

# Your Benefit Summary

## Massage Therapy Plus



Copay

\$25

Maximum  
Calendar Year Benefit

\$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](http://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](http://www.ProvidenceHealthPlan.com/contactus)