

Your Benefit Summary

Providence Choice Open Option Plan

OEBB Medical Home Plan 2



Office Visit Copay	Hospital Copay	What You Pay Out-of-Plan	Plan Year In-Plan Out-of-Pocket Maximum	Plan Year Out-of-Plan Out-of-Pocket Maximum	Plan Year Common Deductible
Covered in full; \$10/\$15	20%	50% coinsurance (after deductible; UCR applies)	\$1,200 per person \$3,600 per family (3 or more)	\$2,400 per person \$7,200 per family (3 or more)	\$100 per person \$300 per family (3 or more)

Important information about your plan

This plan is a medical home plan. You choose a medical home in a clinic, staffed by a team of health care professionals led by your primary provider. This team coordinates your care, including referrals when needed. You have higher out-of-pocket costs if you use services not coordinated through your medical home.

This summary provides only highlights of your benefits. To view all your plan details, including your Member Handbook, register for myProvidence at www.providence.org/php/getstarted.

- Not sure what a word or phrase means? See the back for the definitions used in this summary.
- This plan offers deductible carryover. This means any portion of your deductible that you pay during the fourth quarter of the plan year will be applied toward next year's deductible.
- Benefits for out-of-plan services are based on Usual, Customary & Reasonable charges (UCR).
- Your deductibles, copayments, and some services do not apply to out-of-pocket maximums.
- Limitations and exclusions apply to your benefits. See your Member Handbook for details.

Providence Choice Open Option Plan Highlights		After you pay your plan year common deductible, then you pay the following for covered services:	
		In-Plan (Medical Home provider or with referral)	Out-of-Plan (non-Medical Home provider or without referral)
✓ No deductible needs to be met prior to receiving this benefit.			
Physician / Provider Services			
• Office visits		\$15 / visit✓	50%
• Office visits to specialist		20%	50%
• Office visits for these services: asthma, diabetes and heart-related services including cholesterol and hypertension		\$10 / visit✓	50%
• Periodic health exams; (from a Personal Physician/Provider only)		Covered in full✓	50%
• Routine immunizations; shots		Covered in full✓	50%
• Maternity services; pre- and postnatal visits		20%	50%
• Allergy shots; serums; injectable medications		20%	50%
• Inpatient hospital visits		20%	50%
• Surgery; anesthesia		20%	50%
Women's Health Services			
• Gynecological exams (plan year); Pap tests		Covered in full✓	50%
• Mammograms		Covered in full✓	50%
Hospital Services			
• Inpatient care		20%	50%
• Observation care		20%	50%
• Maternity care		20%	50%
• Routine newborn nursery care		20%	50%
• Rehabilitative care (30 days per plan year)		20%	50%
• Skilled nursing facility (60 days per plan year)		20%	50%
Outpatient Diagnostic Services			
• X-ray; lab services		20%	50%
• Imaging services (such as PET, CT, MRI)		\$100, plus 20%	\$100, plus 50%
Medical and Diabetes Supplies, Durable Medical Equipment, Appliances, Prosthetic and Orthotic Devices		20%*	50%

(Removable custom shoe orthotics are limited to \$200 per calendar year; deductible waived)

*Your deductible(s) do not apply to purchases of diabetes supplies.

