 or younger, and disabled dependents. You, the Policyholder, must reside in our service area.
- Myself and my family:** Includes you, your spouse or state registered domestic partner, your dependent children age 25 or younger, and disabled dependents. Both you and your spouse/domestic partner must reside in our service area.
- My dependent(s) only:** Includes your spouse or state registered domestic partner, your dependent children age 25 or younger, and disabled dependents. The responsible parent or legal guardian is the Policyholder. All enrolled dependents must reside in our service area.

*"State registered domestic partners" means two adults who meet the requirements for a valid state registered domestic partnership as established by RCW 26.60.030, and who have been issued a certificate of state registered domestic partnership by the secretary.

Applicant/Policyholder Information

The policyholder must be at least 18 years old, is financially responsible for the policy and is the person authorized to make changes to the plan.

_____	_____	_____	_____/_____/_____ DATE OF BIRTH	_____/_____/_____ MM/DD/YYYY
LAST NAME	FIRST NAME	MI	DATE OF BIRTH	MM/DD/YYYY
_____	_____	_____	_____	_____
SOCIAL SECURITY #	EMAIL ADDRESS	PHONE #		

Gender (check one) Male Female Other

How do you identify? (These fields are optional. Your response will help us to better serve all communities.)

Male Female Non-binary Transgender Male Transgender Female Decline to answer

Have you used any tobacco products in the last six months? Yes No

(Tobacco use is defined as an average of at least four times per week in the last six months, except for religious or ceremonial purposes.)

_____	_____		
PHYSICAL ADDRESS (NO P.O. BOX OR RETAIL/BUSINESS ADDRESSES)	APARTMENT/UNIT NUMBER		
_____	_____		
CITY	STATE	ZIP	COUNTY

_____	_____		
MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS)	APARTMENT/UNIT NUMBER		
_____	_____		
CITY	STATE	ZIP	COUNTY

Step 3 of 5: List Dependents

Dependent Information

Please include full, legal names. For all plans, dependent children must be age 25 or younger as of their effective date.

1 _____ /_____/_____
 LAST NAME FIRST NAME MI DATE OF BIRTH

 RELATIONSHIP* SOCIAL SECURITY #

GENDER: M F Other

HOW DO YOU IDENTIFY?*** Male Female Non-binary
 Transgender Male Transgender Female Decline to answer

USES TOBACCO?** Yes No

LIVES WITH POLICYHOLDER? Yes No **IF NO, INCLUDE THE DEPENDENT'S PHYSICAL ADDRESS BELOW.**

 DEPENDENT'S PHYSICAL ADDRESS APARTMENT/UNIT NUMBER

 CITY STATE ZIP COUNTY

2 _____ /_____/_____
 LAST NAME FIRST NAME MI DATE OF BIRTH

 RELATIONSHIP* SOCIAL SECURITY #

GENDER: M F Other

HOW DO YOU IDENTIFY?*** Male Female Non-binary
 Transgender Male Transgender Female Decline to answer

USES TOBACCO?** Yes No

LIVES WITH POLICYHOLDER? Yes No **IF NO, INCLUDE THE DEPENDENT'S PHYSICAL ADDRESS BELOW.**

 DEPENDENT'S PHYSICAL ADDRESS APARTMENT/UNIT NUMBER

 CITY STATE ZIP COUNTY

3 _____ /_____/_____
 LAST NAME FIRST NAME MI DATE OF BIRTH

 RELATIONSHIP* SOCIAL SECURITY #

GENDER: M F Other

HOW DO YOU IDENTIFY?*** Male Female Non-binary
 Transgender Male Transgender Female Decline to answer

USES TOBACCO?** Yes No

LIVES WITH POLICYHOLDER? Yes No **IF NO, INCLUDE THE DEPENDENT'S PHYSICAL ADDRESS BELOW.**

 DEPENDENT'S PHYSICAL ADDRESS APARTMENT/UNIT NUMBER

 CITY STATE ZIP COUNTY

*"State registered domestic partners" means two adults who meet the requirements for a valid state registered domestic partnership as established by RCW 26.60.030, and who have been issued a certificate of state registered domestic partnership by the secretary.
 **Tobacco use is defined as an average of a least four times per week, except for religious or ceremonial purposes.
 ***These fields are optional. Your response will help us to better serve all communities.

