Pre-Enrollment Checklist

Providence Medicare Advantage Plans

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** 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 on January 1, 2023.
- ☑ 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.

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Providence
Medicare Advantage Plans

Addendum to 2023 Evidence of Coverage, Annual Notice of Change, and Summary of Benefits

This is important information regarding changes to 2023 coverage.

This notice is regarding cost-saving changes to 2023 Medicare Advantage benefits. These cost-saving benefit changes are part of the Inflation Reduction Act (IRA). The IRA will save money for Medicare beneficiaries by strengthening the Medicare program and lowering drug costs.

The IRA requires drug companies that raise drug prices faster than the rate of inflation to pay Medicare a rebate. Medicare calls these "Part B Rebatable Drugs." **Beginning April 1, 2023**, certain Part B rebatable drugs may be subject to a lower coinsurance. Providence Medicare Advantage Plans members may experience reductions in coinsurance for these Part B rebatable drugs. As of January 1, 2023, the IRA requires that under a Medicare Part D prescription drug plan, you will not pay more than $35 for a one-month supply of covered insulin products. **Beginning July 1, 2023**, under Medicare Part B, Providence Medicare Advantage Plans members who take insulin through a pump that is covered under Medicare's durable medical equipment (DME) will not pay more than $35 for a one-month's supply of covered insulin.

No response is required to this notice, but we recommend you keep this information for future reference. For more information regarding benefits, please review the Evidence of Coverage located at ProvidenceHealthAssurance.com/EOC. If you have any questions, please call us at 503-574-8000 or 1-800-603-2340 (TTY 711) 8 a.m. to 8 p.m. (Pacific Time), seven days a week.

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.

Providence
Medicare Advantage Plans

2023 Summary of Benefits

Providence Medicare Focus Medical (HMO)

January 1, 2023 – December 31, 2023

This plan is available in **Clackamas, Columbia, Crook, Deschutes, Hood River, Jefferson, Lane, Marion, Multnomah, Polk, Washington, Wheeler, and Yamhill counties in Oregon and Clark County in Washington.**

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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 Focus Medical (HMO) 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. Plans may offer supplemental benefits in addition to Part C benefits 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** 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.

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, and live in our service area. Our service area includes Clackamas, Columbia, Crook, Deschutes, Hood River, Jefferson, Lane, Marion, Multnomah, Polk, Washington, Wheeler, and Yamhill counties in Oregon and Clark County in Washington.

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**

Helpful resources

+ Visit **ProvidenceHealthAssurance.com/findaprovider** to see our plan's Provider Directory or to request a printed copy. You can also call us to have a printed copy mailed to you.
+ 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 Focus Medical (HMO)

Monthly Plan Premium	$128 In addition, you must continue to pay your Medicare Part B premium.
Annual Medical Deductible	$0 There is no medical deductible for in- or out-of-network services.
Maximum Out-of-Pocket Responsibility	Your yearly limit(s) for this plan:
	In-network: $3,400

Benefits		In-network
Inpatient Hospital Coverage[1]		$250 copayment each day for days 1-5 and $0 copayment each day for day 6 and beyond
Outpatient Hospital Coverage[1]		$250 copayment for outpatient surgery at a hospital facility
Ambulatory Surgical Center (ASC) Services[1]		$200 copayment for outpatient surgery at an Ambulatory Surgical Center
Doctor Visits	Primary Care Provider Visit	$0 copayment
	Specialist Visit[2]	$20 copayment
Preventive Care		You pay nothing
Emergency Care		$70 copayment If you are admitted to the hospital within 24 hours, the emergency care copayment will be waived.
Urgently Needed Services		$50 copayment If you are admitted to the hospital within 24 hours, the urgent care copayment will be waived.

[1] Services may require prior authorization.
[2] Services may require a referral from your doctor.

