

## Providence Health Assurance Application Packet

Thank you for your interest in the Providence Health Assurance Medicare Supplement plan!

This application packet provides you with access to the printable copy of the Enrollment Form and the Outline of Coverage in addition to a link to the Choosing a Medigap Policy Guide.

Should you decide to apply by secure upload/mail/fax/email, the printable application needs to be reviewed and signed by an Agent before it can be submitted to Providence Health Assurance. You may upload/email, fax or mail it in to CDA Insurance:

- Fax: 1.541.284.2994
- Email: [cs@cda-insurance.com](mailto:cs@cda-insurance.com)
- Secure File Upload: [Click here](#)
- Mail: CDA Insurance LLC  
PO Box 26540  
Eugene, Oregon 97402

### Other Important Information

Download Medicare's [Choosing a Medigap Policy Guide](#) (.pdf)

**Online application** – [Click here](#)

Download [Plan G Outline](#) & [Plan N Outline](#) (.pdf)

Download [Application](#) (.pdf)

Our website: <https://medicare-oregon.com>

If you should have any questions on the application, please call us at 1.800.884.2343 or 1.541.434.9613.

# Pre-Enrollment Checklist



Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak with a customer service representative at **971-345-4013** or **1-888-231-9287 (TTY: 711)**, 8 a.m. to 5 p.m. (Pacific Time), Monday-Friday.

## Understanding the benefits

- Review the full list of benefits found in the Medicare Supplement policy, especially for those services for which you routinely see a doctor. Visit **ProvidenceMedicareSupplement.com** or call **971-345-4013** or **1-888-231-9287 (TTY: 711)** to view a copy of the policy.

## Understanding important rules

- Use this outline to compare benefits and premiums among policies. This outline shows benefits and premiums of policies sold for effective dates on or after April 1, 2021.
- This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and your insurance company.
- If you find that you are not satisfied with your policy, you may return it to Providence Health Assurance. If you decide you do not want to purchase this policy for any reason, you may notify us within 30 days after delivery and your insurance will be deemed void from its effective date and premium payments received will be returned to you.

Please contact us at: Providence Medicare Supplement  
Enrollment Department  
PO Box 14590  
Salem, OR 97309

- If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.
- This policy may not fully cover all of your medical costs. This Outline of Coverage does not give all the details of Medicare coverage. Contact your local Social Security office or consult "Medicare & You Handbook" for more details or visit **<https://www.medicare.gov/pub/medicare-you-handbook>**. Neither Providence Health Assurance nor its Producers are connected with Medicare.
- When you fill out the application for the new policy, be sure to answer truthfully and complete all questions about your medical and health history. The company may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information. Review the application carefully before you sign it. Be certain that all information has been properly recorded.



# 2021 Outline of Coverage



**Providence Medicare Supplement (Medigap)**

**April 1, 2021 – March 31, 2022**

**This plan is available in all counties in the state of Oregon.**



## When you join Providence

You're part of something bigger than an insurance policy. You are part of a community of care, focused on your health and well-being. To help you make the right health care decisions, we're providing this Outline of Coverage, a brief guide that breaks down what we would cover and what you would pay if you have a Providence Medicare Supplement Plan A, G, or N. To be clear, this summary of benefits is just that, a summary. It does not list every service that we cover nor every limitation or exclusion.

For a complete list of services that we cover, please refer to the Supplement policy. You can request a printed copy by visiting **ProvidenceMedicareSupplement.com** or by calling our Customer Service department at one of the numbers listed in the "Get in touch" section below.

## Plan overview

Medicare supplement (also referred to as Medigap) insurance can help cover some expenses not paid by Medicare Parts A and B alone. These Supplement plans are designed to help with some of the out-of-pocket costs associated with Medicare, like deductibles, coinsurance, and copayments, making your costs more predictable and more affordable. Other features include:

- + You are able to keep your own doctor who accepts Medicare patients.
- + You can see any specialist without a referral.
- + There are no claim forms to fill out.
- + Coverage goes with you anywhere in the U.S. when you travel and some plans cover overseas international travel.

If you are in Original Medicare (Parts A and B) and buy a Supplement policy, Medicare will pay its portion of the claim, then your Supplement policy will pay its portion. Medicare Supplement policies are named by letter, Plans A through Plan N. (These are not to be confused with Medicare Parts A, B, C, and D; they are different.) Supplement benefits are standardized and regulated by the State of Oregon's Division of Financial Regulation. A Medicare Supplement policy cannot be used if you also enroll in a Medicare Advantage plan.

Providence is currently offering Plans A, G, and N. Medicare Supplement Plan A offers just the Basic Benefits but has lower monthly premiums with higher-out-of-pocket costs for things like Skilled Nursing Facility Coinsurance and Part B Excess Charges. Plan G offers the most supplemental coverage, paying many of your out-of-pocket costs for Medicare-approved services. Consider this plan if you are willing to pay a higher monthly premium in exchange for more healthcare coverage and lower out-of-pocket costs. Plan N covers the Part B coinsurance, but you pay copayments for covered doctor office and emergency room visits in exchange for a mid-range monthly premium. Please see below for further details regarding coverage benefits for Plan G.

