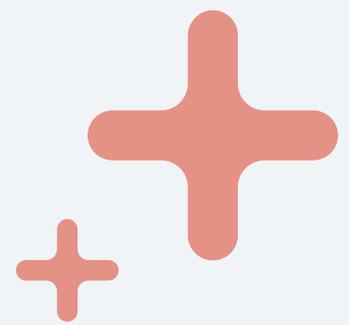




2022

Enrollment Guide



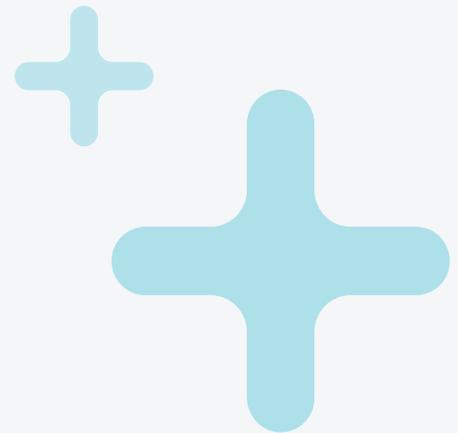
Service Area DSNP

Clackamas, Multnomah and Washington counties



Enrolling in Medicare

What to Expect





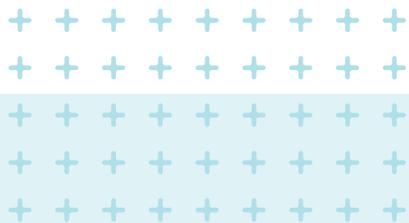
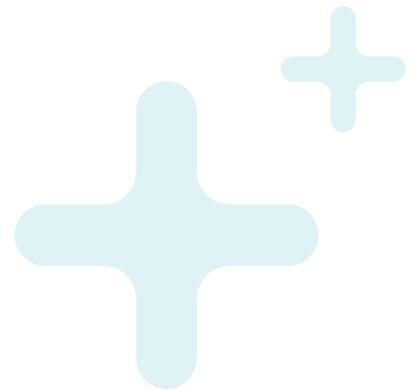
The Providence Way

For more than 160 years, Providence has helped to set the health and well-being standard for the region. As our organization has grown, our efforts have aligned under a single mission: to bring True Health to each and every member of the community.

True Health is a commitment to caring for the whole self: mind, body, and spirit. The concept is rooted in the idea that the healthier each of us are, the healthier we all are. We don't deliver True Health to members as a single tool or finished product, because it's more than that. It's an idea, a set of goals that evolve as we learn — a legacy we build together.

We all deserve True Health.

- 04** Medicare 101: Getting Started
- 08** Additional Medicare Coverage
- 12** Who's Eligible for Original Medicare?
- 14** Providence Medicare Advantage Plans
Health and Fitness Perks
- 16** Frequently Asked Questions
- 17** How to Enroll
- 18** What to Expect After Enrollment





Medicare 101

Getting Started





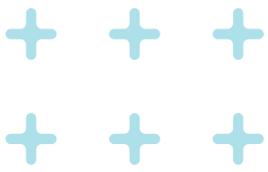
Enrolling in Medicare can be complex,
but we're here to keep it from getting confusing.

This guide will explain what your options are and help you take the next step with confidence.



Before you can enroll in a Medicare Advantage plan, you'll need to be fully enrolled in Original Medicare.





Original Medicare

Original Medicare is basic health coverage managed by the federal government and is a combination of two programs: Part A and Part B.

Part A Hospital Insurance

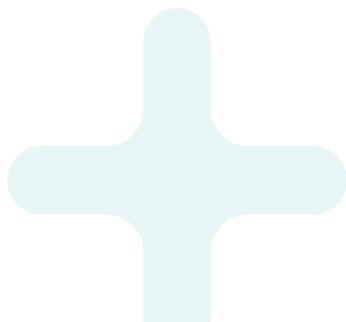
- + Inpatient hospital services
- + Skilled nursing facility care
- + Hospice care
- + Home healthcare

Part A usually comes at no cost if you or your spouse paid Medicare taxes for at least 10 years.

Part B Medical Insurance

- + Outpatient services
- + Doctor visits
- + Outpatient lab tests and x-rays

Part B is paid for based on income and is usually deducted from your Social Security or Railroad Pension.



What's Not Covered?

Original Medicare covers a lot, but not everything. About 20% of typical out-of-pocket medical costs are left up to you as the individual to cover.

Original Medicare *doesn't cover services like:*

- + Most prescription drugs
- + Dental
- + Vision
- + Hearing aids
- + Alternative Care

With Providence Medicare Advantage Plans, you will get the additional coverage you need along with financial peace of mind.



To speak with an expert, call **1-833-949-0263 (TTY: 711)** or explore and enroll online at **MyTruePlans.com**



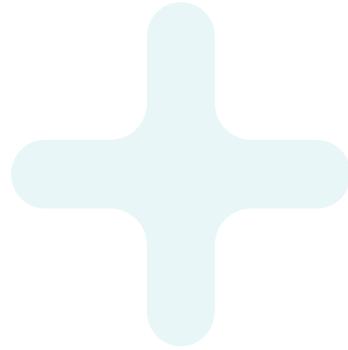


Extending Coverage. Controlling Costs.

