2019 Providence Medicare Advantage Plan Information

Thank you for your interest in applying for the Providence Medicare Advantage plan. Below are links to the items which are part of the Enrollment Packet you would receive if we were to mail it to you. Please take note and make sure to review the information. You will be receiving an "Enrollment Verification Call" from Providence within 7 days of the application receipt.

Enrollment Packet – click links below to view the information

Star Rating
Download Application: Prime & Choice / Focus, Select & Extra / Timber, Choice, Compass, Latitude & Enrich
Summary of Benefits: Choice / Enrich / Extra / Focus / Prime / Select / Timber / Compass & Latitude
Pharmacy & Provider Search
Formulary

Initial Enrollment Period (IEP)

If you are new to Medicare, you can enroll during your Initial Enrollment Period (IEP); the three months before, the month of, and the three months after your Part B effective date. Once you have been enrolled in a Medicare Plan, you can only make changes during the Annual Enrollment Period (AEP). Please be aware of the AEP dates are now October 15th to December 7th. This will give you a January 1st effective date for your new plan.

Annual Enrollment Period (AEP)

Applications must be signed and dated on, or between October 15th and December 7th. *If they are signed prior to October 15th they will be returned to you with a new application.* If they are received after December 7th, you will not be able to change plans until the next AEP for January of the following year.

Special Enrollment Period (SEP)

There are a number of reasons for Special Enrollments; Loss of a job that provides benefits, death of a spouse who's plan provided benefits, moving to an area where your old plan is not available, etc…

Once you submit your application to us, we will review your application for completeness and accuracy before we submit it to the company. You may fax, upload, email or mail your application in to CDA Insurance:

CDA Insurance LLC
PO Box 26540
Eugene, Oregon 97402

Fax: 1.541.284.2994 or 888.632.5470
Secure File Upload: Click here
Email: cs@cda-insurance.com

If you should have any questions on the application, please call a licensed insurance agent at 1.800.884.2343 or 1.541.434.9613. Our website: https://medicare-oregon.com/

Y0062_MULTIPLAN_CDA INSURANCE Oregon 2019

PROVIDENCE
Medicare Advantage Plans
A division of Providence Health Assurance

Summary of Benefits

January 1, 2019 – December 31, 2019

Providence Medicare Select Medical (HMO-POS)

This Plan is available in Clackamas, Columbia, Lane, Marion, Multnomah, Polk, Washington and Yamhill counties in Oregon; Clark County in Washington.

2019

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Providence Medicare Advantage Plans is an HMO, HMO-POS, and HMO SNP with Medicare and Oregon Health Plan contracts. Enrollment in Providence Medicare Advantage Plans depends on contract renewal.

This booklet gives you a summary of what **Providence Medicare Select Medical (HMO-POS)** covers and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please refer to The "Evidence of Coverage." To obtain a copy of the EOC please contact customer service at 1-800-603-2340 or visit us online to request one at **www.ProvidenceHealthAssurance.com/EOC.**

If you have any questions about this plan's benefits or costs, please contact Providence Health Assurance for details.

If you want to know more about the coverage and costs of Original Medicare, look in your current **"Medicare & You"** handbook. View it online at **http://medicare.gov** or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

THINGS TO KNOW ABOUT PROVIDENCE MEDICARE SELECT MEDICAL (HMO-POS)

You can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Pacific Time.

PROVIDENCE MEDICARE SELECT MEDICAL (HMO-POS), PHONE NUMBERS AND WEBSITE

- If you are a member of this plan, call toll free 1-800-603-2340, TTY users call 711.
- If you are not a member of this plan, call toll free 1-800-457-6064, TTY users call 711.
- Our website: **www.ProvidenceHealthAssurance.com**
- Our plan members get all of the benefits covered by Original Medicare.
- Some of the extra benefits are outlined in this booklet.

WHO CAN JOIN

To join **Providence Medicare Select Medical (HMO-POS)** you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

Our service area includes the following counties in Oregon: Clackamas, Columbia, Lane, Marion, Multnomah, Polk, Washington and Yamhill counties; Clark County in Washington

You can see our plan's Provider Directory at our website: **www.providencehealthassurance.com/providerdirectory** or, call us and we will send you a copy of the Provider Directory.

