



2024
**Benefit
Highlights**

Providence Medicare Reverence

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

Partners in care with providers you trust

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 Reverence (HMO-POS)	
Monthly premium	\$0	
	In-network	Out-of-network
Medical deductible	\$0	\$0
Out-of-pocket maximum	\$4,500	\$10,000 combined
Benefits	You pay	
Doctor office visit (PCP)	\$15	\$25
Specialist visit	\$30	\$50
Preventive care	\$0	30%
Inpatient hospital	Days 1-6: \$300 per day Day 7 and beyond: \$0 per day	30%
Skilled nursing facility	Days 1-20: \$0 Days 21-100: \$160 per day	30%
Outpatient surgery	\$250 Ambulatory \$250 Hospital	30%
Diabetic supplies	\$0 – 20%	30%
Lab	\$0	30%
X-ray	\$15	\$30
Diagnostic radiology	20% up to \$250	30%
Outpatient diagnostic tests & procedures	\$20	30%
Chiropractic Acupuncture Naturopathy	18 visits: \$20 18 visits: \$20 6 visits: \$20	No coverage
Therapy: PT, OT, ST	\$30	30%
Durable medical equipment	20%	30%
Home health	\$0	30%
Telehealth**	\$15 PCP \$30 Specialist	\$25 PCP \$50 Specialist
	Worldwide coverage	
Urgent care	\$25	
Emergency room*	\$90	
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 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.

Dental, hearing, vision, and more

	Providence Medicare Reverence (HMO-POS)
Flexible Benefit Card	
Over-the-counter items	\$75 to spend per quarter
Incentive rewards for completing healthy activities	Up to \$50 per year
Preventive dental	\$0 in-network, 20% out-of-network
Routine eye exam (one per year)	\$0
Prescription eyeglasses or contact lenses*	\$250 to spend per year
Routine hearing exam (one per year)**	\$0 copay
Hearing aids (two per year)**	\$399 or \$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

*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.

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.

2024 Optional Supplemental Dental Benefits

Plans that include Basic or Enhanced option:

Providence Medicare Reversion (HMO-POS).

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 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	\$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.

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)

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Check us out online for more information or to enroll at

ProvidenceTrueHealth.com/Guides