Additional Medicare Coverage

Many Original Medicare members choose additional Medicare coverage or a Medicare Supplement plan to help them with the costs and services they need.





Additional coverage comes in three forms:

- + **Medicare Advantage** (Part C)
- + **Prescription Drug Coverage** (Part D)
- + **Medicare Supplement** (Medigap)

If you feel that you would benefit from additional Medicare coverage, rest assured that Providence can help you find a plan to meet your needs – whatever they may be.

To speak with an expert, call **1-833-949-0263 (TTY: 711)**
or explore and enroll online at **MyTruePlans.com**





Part C

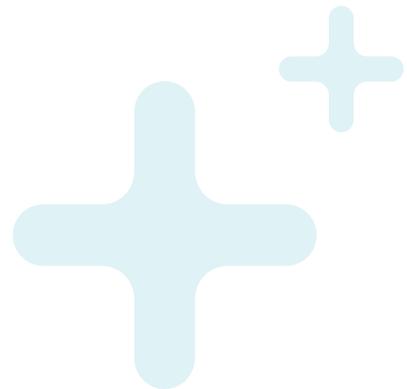
Medicare Advantage

Providence Medicare Advantage Plans include Parts A, B, and many include Part D, while offering extra benefits and services not covered by Original Medicare, such as:

- + Eyeglasses
- + Hearing coverage
- + Wellness programs

While Original Medicare has no out-of-pocket maximum, Providence Medicare Advantage Plans do, giving you more financial freedom and dependability.

Because it is additional coverage, if you enroll in a Part C plan, you'll also continue to pay your Part B premium.



To speak with an expert, call **1-833-949-0263 (TTY: 711)**
or explore and enroll online at **MyTruePlans.com**

Part D

Prescription Drug Coverage

Original Medicare doesn't cover prescriptions, so private insurers offer prescription drug coverage plans to help with the out-of-pocket costs of:

- + Brand-name drugs
- + Generic drugs

If you don't enroll in Part D coverage when you enroll in Original Medicare, you end up paying a late enrollment penalty. Luckily, most Providence Medicare Advantage Plans include Part D coverage, and there are many standalone Part D plans offered on the market. So you have options.

Medigap

Medicare Supplement Plans*

Medicare Supplement plans are designed to help with the out-of-pocket costs associated with Original Medicare.

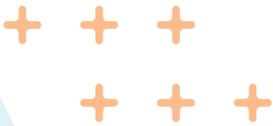
Medicare Supplement lets you pay a set cost per month, rather than paying for services as you go. With this coverage, you can visit any Medicare-accepting provider or specialist nationwide and without referral.

*Medicare Supplement does not cover prescription drugs, so you will need to pair it with a Medicare Part D plan. Additionally, Medicare Supplement cannot be combined with a Medicare Advantage plan (Part C).

Original Medicare

Who's Eligible?

To be eligible for Medicare Parts A and B, you must be a U.S. citizen or a permanent legal resident for at least five years and be age 65 or older.



If you're under age 65, you're eligible if you:

- + Are permanently disabled and have received disability benefits for at least 24 months
- + Have end-stage renal disease (ESRD)
- + Have Lou Gehrig's disease (ALS)

Enrolling in Medicare at age 65

If you are collecting Social Security or a Railroad Retirement Pension, you will be automatically enrolled into Medicare Parts A and B.

If you are not collecting Social Security or a Railroad Retirement Pension, you will need to apply for Medicare Parts A and B.

- + Apply on the Social Security website: ssa.gov/benefits/medicare
- + Visit your local Social Security office
- + Call Social Security at **1-800-772-1213** or the Railroad Retirement Board (if you worked there) at **1-877-772-5772**

One plan. Many advantages.

Providence Medicare Advantage Plans

In addition to having a variety of plan options to meet your healthcare needs and match your lifestyle, our plans come with a host of cost-saving health and fitness perks to give you more, save you money, and help you on your journey to True Health.

Medicare Star Ratings

Every year, Medicare evaluates plans based on a 5-star rating system. These star ratings, given by the Centers for Medicare and Medicaid Services (CMS), help you evaluate how well our plan is doing, so you can compare it to the ratings of other plans on the market.

We always aim as high as possible, consistently reaching 4.5 – 5 out of 5 stars.

See this year's star rating for Providence Medicare Advantage Plans in the folder at the back of this enrollment kit.





Embedded Dental

Preventive dental coverage is included on all plans at no additional cost.



Alternative Care

Get coverage for acupuncture, naturopathy, and chiropractic treatments on some plans.



Medical Alert System

Sign up for 24/7 access to emergency help at the press of a button, including professional intervention and personal response at no cost.



\$0 Rx Copays

Some plans offer \$0 copays on Tier 1 generic drugs as well as reduced costs for 90-day supplies at preferred and mail-order pharmacies.



Vision Coverage

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



Behavioral Health

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



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.