Step 3 of 5: List Dependents

Dependent Information (Continued)

Please include full, legal names. For all plans, dependent children must be age 25 or younger as of their effective date. If you have additional dependents to be enrolled, please include them on a separate sheet with this enrollment application.

4 _____ /_____/_____
 LAST NAME FIRST NAME MI DATE OF BIRTH

 - -

RELATIONSHIP* SOCIAL SECURITY # GENDER: M F Other

HOW DO YOU IDENTIFY?*** Male Female Non-binary
 Transgender Male Transgender Female Decline to answer

LIVES WITH POLICYHOLDER? Yes No **IF NO, INCLUDE THE DEPENDENT'S PHYSICAL ADDRESS BELOW.**

DEPENDENT'S PHYSICAL ADDRESS APARTMENT/UNIT NUMBER

 CITY STATE ZIP COUNTY

5 _____ /_____/_____
 LAST NAME FIRST NAME MI DATE OF BIRTH

 - -

RELATIONSHIP* SOCIAL SECURITY # GENDER: M F Other

HOW DO YOU IDENTIFY?*** Male Female Non-binary
 Transgender Male Transgender Female Decline to answer

LIVES WITH POLICYHOLDER? Yes No **IF NO, INCLUDE THE DEPENDENT'S PHYSICAL ADDRESS BELOW.**

DEPENDENT'S PHYSICAL ADDRESS APARTMENT/UNIT NUMBER

 CITY STATE ZIP COUNTY

6 _____ /_____/_____
 LAST NAME FIRST NAME MI DATE OF BIRTH

 - -

RELATIONSHIP* SOCIAL SECURITY # GENDER: M F Other

HOW DO YOU IDENTIFY?*** Male Female Non-binary
 Transgender Male Transgender Female Decline to answer

LIVES WITH POLICYHOLDER? Yes No **IF NO, INCLUDE THE DEPENDENT'S PHYSICAL ADDRESS BELOW.**

DEPENDENT'S PHYSICAL ADDRESS APARTMENT/UNIT NUMBER

 CITY STATE ZIP COUNTY

***State registered domestic partners" means two adults who meet the requirements for a valid state registered domestic partnership as established by RCW 26.60.030, and who have been issued a certificate of state registered domestic partnership by the secretary.

**Tobacco use is defined as an average of a least four times per week, except for religious or ceremonial purposes.

***These fields are optional. Your response will help us to better serve all communities.

Step 4 of 5: Select a Plan

You can learn more about each of the medical plans listed below by reading their corresponding Summary of Benefits and Coverage (SBC) at [ProvidenceHealthPlan.com/SBC](https://www.providencehealthplan.com/SBC).

APPLICABLE COUNTIES	NETWORK	MEDICAL PLAN (CHECK ONE)
Benton, Clark, Franklin, Spokane, Thurston, Walla Walla	Choice	<input type="checkbox"/> Columbia 1500 Gold <input type="checkbox"/> Columbia 5000 Silver <input type="checkbox"/> Columbia 8900 Bronze

You will need to choose a Medical Home and a Primary Care Provider (PCP) after you enroll. Find a participating Providence Health Plan provider at [ProvidenceHealthPlan.com/FindAProvider](https://www.providencehealthplan.com/FindAProvider). To learn about Medical Homes, please see the attached [Additional Information page](#).

Step 5 of 5: Read, Sign & Submit Certification of Completion and Correctness

I affirm that the answers given in this Application for Coverage are complete and correct. I am providing these answers as part of the application procedure required by Providence Health Plan to enroll for insurance coverage.

I understand that if this application contains any intentional material misstatements or omissions, other than misstatements or omissions related to the use of tobacco products, Providence Health Plan may rescind, modify or cancel the contract, and/or take any other legal action available to it by law. I understand that misstatements or omissions related to tobacco use may result in rate modification, to the extent permissible under state and federal law. I will promptly inform Providence Health Plan in writing if anything changes before my coverage takes effect that makes this application incomplete or incorrect.