Providence Choice Open Option Plan Highlights (continued)	In-Plan	Out-of-Plan
Emergency / Urgent Care / Emergency Medical Transportation (your emergency/urgent copay is waived if admitted to the hospital within 24 hours) <ul style="list-style-type: none"> Emergency services (for emergency medical conditions only) Urgent care services (for non-life threatening illness/minor injury) Emergency medical transportation 	\$100, plus 20% \$50✓ 20%	\$100, plus 20% \$50✓ 20%
Other Covered Services <ul style="list-style-type: none"> Outpatient surgery Outpatient dialysis, infusion, chemotherapy, radiation therapy Outpatient rehabilitative services (30 visits per plan year) Colorectal cancer screening: sigmoidoscopy, colonoscopy Sleep apnea studies Home health care Hospice care Self-administered chemotherapy (Up to a 31-day supply from a designated participating pharmacy) <ul style="list-style-type: none"> -Generic drugs -Formulary brand-name drugs -Non-formulary brand-name drugs Hearing Aids (limited to \$4,000 per every four plan years) 	20% 20% 20% Covered in full✓ \$100, plus 20% 20% Covered in full✓ 20% 20% 20% 10%	50% 50% 50% 50% \$100, plus 50% 50% Covered in full✓ Not covered Not covered Not covered 50%
Tobacco Use Cessation <ul style="list-style-type: none"> Free & Clear Quit for Life Program Counseling/classes and deterrent medications 	Covered in full✓ Covered in full✓	Not applicable Not covered
Additional Cost Tier (Inpatient or Outpatient) (Your copayments and coinsurance do not apply to your plan year out-of-pocket maximums) <ul style="list-style-type: none"> Upper GI endoscopy Spine procedures for pain Knee replacement Hip replacement Knee arthroscopy Shoulder arthroscopy 	\$100, plus 20% \$500, plus 20% \$500, plus 20% \$500, plus 20% \$500, plus 20% \$500, plus 20%	\$100, plus 50% \$500, plus 50% \$500, plus 50% \$500, plus 50% \$500, plus 50% \$500, plus 50%
Mental Health / Chemical Dependency (To initiate services, you must call 1-800-711-4577. All inpatient, residential and day or partial hospitalization treatment services must be prior authorized.) <ul style="list-style-type: none"> Inpatient and day treatment services Residential services Outpatient provider visits 	20% 20% \$15 / visit✓	50% 50% 50%

Your guide to the words or phrases used to explain your benefits

Coinsurance

The percentage of the cost that you may need to pay for a covered service.

Copay

The fixed dollar amount you pay to a health care provider for a covered service at the time care is provided.

Deductible carryover

A feature of your plan that allows for any portion of your deductible that is paid during the fourth quarter of a plan year to be applied toward the next year's deductible.

Formulary

A list of preferred brand-name and generic drugs that have been evaluated by us for effectiveness and safety.

In-plan benefit

The in-plan benefit is an extensive network of highly qualified physicians and health care providers in the Providence Choice Medical Home network, available to you by your plan. Generally, your out-of-pocket costs will be less when you receive covered services from participating providers. To find a participating provider, go to www.providence.org/php/providerdirectory.

Medical Home Provider

A full service health care clinic within the Providence Choice Network which provides and coordinates members' medical care.

Non-participating provider

Any health care professional who does not participate in Providence Health Plan's network of participating physicians and providers of health care services.

Out-of-plan

Refers to services you receive from a non-participating provider or when services have not been coordinated through the Medical Home. Your out-of-pocket costs are generally higher when you receive covered services from non-participating providers. To find a participating provider, go to the online directory at www.providence.org/php/providerdirectory.

Participating provider

A physician or provider of health care services who belongs to the Providence Health Plan participating provider network. To find a participating provider, refer to the directory available at www.providence.org/php/providerdirectory.

Plan Year

The annual benefit period that applies to your covered health services. The benefit period is October 1 to September 30.

Plan year common deductible

The dollar amount that an individual or family pays for covered services before your plan pays any benefits within a plan year. The deductible can be met by using in-plan or out-of-plan providers, or the combination of both. The following expenses do not apply to an individual or family deductible:

- Services not covered by your plan
- Copays or coinsurance for any supplemental benefits provided by your employer, such as prescription drugs, or routine vision care
- Fees that exceed usual, customary and reasonable (UCR) charges as established by your plan
- Penalties incurred if you do not follow your plan's prior authorization requirements
- Copays and coinsurance for services that do not apply to the deductible

Prior authorization

Some services must be pre-approved. In-Plan, your provider will request prior authorization. Out-of-Plan, you are responsible for obtaining prior authorization.

Self-administered chemotherapy

Oral, topical or self-injectable medications that are used to stop or slow the growth of cancerous cells.

Usual, Customary & Reasonable (UCR)

Describes predefined charges established by your plan for services that you receive from an out-of-plan provider. When the cost of out-of-plan services exceeds UCR amounts, you are responsible for paying the provider any difference. These amounts do not apply to your out-of-pocket maximums.

Contact us

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All other areas: **1-800-878-4445**
TTY: **503-574-8702 or 1-888-244-6642**



Have questions about your benefits and want to contact us via e-mail? Go to our Web site at:
www.providence.org/php/contactus

Your Benefit Summary

Value Based Prescription Drug Plan

OEBB Medical Home Rx



Important information about your plan

This summary provides only highlights of your pharmacy benefits. Certain limitations and exclusions apply. To view all your plan details, including your Member Handbook, register for myProvidence at www.providence.org/php/getstarted.