Hearing Coverage

Manage your hearing with one \$0 routine exam per year and up to two hearing aids per year (no coverage on Dual Plus).

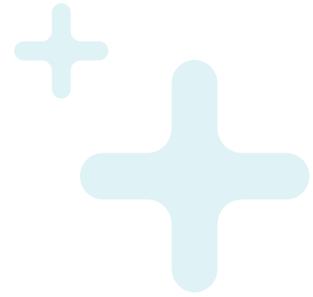


Care Options

At no cost, you get same-day visits at ExpressCare Clinics, online visits using ExpressCare Virtual, and 24/7 access to a registered nurse through ProvRN.

Frequently Asked

Questions



Are my medications covered?

Lists of covered prescriptions can be found in prescription drug formularies, which live online at: [ProvidenceHealthAssurance.com/formulary](https://www.providencehealthassurance.com/formulary).

If you would like a printed copy of the formulary, you can request that one be mailed to you by visiting the link above or calling the number below. Formularies are available for Part D prescription drug plans only.



Where do I find a provider?

Find a provider or pharmacy by using our online search tool at: [ProvidenceHealthAssurance.com/findaprovider](https://www.providencehealthassurance.com/findaprovider).

If you'd like a printed copy of the provider and/or pharmacy directory, you can request that it be mailed to you by calling the number below or visiting the link above.



Who can I call for help?

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

How to Enroll

Here are several ways to enroll in Providence Medicare Advantage Plans — choose whichever one is most convenient for you. We can't wait to welcome you into the Providence community.

- + Enroll online with our secure enrollment form at:
ProvidenceHealthAssurance.com/enroll.
- + Enroll by phone by contacting the Providence Medicare Advantage Plans Sales Team at **1-833-949-0263 (TTY: 711)**. Service is available 8 a.m. to 8 p.m. (Pacific Time), seven days a week (Oct. 1 – Dec. 7) and Monday – Friday (Dec. 8 – Sept. 30).
- + Enroll one-on-one by scheduling a meeting with a local agent.
- + Enroll via mail or fax by completing an enrollment form and sending to:
Providence Medicare Advantage Plans
P.O. Box 5548
Portland, OR 97228-5548
Fax: 503-574-8653

After enrolling, you will receive a notice in the mail acknowledging receipt of your enrollment request.

- + Medicare's annual enrollment period is October 15 – December 7.
- + Individuals must have both Part A and Part B to enroll.



What to Expect

After Enrollment



ID card and welcome guide

Your member ID card and welcome guide will arrive 7-10 business days after your enrollment is confirmed. The welcome guide gives you valuable information about how to use your plan, how and where to get care, benefit features, and other member resources.



Confirmation and Rx subsidy

After completing and submitting your enrollment form, you will receive a Confirmation of Enrollment letter that includes an effective date of coverage. Members on a plan with prescription drug coverage who qualify for extra help will receive a letter that informs them of their adjusted premium and details their prescription drug cost-sharing benefit.



Within your first 90 days

Within 90 days of enrollment, your Care Management team will send you a Health Risk Assessment by mail. This will help us to better understand your healthcare goals and provide seamless access to quality care.

If you would like to connect with us sooner, need assistance with navigating your healthcare, or would like to talk with an RN directly, please call

503-574-7247 (TTY: 711), 8 a.m. to 5 p.m. (Pacific Time), Monday – Friday.



After we confirm your enrollment with Medicare, you may cancel any Medigap or supplemental coverage that you have.

If you were on a Medicare Advantage plan or Medicare Cost plan when you enrolled:

- + Your enrollment in that plan will automatically be cancelled.
- + You do not have to notify the insurance carrier that you want to cancel. Medicare will take care of that when they transfer you to Providence Medicare Advantage Plans.

If you are a first-time member of a Medicare health plan, Medicare Advantage or Medicare Cost plan:

- + You may have a trial period during which you have certain rights to leave Providence Medicare Advantage Plans and purchase a Medigap policy.

Once enrolled in our plan:

- + You are generally limited to making changes between October 15 – December 7.
- + In special circumstances, Medicare may give you an opportunity to switch to another plan.



Please contact **1-800-MEDICARE (1-800-633-4227)** or visit **www.Medicare.gov** for further information about Medicare benefits and services. TTY users can call **1-877-486-2048** 24 hours a day, seven days a week (Pacific Time).





Notes

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 Health Plan and Providence Health Assurance comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex.

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-603-2340 (TTY: 711).

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-603-2340 (TTY: 711)。

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-603-2340 (TTY: 711).