I understand and agree that no coverage shall be in force until the effective date determined by Providence Health Plan and that Providence Health Plan may contact me to clarify answers on this application.

As the applicant, I understand I have the right to inspect the information in my file. I understand that I can visit [ProvidenceHealthPlan.com](https://www.providencehealthplan.com) to educate myself about Providence Health Plan's privacy practices. I understand that I can get a copy of Providence Health Plan's Notice of Privacy Practices by going to [ProvidenceHealthPlan.com/NOPP](https://www.providencehealthplan.com/NOPP) or by calling Customer Service at 503-574-7500 or 800-878-4445 (TTY: 711).

Sign on next page →

Signature

1. I understand that this is an individual health insurance contract and I verify that neither my employer nor any third party will be paying the premium on this policy except as permitted by state or federal regulation.
2. I understand that it is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.
3. I understand that I must update my information with Providence Health Plan anytime there are changes from what I wrote on this application.
4. I verify that neither I nor any of my enrolled dependents are entitled to Medicare Part A and/or enrolled in Medicare Part B. (The federal government does not allow health plans to issue Individual coverage that duplicates coverage available through Medicare.)
5. I am the parent or legal guardian of all dependent children listed on this application.
6. I verify that the physical address I provided on this application for myself is accurate, as well as any other address provided by me for any dependents included on this application.
7. Providence Columbia plans DO NOT include pediatric dental coverage. I affirm that I will obtain pediatric dental coverage; for dependents under age 19 through a separate Marketplace-certified pediatric dental plan, and that I will notify Providence Health Plan if I do not obtain coverage. I understand that if I do not obtain pediatric dental coverage, Providence Health Plan will discontinue my or any of my enrolled dependents health benefits until reasonable assurance is obtained.
8. I understand that:
 - Providence Health Plan will send me an offer of coverage containing the terms for initial premium payment.
 - I need to pay my initial premium payment by the due date specified on my offer of coverage to effectuate my policy.
 - After my policy has been effectuated, Providence Health Plan will send me a legal contract.
9. I understand that this application does not terminate other coverage through the Health Benefit Exchange, Providence Health Plan or other carriers.

By signing, I agree to the above conditions. Policyholder signature and date required.

Signature is considered valid only if it is hand written ("wet") or e-signed.

A copy of legal guardianship or power of attorney must accompany this form if not signed by the Policyholder.

SIGNATURE OF POLICYHOLDER, LEGAL GUARDIAN OR POWER OF ATTORNEY

_____/_____/_____
DATE MM/DD/YYYY

PRINT NAME

Signed by Policyholder
Applicant for Spouse or
Domestic Partner

SIGNATURE OF SPOUSE OR DOMESTIC PARTNER (IF APPLICABLE)

For Producer Use Only

I, (the producer) certify I have explained the eligibility provisions to the applicant. I have not made any statements about benefits, conditions or limitations of the contract except through written material furnished by Providence Health Plan.

I have informed the applicant that the effective date of coverage is assigned only by Providence Health Plan and provided the Washington Disclosure Information required. I certify that the information supplied to me by the applicant has been truly and accurately recorded here. **All fields are required.**

PRODUCER NAME

AGENCY NAME

PRODUCER NPN

EMAIL ADDRESS

DATE

MM/DD/YYYY

PRODUCER SIGNATURE

Submission Instructions

01 Review your completed application to make sure you didn't miss anything.

Important reminder: if your application is incomplete, lacks a signature or signature date, or if additional information is required, your effective date may be delayed. Your application will expire 60 days after the signature date, and we do not accept any postdated applications.

02 Mail pages 1-8 to: or Fax pages 1-8 to:

Providence Health Plan 503-574-8131
P.O. Box 4649
Portland, OR 97208-4649

03 What happens now?

- Providence Health Plan will send you an offer of coverage that will include the amount of your initial premium payment and when it's due.
- In order for your coverage to take effect, Providence Health Plan must receive your initial premium payment by the due date listed in our offer of coverage.
- Please save a copy of this completed application for your records.

