Providence
Medicare Advantage Plans

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** 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**

Helpful Resources

- Visit **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**, 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 $240 per year $0 per year for Part D prescription drugs
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]	Providence Medicare Dual Plus (HMO D-SNP): $0 or $1,632 deductible for each benefit period $0 copayment for days 1-60 $0 or $408 copayment each day for days 61-90 $0 or $816 copayment per each "lifetime reserve day" after day 90 (up to 60 days over your lifetime) You pay for all costs beyond lifetime reserve days Oregon Health Plan (Medicaid): $0 copayment for Medicaid-covered services
Outpatient Hospital Coverage[1]	Providence Medicare Dual Plus (HMO D-SNP): 0% or 20% of the total cost for outpatient surgery at a hospital facility Oregon Health Plan (Medicaid): $0 copayment for Medicaid-covered services
Ambulatory Surgical Center (ASC) Services[1]	Providence Medicare Dual Plus (HMO D-SNP): 0% or 20% of the total cost for outpatient surgery at an Ambulatory Surgical Center Oregon Health Plan (Medicaid): $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
Doctor Visits	Primary Care Provider Visit	Providence Medicare Dual Plus (HMO D-SNP): 0% or 20% of the total cost Oregon Health Plan (Medicaid): $0 copayment for Medicaid-covered services
	Specialist Visit	Providence Medicare Dual Plus (HMO D-SNP): 0% or 20% of the total cost Oregon Health Plan (Medicaid): $0 copayment for Medicaid-covered services
Preventive Care (e.g., annual check-ups, immunizations, flu shots)		Providence Medicare Dual Plus (HMO D-SNP): You pay nothing for all preventive services covered under Original Medicare Oregon Health Plan (Medicaid): $0 copayment for Medicaid-covered services
Emergency Care		Providence Medicare Dual Plus (HMO D-SNP): 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. Oregon Health Plan (Medicaid): $0 copayment for Medicaid-covered services
Urgently Needed Services		Providence Medicare Dual Plus (HMO D-SNP): 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. Oregon Health Plan (Medicaid): $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
Diagnostic Services/ Labs/Imaging	Diagnostic Radiology Services (e.g., MRI, ultrasounds, CT scans) [1]	Providence Medicare Dual Plus (HMO D-SNP): 0% or 20% of the total cost Oregon Health Plan (Medicaid): $0 copayment for Medicaid-covered services
	Therapeutic Radiology Services[1]	Providence Medicare Dual Plus (HMO D-SNP): 0% or 20% of the total cost Oregon Health Plan (Medicaid): $0 copayment for Medicaid-covered services
	Outpatient X-rays	Providence Medicare Dual Plus (HMO D-SNP): 0% or 20% of the total cost Oregon Health Plan (Medicaid): $0 copayment for Medicaid-covered services
	Diagnostic Tests and Procedures[1]	Providence Medicare Dual Plus (HMO D-SNP): 0% or 20% of the total cost Oregon Health Plan (Medicaid): $0 copayment for Medicaid-covered services
	Lab Services[1]	Providence Medicare Dual Plus (HMO D-SNP): $0 copayment Oregon Health Plan (Medicaid): $0 copayment for Medicaid-covered services
Hearing Services	Medicare-Covered	Providence Medicare Dual Plus (HMO D-SNP): 0% or 20% of the total cost Oregon Health Plan (Medicaid): $0 copayment for Medicaid-covered services
Dental Services	Medicare-Covered[1]	Providence Medicare Dual Plus (HMO D-SNP): 0% or 20% of the total cost Oregon Health Plan (Medicaid): $0 copayment for Medicaid-covered services
	Other/Non-Medicare-Covered	Providence Medicare Dual Plus (HMO D-SNP): $1,700 allowance per calendar year for any dental services of your choosing Oregon Health Plan (Medicaid): $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	Providence Medicare Dual Plus (HMO D-SNP): 0% or 20% of the total cost per exam 0% or 20% of the total cost for glaucoma screening Oregon Health Plan (Medicaid): $0 copayment for Medicaid-covered services; once every 24 months for adults age 21 or older
	Routine Exam	Providence Medicare Dual Plus (HMO D-SNP): Allowance of one routine vision exam per calendar year at $0 copayment (including refraction) Oregon Health Plan (Medicaid): $0 copayment for Medicaid-covered services; once every 24 months for adults age 21 or older
	Medicare-Covered Eyewear	Providence Medicare Dual Plus (HMO D-SNP): 0% or 20% of the total cost for one pair of Medicare-covered eyeglasses or contact lenses after each cataract surgery Oregon Health Plan (Medicaid): $0 copayment for Medicaid-covered services; only for specific medical conditions
	Routine Eyeglasses or Contact Lenses	Providence Medicare Dual Plus (HMO D-SNP): Allowance of up to $250 per calendar year for any combination of routine prescription eyewear Oregon Health Plan (Medicaid): $0 copayment for Medicaid-covered services; only for specific medical conditions
Mental Health Services	Inpatient Visit[1]	Providence Medicare Dual Plus (HMO D-SNP): $0 or $1,632 deductible for each benefit period $0 copayment for days 1-60 $0 or $408 copayment each day for days 61-90 $0 or $816 copayment per each "lifetime reserve day" after day 90 (up to 60 days over your lifetime) You pay for all costs beyond lifetime reserve days Oregon Health Plan (Medicaid): $0 copayment for Medicaid-covered services
	Outpatient Individual[1] and Group Therapy Visit[1]	Providence Medicare Dual Plus (HMO D-SNP): 0% or 20% of the total cost Oregon Health Plan (Medicaid): $0 copayment for Medicaid-covered services