2022

Medicare Advantage Plan Comparison

Providence Medicare Dual Plus (HMO D-SNP)

Service Area DSNP

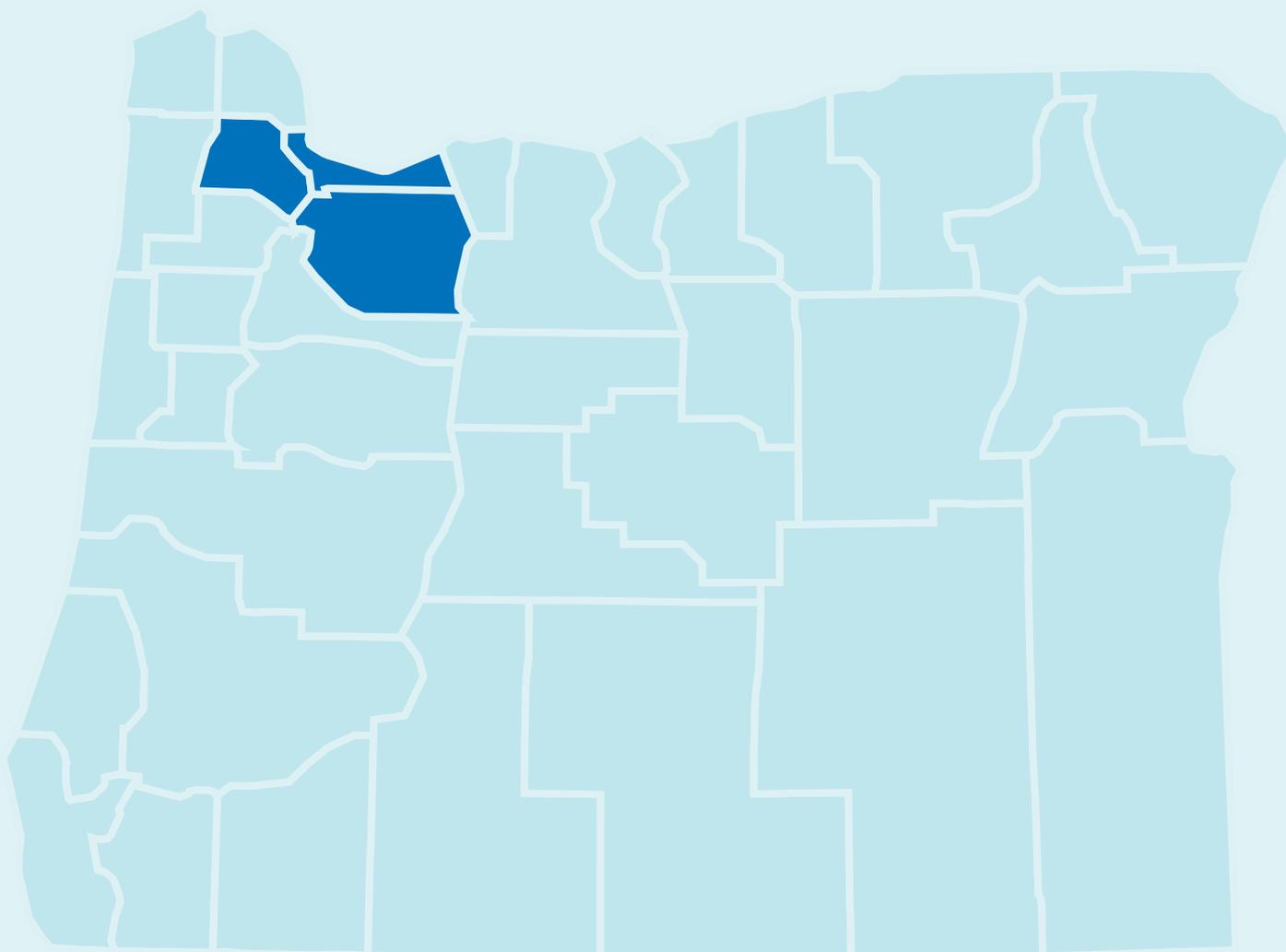
Clackamas, Multnomah and Washington counties



2022 Providence Medicare Service Area Map

Clackamas, Multnomah and Washington counties

+ Providence Medicare Dual Plus (HMO D-SNP)



Visit [ProvidenceHealthAssurance.com](https://www.ProvidenceHealthAssurance.com) for more information
and to find other plans available in your area.



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.



Transportation

Need a ride? Get up to 36 one-way rides to your appointments at no cost to you.



OTC Retail Card

A quarterly allowance to purchase health and wellness related over-the-counter items. You can purchase products from a catalog or in-store at select retailers.



Medical Alert System

Sign up for 24/7 access to emergency help at the press of a button, including professional intervention and personal response at no cost.



Post Discharge Meals

After an inpatient hospital stay, Mom's Meals will provide two meals per day for 14 days after discharge at no cost to 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), 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.

2022 Providence Medicare Dual Plus (HMO D-SNP)

Benefit highlights

Providence Medicare Dual Plus (HMO D-SNP) is available to residents of Clackamas, Multnomah and Washington counties who are eligible for Medicare and Medicaid.