- To find out how a drug is covered under your plan, view the complete formulary and pharmacy information available online at www.providence.org/healthplans or call us.
- You have broad access to over 22,000 participating pharmacies and their services at discounted rates. Pharmacies are designated as participating retail, preferred retail, specialty or mail-order pharmacies.
- View a list of participating pharmacies, including specialty pharmacies, at www.providence.org/healthplans or call us.
- Not sure what a word or phrase means? See the back for the definitions used in this summary.
- Copays, coinsurance and any difference in costs for prescription drugs do not apply to your plan year medical plan out-of-pocket maximums, coinsurance maximums, or deductibles.

Drug Coverage Category	Copay or Coinsurance			Plan Year Out-of-Pocket Maximum
	All Participating and Preferred Retail Pharmacies	All Mail Order and Preferred Retail Pharmacies	All Participating Specialty Pharmacies	
Value drug	\$4	\$8	Does not apply	\$1,100 per person
Generic drug	\$8	\$16	\$8	
Formulary brand name drug	\$25	\$50	\$25	
Non-formulary brand name drug	50%	50%	50%	
Compounded drug	50%	Does not apply	Does not apply	

What you need to know about drug coverage categories

- Both generic and brand-name drugs are covered subject to the terms of your plan.
- Some medications are less costly. If the cost of your prescription is less than your copay, you will only be charged the cost of the prescription.
- If you or your physician request a brand-name drug when a generic is available, you will be responsible for paying the cost difference, in addition to your brand-name drug copay.
- Compounded drugs are prescriptions that are custom prepared by your pharmacist. These prescriptions must contain one Food and Drug Administration (FDA) approved drug.
- Specialty drugs are prescriptions that require special delivery, handling, administration and monitoring by your pharmacist.
- Self-administered chemotherapy drugs are covered under your pharmacy benefits or your medical benefits, whichever allows for your lowest out-of-pocket cost. Please refer to your medical Benefit Summary for more information.

Using your prescription drug benefit

- Your prescription drug benefit requires that you fill your prescriptions at a participating pharmacy.
- Be sure you present your current Providence Health Plan member identification card, along with your copay or coinsurance when you use a participating pharmacy.
- You may purchase up to a 90-day supply of maintenance drugs using a participating mail-service or preferred retail pharmacy. Not all drugs are considered maintenance prescriptions, including compounded drugs and drugs obtained from specialty pharmacies.
- Most specialty and chemotherapy drugs are only available at our designated specialty pharmacies. For more information, visit us online at www.providence.org/healthplans.
- Diabetes supplies may be obtained at your participating pharmacy, and are subject to your group's medical supplies and devices benefits, limitations, and coinsurance. See your Member Handbook for details.

Using your prescription drug formulary

- The Providence formulary is a list of FDA-approved prescription brand-name and generic drugs developed by physicians and pharmacists. It is designed to offer drug treatment choices for covered medical conditions.
- Some prescription drugs require prior authorization for medical necessity, place of therapy, length of therapy, step therapy, or number of doses. If a drug to treat your covered medical condition is not in the formulary, please contact us.
- The formulary can help you and your physician choose effective medications that are less costly and minimize your out-of-pocket expense.
- Effective generic drug choices are available to treat most medical conditions. Visit www.providence.org/healthplans for answers to frequently asked questions about both generic drugs and the formulary.

Ordering prescriptions by mail

- To order prescriptions by mail, your provider may call in the prescription or you can mail your prescription along with your member identification number to one of our participating mail-order pharmacies.
- To find participating mail-order pharmacy information visit us online at www.providence.org/healthplans.

If you use a non-participating pharmacy

- Urgent or emergency medical situations may require that you use a non-participating pharmacy.
- If this occurs, you will need to pay full price for your prescription at the time of purchase. Reimbursement forms are available online.
- Reimbursement is subject to your plan's limitations and exclusions.

What you need to know about limitations and exclusions

The following is a summary of the limitations and exclusions under your prescription drug plan. For complete descriptions go to: www.providence.org/healthplans.

