Providence
Medicare Advantage Plans

2024 Benefit Highlights

Providence Medicare Pine + Rx (HMO)
Providence Medicare Cottonwood + Rx (HMO-POS)

Benton, Franklin, Snohomish, Spokane, Walla Walla counties in Washington

Partners in care with providers you trust

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Providence
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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).

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Providence Medicare Advantage Plans – Part C

Providence Medicare Advantage Plans

	Providence Medicare Pine + Rx (HMO)	Providence Medicare Cottonwood + Rx (HMO-POS)	
Monthly premium with prescription drug coverage	$0	$35	
	In-network	**In-network**	**Out-of-network**
Medical deductible	$0	$0	$0
Out-of-pocket maximum	$5,500	$4,800	$10,000 combined
Benefits	**You pay**	**You pay**	
Doctor office visit (PCP)	$0	$0	$25
Specialist visit	$45	$35	$50
Preventive care	$0	$0	30%
Inpatient hospital	Days 1-4: $395 per day Day 5 and beyond: $0 per day	Days 1-6: $325 per day Day 7 and beyond: $0 per day	30%
Skilled nursing facility	Days 1-20: $0 Days 21-100: $184 per day	Days 1-20: $0 Days 21-100: $160 per day	30%
Outpatient surgery	$250 Ambulatory $310 Hospital	$250 Ambulatory $290 Hospital	30%
Diabetic supplies	$0 – 20%	$0 – 20%	30%
Lab	$0	$0	30%
X-ray	$0	$0	30%
Diagnostic radiology	20% up to $250	20% up to $250	30%
Outpatient diagnostic tests & procedures	20%	20%	30%
Chiropractic Acupuncture Naturopathy	18 visits: $20 18 visits: $20 6 visits: $20	18 visits: $20 18 visits: $20 6 visits: $20	No coverage
Therapy: PT, OT, ST	$40	$35	30%
Durable medical equipment	20%	20%	30%
Home health	$0	$0	30%
Telehealth**	$0 PCP $45 Specialist	$0 PCP $35 Specialist	$25 PCP $50 Specialist
	Worldwide coverage	**Worldwide coverage**	
Urgent care	$25	$25	
Emergency room*	$90	$70	
Ambulance (ground or air)	$250 one way	$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 Evidence of Coverage for more information. 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.

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.

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Pharmacy coverage – Part D

	Providence Medicare Pine + Rx (HMO)		Providence Medicare Cottonwood + Rx (HMO-POS)	
Annual deductible	$0		$0	
	30-day	**100-day**	**30-day**	**100-day**
Preferred generic	$0	$0	$0	$0
Generic	$10	$10	$10	$10
Preferred brand	$37	$111 $74 for mail order	$37	$111 $74 for mail order
Non-preferred drugs	$100	$300	$100	$300
Specialty drugs	33%	Not available	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. You continue to pay your Tier 1 and Tier 2 cost-shares in Phase 2 Coverage Gap. All other cost-shares will be [25%]. 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 Pine + Rx (HMO)	Providence Medicare Cottonwood + Rx (HMO-POS)
Flexible Benefit Card Flex dental Over-the-counter items Incentive rewards for completing healthy activities	$400 $40 to spend per quarter Up to $50 per year	$1000 $70 to spend per quarter Up to $50 per year
Preventive dental	$0	$0 in-network, 20% out-of-network
Routine eye exam (one per year)	$0	$0
Prescription eyeglasses or contact lenses*	$250 to spend per year	$250 to spend per year
Routine hearing exam (one per year)**	$0	$0
Hearing aids (two per year)**	$699 or $999 per hearing aid	$699 or $999 per hearing aid
Meal delivery after inpatient hospital stay	$0 – two meals per day for 14 days	$0 – two meals per day for 14 days
Personal Emergency Response System	$0	$0
Fitness center membership	$0	$0
Wigs for hair loss related to chemotherapy	$0 for synthetic 1 wig per year	$0 for synthetic 1 wig 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.

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2024 Optional Supplemental Dental Benefits

Plans that include Basic or Enhanced option:

Providence Medicare Cottonwood + Rx (HMO-POS), Pine + Rx (HMO).

Benefits include: Preventative (See EOS Chapter 4) and Comprehensive Dental	Basic		Enhanced	
Monthly premium	$33		$45	
Plan benefits	**In-network member responsibility**	**Out-of-network member responsibility***	**In-network member responsibility**	**Out-of-network member responsibility***
Office visit copay	No copay		No copay	
Annual deductible[1]	$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	
Diagnostic and Preventative Services				
Oral examinations[2]	$0	20%	$0	20%
Bitewing X-rays[3]	$0	20%	$0	20%
Panoramic & other diagnostic X-rays[4]	$0	20%	$0	20%
Comprehensive Dental Services				
Simple extractions	50%	60%	50%	60%
Basic fillings	30%	60%	30%	60%
Dentures	50% $1,000 Lifetime Denture Benefit	60%	50% $1,500 Lifetime Denture Benefit	60%
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.

[1] Deductibles are waived for diagnostic and preventive services
[2] Oral Examination – limited to two per calendar year
[3] Bitewing or Periapical X-rays – one bitewing series or one bitewing series plus periapical as needed (up to 10) per calendar year
[4] Full mouth and Panoramic X-ray – limited to once every 5 years

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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

Other Providers are available in our network.

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