

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 503-574-8000 or 1-800-603-2340 (TTY: 711), 8 a.m. to 8 p.m. (Pacific Time), seven days a week.

Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit **ProvidenceHealthAssurance.com** or call **503-574-8000** or **1-800-603-2340 (TTY: 711)** to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- In addition to your monthly plan premium (including \$0 premium plans), you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month. The Part B premium is covered for full-dual enrollees who are eligible for Providence Medicare Dual Plus (HMO D-SNP).
- Benefits, premiums and/or copayments/coinsurance may change on January 1, 2021.
- When selecting an HMO product, remember that except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- Our HMO-POS plans allow you to see providers outside of our network (non-contracted providers). However, while we will pay for certain covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care. In addition, you will pay a higher copay for services received by non-contracted providers.
- Providence Medicare Dual Plus (HMO D-SNP) is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

2021

Summary

of Benefits

Providence Medicare Dual Plus (HMO D-SNP)

January 1, 2021 – December 31, 2021

This plan is available in Clackamas, Multnomah and Washington counties in Oregon.

When you join Providence

You're part of something bigger than an insurance policy. You're part of a community of care, focused on your health and well-being. To help you make the right health care decisions, we're providing this summary of benefits, a succinct guide that breaks down what we would cover and what you would pay if you joined our Providence Medicare Dual Plus (HMO D-SNP) plan. To be clear, this summary of benefits is just that, a summary. It doesn't list every service that we cover nor every limitation or exclusion.

For a complete list of services that we cover, please refer to the Evidence of Coverage (EOC). You can request a printed copy by visiting [ProvidenceHealthAssurance.com/EOC](https://www.providencehealthassurance.com/EOC) or by calling our Customer Service department at one of the numbers listed in the "Get in touch" section below.

Plan overview

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.

Our plan members get all of the benefits covered by Original Medicare as well as some extra benefits outlined in this summary.

Who can join?

To join our plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, be eligible for full Oregon Health Plan (Medicaid) benefits and live in our service area. Our service area includes Clackamas, Multnomah and Washington counties in Oregon.

Get in touch

Questions? We're here to help seven days a week from 8 a.m. to 8 p.m. (Pacific Time).

- + If you're a member of this plan, call us toll-free at 1-800-603-2340 (TTY: 711)
- + If you're not a member of this plan, call us toll-free at 1-800-457-6064 (TTY: 711)
- + You can also visit us online at [ProvidenceHealthAssurance.com](https://www.providencehealthassurance.com)

Helpful resources

- + Visit [ProvidenceHealthAssurance.com/findaprovider](https://www.providencehealthassurance.com/findaprovider) to see our plan's Provider and Pharmacy Directory or to request a printed copy. You can also call us to have a printed copy mailed to you.
- + Want to see our plan's formulary (list of Part D prescription drugs), including any restrictions? Visit [ProvidenceHealthAssurance.com/Formulary](https://www.providencehealthassurance.com/Formulary), or give us a call for a printed copy.
- + To learn more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook, view it online at www.Medicare.gov or request a printed copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.

Providence Medicare Dual Plus (HMO D-SNP)

Monthly Plan Premium	\$0 You must continue to pay your Medicare Part B premium.
Deductible	\$0 or \$203 per year* \$0 per year for Part D prescription drugs *These amounts are for 2021 and depend on your level of Medicaid eligibility.
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	In this plan, you might pay nothing for Medicare-covered services, depending on your level of Oregon Health Plan (Medicaid) eligibility. Your yearly limit(s) in this plan in-network: \$3,400

Benefits	In-network
Inpatient Hospital Coverage ¹	<p>Providence Medicare Dual Plus (HMO D-SNP): These are 2021 cost-sharing amounts. \$0 or \$1,484 deductible for each benefit period \$0 copayment for days 1-60 \$371 copayment each day for days 61-90 \$742 copayment each day for days 91-150 \$0 copayment each day for day 151 and beyond</p> <p>Oregon Health Plan (Medicaid): \$0 copayment for Medicaid-covered services</p>
Outpatient Hospital Coverage ¹	<p>Providence Medicare Dual Plus (HMO D-SNP): 0% or 20% of the total cost for outpatient surgery at a hospital facility</p> <p>Oregon Health Plan (Medicaid): \$0 copayment for Medicaid-covered services</p>
Ambulatory Surgery Center ¹	<p>Providence Medicare Dual Plus (HMO D-SNP): 0% or 20% of the total cost for outpatient surgery at an Ambulatory Surgery Center</p> <p>Oregon Health Plan (Medicaid): \$0 copayment for Medicaid-covered services</p>

¹ Services may require prior authorization.