Limitations

- All drugs must be Food and Drug Administration (FDA) approved, medically necessary, and require by law, a prescription to dispense. Not all FDA-approved drugs are covered by Providence Health Plan. Newly approved drugs will be reviewed for safety and medical necessity within 12 months following FDA approval.
- Prescription dispensing limits: 1) topicals—up to 60 grams; 2) liquids—up to eight ounces; 3) tablets or capsules—up to 100 dosage units; and 4) multi-use or unit-of-use—up to one container or package; as prescribed, not to exceed a 30-consecutive-day supply, whichever is less. Other dispensing limits may apply to certain medications requiring limited use and are listed in the formulary.
- Specialty drugs are injectable, infused, oral or inhaled therapies that often require specialized delivery, handling, monitoring and administration, and are generally high cost. These drugs must be purchased through our designated specialty pharmacy. Due to the nature of these medications, they are not considered "maintenance" drugs and are limited to a 30-day supply (or minimum package size to approximate a 30-day supply). Specialty medications are listed in the formulary.
- Self-injectable drugs are only covered if they are intended for self-administration, labeled by the FDA for self-administration and referenced in the formulary.

Exclusions

- Drugs used in the treatment of fungal nail conditions.
- Drugs used in the treatment of the common cold.
- Experimental or investigational drugs or drugs used by a member in a research study or in another similar investigational environment.
- Intrauterine devices (IUDs), diaphragms and implantable contraceptives. Some of these items may be covered under your medical benefits.
- Drugs or medications delivered, injected or administered for you by a physician, other provider or another trained person.
- Drugs prescribed by naturopathic physicians (N.D.).
- Amphetamines and amphetamine derivatives, except when used in the treatment of narcolepsy or hyperactivity in children and adults.
- Drugs or medications used to treat sexual dysfunctions or disorders, in either men or women, such as Viagra® or drugs required for, or as a result of, sexual transformation.
- Drugs used for the treatment of fertility or infertility.
- Fluoride, for members over the age of 10 years old.
- Replacement of lost or stolen medication.
- Drugs used for weight loss or cosmetic purposes.
- Medications prescribed that do not relate directly to the treatment of a covered illness or injury.
- Over-the-counter (OTC) drugs, medications or vitamins that may be purchased without a provider's written prescription and prescription drugs that are available in an OTC therapeutically similar form.
- Devices, appliances, supplies and durable medical equipment, even if a prescription is required for purchase. These items may be covered under your medical benefits.
- Drugs dispensed from pharmacies outside the United States, except for urgent and emergency medical conditions.
- Drugs or prescribed medications that are not medically necessary or are not provided according to our medical policy.
- Drugs to stimulate hair growth, including, but not limited to, Rogaine® (i.e., topical minoxidil) or other similar drug preparations.
- Drugs used in the treatment of drug induced fatigue, general fatigue and idiopathic hypersomnia.
- Drugs that are not FDA approved or designated as "less than effective" by the FDA, also known as a "DESI" drug.
- Drugs placed on prescription-only status as required by state or local law.
- Compounded drugs from bulk powders that are not a component of an FDA-approved drug.
- Vaccines, immunizations and preventative medications solely for the purpose of travel.

Your guide to the words or phrases used to explain your benefits

Brand-name drug

Brand name drugs are protected by U.S. patent laws for up to 17 years, so only the pharmaceutical company that holds the patent has exclusive rights to produce and sell them.

Coinsurance

The percentage of the cost that you pay to a participating pharmacy, at the time of purchase, for a covered prescription drug.

Compounded drug

The combining, mixing, or altering of covered drugs or other ingredients for a customized prescription for an individual as prescribed by a licensed provider.

Copay

The fixed dollar amount you pay to a participating pharmacy, at the time of purchase, for a covered prescription drug.

Formulary

A formulary is a list of FDA-approved prescription drugs developed by physicians and pharmacists, designed to offer drug treatment choices for covered medical conditions. The Providence Health Plan formulary includes both brand-name and generic medications.

Generic drug

Generic drugs have the same active-ingredient formula as the brand-name drug. Generic drugs are tested by the Food and Drug Administration (FDA) to be as safe and as effective as brand-name drugs. Generic drugs are only available after the brand-name patent expires. Visit www.providence.org/healthplans for answers to frequently asked questions about generic drugs.

Maintenance drug

Medications that are typically prescribed to treat long-term or chronic conditions, such as diabetes, high blood pressure and high cholesterol. Maintenance drugs are those that you have received under our plan for at least 30 days and that you anticipate continuing to use in the future.

Out-of-pocket maximum

The limit on the dollar amount you will have to spend for covered nonformulary and compounded prescription drugs in a plan year. Some services and expenses do not apply to the out-of-pocket maximum. See your Member Handbook for details.