Benefits	You pay*
Monthly premium	\$0
Plan benefits	In-network member responsibility
Annual deductible	\$0
Annual wellness visit	\$0
Primary care physician visits	\$0
Specialist visits	\$0
Preventive care	\$0
Lab tests	\$0
X-rays	\$0
Diabetic supplies	\$0
Outpatient surgery and hospital services	\$0
Inpatient hospital	\$0
Ambulance services	\$0
Urgent care	\$0
Emergency room	\$0
Preventive dental	\$0
Prescription benefits	You pay
Generic drugs	\$0 / \$1.35 / \$3.95
All other drugs	\$0 / \$4.00 / \$9.85
Vaccines	\$0
Additional benefits for members of Providence Medicare Dual Plus (HMO D-SNP)	You pay
Routine eye exam	\$0 – for one exam each year (up to \$75 allowance per year)
Prescription glasses or contact lenses	You get up to \$210 each year for lenses, frames, upgrades or contact lenses
24-hour nurse advice line	\$0
Fitness center membership or home fitness kit	\$0
Health education—includes weight management, stress management, pain education, and more	You have an unlimited allowance for health education classes at participating facilities or online
Over-the-counter items	\$204 allowance per quarter (retail card, mail, catalog, online and telephonic ordering)
Transportation	\$0 copayment for 36 one-way trips (max. of 25 miles each way)
Post discharge meals	\$0 – two meals per day for 14 days
Medical alert system	\$0

*For certain members, the Oregon Health Plan (Medicaid) may only pay cost-sharing amounts for services that the Oregon Health Plan would normally cover. Please contact the Oregon Health Plan or your Oregon Health Plan Coordinated Care Organization for more information. Providence Medicare Dual Plus (HMO D-SNP) members who are enrolled with Health Share/Providence for the Oregon Health Plan will not have out-of-pocket costs for any Medicare-covered medical service. Prescription drug cost-sharing amounts still apply.

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.

Medicare can be complex.

We're here to keep it from getting confusing.

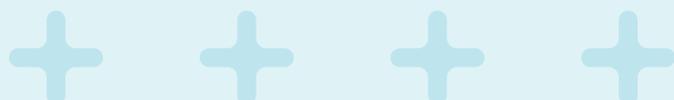
Whatever your healthcare needs are, Providence offers a Medicare Advantage plan that has you covered. Explore the plan options in your area, and don't hesitate to call us if you have questions. Medicare experts are ready and waiting to help you.

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)

8 a.m. to 8 p.m. (Pacific Time) seven days a week (Oct. 1 – Dec. 7);
Monday – Friday (Dec. 8 – Sept. 30)



Enroll online at

[ProvidenceHealthAssurance.com](https://www.ProvidenceHealthAssurance.com)

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.

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 to a customer service representative at **503-574-8000** or **1-800-603-2340 (TTY: 711)**, 8 a.m. to 8 p.m. (Pacific Time), seven days a week.

Understanding the Benefits

-  Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit [ProvidenceHealthAssurance.com](https://www.providencehealthassurance.com) or call **503-574-8000** or **1-800-603-2340 (TTY: 711)** to view a copy of the EOC.
-  Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
-  Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

-  In addition to your monthly plan premium (including \$0 premium plans), you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month. The Part B premium is covered for full-dual enrollees who are eligible for Providence Medicare Dual Plus (HMO D-SNP).
-  Benefits, premiums, and/or copayments/coinsurance may change on January 1, 2022.
-  When selecting an HMO product, remember that except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
-  Our HMO-POS plans allow you to see providers outside of our network (non-contracted providers). However, while we will pay for certain covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care. In addition, you will pay a higher copay for services received by non-contracted providers.
-  Providence Medicare Dual Plus (HMO D-SNP) is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

2022 MEDICARE ADVANTAGE ENROLLMENT REQUEST FORM

Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan

To join a plan, you must:

- + Be a United States citizen or be lawfully present in the U.S.
- + Live in the plan's service area

Important: To join a Medicare Advantage Plan, you must also have both:

- + Medicare Part A (Hospital Insurance)
- + Medicare Part B (Medical Insurance)

When do I use this form?

You can join a plan:

- + Between October 15–December 7 each year (for coverage starting January 1)
- + Within 3 months of first getting Medicare
- + In certain situations where you're allowed to join or switch plans

Visit [Medicare.gov](https://www.medicare.gov) to learn more about when you can sign up for a plan.

What do I need to complete this form?

- + Your Medicare Number (the number on your red, white, and blue Medicare card)
- + Your permanent address and phone number

Note: You must complete all items in Section 1. The items in Section 2 are optional — you can't be denied coverage because you don't fill them out.

Reminders:

- + If you want to join a plan during fall open enrollment (October 15–December 7), the plan must get your completed form by December 7.
- + Your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

What happens next?

Submit your completed and signed form using one of the three options below:

Providence Medicare Advantage Plans
P.O. Box 5548
Portland, OR 97228-5548

Scan and fax pages to:
503-574-8653

Scan and email pages to:
provMedicare@providence.org

Once they process your request to join, they'll contact you.

How do I get help with this form?

Call Providence Medicare Advantage Plans at **503-574-6508** or **1-855-234-2495**. TTY users can call **711**.

Or, call Medicare at **1-800-MEDICARE** (**1-800-633-4227**). TTY users can call **1-877-486-2048**.

En español: Llame a Providence Medicare Advantage Plans al **503-574-6508** or **1-855-234-2495/TTY: 711** o a Medicare gratis al **1-800-633-4227** y oprima el 2 para asistencia en español y un representante estará disponible para asistirle.