² Services may require a referral from your doctor.

Providence Medicare Dual Plus (HMO D-SNP)

Benefits		In-network
Doctor Visits	Primary Care Provider Visit	<p><u>Providence Medicare Dual Plus (HMO D-SNP):</u> 0% or 20% of the total cost</p> <p><u>Oregon Health Plan (Medicaid):</u> \$0 copayment for Medicaid-covered services</p>
	Specialist Visit ²	<p><u>Providence Medicare Dual Plus (HMO D-SNP):</u> 0% or 20% of the total cost</p> <p><u>Oregon Health Plan (Medicaid):</u> \$0 copayment for Medicaid-covered services</p>
Preventive Care		<p><u>Providence Medicare Dual Plus (HMO D-SNP):</u> You pay nothing for all preventive services covered under Original Medicare</p> <p><u>Oregon Health Plan (Medicaid):</u> \$0 copayment for Medicaid-covered services</p>
Emergency Care		<p><u>Providence Medicare Dual Plus (HMO D-SNP):</u> 0% or 20% of the total cost, up to \$120 If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.</p> <p><u>Oregon Health Plan (Medicaid):</u> \$0 copayment for Medicaid-covered services</p>
Urgently Needed Services		<p><u>Providence Medicare Dual Plus (HMO D-SNP):</u> 0% or 20% of the total cost, up to \$65 If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for urgent care.</p> <p><u>Oregon Health Plan (Medicaid):</u> \$0 copayment for Medicaid-covered services</p>

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Providence Medicare Dual Plus (HMO D-SNP)

Benefits		In-network
Diagnostic Services/ Labs/Imaging¹	Diagnostic Radiology Services (e.g. MRI, ultrasounds, CT scans)	<u>Providence Medicare Dual Plus (HMO D-SNP):</u> 0% or 20% of the total cost <u>Oregon Health Plan (Medicaid):</u> \$0 copayment for Medicaid-covered services
	Therapeutic Radiology Services	<u>Providence Medicare Dual Plus (HMO D-SNP):</u> 0% or 20% of the total cost <u>Oregon Health Plan (Medicaid):</u> \$0 copayment for Medicaid-covered services
	Outpatient X-rays	<u>Providence Medicare Dual Plus (HMO D-SNP):</u> 0% or 20% of the total cost <u>Oregon Health Plan (Medicaid):</u> \$0 copayment for Medicaid-covered services
	Diagnostic Tests and Procedures	<u>Providence Medicare Dual Plus (HMO D-SNP):</u> 0% or 20% of the total cost <u>Oregon Health Plan (Medicaid):</u> \$0 copayment for Medicaid-covered services
	Lab Services	<u>Providence Medicare Dual Plus (HMO D-SNP):</u> \$0 copayment <u>Oregon Health Plan (Medicaid):</u> \$0 copayment for Medicaid-covered services
Hearing Services	Medicare-Covered ²	<u>Providence Medicare Dual Plus (HMO D-SNP):</u> 0% or 20% of the total cost <u>Oregon Health Plan (Medicaid):</u> \$0 copayment for Medicaid-covered services
Dental Services	Medicare-Covered ²	<u>Providence Medicare Dual Plus (HMO D-SNP):</u> 0% or 20% of the total cost <u>Oregon Health Plan (Medicaid):</u> \$0 copayment for Medicaid-covered services
	Embedded Preventive	<u>Providence Medicare Dual Plus (HMO D-SNP):</u> \$0 copayment Includes exams, cleanings, X-rays; limits apply. <u>Oregon Health Plan (Medicaid):</u> \$0 copayment for Medicaid-covered services

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² Services may require a referral from your doctor.

