



2024
**Enrollment
Guide**

D-SNP

Clackamas, Multnomah, Washington counties in Oregon



Enrolling for Medicare

What to Expect

Medicare made easy.

Your health is personal. Your plan should be, too.

For more than 160 years, Providence has set the health and well-being standard for the community. Our commitment to caring for the whole self – mind, body, and spirit – is rooted in the idea that the healthier each of us are, the healthier we all are.

- 04 Medicare 101: Getting Started
- 06 Dual Special Needs Plan (D-SNP)
- 09 Who's Eligible?
- 10 Providence Medicare Advantage Plans Health and Fitness Perks
- 12 Frequently Asked Questions
- 13 How to Enroll
- 14 What to Expect After Enrolling



Getting Started

Medicare can be hard to understand, but we're here to help.

This guide will tell you about your options for Medicare and help you choose the best one for you. You can't enroll for a Medicare Advantage plan unless you're already enrolled in Original Medicare.



Original Medicare

Original Medicare is basic health coverage from the government. It has two parts: Part A and Part B.

Part A

Hospital insurance

- Inpatient hospital services
- Skilled nursing facility care
- Hospice care
- Home healthcare

You won't have to pay for Part A if you or your spouse paid Medicare taxes for at least 10 years.

Part B

Medical insurance

- Outpatient services
- Doctor visits
- Outpatient lab tests and x-rays
- And more

Part B costs money, and how much you pay depends on your income. The money is usually taken out of your Social Security or Railroad Retirement Board check.

Additional Coverage

Part C

Medicare Advantage

Providence Medicare Advantage Plans include Parts A, B, and sometimes Part D (Prescription Drug Coverage). They also offer extra benefits and services that Original Medicare doesn't cover, such as over-the-counter allowance and vision coverage.

Part D

Prescription Drug Coverage

Original Medicare doesn't pay for prescription drugs. Private insurance companies offer plans to help pay for the cost of prescription drugs. These plans can help you save money on your prescription drugs.

Medicare and Medicaid come together with more benefits

Dual Special Needs Plan (D-SNP)



If you qualify for both Medicare and Medicaid, also known as the Oregon Health Plan (OHP), you could be eligible for a D-SNP that covers everything under Original Medicare plus many extra benefits and services. A D-SNP combines your Medicare, Medicaid, and Part D benefits in a more coordinated, focused care plan. Some of the types of benefits that Original Medicare and Medicaid cover are listed below:

Original Medicare covers benefits such as:

- Doctor visits
- Hospital stays
- Urgent and emergency care
- Ambulances
- Some medical equipment
- Some home health care
- End-of-life care

Medicaid may cover benefits such as:

- Dental care
- Mental health and substance use treatment
- Hearing
- Acupuncture and chiropractic services
- Transportation options to health care appointments and services

Refer to the Summary of Benefits document to learn more.

With the Providence Medicare Dual Plus (HMO D-SNP) you get:

✓ Dedicated Care Manager

Care Managers help you get the best healthcare, working with you to schedule doctor's appointments, follow your doctor's instructions, get follow-up care, and connect you with community, Medicare, and Medicaid resources.

✓ Additional Benefits

Get more than what Original Medicare provides, such as money to spend on over-the-counter items, groceries, dental services, and eyeglasses.

When can you enroll

Enrolling in a D-SNP is pretty easy. Here's what you need to know:

- Enroll now if you're newly eligible for Medicare and have full-Medicaid benefits.
- If you already have both Medicare and Medicaid, or you already have a D-SNP, you can switch plans once during a Special Enrollment Period (SEP) or during the Annual Enrollment Period (AEP).

Special Enrollment Periods are:

- January 1 – March 31
- April 1 – June 30
- July 1 – September 30

The Annual Enrollment Period is:

- October 15 – December 7
- If you switch to a D-SNP during the AEP, Jan. 1 is the day your new plan becomes active.

To learn more about the Providence Medicare Advantage Plans D-SNP and to find out if you qualify, visit ProvidenceTrueHealth.com/DNSP.

You must continue to pay your Medicare Part B premium. Providence Health Assurance is an HMO, HMO-POS and HMO SNP with Medicare and Oregon Health Plan contracts. Enrollment in Providence Health Assurance depends on contract renewal.



Dual-Eligible Special Needs Plan

Who's Eligible?

To be eligible for a D-SNP, you must have full-Medicaid benefits and be eligible for Medicare. To get Medicare Parts A and B, you must be a U.S. citizen or have been a permanent legal resident for at least 5 years. You must also be 65 years old or older.

If you're under age 65, you can get Medicare if you:

- Are permanently disabled and have been getting disability benefits for at least 24 months.
- Have end-stage renal disease (ESRD).
- Have Lou Gehrig's disease (ALS).

Enrolling in Medicare at age 65

If you are collecting Social Security or a Railroad Retirement Pension, you will be automatically enrolled into Medicare Parts A and B.