Providence Medicare Select Medical (HMO-POS)

Monthly Plan Premium		$67 *In addition, you must continue to pay your Medicare Part B premium.*	
Deductible		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: $4,500	Out-of-network: $6,700

SERVICES WITH A[1] MAY REQUIRE PRIOR AUTHORIZATION
SERVICES WITH A[2] MAY REQUIRE A REFERRAL FROM YOUR DOCTOR

Benefits		**In-network**	**Out-of-network**
Inpatient Hospital Coverage[1]		$300 copay per day for days 1-6 You pay $0 per day days 7 & beyond	30% of the cost
Outpatient Hospital Coverage[1]		$250 copay outpatient surgery	30% of the cost
Doctor Visits[2]	Primary Care Provider	$15 copay	$25 copay
	Specialist	$30 copay	$50 copay
Preventive Care		You pay nothing	30% of the cost
Emergency Care		$90 copay *If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.*	
Urgently Needed Services		$60 copay *If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost of urgent care.*	

Benefits		In-network	Out-of-network
Diagnostic Services/Labs/ Imaging[1]	Diagnostic radiology services (e.g. MRI, ultrasounds, CT Scans)	20% of the cost	30% of the cost
	Therapeutic radiology services	20% of the cost	30% of the cost
	Outpatient x-rays	$15 copay per day	30% of the cost
	Diagnostic test and procedures	15% of the cost	30% of the cost
	Lab Services	$12 copay per day	30% of the cost
Hearing Services[2]	Medicare-covered	$30 copay	30% of the cost
	Routine exam	$45 copay	Not covered
Dental Services[2]	Medicare-covered	$30 copay	30% of the cost
	Optional	Covered for additional Premium, see below	
Vision Services	Medicare-covered	$30 copay	30% of the cost
	Routine exam	Allowance of up to $45 per calendar year for a routine vision exam (including refraction)	
	Routine eyeglasses or contact lenses	Allowance of up to $200 per calendar year for any combination of routine prescription eyewear	
Mental Health Services[1]	Inpatient Visit	$275 copay per day for days 1-6. You pay nothing for days 7-190	30% of the cost
	Outpatient individual and group therapy visit	$30 copay	30% of the cost
Skilled Nursing Facility[1]		You pay nothing for day 1-20. $160 copay for days 21-100	30% of the cost
Physical therapy		$30 copay	30% of the cost
Ambulance[1]		$250 copay	$250 copay
Transportation		Not covered	Not covered
Medicare Part B Drugs[1]		20% of the cost	30% of the cost

This information is not a complete description of benefits. Call 1-800-603-2340, TTY users call 711 for more information.

OPTIONAL SUPPLEMENTAL DENTAL		
Please note: *Optional Benefits: You must pay an extra premium each month for these benefits[1]* *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[2]*		
Option 1: Basic Dental *Benefits include: Preventive Dental Comprehensive Dental*		
Monthly premium[1]	Additional $33.70 per month. *You must keep paying your Medicare Part B and monthly plan premium.*	
Benefits	In-network	Out-of-network
Deductible[1]	$50	$150
Annual Benefit Maximum[1,2]	$1,000 per year	
Diagnostic and Preventive Care[1,2]	You pay 0%	You pay 20%
Basic Care[1,2]	You pay 50%	You pay 60% • Fillings (Silver) • Fillings (Composite)
Major Restorative Care[1,2]	You pay 50%	You pay 60%
Option 2: Enhanced Dental *Benefits include: Preventive Dental Comprehensive Dental*		
Monthly premium[1]	Additional $46.50 per month. *You must keep paying your Medicare Part B and monthly plan premium.*	
Benefits	In-network	Out-of-network
Deductible[1]	$50	$150
Annual Benefit Maximum[1,2]	$1,500 per year	
Diagnostic and Preventive Care[1,2]	You pay 0%	You pay 20%
Basic Care[1,2]	You pay 50%	You pay 60% • Fillings (Silver) • Fillings (Composite)
Major Restorative Care[1]	You pay 50%	You pay 60%