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

Benefits	In-Network
Skilled Nursing Facility (SNF) [1]	Providence Medicare Dual Plus (HMO D-SNP): $0 copayment for days 1-20 $204 copayment each day for days 21-100 Oregon Health Plan (Medicaid): $0 copayment for Medicaid-covered services. Medicaid covers up to 20 days in a SNF.
Physical Therapy[1]	Providence Medicare Dual Plus (HMO D-SNP): 0% or 20% of the total cost Oregon Health Plan (Medicaid): $0 copayment for Medicaid-covered services
Ambulance[1]	Providence Medicare Dual Plus (HMO D-SNP): 0% or 20% of the total cost Oregon Health Plan (Medicaid): $0 copayment for Medicaid-covered services
Transportation (This plan includes non-medical transportation)	Providence Medicare Dual Plus (HMO D-SNP): $0 copayment for 36 one-way trips (max of 25 miles each) Oregon Health Plan (Medicaid): $0 copayment for Medicaid-covered services; non-emergency medical transportation to covered appointments
Medicare Part B Drugs[1]	Providence Medicare Dual Plus (HMO D-SNP): 0% or 20% of the total cost (insulin cost share up to $35 per month) Oregon Health Plan (Medicaid): $0 copayment for Medicaid-covered services
Meal Delivery Program (post-discharge only)	Providence Medicare Dual Plus (HMO D-SNP): $0 copayment for 2 meals per day for 28 days, following a qualifying inpatient hospitalization Oregon Health Plan (Medicaid): Not covered

Providence Medicare Dual Plus (HMO D-SNP)

Flex Card	Over-the-Counter Items Food and Produce	Providence Medicare Dual Plus (HMO D-SNP): $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. Unspent dollars will rollover from quarter to quarter, then expire at the end of the 2024 calendar year. Oregon Health Plan (Medicaid): Not covered
Personal Emergency Response System (PERS)		Providence Medicare Dual Plus (HMO D-SNP): $0 copayment Oregon Health Plan (Medicaid): Not covered
Wellness Program		Providence Medicare Dual Plus (HMO D-SNP): $0 copayment for monthly gym membership with participating fitness clubs Oregon Health Plan (Medicaid): Not covered

[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.

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you. Call Customer Service for more information.

Important Message About What You Pay for Insulin - You pay $0 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

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.

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.

Providence
Medicare Advantage Plans

Form Approved
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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.

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 على1-800-603-2340 (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 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。