

Bronze > Be Connected – Rose City*

This plan plugs right into your active world. You crave close ties. Healthcare is no exception. You want real-time advice from the Providence doctors you trust, friendly health coaches and all your regular check-ups and meds.

	In-network, you pay	Out-of-network, you pay
Calendar year costs		
Deductible per person	\$4,250	\$8,500
Deductible per family	\$8,500	\$17,000
Out-of-pocket max per person	\$6,350	\$12,700
Out-of-pocket max per family	\$12,700	\$25,400
Care & services		
Primary care physician (PCP) office visit	\$35/visit for first 3 visits ¹ , 35% for subsequent visits ²	50%
Specialist office visit	35%	50%
Urgent care visit	\$35/visit for first 3 visits ¹ , 35% for subsequent visits ²	50%
Inpatient care (includes maternity)	35%	50%
Outpatient care	35%	50%
Outpatient diagnostic X-ray & lab	35%	50%
Outpatient mental health/ chemical dependency	35%	50%
Emergency room	35%	35%
Ambulance	35%	35%
Physical, speech or occupational therapy	35%	50%
Alternative care visit	Not covered	Not covered
Accident benefit	Paid as any other illness subject to deductible/coinsurance	
Prescription drugs		
Value ¹	\$2	\$2
Select generic ¹	\$15	\$15
Preferred	50%	50%
Brand	50%	50%
Features		
Provider network	Providence Preferred Network	
Travel network	Healthy Directions	
Preventive care ¹	In-network, you pay 0% for eligible preventive care	
Embedded pediatric dental	Not covered	
Embedded pediatric vision ³	Pediatric vision care is covered for members up to age 19.	

¹ Deductible waived

² PCP and urgent care visits are combined. After three PCP and/or urgent care visits for illness or injury, the deductible and coinsurance apply.

³ See glossary of terms for more about this benefit

*Rose City plans are only available through Oregon's health insurance marketplace, Cover Oregon.