

2022

Medicare Advantage Plan Comparison

Providence Medicare Pine + Rx (HMO)

Providence Medicare Cottonwood + Rx (HMO-POS)

Service Area 6

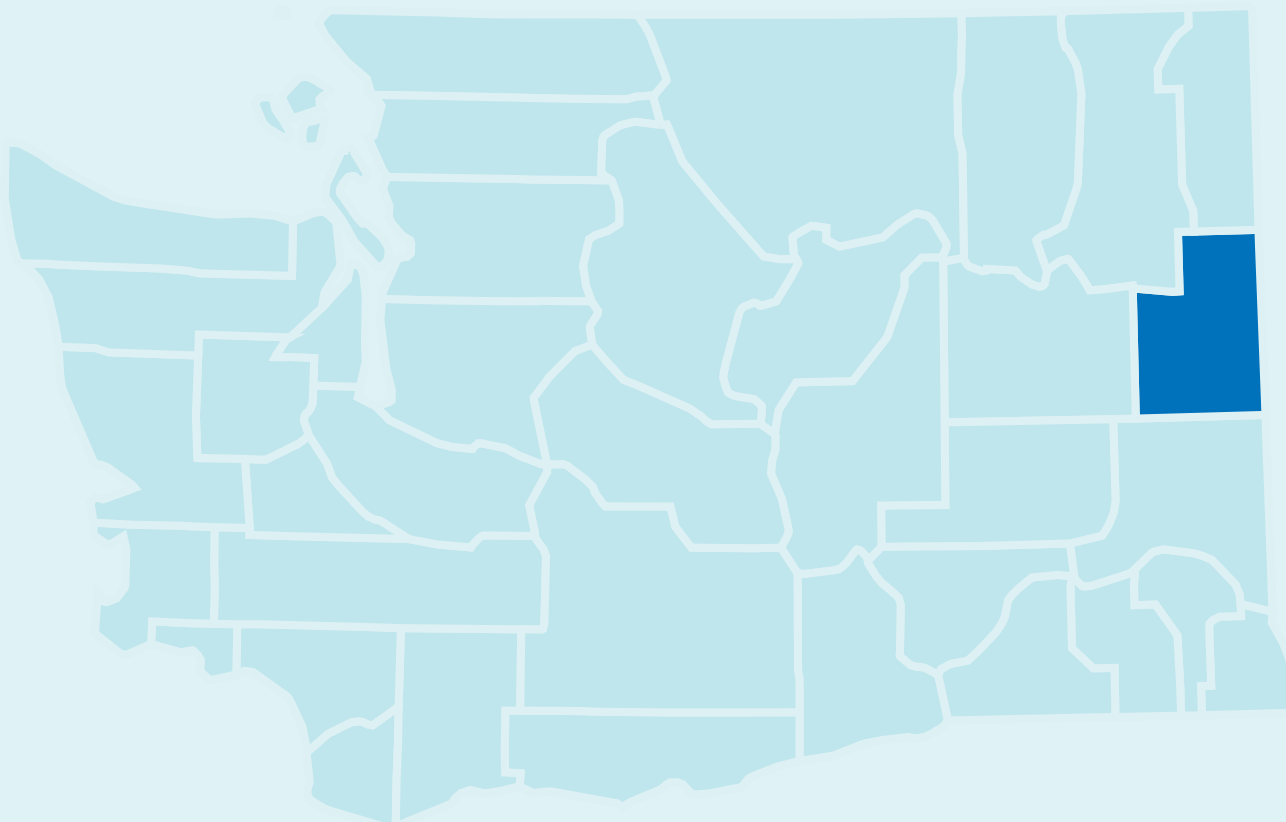
Spokane County



2022 Providence Medicare Service Area Map

Spokane County

- + Providence Medicare Pine + Rx (HMO)
- + Providence Medicare Cottonwood + Rx (HMO-POS)



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

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+ + +
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.



\$0 Rx Deductible

Some plans offer \$0 deductible as well as reduced costs for 90-day supplies at preferred and mail-order pharmacies.



Insulin Benefit

Most plans now offer predictable and affordable access to insulin. You will pay no more than a \$35 copay on Select Insulin.



OTC Allowance

Most plans now offer a quarterly over-the-counter allowance to purchase health and wellness items.



