

**Trade and Service Marks - Registration**Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - <http://www.FilingInOregon.com> - Phone: (503) 986-2200**FILED****JAN 18 2023****OREGON
SECRETARY OF STATE**

REGISTRY NUMBER:

52311

For office use only

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record.
We must release this information to all parties upon request.

For office use only

Please Type or Print Legibly in **Black** ink. Attach additional Sheets if Necessary.1) **CORRESPONDENT NAME:****MAILING ADDRESS:**

Aaron Bals

3601 SW Murray Blvd Ste 10 Beaverton. OR 97006

2) **APPLICANT'S NAME:** (Owner: ☐ Individual or ☒ Entity)**ADDRESS:**

Providence Health Plan

3601 SW Murray Blvd Ste 10 Beaverton. OR 97006

3) **IF THE APPLICANT IS AN ENTITY, ENTER THE STATE OF FORMATION:**

Oregon

4) **IF ENTITY IS A PARTNERSHIP, LIST NAMES OF GENERAL PARTNERS:**5) **DESCRIPTION OF TRADE OR SERVICE MARK:** (Include all words, designs and borders that comprise the mark) (Attach additional page if needed.)

The Term "PHP" as an abbreviated reference to the Applicant

6) **SPECIMEN OF MARK IS REQUIRED:** ☐ Attach a drawing or photocopy of the mark as it is actually used to this application.7) **GOODS OR SERVICES WITH WHICH THE MARK IS USED:** (Examples of goods are pizzas, shirts; examples of services are serving food and selling clothing.)

Insurance and Financial Services

8) **EXPLAIN MODE OR MANNER IN WHICH THE MARK IS USED:** (Example: on goods, tags, labels, containers, etc.)

The Marketing and administration of health insurance services

9) **CLASS NUMBER(S) OF GOODS OR SERVICES:** (See form 290-a)

136

10) **DATE (MONTH, DAY, YEAR) MARK WAS FIRST USED ANYWHERE BY APPLICANT OR APPLICANT'S PREDECESSOR IN INTEREST:**

October 1997

11) **DATE (MONTH, DAY, YEAR) MARK WAS FIRST USED IN OREGON BY APPLICANT OR APPLICANT'S PREDECESSOR IN INTEREST:**

October 1997

12) **EXECUTION:**

I, the applicant, own the mark, the mark is in use, and no other person has registered the mark with the federal government or in Oregon or has the right to use the mark or a mark that so resembles the mark as to be likely to cause confusion or mistake or deceive when applied to the goods or services of the other person. I declare under penalties of perjury that this application is true, correct and complete.

(If applicant is an entity, a member of a firm, officer of the corporation, officer of the limited liability company, or officer of an association must sign.)

Signature:

Aaron Bals

Digitally signed by Aaron Bals
Date: 2023.01.10 14:55:04 -08'00'

Title:

Chief Compliance Officer

Date:

1/5/2023

CONTACT NAME: (To resolve questions with this filing.)

Bintu Foday Kemokai

PHONE NUMBER: (Include area code.)

971-710-2746



52311

FEE

Required Processing Fee \$50.00

Processing Fees are nonrefundable. Please make check payable to "Corporation Division."

Your Benefit Summary

Personal Option Plan

35549



Northwest Firefighters Relief Association

Copay	What You Pay	Calendar Year Out-of-Pocket Maximum (after deductible)	Calendar Year Deductible
\$15	20% coinsurance (after deductible)	\$1,700 per person \$5,100 per family (3 or more)	\$250 per person \$750 per family (3 or more)

Important information about your plan

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 only provides benefits for medically necessary services when provided by a participating physician or provider.
- This plan offers deductible carryover. This means any portion of your deductible(s) that you pay during the fourth quarter of the calendar year will be applied toward next year's deductible(s).
- Your deductibles, some services and penalties do not apply to out-of-pocket maximums.
- Limitations and exclusions apply to your benefits. See your Member Handbook for details.

Personal Option Plan Benefit Highlights

After you pay your calendar year deductible, then you pay the following for covered services:

✓ No deductible needs to be met prior to receiving this benefit.

Copay or Coinsurance
(from participating providers only)

Physician / Provider Services

- Office visits
- Periodic health exams; well-baby care (from a Personal Physician/Provider only)
- Routine immunizations; shots
- Allergy shots; serums; injectable medications
- Maternity services; pre- and postnatal visits
- Inpatient hospital visits
- Surgery; anesthesia

\$15 / visit✓
\$15 / visit✓
\$15 / visit✓
20%
\$150 / delivery✓
20%
20%

Women's Health Services

- Gynecological exams (calendar year); Pap tests
- Mammograms

\$15 / visit✓
\$15✓

Hospital Services

- Inpatient care
- Observation care
- Maternity care
- Routine newborn nursery care
- Rehabilitative care (30 days per calendar year)
- Skilled nursing facility (60 days per calendar year)

20%
20%
20%
20%✓
20%
20%

Outpatient Diagnostic Services

- X-ray; lab services
- Imaging services (such as PET, CT, MRI)

20%✓
20%✓

Medical and Diabetes Supplies, Durable Medical Equipment, Appliances, Prosthetic and Orthotic Devices

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

20%*

Emergency / Urgent Care / Emergency Medical Transportation

(your emergency/urgent copay is waived if admitted to the hospital within 24 hours)

- Emergency services (for emergency medical conditions only)
- Urgent care services (for non-life threatening illness/minor injury)
- Emergency medical transportation

\$125✓
\$15 / visit✓
20%

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