If you are not collecting Social Security or a Railroad Retirement Pension, you will need to apply for Medicare Parts A and B.

- Apply on the Social Security website: [SSA.gov/Benefits/Medicare](https://www.ssa.gov/Benefits/Medicare)
- Visit your local Social Security office
- Call Social Security at **1-800-772-1213 (TTY users can call 1-800-325-0778)** or the Railroad Retirement Board (if you worked there) at **1-877-772-5772**.

To speak with a Providence Medicare Advantage expert, call **1-833-949-0263 (TTY: 711)** or explore and sign up online at ProvidenceTrueHealth.com/DSNP.

One plan. Many advantages.

Providence Medicare Advantage Plans

Get more benefits for \$0. The Providence Medicare Dual-Plus (HMO D-SNP) gives you more, with additional benefits such as money to spend on over-the-counter items, groceries, dental services and eyeglasses.

Medicare Star Ratings

Every year, Medicare rates health plans on a scale of 1 to 5 stars. These star ratings, given by the Centers for Medicare and Medicaid Services (CMS), help you compare different plans.

We always aim for the highest rating possible. You can see our current star rating in the folder at the back of this enrollment kit.



Dental Flex

Medicaid covers preventive dental. With Providence Medicare Dual Plus, you also get \$1,700 to spend on other qualified dental services like fillings.



Non-medical transportation

You'll receive 36 trips to places like doctor's visits, grocery stores, retail pharmacies, or other places that add to the quality of your life.



Behavioral Health

If you ever need help, your plan has options. We work with doctors and other providers (like licensed therapists, psychologists, and psychiatrists) to make sure you get the care you need.



Post-discharge meals

After you leave an inpatient stay at the hospital, Mom's Meals will give you two meals a day for 28 days. Included in your plan.



Personal Emergency Response System

You can get help 24/7 by pressing a button. A professional will help you and come to you if needed. Included in your plan.



Vision Coverage

No matter which plan you choose, you will get an annual eye exam and \$250 to spend on glasses and/or contact lenses.



\$0 Rx Deductible and Copays

All plans have a \$0 Rx deductible and let you get generic drugs for \$0. Get a 100-day supply of your medications at a reduced cost at mail order and retail pharmacies.



Healthy Food and Over-The-Counter

You can get food or over-the-counter (OTC) items up to \$400 every three months.



Fitness Membership

All plans include a fitness program through One Pass™. You will get access to a premium network of gyms, plus the ability to use more than one gym at a time. Virtual classes are also available.

Frequently Asked

Questions



Are my medications covered?

A list of covered prescriptions can be found in a prescription drug formulary. This formulary is available online at:

[ProvidenceTrueHealth.com/FormularyGuide](https://www.providencetruehealth.com/FormularyGuide).

If you want a printed copy of the formulary, you can ask for one to be mailed to you by visiting the link above or calling the number below.

Formularies are only available for Part D prescription drug plans.



Where do I find a provider?

You can find a doctor or pharmacy by using our online directory at [ProvidenceTrueHealth.com/ProviderGuide](https://www.providencetruehealth.com/ProviderGuide).

If you want a printed copy of the directory to be mailed to you, you can call the number below or visit the link above.



Who can I call for help?

We are always here to help. Call us at **1-833-949-0263** (TTY: 711) 8 a.m. to 8 p.m. (Pacific Time) seven days a week (Oct. 1 - Dec. 7) and Monday - Friday (Dec. 8 - Sept. 30).

Providence Medicare Advantage Plans

How to Enroll

There are many ways to enroll for Providence Medicare Advantage Plans. Choose the way that is easiest for you. We are excited to have you join the Providence community.

- Enroll online with our secure enrollment form [ProvidenceTrueHealth.com/EnrollGuide](https://www.providencetruehealth.com/EnrollGuide).
- Enroll by phone by contacting the Providence Medicare Advantage Plans Sales Team at **1-833-949-0263 (TTY: 711)**. Service is available between 8 a.m. to 8 p.m. (Pacific Time), seven days a week (Oct. 1 - Dec. 7), Monday - Friday (Dec. 8 - Sept. 30).
- Enroll one-on-one by scheduling a meeting with a local agent.
- Enroll via mail or fax by completing an enrollment form and sending to:
Providence Medicare Advantage Plans
P.O. Box 5548
Portland, OR 97228-5548
Fax: 503-574-8653
- Enroll with the support of your state caseworker by contacting them directly.

After you enroll, you will get a letter in the mail saying that we received your request.

- Individuals must have both Part A and Part B to enroll.
- Individuals must have full-Medicaid benefits.

What to Expect

After Enrolling



ID card and welcome guide

You will get your member ID card and welcome guide in the mail 7-10 days after we tell you that you are enrolled. The welcome guide has important information about how to use your plan, where to get care, and what your benefits are. Your Flexible Benefit Card will come in a separate envelope.