Participating pharmacies

Pharmacies that have a signed contract with Providence Health Plan to provide medications and other services at special rates. There are four types of participating pharmacies:

Retail: a participating pharmacy that allows up to a 31-day supply of short-term and maintenance prescriptions.

Preferred Retail: a participating pharmacy that allows up to a 90-day supply of maintenance prescriptions and access to up to a 31-day supply of short-term prescriptions.

- Specialty: a participating pharmacy that allows up to a 30-day supply of specialty and self-administered chemotherapy prescriptions. These prescriptions require special delivery, handling, administration and monitoring by your pharmacist.

- Mail Order: a participating pharmacy that allows up to a 90-day supply of maintenance prescriptions and specializes in direct delivery to your home.

For a complete description of the types of services provided by participating pharmacies, see your Member Handbook.

Prior authorization

The process used to request an exception to the Providence Health Plan drug formulary. This process is initiated by the prescriber of the medication. Some drugs require prior authorization for medical necessity, place of therapy, length of therapy, step therapy or number of doses. Visit www.providence.org/healthplans for additional information.

Self-administered chemotherapy

Oral, topical or self-injectable medications that are used to stop or slow the growth of cancerous cells.

Value drug

A specified list of commonly used medications for treating chronic conditions such as diabetes, high blood pressure, high cholesterol, heart disease, asthma and other breathing disorders. These medications may be generic or brand name, and are considered first-line treatments for many conditions. They are on our formulary, and offered at your lowest copay or coinsurance.

Out-of-pocket maximum

The limit on the dollar amount you will have to spend for prescription drugs in a plan year. Some services and expenses do not apply to the out-of-pocket maximum. See your Member Handbook for details.

Contact us

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www.providence.org/php/contactus

Your Benefit Summary

Alternative Care Plan

OEBB Medical Home Plan 2



Copay

\$15

Plan Year
Maximum
Benefit

\$2,000 per member

Important information about your plan

This alternative care benefit is offered as an additional option to your medical plan. This summary provides only highlights of your benefits. To view all your plan details, including your Member Handbook, register for [myProvidence](https://myprovidence.org) at www.providence.org/php/getstarted.

www.providence.org/php/getstarted.

- With this benefit you have access to three of the most popular types of alternative health care providers: acupuncturists, chiropractors and naturopaths.
- Not sure what a word or phrase means? See the back for the definitions used in this summary.
- Your copays do not apply to your plan's medical out-of-pocket maximums.
- Limitations and exclusions apply to your benefits. See your Member Handbook for details.

About your alternative care benefit

This plan covers alternative care services when they are:

- Received from a participating licensed chiropractic physician, naturopathic physician or acupuncturist who is practicing within the scope of his or her license;
- Determined by your plan to be medically necessary; and
- Not listed as an exclusion in your Member Handbook.

What you need to know before you use this benefit

- While you don't need a physician's referral to see an alternative care provider, you must see a Providence Health Plan participating provider. To find a participating provider in your area, go to www.providence.org/php/providerdirectory or call us.
- Only one copay is required per date of service, regardless of the number of covered services received during the visit. You do not need to meet any applicable medical plan deductibles before receiving this benefit.

Using non-participating providers

- In rare circumstances, our national network may not have a participating provider in your area. If this occurs, please contact our authorizing agent at 1-800-678-9133. If our authorizing agent is not able to locate a participating provider within a reasonable distance, authorization for use of a non-participating provider will be provided.
- Non-participating providers must be licensed in the state in which they are practicing and must practice within the scope of their license.
- Payment to non-participating providers is based upon Usual, Customary, and Reasonable (UCR) charges. Amounts in excess of UCR are your responsibility.
- Claims should be submitted to American Specialty Health Network, 777 Front Street, San Diego, CA 92101.
- In some cases, you may need to pay the non-participating provider directly for the full cost of the services received and submit your itemized billing to our authorizing agent for reimbursement.
- You are responsible for obtaining prior authorization from our authorizing agent when receiving services from non-participating providers.

Acupuncture covered services

- Office visits.
- Adjunctive therapy which may include therapies such as acupressure, cupping, moxibustion, or breathing techniques. Adjunctive therapy is only covered when provided during the same course of treatment and in conjunction with acupuncture. All adjunctive therapy must be medically necessary for the treatment of neuromusculoskeletal disorders, nausea or pain and provided together with acupuncture services.

