

Your Benefit Summary

Massage Therapy Plus



Copay

\$15

Maximum
Calendar Year Benefit

\$1,500 per member

Important information about your plan

These benefits are offered as an additional option to your medical plan. To view your plan details, register and log in at myprovidence.com.

- With this benefit you have access to licensed massage therapists practicing within the scope of their license.
- For most plans, your medical plan deductible does not apply to these benefits, and copayment or coinsurance does not apply to your medical plan out-of-pocket maximum.
- For Health Savings Account (HSA) plans, your deductible applies to these benefits. The deductible, copayment, or coinsurance accumulated toward these services do not apply to your plan out-of-pocket maximum and the annual limit on cost sharing.
- Benefits are based on Usual, Customary & Reasonable charges (UCR).
- Limitations and exclusions apply to your benefits. See your Member Handbook for details

About your massage therapy benefits

This plan covers massage therapy when they are:

- Received from a participating qualified massage therapist who is practicing within the scope of his or her license; and
- Not listed as an exclusion in your Member Handbook.

What you need to know before you use this benefit

- You do not need a physician's referral to receive these benefits.
- Routine preventive care in the absence of an illness, injury, or disease is not covered.
- A copay is required per provider, per date of service.
- In order to ensure the timely processing of claims, you are encouraged to submit a claim for treatment within 60 days of the date of service. Providence Health Plan will not pay claims received more than 365 days after the date of service; however, exceptions will be made if we receive documentation of your legal incapacitation.
- Submit your itemized claims to:

Providence Health Plan
Attn: Claims Department
P.O. Box 3125
Portland, OR 97208-3125

Massage therapy covered services

- Short-term rehabilitative therapy.

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.

In-Network

Refers to services received from an extensive network of highly qualified physicians, health care providers and facilities contracted by Providence Health Plan for your specific plan.

Maximum calendar year benefit

The total dollar amount of benefits, and/or visits, that you can receive per calendar year.

Out-of-network

Refers to services you receive from providers not in your plan's network.

To find an in-network provider, go to <http://providencehealthplan.com/findaprovider>

Usual, Customary & Reasonable (UCR)

Describes your plan's allowed charges for services that you receive from an out-of-network provider. When the cost of out-of-network 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

Headquartered in Portland, our customer service professionals have been proudly serving our members since 1986.



Portland Metro Area: **503-574-7500**
All other areas: **800-878-4445**
TTY: **503-574-8702** or **888-244-6642**



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