Confirmation and Rx subsidy

After you fill out and send in your enrollment form, you will get a Confirmation of Enrollment letter that says when your coverage starts. Because you qualify for Extra Help, you will get another letter that tells you what your prescription drug costs will be.



Within your first 90 days

Within 3 months of enrollment, your Care Management team will send you a health survey, called the Health Risk Assessment, in the mail. This will help us understand your health goals and give you easy access to quality care.

If you want to talk to us sooner, need help finding care, or want to talk to a nurse directly, call **503-574-7247 (TTY: 711)** from 8 a.m. to 5 p.m. (Pacific Time), Monday to Friday.



Once we tell you that you are enrolled, you can stop paying for any Medigap or supplemental insurance that you have.

If you were on a different Medicare Advantage plan when you enrolled:

- Your old plan will be canceled automatically.
- You don't need to tell your old insurance company. Medicare will take care of it when they transfer you to Providence Medicare Advantage Plans.

Please contact **1-800-MEDICARE (1-800-633-4227)** or visit **Medicare.gov** for further information about Medicare benefits and services. TTY users can call **1-877-486-2048** 24 hours a day, seven days a week (Pacific Time).

Notes

Providence Health Assurance is an HMO, HMO-POS and HMO SNP with Medicare and Oregon Health Plan contracts. Enrollment in Providence Health Assurance depends on contract renewal.

The Formulary may change at any time. You will receive notice when necessary.

Every year, Medicare evaluates plans based on a 5-star rating system.



2024
Benefit
Highlights

Dual Plus (HMO D-SNP)

Clackamas, Multnomah, Washington counties in Oregon

2024 Providence Medicare Dual Plus (HMO D-SNP)

Benefit highlights:

Providence Medicare Dual Plus (HMO D-SNP) is available to residents of Clackamas, Multnomah, and Washington counties who are eligible for Medicare and full-Medicaid benefits.

Benefits	You pay*
Monthly premium	\$0
Plan benefits	In-network member responsibility
Annual deductible	\$0
Doctor visits	
Annual wellness visit	\$0
Primary care visits	\$0
Specialist visits	\$0
Preventive care	\$0
Lab tests	\$0
X-rays	\$0
Diabetic supplies	\$0
Outpatient surgery and hospital services	\$0
Inpatient hospital	\$0
Ambulance services	\$0
Urgent care	\$0
Emergency room	\$0
Prescription benefits	You pay*
Generic drugs	\$0
All other drugs	\$0
Additional benefits	
Flexible Benefit Card	
Flex dental	\$1,700 to spend per year
Healthy food and over-the-counter items	\$400 to spend per quarter
Incentive rewards for completing healthy activities	Up to \$50 per year
Routine eye exam	You pay \$0 - for one exam each year
Prescription glasses or contact lenses	You get up to \$250 to spend each year for lenses, frames, upgrades, or contact lenses
24-hour nurse advice line	You pay \$0
Fitness center membership	You pay \$0
Health education—includes weight management, stress management, pain education, and more	You have free access to health education classes at participating facilities or online
Non-medical transportation	You pay \$0 for 36 one-way trips (max. of 25 miles each way)
Meal delivery after inpatient hospital stay	You pay \$0 - two meals per day for 28 days
Personal Emergency Response System	You pay \$0

The benefits listed below are covered by your Oregon Health Plan (Medicaid) coverage.

This is only a partial list of highlighted benefits you have access to. Detailed information regarding your Oregon Health Plan (Medicaid) benefits can be found at www.oregon.gov/oha/HSD/OHP/Pages/Benefits.aspx or by calling your Coordinated Care Organization's Customer Service.

Medicaid benefits	
Dental care	
Exams and X-rays (includes oral cancer screening)	Covered
Cleanings and fluoride	Covered
Fillings	Covered
Extractions	Covered
Full dentures every 10 years and partials every 5 years if recommended by your dentist (Authorization required)	Covered
Denture adjustments, replacing missing or broken false teeth	Covered
Deep cleaning for gum disease	Covered
Emergency dental services	Covered
Hearing benefits	
Exam (every 12 months)	Covered
Hearing aids (authorization required, up to 2 aids every 5 years)	Covered
Hearing aid batteries (60 per calendar year)	Covered
Additional benefits	
Incontinence supplies (adult diapers, disposable briefs/pads, bed pads, gloves)	Covered
Acupuncture and chiropractic care (authorization required)	Covered
Naturopathic care (authorization required)	Covered
Transportation (unlimited rides to covered health care appointments)	Covered
Interpreter services for office visits	Covered

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

Providence Health Assurance is an HMO, HMO-POS and HMO SNP with Medicare and Oregon Health Plan contracts. Enrollment in Providence Health Assurance depends on contract renewal.



Want to learn more?

Here is how to connect with us.