Chiropractic covered services

- Office visits.
- Manipulation of the spine, joints and/or musculoskeletal soft tissue, a re-evaluation, and/or other services, in various combinations.
- Adjunctive physiotherapy which may include ultrasound, hot packs, cold packs, electrical muscle stimulation or other therapies and procedures which are medically necessary for the treatment of neuromusculoskeletal disorders.
- Related diagnostic X-rays and laboratory service.

Naturopathy covered services

- Services must be provided within a course of treatment that includes both (a) natural treatment methods, modalities, nutritional advice, recommendation of homeopathic protocols, and (b) excludes prescribing prescription or over-the-counter drugs, surgery, or invasive therapeutic procedures.
- Office visits/consultations, therapeutic procedures and other services provided in various combinations.
- Physical therapy which may include ultrasound, hot packs, cold packs, manual, mechanical, or electrical stimulation of the muscles, rehabilitative exercise.
- Related diagnostic X-rays and laboratory services.
- All naturopathic services must be approved by Providence Health Plan or its authorizing agent as medically necessary.

Your guide to the words or phrases used to explain your benefits

Copay

The fixed dollar amount you pay to a health care provider for a covered service at the time care is provided.

Maximum annual benefit (plan year)

The total dollar amount of benefits that you can receive, per plan year. The benefit period is October 1 to September 30.

Non-participating provider

Any health care professional who does not participate in Providence Health Plan's network of participating physicians and providers of health care services.

Participating provider

A physician or provider of health care services who belongs to the Providence Health Plan participating provider network. To find a participating provider, refer to the directory available at www.providence.org/php/providerdirectory.

Usual, Customary & Reasonable (UCR)

Describes your plan's allowed charges for services that you receive from an out-of-plan provider. When the cost of out-of-plan services exceeds UCR amounts, you are responsible for paying the provider any difference. These amounts do not apply to your out-of-pocket maximums.

Contact us

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Welcome OEBB members! Please make your Providence Choice medical home selection

Please complete all information on this form. Choose the medical home that best fits your needs. You may choose the same or different medical homes for you and your enrolled dependents. Return the completed form via mail, email or fax:

- Mail: P.O. Box 3125, Portland, OR 97208
- Email: Scan and email: phpcustomerservice@providence.org
- Fax: 503-574-8731

Or, if you prefer to talk with a Customer Service representative, call 800-423-9470 or 503-574-7500.

Section 1 – Complete the principal Providence Choice Medical Home subscriber information

First name _____ Last name _____ Middle initial _____

Member ID number* _____ Phone _____ Medical home code _____

*If you do not have your member ID number, please enter your OEBB E number.

Section 2 – List enrolled dependent information [use a separate page for additional dependents]

First name	Last name	Middle initial	Member ID number [or OEBB E number]	Medical home code (MHC)

Section 3 – Medical homes

Select each member's medical home by entering the four-digit code next to each member name above. For complete contact information for medical homes, visit www.providence.org/oebb.

City	MHC	Clinic name	Street address
Albany	CCWA	Corvallis Clinic at Waverly	1705 Waverly Drive SE
	CCNA	Corvallis Clinic at North Albany Village	601 Hickory St. NW
Beaverton	MPWB	Metropolitan Pediatrics – Westside Clinic	1960 NW 167 th Place, Suite 100
	PCLB	The Portland Clinic – Beaverton Office	15950 SW Millikan Way
Bend	OPEB	Central Oregon Pediatric Associates – Bend East	2200 NE Professional Court
	OPWB	Central Oregon Pediatric Associates – Bend West	1820 NW Monterey Pines
	HHDB	Highlakes Health Care – Bend Downtown	18 NW Oregon Ave.
	HHEB	Highlakes Health Care – Bend East Side	1247 NE Medical Center Drive
	SCFB	St. Charles Family Care – Bend	2965 NE Conners Ave., Suite 127
Brookings	CMCB	Curry Medical Center	585 Fifth St.
Canby	DCC	Davies Clinic	345 N. Grant
	WFPC	Willamette Falls Pediatric Group – Canby	200 S. Hazel Dell Way
Clackamas	CPCC	Clackamas Pediatric Clinic	9290 SE Sunnybrook Blvd., Suite 200
	NWPC	Northwest Primary Care – Talbert Center Family Practice	12360 SE Sunnyside Road
	PMGS	Providence Medical Group – Sunnyside	9290 SE Sunnybrook Blvd., Suite 120
Corvallis	CCAC	The Corvallis Clinic Asbury Building	3680 NW Samaritan Drive
Eugene	OSME	Oak Street Medical	1426 Oak St.
	PHBE	PeaceHealth Medical Group – Barger Clinic	4010 Aerial Way
	PHDE	PeaceHealth Medical Group – Downtown Eugene Clinic	1162 Willamette St.
	PHCE	PeaceHealth Medical Group – Santa Clara Clinic	2484 River Road
	PHSE	PeaceHealth Medical Group – South Eugene Clinic	3299 Hilyard St.
Gold Beach	CGGB	Curry General Hospital	94220 Fourth St.
Gresham	HSPG	Hildegard Schone, MD – Pediatrics	25500 SE Stark St., Suite 102
	MPCG	Metropolitan Pediatrics – Gresham Clinic	24988 SE Stark St., Suite 200
	PAGG	Pediatric Associates of Gresham	2150 NE Division St., Suite 103
	PMGG	Providence Medical Group – Gresham	440 NW Division St.
Happy Valley	OPHV	Oregon Pediatrics – Happy Valley	16144 SE Happy Valley Town Ctr. Drive, Suite 210
	PMGH	Providence Medical Group – Happy Valley	16180 SE Sunnyside Road, Suite 102
Hillsboro	PMGO	Providence Medical Group – Orenco	5555 NE Elam Young Parkway
	PMGT	Providence Medical Group – Tanasbourne	18610 NW Cornell Road, Suite 300