Providence Medicare Dual Plus (HMO D-SNP)

Benefits		In-network
Vision Services	Medicare-Covered Exams ² /Screening	<p><u>Providence Medicare Dual Plus (HMO D-SNP):</u> 0% or 20% of the total cost per exam 0% or 20% of the total cost for glaucoma screening</p> <p><u>Oregon Health Plan (Medicaid):</u> Not covered</p>
	Routine Exam	<p><u>Providence Medicare Dual Plus (HMO D-SNP):</u> Allowance of up to \$75 per calendar year for a routine vision exam (including refraction)</p> <p><u>Oregon Health Plan (Medicaid):</u> Not covered</p>
	Medicare-Covered Eyewear	<p><u>Providence Medicare Dual Plus (HMO D-SNP):</u> 0% or 20% of the total cost for one pair of Medicare-covered eyeglasses or contact lenses after each cataract surgery</p> <p><u>Oregon Health Plan (Medicaid):</u> Not covered</p>
	Routine Eyeglasses or Contact Lenses	<p><u>Providence Medicare Dual Plus (HMO D-SNP):</u> Allowance of up to \$210 per calendar year for any combination of routine prescription eyewear</p> <p><u>Oregon Health Plan (Medicaid):</u> Not covered</p>
Mental Health Services¹	Inpatient Visit	<p><u>Providence Medicare Dual Plus (HMO D-SNP):</u> These are 2021 cost-sharing amounts. \$0 or \$1,484 deductible for each benefit period \$0 copayment for days 1-60 \$371 copayment each day for days 61-90 \$742 copayment per each “lifetime reserve day” after day 90 (up to 60 days over your lifetime) \$0 copayment for all costs beyond lifetime reserve days</p> <p><u>Oregon Health Plan (Medicaid):</u> \$0 copayment for Medicaid-covered services</p>
	Outpatient Individual and Group Therapy Visit	<p><u>Providence Medicare Dual Plus (HMO D-SNP):</u> 0% or 20% of the total cost</p> <p><u>Oregon Health Plan (Medicaid):</u> \$0 copayment for Medicaid-covered services</p>

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² Services may require a referral from your doctor.

Providence Medicare Dual Plus (HMO D-SNP)

Benefits	In-network
Skilled Nursing Facility (SNF) ¹	<p><u>Providence Medicare Dual Plus (HMO D-SNP):</u> These are 2021 cost-sharing amounts.</p> <p>\$0 copayment for days 1-20 \$185.50 copayment each day for days 21-100</p> <p><u>Oregon Health Plan (Medicaid):</u> \$0 copayment for Medicaid-covered services. Medicaid covers up to 20 days in a SNF.</p>
Physical Therapy ¹	<p><u>Providence Medicare Dual Plus (HMO D-SNP):</u> 0% or 20% of the total cost</p> <p><u>Oregon Health Plan (Medicaid):</u> \$0 copayment for Medicaid-covered services</p>
Ambulance ¹	<p><u>Providence Medicare Dual Plus (HMO D-SNP):</u> 0% or 20% of the total cost</p> <p><u>Oregon Health Plan (Medicaid):</u> \$0 copayment for Medicaid-covered services</p>
Transportation	<p><u>Providence Medicare Dual Plus (HMO D-SNP):</u> \$0 copayment for 36 one-way trips (max of 25 miles each way)</p> <p><u>Oregon Health Plan (Medicaid):</u> \$0 copayment for Medicaid-covered services</p>
Medicare Part B Drugs ¹	<p><u>Providence Medicare Dual Plus (HMO D-SNP):</u> 0% or 20% of the total cost</p> <p><u>Oregon Health Plan (Medicaid):</u> \$0 copayment for Medicaid-covered services</p>
Over-the-Counter Items	<p><u>Providence Medicare Dual Plus (HMO D-SNP):</u> \$190 allowance per quarter (catalog, online and telephonic ordering)</p> <p><u>Oregon Health Plan (Medicaid):</u> Not covered</p>

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² Services may require a referral from your doctor.

Prescription Drug Benefits

Providence Medicare Dual Plus (HMO D-SNP)

Prescription Drug Deductible			
Yearly Deductible	Because there is no deductible for the plan, this payment stage does not apply to you. If you receive “Extra Help” to pay your prescription drugs, this payment stage does not apply to you.		
Initial Coverage	You pay the following until your total yearly out-of-pocket costs reach \$4,130.		
For Generic Drugs (including brand drugs treated as generic)			
You Pay Either:	\$0 copayment	\$1.30 copayment	\$3.70 copayment
For All Other Drugs			
You Pay Either:	\$0 copayment	\$4.00 copayment	\$9.20 copayment
	You may get your drugs at network retail pharmacies and mail order pharmacies.		

