

**Healthcare**  
**like you want**  
**it to be.**

**Providence Health Plan's 2025 Benefits**  
Available January 1, 2025

# What's new for 2025

For Providence Choice and Statewide Plans



## Family Planning Support

Enhanced benefit through **Progyny** for family planning assistance, allowing you to pursue your fertility and family-building journey with the support of a dedicated Patient Care Advocate every step of the way.



## Mighty Health

Get personalized online help from a coach to lose weight, move better, and decrease joint pain. The program offers daily health tasks, meal plans, lessons, and more to help you reach your health goals.



## Behavioral Health Virtual Support

**Joon Care** offers online, personalized support for teens and young adults ages 13-26. They also specialize in providing support to individuals experiencing crises or suicidal thoughts. One-on-one therapy sessions with a licensed provider is available.



## Rx Savings Solutions

Rx Savings Solutions is a free online tool linked to your health plan. It alerts you with personalized savings for your medications through mail, email, phone, or text.



## Birth Doulas

Trained birth doulas offer guidance, emotional help, and comfort. They are there for you before, during, and after childbirth. Doulas can also help families in other situations. Things like dealing with infant loss, adoption, language help, and more.

# NEW! Progyny 1+1 Smart Cycle

- For Providence Health Plan members, PEBB has made an enhanced benefit available through Progyny for assistance with their family planning journey. With the Progyny 1+1 Smart Cycle, you can pursue your fertility and family building journey with the support of a dedicated Patient Care Advocate (PCA) for optimal results. Your PCA will be with you every step of the way, providing guidance and support.





# NEW! Mighty Health

- Receive personalized virtual support to improve things like losing weight, moving better, and decreasing joint pain. A coach will help guide you through a program. That program can include daily health tasks, nutrition plans, lessons, and more to help you reach your health goals.

<https://mightyhealth.com/providence-pebb>





# NEW! Joon Care

- Joon Care offers online, personalized support for teens and young adults ages 13-26. They also specialize in providing support to individuals experiencing crises or suicidal thoughts. One-on-one therapy sessions with a licensed provider is available.



# NEW! RX Savings Solutions

- The RxSS program is a digital software that delivers pharmaceutical savings choices and pricing transparency to members. The program is integrated with each member's plan, so data and engagement are personalized based on the member's medications and benefits.
- <http://myrxss.com/ProvidenceHealthPlan>
- [1-800-268-4476](tel:1-800-268-4476)





# NEW! Birth Doula

- Trained professionals who provide support during and after childbirth. Working with a Birth Doula will help members to achieve the healthiest, most satisfying experience possible. This benefit will provide 8 visits plus delivery per pregnancy.
- <https://traditionalhealthworkerregistry.oregon.gov/Search>
- <https://ordoulas.org/directory>



# Providence Plan Options

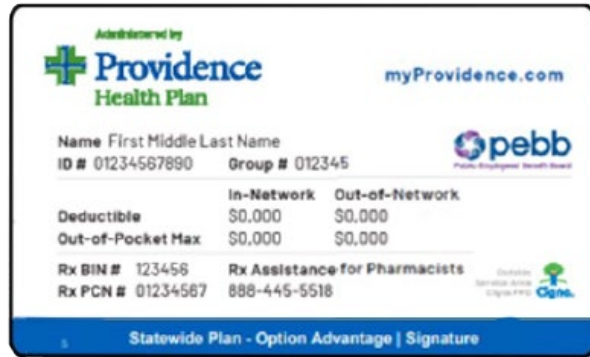
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For PEBB Members



# Your Providence health plan options

## OPTION 1: PEBB Providence Statewide



Administered by  
**Providence Health Plan** myProvidence.com

Name First Middle Last Name  
ID # 01234567890 Group # 012345

	In-Network	Out-of-Network
Deductible	\$0,000	\$0,000
Out-of-Pocket Max	\$0,000	\$0,000