Call us for information, to enroll, or to make a personal appointment at

1-833-949-0263 (TTY: 711)

8 a.m. to 8 p.m. (Pacific Time), seven days a week (Oct. 1 – Dec. 7)

Monday – Friday (Dec. 8 – Sept. 30)



Check us out online for more information or to enroll at

ProvidenceTrueHealth.com/DSNP

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

- ✔ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit [ProvidenceHealthAssurance.com/EOC](https://www.providencehealthassurance.com/EOC) 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 medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ✔ Review the formulary to make sure your drugs are covered.

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/co-insurance may change every year.
- ✔ 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, the provider must agree to treat you. Except in an emergency or urgent situation, 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.
- ✔ Effect on current coverage. If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.

2024 Medicare Advantage Enrollment Request Form

Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan

To join a plan, you must:

- Be a United States citizen or be lawfully present in the U.S.
- Live in the plan's service area

Important: To join a Medicare Advantage Plan, you must also have both:

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)

When do I use this form?

You can join a plan:

- Between October 15–December 7 each year (for coverage starting January 1)
- Within 3 months of first getting Medicare
- In certain situations where you're allowed to join or switch plans

Visit **Medicare.gov** to learn more about when you can sign up for a plan.

What do I need to complete this form?

- Your Medicare Number (the number on your red, white, and blue Medicare card)
- Your permanent address and phone number

Note: You must complete all items in Section 1. The items in Section 2 are optional – you can't be denied coverage because you don't fill them out.

Reminders:

- If you want to join a plan during fall open enrollment (October 15–December 7), the plan must get your completed form by December 7.
- Your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1378. The time required to complete this information is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

IMPORTANT: Do not send this form or any items with your personal information (such as claims, payments, medical records, etc.) to the PRA Reports Clearance Office. Any items we get that aren't about how to improve this form or its collection burden (outlined in OMB 0938-1378) will be destroyed. It will not be kept, reviewed, or forwarded to the plan. See "What happens next?" on this page to send your completed form to the plan.

What happens next?

Submit your completed and signed form using one of the three options below. Once they process your request to join, they'll contact you.

01 By mail:
Providence Medicare Advantage Plans
P.O. Box 5548
Portland, OR 97228-5548

02 Scan and fax pages to:
503-574-8653

03 Scan and email pages to:
provMedicare@providence.org

How do I get help with this form?

- Call Providence Medicare Advantage Plans at **503-574-6508** or **1-855-234-2495 (TTY: 711)**.
- Or, call Medicare at **1-800-MEDICARE (1-800-633-4227)**. TTY: **1-877-486-2048**.
- En español: Llame a Providence Medicare Advantage Plans al **503-574-6508** or **1-855-234-2495/TTY: 711** o a Medicare gratis al **1-800-633-4227** y oprima el 2 para asistencia en español y un representante estará disponible para asistirle.

Individuals experiencing homelessness

If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., social security checks) may be considered your permanent residence address.

Section 1 – All fields on this page are required (unless marked optional)

Select the plan you want to join:

Providence Medicare Dual Plus (HMO D-SNP) - \$0 per month*

*This plan has special enrollment requirements. To be eligible, you must qualify for full Medicaid benefits and Medicare.

First Name

Last Name

Middle Initial (Optional)

_____/_____/_____
Birth Date (MM/DD/YYYY)

SEX: Male Female

()
Phone Number

Permanent Residence Street Address (Don't enter a PO Box)

City

County (Optional)

State

ZIP Code

Email Address

Mailing Address, if different from your permanent address (PO Box allowed):

Street Address

City

State

ZIP Code

Your Medicare information:

_____-_____-_____
Medicare Number

_____/_____/_____
Hospital (Part A)
Effective Date (Optional)

_____/_____/_____
Medical (Part B)
Effective Date (Optional)

Answer these important questions:

Will you have other coverage in addition to Providence Medicare Advantage Plans? Yes No

Some individuals may have other coverage, including other private insurance, TRICARE, Federal employee health benefits coverage, VA benefits, or State pharmaceutical assistance programs.

If "yes," please list your other coverage and your identification (ID) number for this coverage.

Name of other coverage

ID number for this coverage

Group number for this coverage

Check all that apply: Medical Vision Dental Prescription

Are you enrolled in your State Medicaid program? Yes No

If "yes", please provide your Medicaid number: _____

Do you have full Oregon Health Plan (Medicaid) benefits? Yes No

IMPORTANT: Read and sign below:

- I must keep both Hospital (Part A) and Medical (Part B) to stay in Providence Medicare Advantage Plans.
- By joining this Medicare Advantage Plan I acknowledge that Providence Medicare Advantage Plans will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below).
- Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- I understand that I can be enrolled in only one MA plan at a time – and that enrollment in this plan will automatically end my enrollment in another MA plan (exceptions apply for MA PFFS, MA MSA plans).
- The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that when my Providence Medicare Advantage Plans coverage begins, I must get all of my medical and prescription drug benefits from Providence Medicare Advantage Plans. Benefits and services provided by Providence Medicare Advantage Plans and contained in my Providence Medicare Advantage Plans "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Providence Medicare Advantage Plans will pay for benefits or services that are not covered.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:
 1. This person is authorized under State law to complete this enrollment, and
 2. Documentation of this authority is available upon request by Medicare.