Section 1 – All fields on this page are required (unless marked optional)

Select the plan you want to join:

- Providence Medicare Dual Plus
(HMO D-SNP) - \$0 per month

_____ FIRST name		_____ LAST name		_____ Middle Initial (Optional)
_____ Birth date (MM/DD/YYYY)		SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	_____ Phone number	
_____ Permanent Residence street address (Don't enter a PO Box)				
_____ City	_____ County (Optional)	_____ State	_____ ZIP code	

Mailing address, if different from your permanent address (PO Box allowed):

_____ Street Address		
_____ City	_____ State	_____ ZIP code

Your Medicare information:

_____ Medicare Number	_____ Hospital (Part A) Effective Date (Optional)	_____ Medical (Part B) Effective Date (Optional)
--------------------------	---	--

Answer these important questions:

Will you have other coverage in addition to Providence Medicare Advantage Plans? Yes No

Some individuals may have other coverage, including other private insurance, TRICARE, Federal employee health benefits coverage, VA benefits, or State pharmaceutical assistance programs.

If “yes,” please list your other coverage and your identification (ID) number for this coverage.

Name of other coverage

ID number for this coverage

Group number for this coverage

Check all that apply: Medical Vision Dental Prescription

Are you enrolled in your State Medicaid program? Yes No

If “yes”, please provide your Medicaid number: _____

Do you have full Oregon Health Plan (Medicaid) benefits? Yes No

IMPORTANT: Read and sign below:

- + I must keep both Hospital (Part A) and Medical (Part B) to stay in Providence Medicare Advantage Plans.
- + By joining this Medicare Advantage Plan I acknowledge that Providence Medicare Advantage Plans will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below).
- + Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- + The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- + I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border.
- + I understand that when my Providence Medicare Advantage Plans coverage begins, I must get all of my medical and prescription drug benefits from Providence Medicare Advantage Plans. Benefits and services provided by Providence Medicare Advantage Plans and contained in my Providence Medicare Advantage Plans "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Providence Medicare Advantage Plans will pay for benefits or services that are not covered.
- + I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:
 - 1) This person is authorized under State law to complete this enrollment, and
 - 2) Documentation of this authority is available upon request by Medicare.

Signature

____/____/____
Today's date

If you are the authorized representative, sign above and fill out these fields:

Name

Address

Phone number

Relationship to enrollee

AGENT USE ONLY

AGENT NAME

____/____/____
DATE

NPN #

____/____/____
REQUESTED DATE OF
COVERAGE

Section 2 – All fields on this page are optional

Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

List your Primary Care Provider (PCP), clinic, or health center:

If you do not provide a PCP, one will be assigned.

Select one if you want us to send you information in an accessible format.

Braille Large print Audio CD

Please contact Providence Medicare Advantage Plans at 1-800-603-2340 or 503-574-8000 if you need information in an accessible format other than what's listed above. Our office hours are seven days a week, 8 a.m. to 8 p.m. (Pacific Time). TTY users can call 711.

Do you work?

Yes No

Does your spouse work?

Yes No

Attestation of Eligibility for an Enrollment Period

Typically, you may enroll in a Medicare Advantage plan only during the Annual Enrollment Period from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

Please read the following statements carefully and check the box if the statement applies to you.

By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

- I am new to Medicare.
- I am leaving employer or union coverage on (insert date): ____/____/____
- I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (insert date): ____/____/____
- I am enrolling during the Annual Enrollment Period (October 15-December 7) or Special Enrollment Period.
- I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP) (January 1-March 31).
- I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me. I moved on (insert date): ____/____/____
- I recently was released from incarceration. I was released on (insert date): ____/____/____
- I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date): ____/____/____
- I recently obtained lawful presence status in the United States. I got this status on (insert date): ____/____/____
- I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on (insert date): ____/____/____
- I belong to a pharmacy assistance program provided by my state.
- I recently left a PACE program on (insert date): ____/____/____
- I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.
- I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long term care facility). I moved/will move into the facility on (insert date): ____/____/____
I moved/will move out of the facility on (insert date): ____/____/____
- I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date): ____/____/____
- My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan (insert date): ____/____/____

- I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on (insert date): ____ ____ / ____ ____ / ____ ____
- I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date): ____ ____ / ____ ____ / ____ ____
- I was affected by an emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA) or by a Federal, State or local government entity.)

One of the other statements here applied to me, but I was unable to make my enrollment request because of the disaster.

Name of disaster impacted by:

Eligibility Period that was missed due to the disaster: (for example, the initial enrollment period, annual enrollment period, open enrollment period, or a special enrollment period).

- I was impacted by a significant network change with my current plan and was notified on (insert date): ____ ____ / ____ ____ / ____ ____

If none of these statements applies to you or you're not sure, please contact Providence Medicare Advantage Plans at 1-800-603-2340 or 503-574-8000 (TTY users should call 711) to see if you are eligible to enroll. We are open seven days a week, 8 a.m. to 8 p.m. (Pacific Time).

Race/Ethnicity Questionnaire

The following questions will help us to better serve all communities. These questions are optional.

Which of the following describes your racial or ethnic identity?

Please check all that apply.

