

**2022**

# Medicare Advantage Plan Comparison

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**Providence Medicare Enrich + Rx (HMO)**

**Service Area 3**

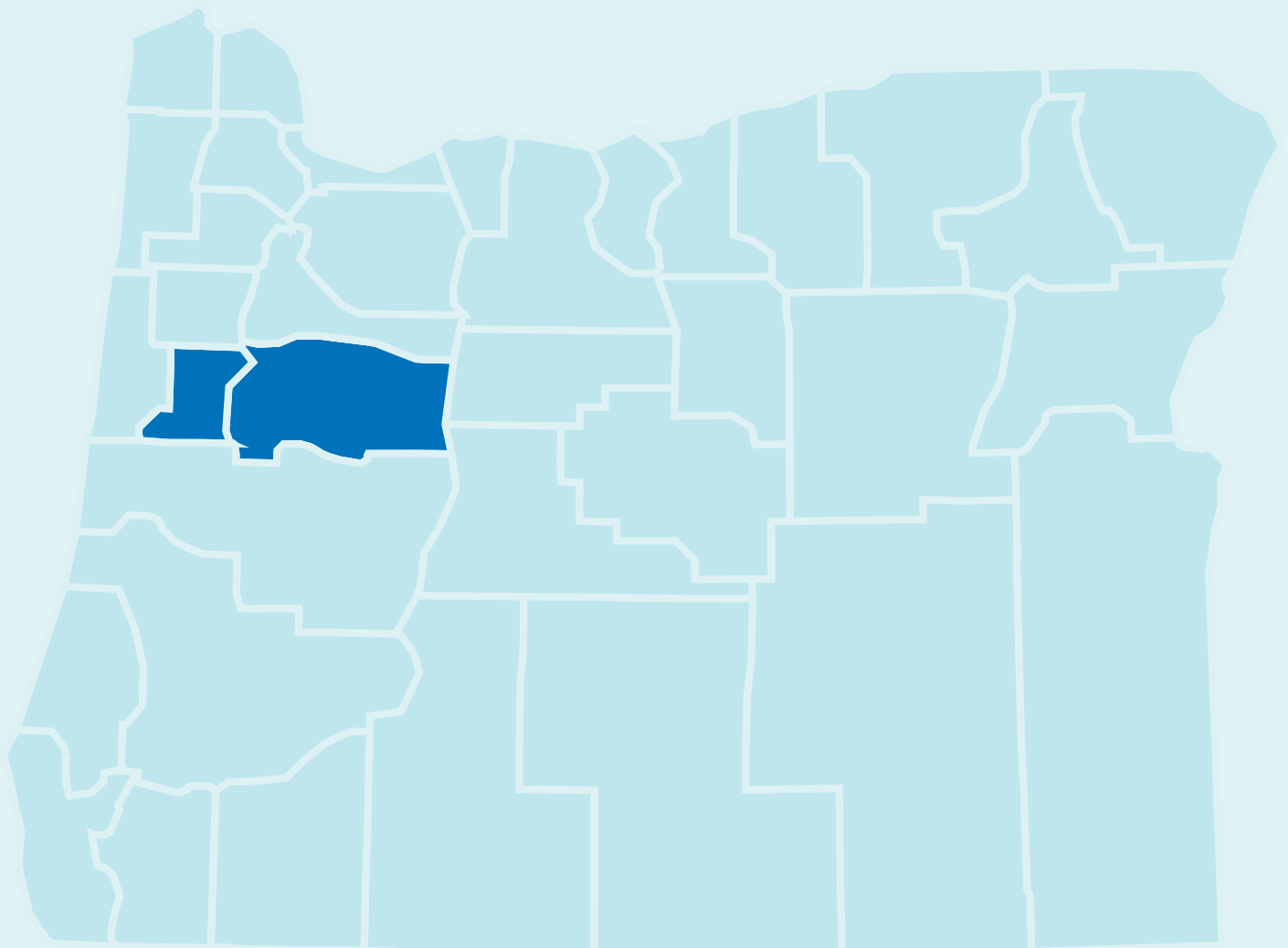
Benton and Linn counties



# 2022 Providence Medicare Service Area Map

Benton and Linn counties

+ Providence Medicare Enrich + Rx (HMO)



Visit [ProvidenceHealthAssurance.com](https://www.ProvidenceHealthAssurance.com) for more information.



One plan. Many advantages.

# Providence Medicare Advantage Plans

Providence Medicare Advantage Plans come with a host of cost-saving health and wellness perks to give you more, save you money, and help you on your journey to True Health.



## Fitness Membership

A no-cost Standard Fitness Network membership through Silver&Fit™ lets you work out in the gym. You can also work out at home using a Home Fitness Kit.



## Dental Coverage

Now with preventive dental benefits included and additional optional benefits as needed to supplement your coverage.



## Alternative Care

Get coverage for acupuncture, naturopathy, and chiropractic treatments up to \$500 on some plans.



## Behavioral Health

We are here, whether you need services in a primary care clinic, a psychiatry clinic, an outpatient, or inpatient setting.



## Hearing Coverage

Manage your hearing with one routine exam per year and up to two hearing aids per year, included with most plans.



## Vision Coverage

On any plan, you'll get allowances for routine eye exams and for vision hardware like eyeglasses and contact lenses.