Signature _____/_____/_____
Today's Date

If you are the authorized representative, sign above and fill out these fields:

Name _____
Address
() - _____

Phone Number _____
Relationship to enrollee

AGENT USE ONLY

Agent Name _____/_____/_____
Date

NPN # _____/_____/_____
Requested date of coverage

Section 2 – All fields on this page are optional

Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

Are you Hispanic, Latino/a, or Spanish origin? Select all that apply.

- No, not of Hispanic, Latino/a, or Spanish origin Yes, another Hispanic, Latino/a, or Spanish origin
- Yes, Mexican, Mexican American, Chicano/a
- Yes, Puerto Rican **I choose not to answer.**
- Yes, Cuban

What's your race? Select all that apply.

- American Indian or Alaska Native Japanese Vietnamese
- Asian Indian Korean White
- Black or African American Native Hawaiian **I choose not to answer.**
- Chinese Other Asian
- Filipino Other Pacific Islander
- Guamanian or Chamorro Samoan

List your Primary Care Provider (PCP), clinic, or health center:

If you do not provide a PCP, one will be assigned.

Select one if you want us to send you information in an accessible format.

- Braille Large print Audio CD

Please contact Providence Medicare Advantage Plans at **1-800-603-2340** or **503-574-8000** if you need information in an accessible format other than what's listed above. Our office hours are seven days a week, 8 a.m. to 8 p.m. (Pacific Time). TTY users can call 711.

Do you work?

- Yes No

Does your spouse work?

- Yes No

PRIVACY ACT STATEMENT

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

Attestation of Eligibility for an Enrollment Period

Typically, you may enroll in a Medicare Advantage plan only during the Annual Enrollment Period from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

Please read the following statements carefully and check the box if the statement applies to you.

By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

- | | |
|---|---|
| <input type="checkbox"/> I am new to Medicare. | <input type="checkbox"/> I recently obtained lawful presence status in the United States. I got this status on (insert date): ____ / ____ / ____ |
| <input type="checkbox"/> I am leaving employer or union coverage on (insert date): ____ / ____ / ____ | <input type="checkbox"/> I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on (insert date): ____ / ____ / ____ |
| <input type="checkbox"/> I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (insert date): ____ / ____ / ____ | <input type="checkbox"/> I belong to a pharmacy assistance program provided by my state. |
| <input type="checkbox"/> I am enrolling during the Annual Enrollment Period (October 15-December 7) | <input type="checkbox"/> I recently left a PACE program on (insert date): ____ / ____ / ____ |
| <input type="checkbox"/> I am enrolling during a Special Enrollment Period (insert special enrollment being used) _____ | <input type="checkbox"/> I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change. |
| <input type="checkbox"/> I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP)(January 1-March 31). | <input type="checkbox"/> I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long term care facility). I moved/will move into the facility on (insert date): ____ / ____ / ____
I moved/will move out of the facility on (insert date): ____ / ____ / ____ |
| <input type="checkbox"/> I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me. I moved on (insert date): ____ / ____ / ____ | <input type="checkbox"/> I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date): ____ / ____ / ____ |
| <input type="checkbox"/> I recently was released from incarceration. I was released on (insert date): ____ / ____ / ____ | |
| <input type="checkbox"/> I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date): ____ / ____ / ____ | |

- My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan
(insert date): ____ ____ / ____ ____ / ____ ____
- I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on
(insert date): ____ ____ / ____ ____ / ____ ____
- I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on
(insert date): ____ ____ / ____ ____ / ____ ____
- I was impacted by a significant network change with my current plan and was notified on
(insert date): ____ ____ / ____ ____ / ____ ____

- I recently received notice of a Medicare entitlement determination for a retroactive effective date. (Please attach a copy of your entitlement notice.) I was notified on
(insert date): ____ ____ / ____ ____ / ____ ____
- I was affected by an emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA) or by a Federal, State or local government entity.)

One of the other statements here applied to me, but I was unable to make my enrollment request because of the disaster.

Name of disaster impacted by:

Eligibility Period that was missed due to the disaster: (for example, the initial enrollment period, annual enrollment period, open enrollment period, or a special enrollment period).

If none of these statements applies to you or you're not sure, please contact Providence Medicare Advantage Plans at **1-800-603-2340** or **503-574-8000** (TTY users should call 711) to see if you are eligible to enroll. We are open seven days a week, 8 a.m. to 8 p.m. (Pacific Time).



2024 Summary of Benefits

Providence Medicare Dual Plus (HMO D-SNP)

January 1, 2024 – December 31, 2024

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

When You Join Providence

You are not just part of an insurance policy but part of a community of care, focused on your health and well-being. This Summary of Benefits is provided to help you make the right health care decisions. It is a short guide of what we would cover and what you would pay if you joined our Providence Medicare Dual Plus (HMO D-SNP). To be clear, this is not a complete breakdown of benefits, and will not list every service that we cover, nor every limitation or exclusion. Plans may offer supplemental benefits in addition to Part C and Part D benefits.

