

Providence Medicare Focus Medical (HMO) offered by Providence Health Assurance

Annual Notice of Changes for 2021

You are currently enrolled as a member of Providence Medicare Focus Medical (HMO). Next year, there will be some changes to the plan's costs and benefits. *This booklet tells about the changes.*

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**
-

What to do now

1. ASK: Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
 - It's important to review your coverage now to make sure it will meet your needs next year.
 - Do the changes affect the services you use?
 - Look in Sections 1.1 and 1.4 for information about benefit and cost changes for our plan.
- Check to see if your doctors and other providers will be in our network next year.
 - Are your doctors, including specialists you see regularly, in our network?
 - What about the hospitals or other providers you use?
 - Look in Section 1.3 for information about our Provider Directory.
- Think about your overall health care costs.
 - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
 - How much will you spend on your premium and deductibles?
 - How do your total plan costs compare to other Medicare coverage options?
- Think about whether you are happy with our plan.

2. **COMPARE:** Learn about other plan choices

- Check coverage and costs of plans in your area.
 - Use the personalized search feature on the Medicare Plan Finder at www.medicare.gov/plan-compare website.
 - Review the list in the back of your Medicare & You handbook.
 - Look in Section 3.2 to learn more about your choices.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. **CHOOSE:** Decide whether you want to change your plan

- If you don't join another plan by December 7, 2020, you will be enrolled in Providence Medicare Focus Medical (HMO).
- To change to a **different plan** that may better meet your needs, you can switch plans between October 15 and December 7.

4. **ENROLL:** To change plans, join a plan between **October 15** and **December 7, 2020**

- If you don't join another plan by **December 7, 2020**, you will be enrolled in Providence Medicare Focus Medical (HMO).
- If you join another plan by **December 7, 2020**, your new coverage will start on **January 1, 2021**. You will be automatically disenrolled from your current plan.

Additional Resources

- Please contact our Customer Service number at 503-574-8000 or 1-800-603-2340 for additional information. (TTY users should call 711.) Hours are 8 a.m. to 8 p.m. (Pacific Time), seven days a week.
- This information is available in a different format, including large print and braille.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About Providence Medicare Focus Medical (HMO)

- Providence Medicare Advantage Plans is an HMO, HMO-POS and HMO SNP with Medicare and Oregon Health Plan contracts. Enrollment in Providence Medicare Advantage Plans depends on contract renewal.
- When this booklet says "we," "us," or "our," it means Providence Health Assurance. When it says "plan" or "our plan," it means Providence Medicare Focus Medical (HMO).

Summary of Important Costs for 2021

The table below compares the 2020 costs and 2021 costs for Providence Medicare Focus Medical (HMO) in several important areas. **Please note this is only a summary of changes.** A copy of the *Evidence of Coverage* is located on our website at www.ProvidenceHealthAssurance.com. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

Cost	2020 (this year)	2021 (next year)
Monthly plan premium (See Section 1.1 for details.)	\$128	\$128
Maximum out-of-pocket amount This is the <u>most</u> you will pay out-of-pocket for your covered services. (See Section 1.2 for details.)	\$3,400	\$3,400
Doctor office visits	Primary care visits: \$0 copayment per visit Specialist visits: \$20 copayment per visit	Primary care visits: \$0 copayment per visit Specialist visits: \$20 copayment per visit
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day.	\$250 copayment each day for days 1-5 and \$0 copayment each day for day 6 and beyond for Medicare-covered inpatient hospital care	\$250 copayment each day for days 1-5 per admission and \$0 copayment each day for day 6 and beyond for Medicare-covered inpatient hospital care For inpatient hospital care, the cost-sharing described above applies each time you are admitted to the hospital.

Annual Notice of Changes for 2021
Table of Contents

Summary of Important Costs for 2021.....	1
SECTION 1 Changes to Benefits and Costs for Next Year	3
Section 1.1 – Changes to the Monthly Premium	3
Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount.....	3
Section 1.3 – Changes to the Provider Network.....	4
Section 1.4 – Changes to Benefits and Costs for Medical Services	5
SECTION 2 Administrative Changes.....	8
SECTION 3 Deciding Which Plan to Choose.....	9
Section 3.1 – If you want to stay in Providence Medicare Focus Medical (HMO)	9
Section 3.2 – If you want to change plans	9
SECTION 4 Deadline for Changing Plans.....	10
SECTION 5 Programs That Offer Free Counseling about Medicare	10
SECTION 6 Programs That Help Pay for Prescription Drugs	11
SECTION 7 Questions?	12
Section 7.1 – Getting Help from Providence Medicare Focus Medical (HMO)	12
Section 7.2 – Getting Help from Medicare.....	12

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2020 (this year)	2021 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	\$128	\$128 There is no change for the upcoming benefit year.

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount

To protect you, Medicare requires all health plans to limit how much you pay “out-of-pocket” during the year. This limit is called the “maximum out-of-pocket.” Once you reach this amount, you generally pay nothing for covered services for the rest of the year.