Race/Ethnicity Questionnaire

The following questions are optional. Your responses will help us to better serve all communities.

Which of the following describes your racial or ethnic identity? Please check all that apply.

Hispanic and Latino/a/x

- Hispanic or Latino/a/x Central American
- Hispanic or Latino/a/x Mexican
- Hispanic or Latino/a/x South American
- Other Hispanic or Latino/a/x

Native Hawaiian or Pacific Islander

- Guamanian or Chamorro
- Marshallese
- Communities of the Micronesian Region
- Native Hawaiian
- Samoan
- Tongan
- Other Pacific Islander

Other

- Other
- I don't know.
- I don't want to answer.

American Indian or Alaska Native

- American Indian
- Alaska Native
- Canadian Inuit, Metis, or First Nation
- Indigenous Mexican, Central American, or South American

White

- Caucasian/White (no national affiliation)
- Eastern European/Slavic
- Western European
- Other White (African, Australian, New Zealand descent)

Middle Eastern or North African

- Middle Eastern
- North African

Black or African American

- African American
- Afro-Caribbean
- Ethiopian
- Somali
- Other African (Black)
- Afro-Latinx/Bi-racial/Other
- Other Black

Asian

- Asian Indian
- Cambodian
- Chinese
- Communities of Myanmar
- Filipino/a
- Hmong
- Japanese
- Korean
- Laotian
- South Asian
- Vietnamese
- Other Asian

If you checked more than one category above, is there one you think of as your primary racial or ethnic identity?

Yes (please specify): _____

No: I do not have just one primary racial or ethnic identity.

No: I identify as Biracial or Multiracial.

N/A: I only checked one category above.

N/A: I don't know.

N/A: I don't want to answer.

What is your preferred spoken language?

- | | | | |
|--|-------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> English | <input type="checkbox"/> Cantonese | <input type="checkbox"/> French | <input type="checkbox"/> Arabic |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Tagalog | <input type="checkbox"/> Decline/Unknown |
| <input type="checkbox"/> Chinese - Other | <input type="checkbox"/> Russian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Other |
| <input type="checkbox"/> Mandarin | <input type="checkbox"/> German | <input type="checkbox"/> Korean | |

What is your preferred written language?

- | | | | |
|----------------------------------|---|----------------------------------|--|
| <input type="checkbox"/> English | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Russian | <input type="checkbox"/> N/A: I don't know. |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Simplified Chinese | <input type="checkbox"/> Other | <input type="checkbox"/> N/A: I don't want to answer. |

Additional Information

What is a Medical Home?

When you enroll in a Columbia plan, you are required to choose a Medical Home (also known as a Primary Care Home). A Medical Home is a cooperative, patient-centered clinic made up of providers and staff who work with you to address your physical and behavioral health needs and goals. The Medical Home you choose coordinates all elements of your care across hospitals, specialists, pharmacies, home health services, and community resources to ensure greater accessibility, shorter wait times, and an integrative approach to your health.

I'm signing up during a Special Enrollment Period due to a qualifying event. When will my coverage take effect?

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. If you would prefer a prospective effective date, please call Membership Accounting at 503-574-5791 or 888-816-1300 (TTY: 711) for further instructions. All other qualifying events will be effective on the first day of the month following Providence Health Plan's receipt of your completed application. For further instructions and details related to a Special Enrollment Period, visit [ProvidenceHealthPlan.com/QE](https://www.providencehealthplan.com/QE).

How do I make changes to an existing plan?

If you are an active Individual & Family Plan policyholder in the state of Washington and would like to make changes to your current plan, visit [ProvidenceHealthPlan.com/Forms](https://www.providencehealthplan.com/Forms) to complete an Individual & Family Plan Change Form.

This application form is only for new enrollment in an Individual & Family plan purchased directly from Providence Health Plan. That means if you are an active member and submit this application for new enrollment, you will be enrolled in a new policy which will result in duplicate coverage and two premium payments.

Non-discrimination Statement

Providence Health Plan and Providence Health Assurance comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, sexual orientation, religion, gender identity, marital status or sex. Providence Health Plan and Providence Health Assurance do not exclude people or treat them differently because of race, color, national origin, age, disability, sexual orientation, religion, gender identity, marital status or sex.