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 Health Assurance is an HMO, HMO-POS and HMO SNP with Medicare and Oregon Health Plan contracts. Enrollment in Providence Health Assurance depends on contract renewal.

Not only do our plan members get all of the benefits covered by Original Medicare, they also get 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.
Annual Medical Deductible	\$0 or \$226 per year* *These amounts may change for 2024 and depend on your level of Medicaid eligibility. Providence Medicare Dual Plus (HMO D-SNP) will provide updated rates on our website, ProvidenceHealthAssurance.com, as soon as they are released by Medicare.
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: \$8,850

Benefits	In-Network
Inpatient Hospital Coverage ¹	<p>Providence Medicare Dual Plus (HMO D-SNP): These are 2023 cost-sharing amounts and may change for 2024. Providence Medicare Dual Plus (HMO D-SNP) will provide updated rates on our website, ProvidenceHealthAssurance.com, as soon as they are released by Medicare.</p> <p>\$0 or \$1,600 deductible for each benefit period \$0 copayment for days 1-60 \$0 or \$400 copayment each day for days 61-90 \$0 copayment for each lifetime reserve day 91 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 Surgical Center (ASC) Services ¹	<p>Providence Medicare Dual Plus (HMO D-SNP): 0% or 20% of the total cost for outpatient surgery at an Ambulatory Surgical Center</p> <p>Oregon Health Plan (Medicaid): \$0 copayment for Medicaid-covered services</p>

¹ Services may require prior authorization. See Evidence of Coverage for more information.

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	<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 (e.g., annual check-ups, immunizations, flu shots)		<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 \$100 If you are admitted to the hospital within 24 hours, the emergency care copayment will be waived.</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 \$55 If you are admitted to the hospital within 24 hours, the urgent care copayment will be waived.</p> <p><u>Oregon Health Plan (Medicaid):</u> \$0 copayment for Medicaid-covered services</p>

¹ Services may require prior authorization. See Evidence of Coverage for more information.

Providence Medicare Dual Plus (HMO D-SNP)

Benefits		In-Network
Diagnostic Services/ Labs/Imaging	Diagnostic Radiology Services (e.g., MRI, ultrasounds, CT scans) ¹	<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 ¹	<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 ¹	<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 ¹	<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	<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 ¹	<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
	Other/Non-Medicare-Covered	<u>Providence Medicare Dual Plus (HMO D-SNP):</u> \$1,700 allowance per calendar year for any dental services of your choosing <u>Oregon Health Plan (Medicaid):</u> \$0 copayment for Medicaid-covered services

¹ Services may require prior authorization. See Evidence of Coverage for more information.

Providence Medicare Dual Plus (HMO D-SNP)

Benefits		In-Network
Vision Services	Medicare-Covered Exams/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> \$0 copayment for Medicaid-covered services; once every 24 months for adults age 21 or older</p>
	Routine Exam	<p><u>Providence Medicare Dual Plus (HMO D-SNP):</u> Allowance of one routine vision exam per calendar year at \$0 copayment (including refraction)</p> <p><u>Oregon Health Plan (Medicaid):</u> \$0 copayment for Medicaid-covered services; once every 24 months for adults age 21 or older</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> \$0 copayment for Medicaid-covered services; only for specific medical conditions</p>
	Routine Eyeglasses or Contact Lenses	<p><u>Providence Medicare Dual Plus (HMO D-SNP):</u> Allowance of up to \$250 per calendar year for any combination of routine prescription eyewear</p> <p><u>Oregon Health Plan (Medicaid):</u> \$0 copayment for Medicaid-covered services; only for specific medical conditions</p>
Mental Health Services	Inpatient Visit ¹	<p><u>Providence Medicare Dual Plus (HMO D-SNP):</u> These are 2023 cost-sharing amounts and may change for 2024. Providence Medicare Dual Plus (HMO D-SNP) will provide updated rates on our website, ProvidenceHealthAssurance.com, as soon as they are released by Medicare.</p> <p>\$0 or \$1,600 deductible for each benefit period \$0 copayment for days 1-60 \$0 or \$400 copayment each day for days 61-90 \$0 or \$800 copayment per each “lifetime reserve day” for days 91-190 You pay for all costs beyond lifetime reserve days</p> <p><u>Oregon Health Plan (Medicaid):</u> \$0 copayment for Medicaid-covered services</p>
	Outpatient Individual ¹ and Group Therapy Visit 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>

Providence Medicare Dual Plus (HMO D-SNP)

¹ Services may require prior authorization. See Evidence of Coverage for more information.

