

**Providence Medicare Advantage Plans  
Monthly Plan Premium for People who get Extra Help from Medicare  
to Help Pay for their Prescription Drug Costs**

If you get extra help from Medicare to help pay for your Medicare prescription drug plan costs, your monthly plan premium will be lower than what it would be if you did not get extra help from Medicare. The amount of extra help you get will determine your total monthly plan premium as a member of our Plan.

This table shows you what your monthly plan premium will be if you get extra help.

**Washington, Multnomah, Clackamas, Yamhill Counties**

Your level of extra help	Monthly Premium for Providence Medicare Prime + Rx (HMO)*	Monthly Premium for Providence Medicare Bridge 1 + Rx (HMO-POS)*
100%	\$0	\$0.00
75%	\$0	\$8.75
50%	\$0	\$17.50
25%	\$0	\$26.25

Your level of extra help	Monthly Premium for Providence Medicare Choice + Rx 001 (HMO-POS)*	Monthly Premium for Providence Medicare Extra + Rx 001 (HMO)*
100%	\$51.50	\$132.50
75%	\$61.63	\$142.63
50%	\$71.75	\$152.75
25%	\$81.88	\$162.88

**Columbia, Lane, Marion and Polk Counties in Oregon and Clark County in Washington**

Your level of extra help	Monthly Premium for Providence Medicare Timber + Rx (HMO)*	Monthly Premium for Providence Medicare Bridge 2 + Rx (HMO-POS)*
100%	\$0	\$0.00
75%	\$0	\$10.00
50%	\$0	\$20.00
25%	\$0	\$30.00

Your level of extra help	Monthly Premium for Providence Medicare Choice + Rx 002 (HMO-POS)*	Monthly Premium for Providence Medicare Extra + Rx 002 (HMO)*
100%	\$51.50	\$132.50
75%	\$61.63	\$142.63
50%	\$71.75	\$152.75
25%	\$81.88	\$162.88

**Deschutes, Crook, Wheeler, Jefferson, Hood River Counties**

Your level of extra help	Monthly Premium for Providence Medicare Compass + Rx (HMO-POS)*	Monthly Premium for Providence Medicare Latitude + Rx (HMO-POS)*
100%	\$14.50	\$154.50
75%	\$24.63	\$164.63
50%	\$34.75	\$174.75
25%	\$44.88	\$184.88

**Linn, Benton Counties**

Your level of extra help	Monthly Premium for Providence Medicare Enrich + Rx (HMO)*
100%	\$106.50
75%	\$116.63
50%	\$126.75
25%	\$136.88

**Washington State - Snohomish County**

Your level of extra help	Monthly Premium for Providence Medicare Harbor + Rx (HMO)*	Monthly Premium for Providence Medicare Summit + Rx (HMO-POS)*
100%	\$0	\$18.50
75%	\$0	\$28.63
50%	\$0	\$38.75
25%	\$0	\$48.88

**Washington State - Spokane County**

Your level of extra help	Monthly Premium for Providence Medicare Pine +RX (HMO)*	Monthly Premium for Providence Medicare Cottonwood + RX (HMO-POS)*
100%	\$0	\$0.00
75%	\$0	\$8.75
50%	\$0	\$17.50
25%	\$0	\$26.25

**Washington, Multnomah, Clackamas Counties**

Your level of extra help	Monthly Premium for Providence Medicare Dual Plus (HMO D-SNP)*
100%	NA
75%	NA
50%	NA
25%	NA

\*This does not include any Medicare Part B premium you may have to pay.

Providence Medicare Advantage Plan’s premium includes coverage for both medical services and prescription drug coverage.

If you aren’t getting extra help, you can see if you qualify by calling:

- 1-800-Medicare or TTY users call 1-877-486-2048 (24 hours a day/7 days a week),
- Your State Medicaid Office, or
- The Social Security Administration at 1-800-772-1213. TTY users should call 1-800-325-0778 between 7 a.m. and 7 p.m., Monday through Friday.

If you have any questions, please call Providence Medicare Advantage Plans Customer Service at 503-574-8000 or 1-800-603-2340, (TTY users should call TTY 711), seven days a week, between 8 a.m. and 8 p.m. (Pacific Time). More information can be found at [ProvidenceHealthAssurance.com](http://ProvidenceHealthAssurance.com).

You must continue to pay your Medicare Part B premium.