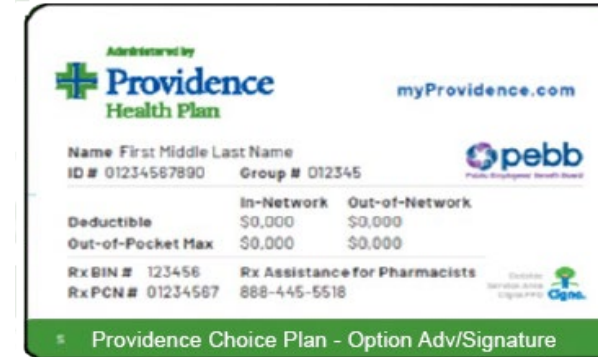
Rx BIN # 123456 Rx Assistance for Pharmacists  
Rx PCN # 01234567 888-445-5518

pebb  
Public Employees Benefit Board

Statewide Plan - Option Advantage | Signature

- Pay more for flexibility
- OHSU and Adventist **in-network**
- No referrals required
- Self-directed care
- Massage therapy covered

## OPTION 2: PEBB Providence Choice



Administered by  
**Providence Health Plan** myProvidence.com

Name First Middle Last Name  
ID # 01234567890 Group # 012345

	In-Network	Out-of-Network
Deductible	\$0,000	\$0,000
Out-of-Pocket Max	\$0,000	\$0,000

Rx BIN # 123456 Rx Assistance for Pharmacists  
Rx PCN # 01234567 888-445-5518

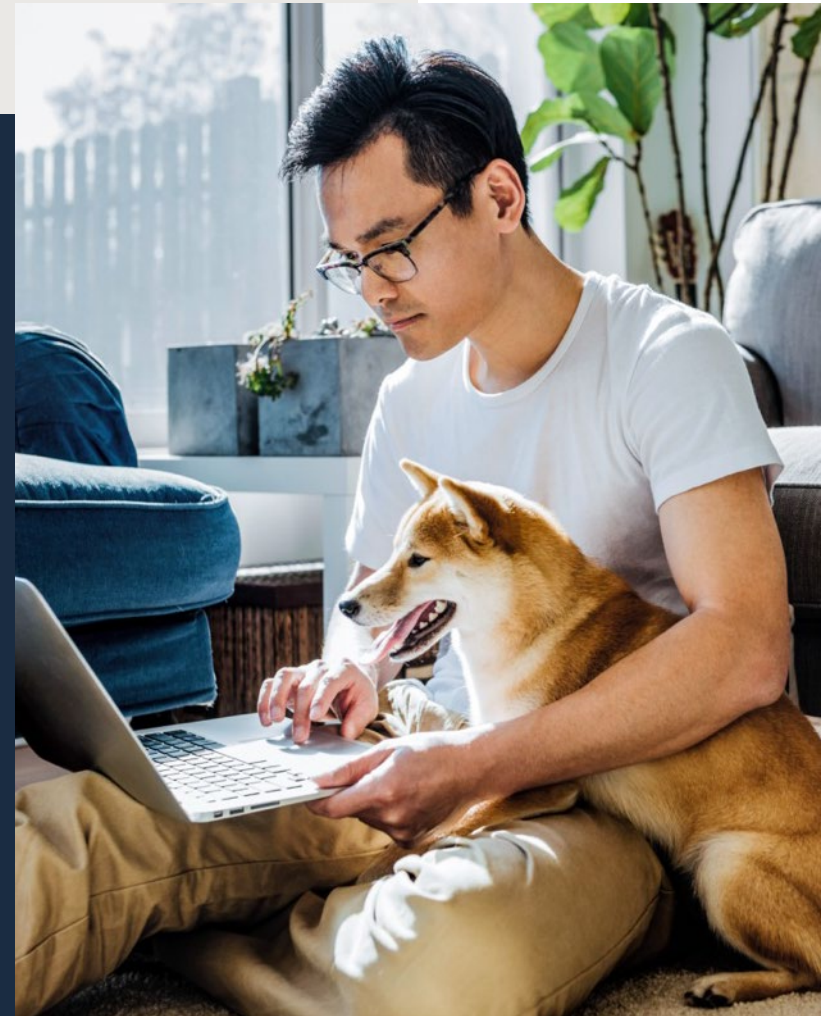
pebb  
Public Employees Benefit Board

Providence Choice Plan - Option Adv/Signature

- Pay less for predictability
- Low copayments
- Medical home care team
- No referrals required
- Massage therapy covered

## With either plan, you get:

- No referral requirement
- Preventive services
- In-network Virtual visits, in-network
- Nutritional Counseling
- 8 Birth Doula visits per childbirth plus delivery
- Wellness resources to help with chronic disease, stress, diet, exercise, sleep, and more
- Chiropractic manipulation, massage, and acupuncture





# Providence Choice Network Plan

As a Providence Choice member, you will be required to choose a medical home. Before you receive health care services and schedule an appointment:

- Communicate your selection to Providence via one of the following options:
  - myProvidence account
    - Choose “Medical Home Selection” under the “My Providers” drop down in the top navigation bar.
    - Review your options, then click on the “set As A Medical Home Clinic” button.
  - Customer service
    - We’re here to help! (503) 574-7500 or 800 878-4445 (TTY: 711) from 8AM to 5PM (Pacific Time), Monday through Friday.