Benefits	In-Network
Skilled Nursing Facility (SNF) ¹	<p><u>Providence Medicare Dual Plus (HMO D-SNP):</u> These are 2023 cost-sharing amounts and may change for 2024. Providence Medicare Dual Plus (HMO D-SNP) will provide updated rates on our website, ProvidenceHealthAssurance.com, as soon as they are released by Medicare.</p> <p>\$0 copayment for days 1-20 \$200 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 (This plan includes non-medical transportation)	<p><u>Providence Medicare Dual Plus (HMO D-SNP):</u> \$0 copayment for 36 one-way trips (max of 25 miles each)</p> <p><u>Oregon Health Plan (Medicaid):</u> \$0 copayment for Medicaid-covered services; non-emergency medical transportation to covered appointments</p>
Medicare Part B Drugs ¹	<p><u>Providence Medicare Dual Plus (HMO D-SNP):</u> 0% or 20% of the total cost (insulin cost share up to \$35 per month)</p> <p><u>Oregon Health Plan (Medicaid):</u> \$0 copayment for Medicaid-covered services</p>
Meal Delivery Program (post-discharge only)	<p><u>Providence Medicare Dual Plus (HMO D-SNP):</u> \$0 copayment for 2 meals per day for 28 days, following a qualifying inpatient hospitalization</p> <p><u>Oregon Health Plan (Medicaid):</u> Not covered</p>

Providence Medicare Dual Plus (HMO D-SNP)

Flex Card	Over-the-Counter Items Food and Produce	<p><u>Providence Medicare Dual Plus (HMO D-SNP):</u> \$400 allowance every three months (retail card, catalog, online, mail, and telephonic ordering). You can also use your card to buy eligible healthy food items like produce, dairy products, meats, and more.</p> <p>Unspent dollars will rollover from quarter to quarter, then expire at the end of the 2024 calendar year.</p> <p><u>Oregon Health Plan (Medicaid):</u> Not covered</p>
Personal Emergency Response System (PERS)	<p><u>Providence Medicare Dual Plus (HMO D-SNP):</u> \$0 copayment</p> <p><u>Oregon Health Plan (Medicaid):</u> Not covered</p>	
Wellness Program	<p><u>Providence Medicare Dual Plus (HMO D-SNP):</u> \$0 copayment for monthly gym membership with participating fitness clubs</p> <p><u>Oregon Health Plan (Medicaid):</u> Not covered</p>	

¹ Services may require prior authorization. See Evidence of Coverage for more information.

Prescription Drug Benefits

Providence Medicare Dual Plus (HMO D-SNP)

Prescription Drug Deductible	
Yearly Deductible	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 \$8,000.
For Generic Drugs (including brand drugs treated as generic)	
You Pay:	You pay \$0 copayment
For All Other Drugs	
You Pay:	You pay \$0 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 \$8,000, you pay nothing for all drugs.

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

Summary of Benefits

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
Dental	Basic services including cleaning, fluoride varnish, fillings and extractions Urgent or immediate treatment Dentures Stainless steel crowns for molars (back teeth)
Health Related Social Needs (HRSN) Services	Assistance with housing, utilities, nutrition and climate-related supports such as air conditioners during extreme weather conditions. Available to eligible members based on a needs assessment.
Hearing	Hearing aids and hearing aid exams
Home health	Care provided by a registered nurse or home health aide
Hospice care	End-of-life care
Hospital care	Emergency treatment Inpatient and outpatient care
Immunizations and vaccines	Such as the flu shot or COVID-19 vaccine
Labor, delivery, and post-partum care	
Laboratory tests and X-rays	Such as blood screening and mammograms
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	Therapy to improve skills or function for daily living
Prescription drugs	OHP with Limited Drug only includes drugs that are not covered by Medicare Part D
Substance use disorder treatment	Such as counseling, medication assisted treatment, acupuncture, residential treatment and peer delivered services
Vision	Medical services Glasses are covered for 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.

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-603-2340 (TTY: 711). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-603-2340 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-603-2340 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-603-2340 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-603-2340 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-603-2340 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-603-2340 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-603-2340 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-603-2340 (TTY: 711)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-603-2340 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-603-2340 (TTY: 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-603-2340 (TTY: 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-603-2340 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-603-2340 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-603-2340 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-603-2340 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-603-2340 (TTY: 711)にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

IMPORTANT INFORMATION:

2024 Medicare Star Ratings

Official U.S.
Government
Medicare
Information



Providence Medicare Advantage Plans - H9047

For 2024, Providence Medicare Advantage Plans - H9047 received the following Star Ratings from Medicare:

Overall Star Rating: ★★★★★☆
Health Services Rating: ★★★★★☆
Drug Services Rating: ★★★★★☆



Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

The number of stars show how well a plan performs.

- ★★★★★ EXCELLENT
- ★★★★☆ ABOVE AVERAGE
- ★★★☆☆ AVERAGE
- ★★☆☆☆ BELOW AVERAGE
- ★☆☆☆☆ POOR

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

Questions about this plan?

Contact Providence Medicare Advantage Plans 7 days a week from 8:00 a.m. to 8:00 p.m. Pacific time at 800-457-6064 (toll-free) or 711 (TTY). Current members please call 800-603-2340 (toll-free) or 711 (TTY).

