

## Providence Choice PPO Plans

### Who can enroll in these plans?

You may enroll in the Providence Choice plans if you are eligible and you live or work in Multnomah, Clackamas, Washington and Yamhill counties.

### How does the plan make sure my family and I will get the best quality care?

Providence Choice recognizes that the best health care is based on a close relationship with a medical expert who can advise and guide your care. That's why we encourage you to choose and work closely with a medical home provider in a Providence medical home clinic. He or she will provide medical care, suggest a specialist when needed, and arrange for tests or hospital care. Providence invests in evidence-based medicine, using research to develop best-practice guidelines. They strive to get the right care for each health plan member, at the right time and in the right setting.

### How does the plan help us keep our out-of-pocket costs down?

With Providence Choice, you will have lower out-of-pocket expenses for medical care when you obtain covered services from a medical home provider or are referred by your medical home provider to a Providence Choice participating provider. The plan will cover services received from a non-participating provider or received from a participating provider without a referral, but you will be responsible for higher out-of-pocket expenses. The plan's prescription drug process also holds down your out-of-pocket costs while ensuring you get the right medications for your needs.

### What preventive services are covered?

Providence Choice strives to keep members well through comprehensive preventive care benefits, including:

- Routine physical exams for adults
- Well-baby and well-child care (birth to age 19)
- Routine immunizations

- Hearing exams and hearing aids,
- Annual women's gynecological exams, including pap test, pelvic and breast exams
- Mammograms
- Family planning services
- Preventive services for members who are diabetic
- Colorectal cancer screening exams
- Nutritional counseling, and
- Men's preventive care, including prostate cancer screening exams.

### How does the plan cover emergency services – both inside and outside the service area?

Emergency medical services are covered anywhere, 24-hours a day, even when you are away from home. Regardless of where you seek emergency care, your co-pay will be \$75. When you use a Providence Health System emergency room or urgent care clinic in the service area, information about your condition and care is available to your medical home clinic immediately via their electronic medical record system. To receive in-plan benefits, follow-up care from the emergent or urgent situation must be coordinated by your medical home provider.

### How will the plan cover my child who is attending an out-of-area college?

Providence Choice offers out-of-plan benefits for covered services received by covered dependent children who live outside the service area. Out-of-area dependents do not need to select a medical home clinic; they may seek care from any provider in the community. However, they can limit out-of-pocket expense if they see a provider who participates in Providence's national provider network. Once a dependent child returns to the service area, he or she needs to use the services of a medical home provider to receive in-plan benefits.

## How does the plan's prescription drug program work, and where can I see the formulary?

Providence Choice was designed to best serve members' prescription drug needs, thanks to excellent care and direction from Providence Medical Group (PMG) clinics. PMG physicians are supported by staff pharmacists who are available to meet with individual patients and recommend changes, if necessary, to current medications. Pharmacists may also clarify the use and correct dosage of drugs to improve patient knowledge and compliance. Their expertise means that PMG patients get the most effective medications to treat their conditions, not just the most advertised or subsidized by pharmaceutical companies. Providence Choice Plan members have fewer prior authorization requirements for medications their medical home providers prescribe because PMG patients get the right prescriptions the first time!

For a list of participating pharmacies or a copy of the formulary, visit the Providence Choice Web site at [www.providence.org/pebb](http://www.providence.org/pebb).

## What is the plan's exceptions process?

If your physician feels there are medical reasons for using a non-formulary brand-name drug, he/she may submit an exception request to PHP. If the exception is approved, the co-payment for formulary brand-name drugs will apply. PHP has developed an automated exception process for those medications the medical home provider determines satisfy the co-pay exception criteria.

If you see an out-of-network provider, you or the provider will need to contact the plan to arrange for approval for a non-formulary drug to be covered at the preferred-brand level. The average time for prior authorization review is less than 24 hours when all the necessary information is available.

## What's different in the Part-time and Retiree Plan compared with the other plan?

The Retiree and Part-time medical plan being offered to PEBB members in 2008 contains the same plan provisions, such as limitations and exclusions, as the active plan. When you receive from a Providence Choice Plan medical home provider or a Providence Choice Plan participating specialist to whom you were referred, you will typically have a \$30 co-payment. Services obtained from a non-participating provider or without a referral from a medical home provider will be paid at 50%.

The plan also provides paid-in-full benefits for most preventive care services. The most you will pay for covered services in a calendar year is \$2,000 per person or \$6,000 per family in-plan, and \$4,000 per person or \$12,000 per family out-of-plan. This plan does not have a routine vision benefit. For more detail about the benefits, please call customer service or go to the Providence Choice Web site [www.providence.org/pebb](http://www.providence.org/pebb) for a copy of the plan's benefit summary.

## Where can I find out about the plan's limitations and exclusions?

View a list of the plans' limitations & exclusions online at [www.providence.org/pebb](http://www.providence.org/pebb), or contact customer service at the phone numbers below.

## Whom can I contact to learn more about the plan?

The Providence Choice customer service staff is available to help with any questions you might have. Please contact them at:

- (503)574-7500 or **Toll free:** (800) 878-4445
- **TTY:** (503) 574-8702 or (888) 244-6642

Customer service staff members are available between 8 a.m. and 5 p.m., Monday through Friday.