Providence Health Plan and Providence Health Assurance:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, you can call us at 503-574-7500 or 800-878-4445 (TTY: 711).

If you believe that Providence Health Plan and Providence Health Assurance has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sexual orientation, religion, gender identity, marital status or sex, you can file a grievance with our Non-discrimination Coordinator by mail:

Providence Health Plan and Providence Health Assurance

Attn: Ronni Nichuals, Non-discrimination Coordinator
P.O. Box 4158
Portland, OR 97208-4158

Phone: 503-574-6236

Fax: 503-574-8757

Email: Ronni.Nichuals@providence.org

If you need help filing a grievance, call us at 503-574-7500 or 800-878-4445 (TTY: 711) for assistance.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue SW, Room 509F, HHH Building
Washington, D.C. 20201

Phone: 800-368-1019 or 800-537-7697 (TTY)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Members of Oregon Plans may file a complaint with the Division of Financial Regulation at 888-877-4894 or visit <https://dfr.oregon.gov/pages/index.aspx>.

Members of Washington Plans may file a complaint with the Washington Office of the Insurance Commissioner electronically through the Office of the Insurance Commissioner Complaint portal available at <https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>, or by phone at 800-562-6900 or 800-537-7697 (TTY: 711) or visit www.insurance.wa.gov. Complaint forms are available at <https://fortress.wa.gov/oic/online-services/cc/pub/complaintinformation.aspx>.

Language Access Information

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-878-4445 (TTY: 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-878-4445 (TTY: 711).

Russian: ВНИМАНИЕ: Если Вы говорите по-русски, то Вам доступны услуги бесплатной языковой поддержки. Звоните 1-800-878-4445 (телетайп: 711).

Vietnamese: CHÚ Ý: Nếu quý vị nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Xin gọi số 1-800-878-4445 (TTY: 711).

Traditional Chinese: 注意：如果您說中文，您可以免費獲得語言支援服務。請致電 1-800-878-4445 (TTY: 711)。

Kushite: XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-878-4445 (TTY: 711).

Farsi:

نوجه: اگر به زبان فارسی صحبت می کنید، تسهیلات زبانی به صورت رایگان به شما ارائه می شود. با 1-800-878-4445 (TTY: 711) تماس بگیرید.

Ukrainian: УВАГА! Якщо Ви розмовляєте українською мовою, для Вас доступні безкоштовні послуги мовної підтримки. Телефонуйте за номером 1-800-878-4445 (телетайп: 711).

Japanese: お知らせ: 日本語での通話をご希望の場合、言語支援サービスを無料でご利用いただけます。1-800-878-4445 (TTY: 711)まで、お電話ください。

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-878-4445 (TTY: 711) 번으로 전화해 주십시오.

Nepali: ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंले निम्न भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छन् । 1-800-878-4445 (TTY: 711) मा फोन गर्नुहोस् ।

Romanian: ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii gratuite de asistență lingvistică. Sunați 1-800-878-4445 (TTY: 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzen zur Verfügung. Rufnummer: 1-800-878-4445 (TTY: 711).

Hmong: LUS CEEB TOOM: Yog tias koj hais lus Hmoob, cov kev pab txhais lus, muaj kev pab dawb rau koj. Hu rau 1-800-878-4445 (TTY: 711).

Cambodian: កំណត់សម្គាល់: បើសិនជាអ្នកនិយាយភាសាខ្មែរ អាចមានសេវាជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃពីលោកអ្នក។ សូមហៅទូរស័ព្ទលេខ 1-800-878-4445 (TTY: 711)។

Laotian: ເສີມຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ຈະມີການຊ່ວຍເຫຼືອດ້ານພາສາ ໂດຍບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ໂທ 1-800-878-4445 (TTY: 711).

DO NOT RETURN THIS PAGE TO PROVIDENCE HEALTH PLAN



Sales assistance



800-988-0088 (TTY: 711)

8 a.m. to 5 p.m. (Pacific Time), Monday through Friday



ProvidenceHealthPlan.com/Shop