	VARH	Vilhauer and Rosenberg – Pediatrics	18610 NW Cornell Road, Suite 201
Junction City	PHJC	PeaceHealth Medical Group – Junction City Clinic	430 W. Seventh
Lake Oswego	OPLO	Olson Pediatrics	16463 SW Boones Ferry Road
	PALO	Pediatric Associates of the Northwest – Lake Oswego	4103 SW Mercantile Drive
	PMGM	Providence Medical Group – Mercantile	4015 Mercantile Drive, Suite 200
Milwaukie	DFPM	Donald Fortlage, M.D. – Pediatrics	10202 SE 32 nd Ave, Suite 201
	NPIM	Northwest Primary Care – Clackamas Internal Medicine	10024 SE 32 nd Ave.
	NPFM	Northwest Primary Care – Milwaukie Family Practice	3033 SE Monroe St.
	PFMM	Providence Family Medicine - Milwaukie	10330 SE 32 nd Ave., Suite 205
Newberg	SBMD	Shannon Brigman, M.D. – Pediatrics	506 Villa Road
	KWMD	Kenneth Whittaker, M.D. – Pediatrics	506 Villa Road
	PMG7	Providence Medical Group – Newberg	1003 Providence Drive, Suite 110 and 210
Oregon City	RCMD	Ronald Clarke, M.D. – Pediatrics	14279 S. Glen Oak Road
	DEDO	Darin Emery, D.O. – Pediatrics	14279 S. Glen Oak Road
	JNMD	JoAnne Nielsen, M.D. – Pediatrics	14279 S. Glen Oak Road
	JRMD	James Resk, M.D. – Pediatrics	14279 S. Glen Oak Road
	PMOC	Providence Medical Group – Oregon City	1510 Division St., Suite 200
	WFPO	Willamette Falls Pediatric Group – Oregon City	1510 Division St., Suite 280
Philomath	CCFP	The Corvallis Clinic Philomath Family Medicine	1219 Applegate St.
Port Orford	CFMP	Curry Family Medical	525 Madrona St.
Portland – North	PMGN	Providence Medical Group – North Portland	4920 N. Interstate Ave.
Portland – Northeast	OPGP	Oregon Pediatrics – Gateway	171 NE 102 nd Ave.
	OPNP	Oregon Pediatrics – Northeast Portland	5050 NE Hoyt St., Suite B55
	PCCP	The Portland Clinic – Columbia Office	5847 NE 122 nd Ave.
	PFPP	Portland Family Practice	541 NE 20 th Ave., Suite 210
	PMGC	Providence Medical Group – Cascade	5050 NE Hoyt St., Suite 240
	PMG1	Providence Medical Group – Gateway Internal Medicine	1321 NE 99 th Ave., Suite 100
	PMG2	Providence Medical Group – Gateway Family and Community Medicine	1321 NE 99 th Ave., Suite 200
	PMG3	Providence Medical Group – Glisan	5330 NE Glisan St., Suite 100
	PMG4	Providence Medical Group – Northeast	5050 NE Hoyt St., Suite 540
	PMGP	Providence Medical Group – The Plaza	5050 NE Hoyt St., Suite 454
Portland – Northwest	MPNP	Metropolitan Pediatrics – Northwest Clinic	1130 NW 22 nd Ave., Suite 320
	PANP	Pediatric Associates of the Northwest – Portland Office	2525 NW Lovejoy St., Suite 200
	PMGB	Providence Medical Group – Bethany	15285 NW Central Drive, Suite 100
Portland – Southeast	EPPP	East Portland Pediatric Clinic	10000 SE Main St., Suite 30
	MPCP	Metropolitan Pediatrics – Clackamas Clinic	9300 SE 91 st Ave., Suite 200
	NPCS	Northwest Primary Care – Sellwood/Moreland Clinic	6327 SE Milwaukie Ave.
	PMGF	Providence Medical Group – Southeast Family Medicine	4104 SE 82 nd Ave., Suite 250
Portland – Southwest	CCPP	The Children’s Clinic at Peterkort – Pediatrics	9555 SW Barnes Road, Suite 301
	INPP	Integrative Pediatrics	11790 SW Barnes Road, Suite A-140
	PCSP	The Portland Clinic – Portland South Office	6640 SW Redwood Lane
	PCDP	The Portland Clinic – Portland Downtown Office	800 SW 13 th Ave.
	PMG5	Providence Medical Group – Southwest Pediatrics Clinic	9427 SW Barnes Road, Suite 396
	PMG6	Providence Medical Group – Sunset	417 SW 117 th Ave., Suite 200
	PSTV	Providence Medical Group at Providence St. Vincent	9205 SW Barnes Road, Suite MT-2800
	SPEP	Sunset Pediatrics	9135 SW Barnes Road, Suite 763
	WPCP	Westside Pediatric Clinic	9555 SW Barnes Road, Suite 270
Prineville	STCP	St. Charles	1103 NE Elm St.
Redmond	OPRM	Central Oregon Pediatric Associates – Redmond	413 NW Larch Ave.
	SCFCR	St. Charles Family Care – Redmond	211 NW Larch Ave.
Salem	CHAS	Childhood Health Associates of Salem – Pediatrics	891 23 rd St. NE
	TDCS	The Doctors’ Clinic	5050 Skyline Village Loop S.
	SCS	Salem Clinic	2020 Capitol St. NE
	SPCS	Salem Pediatric Clinic	2478 13 th St. SE
	WHSH	Willamette Health Partners Family Medicine Clinic – Salem Hospital Campus	875 Oak St., Building C, Suite 4090
	WHRR	Willamette Health Partners Family Medicine – River Road South	2925 River Road South, Suite 110