Cost	2020 (this year)	2021 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your plan premium does not count toward your maximum out-of-pocket amount.	\$3,400	\$3,400 Once you have paid \$3,400 out-of-pocket for covered services, you will pay nothing for your covered services for the rest of the calendar year.

Section 1.3 – Changes to the Provider Network

There are changes to our network of providers for next year. An updated Provider Directory is located on our website at www.ProvidenceHealthAssurance.com/findaprovider. You may also call Customer Service for updated provider information or to ask us to mail you a Provider Directory. **Please review the 2021 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

It is important that you know that we may make changes to the hospitals, doctors, and specialists (providers) that are part of your plan during the year. There are a number of reasons why your provider might leave your plan but if your doctor or specialist does leave your plan you have certain rights and protections summarized below:

- Even though our network of providers may change during the year, we must furnish you with uninterrupted access to qualified doctors and specialists
- We will make a good faith effort to provide you with at least 30 days' notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed, you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan, please contact us so we can assist you in finding a new provider to manage your care.

Section 1.4 – Changes to Benefits and Costs for Medical Services

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, *Medical Benefits Chart (what is covered and what you pay)*, in your *2021 Evidence of Coverage*.

Cost	2020 (this year)	2021 (next year)
Acupuncture for chronic low back pain (Medicare-covered)	Sometimes, Medicare adds coverage under Original Medicare for new services during the year. Effective 1/21/2020, Medicare-covered acupuncture visits are covered. You pay a \$20 copayment for each Medicare-covered acupuncture visit.	You pay a \$20 copayment for each Medicare-covered acupuncture visit.
Acupuncture (non-Medicare-covered)	Non-Medicare-covered acupuncture is <u>not</u> covered.	You pay a \$20 copayment for each non-Medicare-covered acupuncture visit. Plan covers up to \$500 every year for routine chiropractic, acupuncture, and naturopathic services combined.
Chiropractic services (non-Medicare-covered-routine)	Routine non-Medicare-covered chiropractic care is <u>not</u> covered.	You pay a \$20 copayment for each routine non-Medicare-covered chiropractic visit. Plan covers up to \$500 every year for routine chiropractic, acupuncture, and naturopathic services combined.

Cost	2020 (this year)	2021 (next year)
<p>Dental services (routine preventive)</p>	<p>You pay a \$15 office visit copayment for each office visit where any of the following covered services are completed:</p> <ul style="list-style-type: none"> • Two evaluations in total per calendar year including a maximum of one comprehensive evaluation per 36 months • Two prophylaxis (routine cleaning, scaling and polishing teeth) per calendar year • One bitewing x-ray per calendar year or one full mouth x-ray every five years • Emergency palliative treatment (only if no services other than exam and x-rays were performed on the same date of service) 	<p>You pay a \$15 copayment for each preventive dental visit where any of the following covered services are completed:</p> <ul style="list-style-type: none"> • Two evaluations in total per calendar year including a maximum of one comprehensive evaluation per 36 months • Two cleanings (excluding periodontal cleanings) per calendar year • One bitewing x-ray per calendar year or one full mouth diagnostic x-ray every five years • Emergency palliative treatment (only if no services other than exam and x-rays were performed on the same date of service)
<p>Fitness benefit</p>	<p>This benefit is offered through Silver&Fit[®] Exercise and Healthy Aging Program. The following choices are available to you at no cost: You can select two (2) standard Home Fitness Kits each benefit year.</p>	<p>This benefit is offered through Silver&Fit[®] Exercise and Healthy Aging Program. The following choices are available to you at no cost: You can select one (1) Stay Fit Kit and one (1) Home Fitness Kit each benefit year.</p>

Cost	2020 (this year)	2021 (next year)
Hearing aids	<p>You pay a \$499 copayment per Advanced hearing aid or a \$799 copayment per Premium hearing aid.</p> <p>You pay an additional \$75 for Premium hearing aid rechargeable style options per aid.</p>	<p>You pay a \$499 copayment per Advanced hearing aid or a \$799 copayment per Premium hearing aid.</p> <p>You pay an additional \$50 for Premium hearing aid rechargeable style options per aid.</p>
Inpatient mental health care	<p>You pay a \$200 copayment each day for days 1-7 and a \$0 copayment each day for days 8-90 of a benefit period for Medicare-covered inpatient mental health care.</p>	<p>You pay a \$200 copayment each day for days 1-7 per admission and a \$0 copayment each day for days 8-90 for inpatient mental health care.</p> <p>For inpatient mental health care, the cost sharing described above applies each time you are admitted to the hospital.</p>
Naturopathic services (non-Medicare-covered)	<p>Non-Medicare-covered naturopathic services are <u>not</u> covered.</p>	<p>You pay a \$20 copayment for each non-Medicare-covered naturopath visit.</p> <p>Plan covers up to \$500 every year for routine chiropractic, acupuncture, and naturopathic services combined.</p>
Outpatient diagnostic procedures and tests	<p>You pay 0% of the total cost for Medicare-covered diagnostic procedures and tests.</p>	<p>You pay 20% of the total cost for Medicare-covered diagnostic procedures and tests.</p>

Cost	2020 (this year)	2021 (next year)
Over-the-counter items (non-Medicare-covered)	Non-Medicare-covered over-the-counter items and nicotine replacement therapy are <u>not</u> covered.	You pay a \$0 copayment for non-Medicare-covered over-the-counter items and nicotine replacement therapy. You have an allowance of \$75 every quarter.