Hispanic or Latino/a/x

- Hispanic or Latino/a/x Central American
- Hispanic or Latino/a/x Mexican
- Hispanic or Latino/a/x South American
- Other Hispanic or Latino/a/x

Native Hawaiian or Pacific Islander

- Guamanian or Chamorro
- Marshallese
- Communities of the Micronesian Region
- Native Hawaiian
- Samoan
- Tongan
- Other Pacific Islander

Other

- Other
- Don't know
- Don't want to answer

American Indian or Alaska Native

- American Indian
- Alaska Native
- Canadian Inuit, Metis, or First Nation
- Indigenous Mexican, Central American, or South American

White

- Caucasian/White (no national affiliation)
- Eastern European
- Western European
- Other White (African, Australian, New Zealand descent)
- Slavic

Middle Eastern or North African

- Middle Eastern
- North African

Black or African American

- African American
- Afro-Caribbean
- Ethiopian
- Somali
- Other African (Black)
- Afro-Latinx/Bi-racial/Other
- Other Black

Asian

- Asian Indian
- Cambodian
- Chinese
- Communities of Myanmar
- Filipino/a
- Hmong
- Japanese
- Korean
- Laotian
- South Asian
- Vietnamese
- Other Asian

If you checked more than one category above, is there one you think of as your primary racial or ethnic identity?

- Yes** (please specify): _____
- No:** I do not have just one primary racial or ethnic identity.
- No:** I identify as Biracial or Multiracial.
- N/A:** I only checked one category above.
- N/A:** I don't know.
- N/A:** I don't want to answer.

What is your preferred spoken language?

- English
- Spanish
- Chinese - Other
- Mandarin
- Cantonese
- Vietnamese
- Russian
- German
- French
- Tagalog
- Japanese
- Korean
- Arabic
- Decline/Unknown
- Other

2022 Summary of Benefits

Providence Medicare Dual Plus (HMO D-SNP)

January 1, 2022 – December 31, 2022

This plan is available in Clackamas, Multnomah and Washington counties in Oregon.

When you join Providence

You're part of something bigger than an insurance policy. You're 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 summary of benefits, a succinct guide that breaks down what we would cover and what you would pay if you joined our Providence Medicare Dual Plus (HMO D-SNP) plan. To be clear, this summary of benefits is just that, a summary. It doesn't list every service that we cover nor every limitation or exclusion. Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

For a complete list of services that we cover, please refer to the Evidence of Coverage (EOC). You can request a printed copy by visiting [ProvidenceHealthAssurance.com/EOC](https://www.ProvidenceHealthAssurance.com/EOC) or by calling our Customer Service department at one of the numbers listed in the "Get in touch" section below.

Plan overview

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.

Our plan members get all of the benefits covered by Original Medicare as well as some extra benefits outlined in this summary.

Who can join?

To join our plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, be eligible for full Oregon Health Plan (Medicaid) benefits and live in our service area. Our service area includes Clackamas, Multnomah and Washington counties in Oregon.

Get in touch

Questions? We're here to help seven days a week from 8 a.m. to 8 p.m. (Pacific Time).

- + If you're a member of this plan, call us toll-free at 1-800-603-2340 (TTY: 711)
- + If you're not a member of this plan, call us toll-free at 1-800-457-6064 (TTY: 711)
- + You can also visit us online at [ProvidenceHealthAssurance.com](https://www.ProvidenceHealthAssurance.com)

Helpful resources

- + Visit [ProvidenceHealthAssurance.com/findaprovider](https://www.ProvidenceHealthAssurance.com/findaprovider) to see our plan's Provider and Pharmacy Directory or to request a printed copy. You can also call us to have a printed copy mailed to you.
- + Want to see our plan's formulary (list of Part D prescription drugs), including any restrictions? Visit [ProvidenceHealthAssurance.com/Formulary](https://www.ProvidenceHealthAssurance.com/Formulary), or give us a call for a printed copy.
- + To learn more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook, view it online at www.Medicare.gov 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.

Providence Medicare Dual Plus (HMO D-SNP)

Monthly Plan Premium	\$0 You must continue to pay your Medicare Part B premium.
Annual Medical Deductible	\$0 or \$203 per year* *These amounts may change for 2022 and depend on your level of Medicaid eligibility. Providence Medicare Dual Plus (HMO D-SNP) will provide updated rates as soon as they are released by Medicare.
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	In this plan, you might pay nothing for Medicare-covered services, depending on your level of Oregon Health Plan (Medicaid) eligibility. Your yearly limit(s) in this plan in-network: \$3,400

Benefits	In-network
Inpatient Hospital Coverage ¹	<p>Providence Medicare Dual Plus (HMO D-SNP): These are 2021 cost-sharing amounts and may change for 2022. Providence Medicare Dual Plus (HMO D-SNP) will provide updated rates as soon as they are released by Medicare.</p> <p>\$0 or \$1,484 deductible for each benefit period \$0 copayment for days 1-60 \$371 copayment each day for days 61-90 \$742 copayment each day for days 91-150 \$0 copayment each day for day 151 and beyond</p> <p>Oregon Health Plan (Medicaid): \$0 copayment for Medicaid-covered services</p>
Outpatient Hospital Coverage ¹	<p>Providence Medicare Dual Plus (HMO D-SNP): 0% or 20% of the total cost for outpatient surgery at a hospital facility</p> <p>Oregon Health Plan (Medicaid): \$0 copayment for Medicaid-covered services</p>
Ambulatory Surgery Center ¹	<p>Providence Medicare Dual Plus (HMO D-SNP): 0% or 20% of the total cost for outpatient surgery at an Ambulatory Surgery Center</p> <p>Oregon Health Plan (Medicaid): \$0 copayment for Medicaid-covered services</p>

¹ Services may require prior authorization.