If you reside in a long-term care facility, you pay the same as at a standard retail pharmacy. You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy. You may get drugs from a standard in-network pharmacy, but may pay more than you pay at a preferred in-network pharmacy.

Coverage Gap	Because there is no coverage gap for the plan, this payment stage does not apply to you.		
Catastrophic Coverage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$6,550, you pay nothing for all drugs.		

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

The Formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

Providence Medicare Dual Plus (HMO D-SNP)

Summary of Oregon Health Plan (Medicaid) Covered Services

The benefits described in the Premium and Benefit section of the Summary of Benefits are covered by Providence Medicare Dual Plus (HMO D-SNP). For certain members, the Oregon Health Plan (Medicaid) may only pay cost-sharing amounts for services that the Oregon Health Plan (Medicaid) would normally cover. Please contact the Oregon Health Plan (Medicaid) or your Coordinated Care Organization for more information. Providence Medicare Dual Plus (HMO D-SNP) members who are enrolled with Providence through Health Share of Oregon for the Oregon Health Plan (Medicaid) will not have out-of-pocket costs for any Medicare-covered medical service. Prescription drug cost-sharing amounts still apply.

Detailed information regarding your Oregon Health Plan (Medicaid) benefits can be found at the following link: www.oregon.gov/oha/HSD/OHP/Pages/Benefits.aspx or by calling your Coordinated Care Organization's Customer Service.

The following is a list of Oregon Health Plan (Medicaid) Covered Services	
Benefits	Additional information
Chemical dependency care	
Dental	Basic services including cleaning, fluoride varnish, fillings and extractions Urgent or immediate treatment Dentures Stainless steel crowns for molars (back teeth) Other crowns for pregnant women and children under age 21 Sealants, root canals on back teeth for children under age 21
Hearing	Hearing aids and hearing aid exams
Home health	Private duty nursing
Hospice care	End-of-life care
Hospital care	Emergency treatment Inpatient and outpatient care
Immunizations and vaccines	Such as the flu shot or measles-mumps-rubella (MMR) vaccine
Labor, delivery, and post-partum care	
Laboratory tests and X-rays	
Medical care from a physician, nurse practitioner or physician assistant	Such as a routine check-up or a general appointment
Medical equipment and supplies	Such as diabetes testing strips or crutches
Medical transportation	Such as an ambulance or non-emergency transportation to an appointment
Mental health care	Such as therapy or medical treatment
Physical, occupational and speech therapy	
Prescription drugs	OHP with Limited Drug only includes drugs that are not covered by Medicare Part D
Vision	Medical services Services to correct vision for pregnant women and children under age 21 Glasses are covered for pregnant adults and adults who have a qualifying medical condition such as aphakia or keratoconus, or after cataract surgery.

Summary of Benefits

Providence Medicare Dual Plus (HMO D-SNP)

Services that are not covered by the Oregon Health Plan Medicaid (Exclusions):

Not all medical treatments are covered. When you need medical treatment, please contact your Primary Care Provider. These are some of the exclusions (does not include every exclusion):

- + Medicare Part D covered prescription drugs
- + Conditions where a “home” treatment is effective, such as applying ointment, resting a painful joint, drinking plenty of fluids, or a soft diet. Such conditions include:
 - + Canker sores
 - + Diaper rash
 - + Corns/calluses
 - + Sunburn
 - + Food poisoning
 - + Sprains
- + Personal comfort or convenience items (radios, telephones, hot tubs, treadmills, etc.)
- + Services that are primarily cosmetic, such as:
 - + Benign skin tumors
 - + Cosmetic surgery
 - + Removal of scars
- + Conditions where treatment is not normally effective such as:
 - + Some back surgery
 - + TMJ surgery
 - + Some transplants
- + Services performed by an immediate relative or member of your household
- + Any services received outside the United States
- + Non-emergency care if you go to a provider who is not a network provider
- + Other non-covered services include, but are not limited to, the following:
 - + Infertility service

If you have any questions about covered or non-covered services, contact your Coordinated Care Organization’s Customer Service.

This information is not a complete description of benefits. Call **1-800-603-2340**, TTY users call 711 for more information. The Part B premium is covered for full-dual enrollees who are eligible for Providence Medicare Dual Plus (HMO D-SNP). Premium, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.