Sherwood	PMG8	Providence Medical Group – Sherwood	16770 SW Edy Road, Suite 102
Sisters	HLHS	High Lakes Health Care – Sisters	354 W. Adams St.
	SCFS	St. Charles Family Care – Sisters	625 North Arrowleaf Trail, Bldg. G
Springfield	PHRB	PeaceHealth Medical Group Pediatrics Department – River Bend Pavilion	3377 River Bend Drive
Stayton	SMAS	Santiam Medical Associates	1401 N. 10 th Ave., Suite 100
Tigard	BBPT	Bernard Bueffel, M.D. – Pediatrics	9370 SW Greenberg Road, Suite 205
	SPCT	Scholls Pediatric Clinic	12442 SW Scholls Ferry Road, Suite 205
	PMGL	Providence Medical Group – Scholls	12442 SW Scholls Ferry Road, Suite 100
	PMG9	Providence Medical Group – Bridgeport	18040 SW Lower Boones Ferry Road, Suite 100
Tualatin	CCTO	The Children’s Clinic – Pediatrics – Tualatin Office	19260 SW 65 th Ave., Suite 340
	OPMP	Oregon Pediatrics – Meridian Park	19260 SW 65 th Ave., Suite 275
Vancouver, Wash.	EPCV	Evergreen Pediatric Clinic	505 NE 87 th Ave., Suite 120
	PMGA	Providence Medical Group – Mill Plain	315 SE Stonemill Drive, Suite 102
Vernonia	PMGV	Providence Medical Group – Vernonia	510 Bridge St.
West Linn	PMG0	Providence Medical Group – West Linn	1899 Blankenship Road
Wilsonville	PMGW	Providence Medical Group – Wilsonville	29345 SW Town Center Loop E., Suite 110