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 Pine + Rx (HMO) | Providence Medicare Cottonwood + Rx (HMO-POS) | |
|---|--|--|-------------------|
| Monthly premium with prescription drug coverage | \$0 | \$35 | |
| | In-network | In-network | Out-of-network |
| Medical deductible | \$0 | \$0 | \$0 |
| Out-of-pocket maximum | \$5,500 | \$4,800 | \$10,000 combined |
| Benefits | You pay | You pay | |
| Doctor office visit (PCP) | \$0 | \$0 | \$25 |
| Specialist visit | \$45 | \$35 \$50 no referral | \$50 |
| Preventive care | \$0 | \$0 | 30% |
| Inpatient hospital | Days 1-4: \$395/day Day 5 and beyond: \$0/day | Days 1-6: \$325/day Day 7 and beyond: \$0/day | 30% |
| Skilled nursing facility | Days 1-20: \$0 Days 21-100: \$184/day | Days 1-20: \$0 Days 21-100: \$160/day | 30% |
| Outpatient surgery | \$310 Ambulatory \$310 Hospital | \$290 Ambulatory \$290 Hospital | 30% |
| Diabetic supplies | \$0 – 20% | \$0 – 20% | 30% |
| Lab | \$0 | \$0 | 30% |
| X-ray | \$10 | \$0 | 30% |
| Outpatient diagnostic tests & procedures | 20% | 20% | 30% |
| Alternative care | | (\$500 maximum) | |
| Chiropractic | No coverage | \$20 | No coverage |
| Acupuncture | | \$35 | |
| Naturopathy | | \$35 | |
| Therapy: PT, OT, ST | \$40 | \$35 | 30% |
| Durable medical equipment | 20% | 20% | 30% |
| Home health | \$0 | \$0 | 30% |
| Telehealth | \$0 – \$45 | \$0 – \$35 | \$0 – \$50 |
| | Worldwide coverage | Worldwide coverage | |
| Urgent care | \$50 | \$50 | |
| Emergency room* | \$90 | \$70 | |
| Ambulance (ground) | \$250 one way | \$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. 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.

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Pharmacy coverage – Part D

| | Providence Medicare Pine + Rx (HMO) | | Providence Medicare Cottonwood + Rx (HMO-POS) | |
|---------------------------------|--|--------------------------------|--|--------------------------------|
| Annual deductible ^{††} | \$150 | | \$0 | |
| | 30-day | 90-day | 30-day | 90-day |
| Preferred generic | \$0 | \$0 | \$0 | \$0 |
| Generic | \$10 | \$10 | \$10 | \$10 |
| Preferred brand | \$47 | \$141 | \$47 | \$141 |
| Non-preferred drugs | \$100 | \$300 | \$100 | \$300 |
| Specialty drugs | 29% | Not available | 33% | Not available |
| Vaccines | \$0 | Not available | \$0 | Not available |
| Select Insulin | \$35 max. on Select Insulin | \$35 max. on Select Insulin | \$35 max. on Select Insulin | \$35 max. on Select Insulin |

^{††}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 Pine + Rx (HMO) | Providence Medicare Cottonwood + Rx (HMO-POS) |
|--|--|--|
| Preventive dental | \$15 | \$15 |
| Routine eye exams | Up to \$75 allowance per year | Up to \$75 allowance per year |
| Prescription eyeglasses or contact lenses* | \$110 allowance per year | \$210 allowance per year |
| Routine hearing exam (one per year)** | \$0 | \$0 |
| Hearing aids (two per year) | \$699 or \$999 per hearing aid | \$699 or \$999 per hearing aid |
| Over-the-counter allowance | No coverage | \$50 per quarter |
| Post discharge meals | \$0 – two meals per day for 14 days | \$0 – two meals per day for 14 days |
| Medical alert system | \$0 | \$0 |
| Fitness center membership*** | \$0 | \$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 Pine + Rx (HMO), Cottonwood + Rx (HMO-POS)

| Benefits include: Preventive (See EOC Chapter 4) and Comprehensive Dental | WA Basic | | WA Enhanced | |
|---|-----------------------------------|---------------------------------------|-----------------------------------|---------------------------------------|
| Monthly premium | \$34.10 | | \$48.00 | |
| Plan benefits | In-network member responsibility | Out-of-network member responsibility* | In-network member responsibility | Out-of-network member responsibility* |
| 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 | Any licensed dentist ² | | Any licensed dentist ² | |
| Out-of-network reimbursement | Maximum allowable charge | | Maximum allowable charge | |
| Diagnostic and Preventive Services | | | | |
| Oral examinations ³ | \$0 | 20% | \$0 | 20% |
| Bitewing X-rays ⁴ | \$0 | 20% | \$0 | 20% |
| Panoramic and other diagnostic X-rays ⁵ | \$0 | 20% | \$0 | 20% |
| Comprehensive Dental Services | | | | |
| Basic fillings and simple extractions | 50% | 60% | 50% | 60% |
| Dentures ⁶ | 50% | 60% | 50% | 60% |
| Crowns and bridges ⁷ | 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.

¹ Deductibles are waived for diagnostic and preventive services

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

³ 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)

⁴ Bitewing or Periapical X-rays – limited to two per calendar year

⁵ Panoramic X-ray – limited to once every 60 months

⁶ \$250 lifetime denture benefit

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

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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.

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), 7 days a week.



We all deserve True Health

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

1-833-949-0263 (TTY: 711)

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Monday – Friday (Dec. 8 – Sept. 30)



Enroll online at

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