## 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 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.

## Providence Medicare Advantage Plans – Part C

	Providence Medicare Enrich + Rx (HMO)
Monthly premium with prescription drug coverage	\$147
	<b>In-network</b>
Medical deductible	\$0
Out-of-pocket maximum	\$5,000
<b>Benefits</b>	<b>You pay</b>
Doctor office visit (PCP)	\$15
Specialist visit	\$40
Preventive care	\$0
Inpatient hospital	Days 1-5: \$350/day Day 6 and beyond: \$0/day
Skilled nursing facility	Days 1-20: \$0 Days 21-100: \$160/day
Outpatient surgery	\$275 Ambulatory \$275 Hospital
Diabetic supplies	\$0 – 20%
Lab	\$0
X-ray	\$15
Outpatient diagnostic tests & procedures	20%
Therapy: PT, OT, ST	\$40
Durable medical equipment	20%
Home health	\$0
Telehealth	\$0 – \$40
	<b>Worldwide coverage</b>
Urgent care	\$50
Emergency room*	\$90
Ambulance (ground)	\$250 one way

\*Copay waived if you are admitted to the hospital within 24 hours for the same condition.  
Other charges and limits may apply. Please refer to Evidence of Coverage for more information.

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## Pharmacy coverage – Part D

Providence Medicare Enrich + Rx (HMO)		
Annual deductible <sup>††</sup>	\$420	
	30-day	90-day
Preferred generic	\$5	\$12.50
Generic	\$16	\$48
Preferred brand	\$47	\$141
Non-preferred drugs	\$100	\$300
Specialty drugs	25%	Not available
Vaccines	\$0	Not available

<sup>††</sup>Deductible is waived on all generic tiers (Tier 1 and Tier 2) as well as Tier 6 vaccines. Copays listed are for Preferred Network pharmacies only; other pharmacy copays may cost more.

Initial coverage	Coverage gap	Catastrophic coverage
Phase 1	Phase 2	Phase 3
When the total paid by you and the plan reaches \$4,430, Phase 2 begins.	You pay only 25% of the costs of brand-name drugs and 25% of the costs of generic drugs. You stay in this stage until your out-of-pocket costs reach \$7,050. After that, Phase 3 begins.	You pay whichever of these is larger: either 5% coinsurance for the costs of the drug or \$3.95 copay for generic drugs; \$9.85 copay for brand-name or specialty drugs.

## Dental, hearing, vision and more

Providence Medicare Enrich + Rx (HMO)	
Preventive dental	\$15
Routine eye exams	Up to \$75 allowance per year
Prescription eyeglasses or contact lenses*	\$245 allowance per year
Routine hearing exam (one per year)**	\$0
Hearing aids (two per year)	\$699 or \$999 per hearing aid
Over-the-counter allowance	No coverage
Post discharge meals	\$0 – two meals per day for 14 days
Medical alert system	\$0
Fitness center membership***	\$0

\*You are responsible for any cost above the allowance for routine eye exams, prescription eyeglasses or contact lenses.

\*\*You must see a TruHearing provider. Other charges and limits may apply.

\*\*\*Premium fitness network is available for an additional cost per month.

# 2022 Optional Supplemental Dental Benefits

## Plans that include Basic or Enhanced option:

Providence Medicare Enrich + Rx (HMO)

Benefits include: Preventive (See EOC 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	\$32.50		\$45.10	
Office visit copay	No copay		No copay	
Annual deductible <sup>1</sup>	\$50	\$150	\$50	\$150
Annual maximum	\$1,000		\$1,500	
Waiting periods	None		None	
Provider network	Any licensed dentist <sup>2</sup>		Any licensed dentist <sup>2</sup>	
Out-of-network reimbursement	Maximum allowable charge		Maximum allowable charge	
<b>Diagnostic and Preventive Services</b>				
Oral examinations <sup>3</sup>	\$0	20%	\$0	20%
Bitewing X-rays <sup>4</sup>	\$0	20%	\$0	20%
Panoramic and other diagnostic X-rays <sup>5</sup>	\$0	20%	\$0	20%
<b>Comprehensive Dental Services</b>				
Basic fillings and simple extractions	50%	60%	50%	60%
Dentures <sup>6</sup>	50%	60%	50%	60%
Crowns and bridges <sup>7</sup>	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:** Members must use a Medicare contracted provider. Out-of-network dentists may charge more than the amount allowed by Providence Medicare Advantage Plans. If this happens, they may send members a "balance bill" for the difference between their charged amount and the amount paid by the plan.

<sup>1</sup> Deductibles are waived for diagnostic and preventive services

<sup>2</sup> Seeking care from a participating in-network dentist will reduce out-of-pocket costs and prevent a balance bill

<sup>3</sup> Oral Examination – limited to two per calendar year (you can have two basic cleanings, or one cleaning and one problem-focused visit per calendar year)

<sup>4</sup> Bitewing or Periapical X-rays – limited to two per calendar year

<sup>5</sup> Panoramic X-ray – limited to once every 60 months

<sup>6</sup> \$250 lifetime denture benefit

<sup>7</sup> Crown/bridge max. (Basic) – \$100 per tooth per year; crown/bridge max. (Enhanced) – \$500 per year

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Out-of-network/non-contracted providers are under no obligation to treat Providence Medicare Advantage Plans 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.

**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. Medicare experts are ready and waiting to help you.

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**We are always here to help.**

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8 a.m. to 8 p.m. (Pacific Time), 7 days a week.



# We all deserve True Health

Call us for information, to enroll, or to make a personal appointment at

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Monday – Friday (Dec. 8 – Sept. 30)



Enroll online at

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