Scope of Appointment

The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment* prior to any individual sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or their authorized representative.

Please initial below beside the type of product(s) you want the agent to discuss.
(Refer to page 2 for product type descriptions)

- Stand-alone Medicare Prescription Drug Plans (Part D)**
- Medicare Advantage Plans (Part C) and Cost Plans**
- Dental/Vision/Hearing Products**
- Hospital Indemnity Products**
- Medicare Supplement (Medigap) Products**

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above. Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. They do not work directly for the federal government. This individual may also be paid based on your enrollment in a plan. Signing this form does NOT obligate you to enroll in a plan, affect your current or future Medicare enrollment, or automatically enroll you in the plan(s) discussed.

Beneficiary or Authorized Representative Signature and Signature Date:	
Signature:	Signature Date:
If you are the authorized representative, please sign above and print below:	
Representative's Name:	Your Relationship to the Beneficiary:

To be completed by Agent:	
Agent Name:	Agent Phone:
Beneficiary Name:	Beneficiary Phone:
Beneficiary Address:	
Initial Method of Contact: (Indicate here if beneficiary was a walk-in.)	
Agent's Signature:	
Plan(s) the agent represented during this meeting:	Date Appointment Completed:
Agent, if the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting:	

*Scope of Appointment documentation is subject to CMS record retention requirements.

Stand-alone Medicare Prescription Drug Plans (Part D)
Medicare Prescription Drug Plan (PDP): A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private-Fee-for-Service Plans, and Medicare Medical Savings Account Plans.
Medicare Advantage Plans (Part C) and Cost Plans
Medicare Health Maintenance Organization (HMO): A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan’s network (except in emergencies).
Medicare Preferred Provider Organization (PPO) Plan: A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals but you can also use out-of-network providers, usually at a higher cost.
Medicare Private Fee-For-Service (PFFS) Plan: A Medicare Advantage Plan in which you may go to any Medicare-approved doctor, hospital and provider that accepts the plan’s payment, terms and conditions and agrees to treat you – not all providers will. If you join a PFFS Plan that has a network, you can see any of the network providers who have agreed to always treat plan members. You will usually pay more to see out-of-network providers.
Medicare Point of Service (POS) Plan: A type of Medicare Advantage Plan available in a local or regional area which combines the best feature of an HMO with an out-of-network benefit. Like the HMO, members are required to designate an in-network physician to be the primary health care provider. You can use doctors, hospitals, and providers outside of the network for an additional cost.
Medicare Special Needs Plan (SNP): A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions.
Medicare Medical Savings Account (MSA) Plan: MSA Plans combine a high deductible health plan with a bank account. The plan deposits money from Medicare into the account. You can use it to pay your medical expenses until your deductible is met.
Medicare Cost Plan: In a Medicare Cost Plan, you can go to providers both in and out of network. If you get services outside of the plan’s network, your Medicare-covered services will be paid for under Original Medicare but you will be responsible for Medicare coinsurance and deductibles.
Medicare Medicaid Plan (MMP): An MMP is a private health plan designed to provide integrated and coordinated Medicare and Medicaid benefits for dual eligible Medicare beneficiaries.
Dental/Vision/Hearing Products
Plans offering additional benefits for consumers who are looking to cover needs for dental, vision or hearing. These plans are not affiliated or connected to Medicare.
Hospital Indemnity Products
Plans offering additional benefits; payable to consumers based upon their medical utilization; sometimes used to defray copays/coinsurance. These plans are not affiliated or connected to Medicare.
Medicare Supplement (Medigap) Products
Plans offering a supplemental policy to fill “gaps” in Original Medicare coverage. A Medigap policy typically pays some or all of the deductible and coinsurance amounts applicable to Medicare-covered services, and sometimes covers items and services that are not covered by Medicare, such as care outside of the country. These plans are not affiliated or connected to Medicare.

Providence Health Assurance is an HMO, HMO-POS and HMO SNP with Medicare and Oregon Health Plan contracts. Enrollment in Providence Health Assurance depends on contract renewal.

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-603-2340 (TTY: 711). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-603-2340 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-603-2340 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-603-2340 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-603-2340 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-603-2340 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-603-2340 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-603-2340 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-603-2340 (TTY: 711)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-603-2340 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-603-2340 (TTY: 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-603-2340 (TTY: 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-603-2340 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-603-2340 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-603-2340 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-603-2340 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-603-2340 (TTY: 711)にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。



Want to learn more?

Here is how to connect with us.



Call us for information, to enroll, or to make a personal appointment at

1-833-949-0263 (TTY: 711)

8 a.m. to 8 p.m. (Pacific Time), seven days a week (Oct. 1 – Dec. 7)

Monday – Friday (Dec. 8 – Sept. 30)



Check us out online for more information or to enroll at

ProvidenceTrueHealth.com/DSNP