

2024

# Benefit Highlights

Providence Medicare Extra + Rx (HMO)

Benton, Linn counties in Oregon

**Medicare can be complex.**

# We're here to keep it from getting confusing.

Whatever your healthcare needs are, Providence offers a Medicare Advantage plan that has you covered. Explore the plan options in your area, and don't hesitate to call us if you have questions. Providence Medicare Advantage experts are ready and waiting to help you.

---

## **Have questions?**

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 – Part C

	Providence Medicare Extra + Rx (HMO)
Monthly premium with prescription drug coverage	\$155
	<b>In-Network</b>
Medical deductible	\$0
Out-of-pocket maximum	\$3,400
	<b>You pay</b>
Doctor office visit (PCP)	\$0
Specialist visit	\$20
Preventive care	\$0
Inpatient hospital	Days 1-5: \$250 per day Day 6 and beyond: \$0 per day
Skilled nursing facility	Days 1-20: \$0 Day 21-100: \$150 per day
Outpatient surgery	\$100 Ambulatory \$150 Hospital
Diabetic supplies	\$0 – 20%
Lab	\$0
X-ray	\$0
Diagnostic radiology	15% up to \$250
Outpatient diagnostic tests & procedures	20%
Therapy: PT, OT, ST	\$20
Durable medical equipment	20%
Home health	\$0
Telehealth**	\$0 PCP – \$20 Specialist
	<b>Worldwide coverage</b>
Urgent care	\$25
Emergency room*	\$70
Ambulance (ground or air)	\$250 one-way

\*Copay waived if you are admitted to the hospital within 24 hours for the same condition.

\*\*You will pay the cost sharing that applies to the services.

Other charges and limits may apply. Please refer to the Evidence of Coverage for more information.

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.

# Pharmacy Coverage – Part D

## Providence Medicare Extra + Rx (HMO)

Annual deductible	\$0]	
	30-day	100-day
Preferred generic	\$0	\$0
Generic	\$10	\$10
Preferred brand	\$37	\$74
Non-preferred drugs	\$90	\$180
Specialty drugs	33%	Not available

Mail order for maintenance medications, get up to a 100-day supply shipped right to you from our in-network mail order pharmacies. Copays listed are for Preferred Network pharmacies only; other pharmacy copays may cost more.

For all Part D insulin products, you will pay no more than \$35 per month. For all ACIP-recommended Part D Vaccines, you will have no cost-share.

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

Initial coverage	Coverage gap
Phase 1	Phase 2
When the total paid by you and the plan reaches \$5,030, Phase 2 begins.	You continue to pay your Tier 1 and Tier 2 cost-shares in Phase 2 Coverage Gap. All other cost-shares will be 25%. You stay in this stage until your out-of-pocket costs reach \$8,000. After that, you pay nothing.

# Dental, hearing, vision, and more

## Providence Medicare Extra + Rx (HMO)

Flexible Benefit Card	
Over-the-counter items	\$195 to spend per quarter
Incentive rewards for completing healthy activities	Up to \$50 per year
Preventative dental	\$0
Routine eye exam (one per year)	\$0
Prescription eyeglasses or contact lenses*	\$250 to spend per year
Routine hearing exam (one per year)**	\$0
Hearing aids (two per year)**	\$399 – \$699 per hearing aid
Meal delivery after inpatient hospital stay	\$0 – two meals per day for 14 days
Personal Emergency Response System	\$0
Fitness center membership	\$0
Wigs for hair loss related to chemotherapy	\$0 for synthetic 1 wig per year
Non-emergent medical transportation benefit	\$0 for 24 one-way trips per year

\*You are responsible for any cost above the allowance for prescription eyeglasses or contact lenses.

\*\*You must see a TruHearing provider. Other charges and limits may apply.

# 2024 Optional Supplemental Dental Benefits

## Plans that include Basic or Enhanced option:

Providence Medicare Extra + Rx (HMO).

Benefits include: Preventative (See EOS Chapter 4) and Comprehensive Dental	Basic		Enhanced	
	In-network member responsibility	Out-of-network member responsibility*	In-network member responsibility	Out-of-network member responsibility*
Monthly premium	\$33		\$45	
Office visit copay	No copay		No copay	
Annual deductible <sup>1</sup>	\$50	\$150	\$50	\$150
Annual maximum	\$1,000		\$1,500	
Waiting periods	None		None	
Provider network	Delta Dental Medicare Advantage		Delta Dental Medicare Advantage	
Out-of-network reimbursement	Maximum allowable charge		Maximum allowable charge	
<b>Diagnostic and Preventative Services</b>				
Oral examinations <sup>2</sup>	\$0	20%	\$0	20%
Bitewing X-rays <sup>3</sup>	\$0	20%	\$0	20%
Panoramic & other diagnostic X-rays <sup>4</sup>	\$0	20%	\$0	20%
<b>Comprehensive Dental Services</b>				
Simple extractions	50%	60%	50%	60%
Basic fillings	30%	60%	30%	60%
Dentures	\$1,000 Lifetime Denture Benefit		\$1,500 Lifetime Denture Benefit	
Crowns and bridges	50%	60%	50%	60%
Oral surgery	Not covered		50%	60%
Endodontics (root canals)	Not covered		50%	60%
Periodontics (deep cleaning)	Not covered		50%	60%

**\*Important notes:** Limitations and exclusions apply. Please refer to your Evidence of Coverage for a complete list of covered dental services. Members are encouraged to use an in-network Dental provider. Out-of-network dentists may charge more than the amount allowed by Providence Medicare Advantage Plans.

<sup>1</sup> Deductibles are waived for diagnostic and preventive services

<sup>2</sup> Oral Examination – limited to two per calendar year

<sup>3</sup> Bitewing or Periapical X-rays – one bitewing series or one bitewing series plus periapical as needed (up to 10) per calendar year

<sup>4</sup> Full mouth and Panoramic X-ray – limited to once every 5 years

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.

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.



## 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/Guides](https://www.providence.com/TrueHealth.com/Guides)**