Providence Medicare Focus Medical (HMO)

Benefits		In-network
Diagnostic Services/ Labs/Imaging	Diagnostic Radiology Services (e.g. MRI, ultrasounds, CT scans)[1]	15% of the total cost
	Therapeutic Radiology Services	15% of the total cost
	Outpatient X-rays	$0 copayment
	Diagnostic Tests and Procedures[1]	20% of the total cost
	Lab Services	$0 copayment
Hearing Services	Medicare-Covered[2]	$20 copayment
	Routine Exam	$0 copayment
	Hearing Aids	$399 copayment per Advanced hearing aid or $699 copayment per Premium hearing aid
Dental Services	Medicare-Covered[2]	$20 copayment
	Embedded Preventive	$0 copayment Includes exams, cleanings, X-rays; limits apply
	Optional	Covered for additional premium; see last page of this summary
Vision Services	Medicare-Covered Exams[2]/Screening	$20 copayment per exam $0 copayment for glaucoma screening
	Routine Exam	Allowance of up to $75 per calendar year for a routine vision exam (including refraction)
	Medicare-Covered Eyewear	$0 copayment for one pair of Medicare-covered eyeglasses or contact lenses after each cataract surgery
	Routine Eyeglasses or Contact Lenses	Allowance of up to $250 per calendar year for any combination of routine prescription eyewear
Mental Health Services	Inpatient Visit[1]	$200 copayment each day for days 1-7 and $0 copayment each day for days 8-90
	Outpatient Individual and Group Therapy Visit[1]	$20 copayment

[1] Services may require prior authorization.
[2] Services may require a referral from your doctor.

Providence Medicare Focus Medical (HMO)

Benefits	In-network
Skilled Nursing Facility (SNF)[1]	$0 copayment each day for days 1-20 and $150 copayment each day for days 21-100
Physical Therapy[1]	$20 copayment
Ambulance[1]	$250 copayment
Transportation	Not covered
Medicare Part B Drugs[1]	20% of the total cost
Alternative Care (combined benefit limit for chiropractic, acupuncture & naturopath services)	Chiropractic: $20 copayment Naturopath and Acupuncture Specialist: $20 copayment $500 plan maximum
Meal Delivery Program (post-discharge only)	$0 copayment for 2 meals per day for 14 days, following a qualifying inpatient hospitalization
Over-the-Counter Items	$75 allowance every three months (retail card, catalog, online, mail, and telephonic ordering)
Personal Emergency Response System (PERS)	$0 copayment
Wellness Program	$0 copayment for monthly gym membership with participating fitness clubs
Wig	20% of the total cost for one synthetic wig due to hair loss from chemotherapy

[1] Services may require prior authorization.
[2] Services may require a referral from your doctor.

Optional Supplemental Dental

Providence Medicare Focus Medical (HMO)

Please Note:

Optional Benefits: You must pay an extra premium each month for these benefits.
Cost Sharing: While you can see any dentist, our in-network providers have agreed to accept a contracted rate for the services they provide. This means cost sharing will be lower if you see an in-network provider.

Option 1: Providence Dental Basic Benefits include: Preventive (See Page 4) and Comprehensive Dental		
Monthly Premium	Additional $32.50 per month. You must keep paying your Medicare Part B and monthly plan premium.	
Benefits	**In-network**	**Out-of-network**
Deductible	$50	$150
Annual Benefit Maximum	$1,000 every year	
Diagnostic and Preventive Care*	$0 copayment	You pay 20%
Basic Care*	You pay 50%	You pay 60%
Major Restorative Care*	You pay 50%	You pay 60%

Option 2: Providence Dental Enhanced Benefits include: Preventive (See Page 4) and Comprehensive Dental		
Monthly Premium	Additional $45.10 per month. You must keep paying your Medicare Part B and monthly plan premium.	
Benefits	**In-network**	**Out-of-network**
Deductible	$50	$150
Annual Benefit Maximum	$1,500 every year	
Diagnostic and Preventive Care*	$0 copayment	You pay 20%
Basic Care*	You pay 50%	You pay 60%
Major Restorative Care*	You pay 50%	You pay 60%

*Limitations and exclusions apply. Please refer to your Evidence of Coverage for a complete list of covered dental services. Members must use a Medicare-contracted provider. Out-of-network dentists may charge more than the amount allowed by Providence Medicare Advantage Plans.

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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 quí vị cần thông dịch viên xin gọi 1-800-603-2340 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quí 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.

Providence
Medicare Advantage Plans

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Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 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(TTY: 711) 1-800-603-2340. 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 nan1-800-603-2340 (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ございます。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。