## Who can join?

You are eligible for these Medicare Supplement plans if you are age 65 or older, are enrolled in Medicare Parts A & B, and are not duplicating Medicare supplement coverage from another plan (for example, Medicare Advantage). You must also reside in our service area for this Supplement coverage which is defined as all counties in Oregon.

## Get in touch

Questions? We are here to help Monday through Friday from 8 a.m. to 5 p.m. (Pacific Time).

- + **971-345-4013** or **1-888-231-9287 (TTY: 711)**
- + You can also visit us online at **ProvidenceMedicareSupplement.com**

## Helpful resources

- + To learn more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook, view it online at <https://www.medicare.gov/pub/medicare-you-handbook> 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.**

# Medicare Supplement

## Benefit chart of Medicare Supplement plans sold on or after June 1, 2010

This chart shows the benefits included in each of the standard Medicare Supplement plans. Every company must make Plan A available. The plans offered by Providence Health Plan are summarized in the chart below. See the Medicare Supplement policy sections for details about all plans.

Features Comparison	Plan A	Plan G	Plan N	Notes
Medicare Part A hospital cost share coverage (up to an additional 365 days after Medicare benefits are used up)	✓	✓	✓	
Medicare Part B coinsurance or copayment	✓	✓	✓	*Pays the Part B coinsurance, except you pay up to a \$20 copay for office visits and a \$50 copay for ER visits
Blood (first three pints per calendar year)	✓	✓	✓	
Part A hospice care coinsurance or copayment	✓	✓	✓	
Skilled nursing facility coinsurance		✓	✓	
Medicare Part A deductible		✓	✓	
Medicare Part B deductible				
Medicare Part B excess charges		✓		
Foreign travel emergency (up to plan limits)		80%	80%	
Additional Benefits	Plan A	Plan G	Plan N	Notes
Nurse advice line (ProvRN) – When you call ProvRN, registered nurses assess your symptoms and help you figure out your next steps for care.	✓	✓	✓	
Free gym membership (Silver & Fit) – We offer a no-cost fitness center membership to all of our members through the Silver&Fit® Fitness Program.		✓	✓	
True Hearing discount – Providence has partnered with hearing aid provider TruHearing to offer discounts to our members.	✓	✓	✓	

## Premium information (Non-Smoking Rates)—Medicare Supplement plans

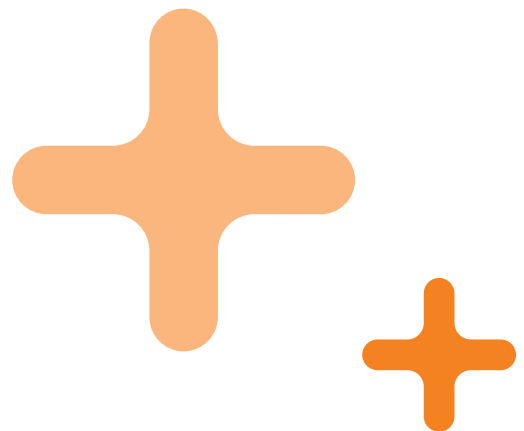
Non-smoking rates are effective February 1, 2021

Providence Health Plan can raise your premium only if we raise the premium for all policies like yours in this state. Premiums are based on your age and may increase as you get older.

These plans have an annual renewal date of February 1. Because of this, you may experience a rate change within 12 months during your initial renewal year. After your first year, rates are guaranteed not to increase for the following 12 months.

A household discount off your monthly premium may be available if you (1) are married or live with a domestic partner of any age and reside at the same physical address, or (2) have resided with at least one, but no more than three other adults age 60 or older for the previous 12 months at the same physical address.

The rates below are the non-smoking rates and do not reflect any discounts.



<b>Age</b>	<b>Plan G</b>
<65	\$153.04
65	\$153.04
66	\$153.04
67	\$153.04
68	\$153.04
69	\$163.93
70	\$174.82
71	\$185.72
72	\$196.61
73	\$207.50
74	\$218.39
75	\$229.29
76	\$240.18
77	\$251.07
78	\$261.96
79	\$272.86
80	\$283.75
81	\$288.55
82	\$293.35
83	\$296.89
84	\$300.43
85	\$303.98
86	\$307.52
87	\$311.07
88	\$314.61
89	\$318.16
90+	\$318.16