SECTION 2 Administrative Changes

Description	2020 (this year)	2021 (next year)
Behavioral and Mental Health Services	Behavioral and mental health services are managed by Optum Health. Optum Health must be contacted for authorizations.	Behavioral and mental health services are managed by Providence Health Assurance. Providence Health Assurance must be contacted for authorizations.
Coverage for Continuous Glucose Monitors (CGMs), glucometers, and supplies	Continuous Glucose Monitors (CGMs) and Insulin Pumps are covered under the 20% Part B DME benefit.	Continuous Glucose Monitors (CGMs) and Insulin Pumps are covered under the 20% Part B DME benefit. Coverage for Continuous Glucose Monitors (CGMs), glucometers, and supplies is limited to the preferred manufacturer and can be obtained either through the retail pharmacy network or Providence Home Services.

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in Providence Medicare Focus Medical (HMO)

To stay in our plan you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our Providence Medicare Focus Medical (HMO).

Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 2021 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan timely,
- -- *OR*-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, there may be a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, read *Medicare & You 2021*, call your State Health Insurance Assistance Program (SHIP) (see Section 5), or call Medicare (see Section 7.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to www.medicare.gov/plan-compare. **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

As a reminder, Providence Health Assurance offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Providence Medicare Focus Medical (HMO).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Providence Medicare Focus Medical (HMO).

- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Customer Service if you need more information on how to do this (phone numbers are in Section 7.1 of this booklet).
 - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 4 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2021.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. For example, people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area may be allowed to make a change at other times of the year. For more information, see Chapter 8, Section 2.3 of the *Evidence of Coverage*.

If you enrolled in a Medicare Advantage plan for January 1, 2021, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2021. For more information, see Chapter 8, Section 2.2 of the *Evidence of Coverage*.

SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In Oregon, the SHIP is called Senior Health Insurance Benefits Assistance Program (SHIBA). In Washington, the SHIP is called Statewide Health Insurance Benefits Advisors (also SHIBA).

SHIBA is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHIBA counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call SHIBA in Oregon at 1-800-722-4134 (TTY 711). You can call SHIBA in Washington at 1-800-562-6900 (TTY 360-586-0241). You can learn more about SHIBA by visiting their website (www.healthcare.oregon.gov/shiba or www.insurance.wa.gov/shiba).

OREGON:
SHIBA
Oregon Insurance Division
P.O. Box 14480
Salem, OR 97309

WASHINGTON:
SHIBA
Office of the Insurance Commissioner
P.O. Box 40255
Olympia, WA 98504-0255

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don’t even know it. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
 - The Social Security Office at 1-800-772-1213 between 7 am and 7 pm, Monday through Friday. TTY users should call, 1-800-325-0778 (applications); or
 - Your State Medicaid Office (applications).
- **What if you have coverage from an AIDS Drug Assistance Program (ADAP)?** The AIDS Drug Assistance Program (ADAP) helps ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance. Oregon's AIDS Drug Assistance Program is called CAREAssist; Washington’s AIDS Drug Assistance Program is called Early Intervention Program (EIP). Note: To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status.

If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost-sharing assistance for drugs on the ADAP formulary. In order to be sure you continue receiving this assistance, please notify your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number. To contact CAREAssist in Oregon, call 971-673-0144 or 1-800-805-2313 (TTY 711). To contact EIP in Washington, call 1-877-376-9316.

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call CAREAssist at 971-673-0144 or 1-800-805-2313 (TTY 711) or EIP at 1-877-376-9316.

SECTION 7 Questions?

Section 7.1 – Getting Help from Providence Medicare Focus Medical (HMO)

Questions? We're here to help. Please call Customer Service at 503-574-8000 or 1-800-603-2340. (TTY only, call 711.) We are available for phone calls 8 a.m. to 8 p.m. (Pacific Time), seven days a week. Calls to these numbers are free.

Read your 2021 *Evidence of Coverage* (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2021. For details, look in the 2021 *Evidence of Coverage* for Providence Medicare Focus Medical (HMO). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at www.ProvidenceHealthAssurance.com. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

Visit Our Website

You can also visit our website at www.ProvidenceHealthAssurance.com. As a reminder, our website has the most up-to-date information about our provider network (Provider Directory).

Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

You can visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to www.medicare.gov/plan-compare.)

Read Medicare & You 2021

You can read *Medicare & You 2021* Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.