## PEBB Providence Choice

The screenshot displays the Providence Health Plan member portal. At the top, it says "Administered by Providence Health Plan" with the Providence logo and "myProvidence.com". Below this, there is a section for "Name First Middle Last Name" and "ID # 01234567890 Group # 012345". To the right is the "pebb" logo (Public Employees Health Board). A table shows plan details: Deductible (\$0,000), In-Network (\$0,000), Out-of-Pocket Max (\$0,000), and Out-of-Network (\$0,000). Below the table, it lists "Rx BIN # 123456" and "Rx Assistance for Pharmacists 888-445-5518". At the bottom, there is a green bar with the text "Providence Choice Plan - Option Adv/Signature".

	In-Network	Out-of-Network
Deductible	\$0,000	\$0,000
Out-of-Pocket Max	\$0,000	\$0,000

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## PEBB Providence Choice

The screenshot displays the Providence Health Plan member portal interface. At the top, it says "Administered by Providence Health Plan" with the logo and "myProvidence.com". Below this, there are fields for "Name First Middle Last Name", "ID # 01234567890", and "Group # 012345". To the right is the "pebb" logo. A table shows plan details: "Deductible" is \$0,000, "Out-of-Pocket Max" is \$0,000, "In-Network" is \$0,000, and "Out-of-Network" is \$0,000. At the bottom, it lists "Rx BIN # 123456", "Rx PCN # 01234567", and "Rx Assistance for Pharmacists 888-445-5518". The footer of the screenshot reads "Providence Choice Plan - Option Adv/Signature".



# Medical & Prescription Plan Overview

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For PEBB Members

# Cost-share Overview

No changes in 2025!

Benefit summaries may be found online at [ProvidenceHealthPlan.com/PEBB](https://ProvidenceHealthPlan.com/PEBB)

PEBB STATEWIDE PPO					
Calendar year deductible		Cost Share (after deductible, if applicable)		Calendar year Out-of-pocket maximum	
In-Network	Out-of-network	In-network	Out-of-network	In-Network	Out-of-network
\$250 / person \$750 / family	\$500 / person \$1,500 / family	15%	30%	\$1,900 / person \$5,700 / family	\$4,800 / person \$14,400 / family

Any portion of the medical deductible met in the 4th quarter of the year applies to the next year's deductible

PROVIDENCE CHOICE					
Calendar year deductible		Cost Share (after deductible, if applicable)		Calendar year Out-of-pocket maximum	
Medical Home	Out-of-Medical Home	Medical Home	Out-of-Medical Home	Medical Home	Out-of-Medical Home
\$250 / person \$750 / family	\$500 / person \$1,500 / family	\$10 per visit	30%	\$1,500 / person \$4,500 / family	\$4,000 / person \$12,000 / family



# Prescription drug coverage

Prescription drug benefits do not apply to medical deductible or medical out-of-pocket maximum

PEBB’s Value Formulary includes a list of medications that are covered in full

Drug Coverage Category	Copay			Calendar year deductible	Calendar year out-of-pocket maximum
	All participating & preferred retail pharmacies (up to a 30-day supply)	All mail order & preferred retail pharmacies (up to a 90-day supply of maintenance prescriptions)	All participating specialty pharmacies (up to a 30-day supply of specialty drugs)		
Value Drug	Covered in full	Covered in full	Does not apply	Does not apply	\$1,000 per person \$3,000 per family (3 or more)
Generic drug	\$10	\$25	\$100	\$50 per person \$150 per family (3 or more)	
Brand name drug	\$30	\$75	\$100		

PEBB’s prescription drug lists (formularies) are available online at [ProvidenceHealthPlan.com/PEBB](https://ProvidenceHealthPlan.com/PEBB)

Administered by



# Health For All

[ProvidenceHealthPlan.com/PEBB](https://ProvidenceHealthPlan.com/PEBB)