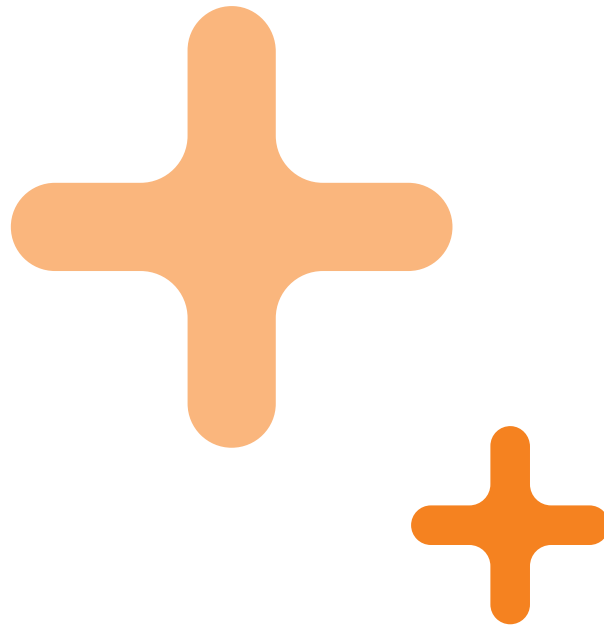
## Premium information (Smoking Rates)—Medicare Supplement plans

Smoking rates are effective February 1, 2021.

Providence Health Plan can raise your premium only if we raise the premium for all policies like yours in this state. Premiums are based on your age and may increase as you get older.

These plans have an annual renewal date of February 1. Because of this, you may experience a rate change within 12 months during your initial renewal year. After your first year, rates are guaranteed not to increase for the following 12 months.

A household discount off your monthly premium may be available if you (1) are married or live with a domestic partner of any age and reside at the same physical address, or (2) have resided with at least one, but no more than three other adults age 60 or older for the previous 12 months at the same physical address.





<b>Age</b>	<b>Plan G</b>
<65	\$191.30
65	\$191.30
66	\$191.30
67	\$191.30
68	\$191.30
69	\$204.92
70	\$218.53
71	\$232.15
72	\$245.76
73	\$259.38
74	\$272.99
75	\$286.61
76	\$300.22
77	\$313.84
78	\$327.46
79	\$341.07
80	\$354.69
81	\$360.69
82	\$366.68
83	\$371.11
84	\$375.54
85	\$379.97
86	\$384.40
87	\$388.83
88	\$393.26
89	\$397.70
90+	\$397.70

# Plan G

<b>Hospital Services (Medicare - Part A) per benefit period</b>				
<b>Benefits</b>		<b>Medicare Pays</b>	<b>Plan G Pays</b>	<b>You Pay</b>
<b>Hospitalization<sup>1</sup></b> Semi-private room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,484	\$1,484 (Part A deductible)	\$0
	Days 61-90	All but \$371 per day	\$371 per day	\$0
	Days 91-150 while using 60 lifetime reserve days	All but \$742 per day	\$742 per day	\$0
	After lifetime reserve days are used, an additional 365 days	\$0	100% of Medicare-eligible expenses	\$0 <sup>2</sup>
	Beyond the additional 365 days	\$0	\$0	All costs
<b>Skilled Nursing Facility Care<sup>1</sup></b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	\$0	\$0
	Days 21-100	All but \$185.50 per day	Up to \$185.50 per day	\$0
	Days 101 and later	\$0	\$0	All costs
<b>Blood</b>	First 3 pints	\$0	3 pints	\$0
	Additional amounts	100%	\$0	\$0
<b>Hospice Care</b> Available as long as you meet Medicare's requirements, your doctor certifies that you are terminally ill and you elect to receive these services.		All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

<sup>1</sup>A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

<b>Medical Services (Medicare - Part B) per benefit period</b>				
<b>Benefits</b>		<b>Medicare Pays</b>	<b>Plan G Pays</b>	<b>You Pay</b>
<b>Medical Expenses</b> Includes treatment in or out of the hospital, and outpatient hospital treatment, such as: physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.	First \$203 of Medicare-approved amounts <sup>3</sup>	\$0	\$0	\$203 (Part B deductible)
	Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
<b>Part B Excess Charges</b> 15% above Medicare-approved amounts		\$0	100%	\$0
<b>Blood</b>	First 3 pints	\$0	All costs	\$0
	Next \$203 of Medicare-approved amounts <sup>3</sup>	\$0	\$0	\$203 (Part B deductible)
	Remainder of Medicare-approved amounts	80%	20%	\$0
<b>Clinical Laboratory Services</b>	Tests for diagnostic services	100%	\$0	\$0

<sup>2</sup> **NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

<sup>3</sup> Once you have been billed \$203 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

<b>Home Health Care - Approved Services (Medicare - Parts A &amp; B)</b>				
<b>Benefits</b>		<b>Medicare Pays</b>	<b>Plan G Pays</b>	<b>You Pay</b>
<b>Home Health Care</b> Medicare-approved services	Medically necessary skilled care services and medical supplies	100%	\$0	\$0
<b>Durable Medical Equipment</b> Medicare-approved services	First \$203 of Medicare-approved amounts <sup>3</sup>	\$0	\$0	\$203 (Part B deductible)
	Remainder of Medicare-approved amounts	80%	20%	\$0

<b>Other Benefits (not covered by Medicare)</b>				
<b>Benefits</b>		<b>Medicare Pays</b>	<b>Plan G Pays</b>	<b>You Pay</b>
<b>Foreign Travel</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the United States	First \$250 each calendar year	\$0	\$0	\$250
	Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

<sup>3</sup> Once you have been billed \$203 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.