² Services may require a referral from your doctor.

Providence Medicare Dual Plus (HMO D-SNP)

Benefits		In-network
Doctor Visits	Primary Care Provider Visit	<p>Providence Medicare Dual Plus (HMO D-SNP): 0% or 20% of the total cost</p> <p>Oregon Health Plan (Medicaid): \$0 copayment for Medicaid-covered services</p>
	Specialist Visit ²	<p>Providence Medicare Dual Plus (HMO D-SNP): 0% or 20% of the total cost</p> <p>Oregon Health Plan (Medicaid): \$0 copayment for Medicaid-covered services</p>
Preventive Care		<p>Providence Medicare Dual Plus (HMO D-SNP): You pay nothing for all preventive services covered under Original Medicare</p> <p>Oregon Health Plan (Medicaid): \$0 copayment for Medicaid-covered services</p>
Emergency Care		<p>Providence Medicare Dual Plus (HMO D-SNP): 0% or 20% of the total cost, up to \$120 If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.</p> <p>Oregon Health Plan (Medicaid): \$0 copayment for Medicaid-covered services</p>
Urgently Needed Services		<p>Providence Medicare Dual Plus (HMO D-SNP): 0% or 20% of the total cost, up to \$65 If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for urgent care.</p> <p>Oregon Health Plan (Medicaid): \$0 copayment for Medicaid-covered services</p>

¹ Services may require prior authorization.

² Services may require a referral from your doctor.

Providence Medicare Dual Plus (HMO D-SNP)

Benefits		In-network
Diagnostic Services/ Labs/Imaging¹	Diagnostic Radiology Services (e.g. MRI, ultrasounds, CT scans) ¹	<u>Providence Medicare Dual Plus (HMO D-SNP):</u> 0% or 20% of the total cost <u>Oregon Health Plan (Medicaid):</u> \$0 copayment for Medicaid-covered services
	Therapeutic Radiology Services	<u>Providence Medicare Dual Plus (HMO D-SNP):</u> 0% or 20% of the total cost <u>Oregon Health Plan (Medicaid):</u> \$0 copayment for Medicaid-covered services
	Outpatient X-rays	<u>Providence Medicare Dual Plus (HMO D-SNP):</u> 0% or 20% of the total cost <u>Oregon Health Plan (Medicaid):</u> \$0 copayment for Medicaid-covered services
	Diagnostic Tests and Procedures ¹	<u>Providence Medicare Dual Plus (HMO D-SNP):</u> 0% or 20% of the total cost <u>Oregon Health Plan (Medicaid):</u> \$0 copayment for Medicaid-covered services
	Lab Services	<u>Providence Medicare Dual Plus (HMO D-SNP):</u> \$0 copayment <u>Oregon Health Plan (Medicaid):</u> \$0 copayment for Medicaid-covered services
Hearing Services	Medicare-Covered ²	<u>Providence Medicare Dual Plus (HMO D-SNP):</u> 0% or 20% of the total cost <u>Oregon Health Plan (Medicaid):</u> \$0 copayment for Medicaid-covered services
Dental Services	Medicare-Covered ²	<u>Providence Medicare Dual Plus (HMO D-SNP):</u> 0% or 20% of the total cost <u>Oregon Health Plan (Medicaid):</u> \$0 copayment for Medicaid-covered services
	Embedded Preventive	<u>Providence Medicare Dual Plus (HMO D-SNP):</u> \$0 copayment Includes exams, cleanings, X-rays; limits apply. <u>Oregon Health Plan (Medicaid):</u> \$0 copayment for Medicaid-covered services

¹ Services may require prior authorization.

² Services may require a referral from your doctor.

Providence Medicare Dual Plus (HMO D-SNP)

Benefits		In-network
Vision Services	Medicare-Covered Exams ² /Screening	<p>Providence Medicare Dual Plus (HMO D-SNP): 0% or 20% of the total cost per exam 0% or 20% of the total cost for glaucoma screening</p> <p>Oregon Health Plan (Medicaid): Not covered</p>
	Routine Exam	<p>Providence Medicare Dual Plus (HMO D-SNP): Allowance of up to \$75 per calendar year for a routine vision exam (including refraction)</p> <p>Oregon Health Plan (Medicaid): Not covered</p>
	Medicare-Covered Eyewear	<p>Providence Medicare Dual Plus (HMO D-SNP): 0% or 20% of the total cost for one pair of Medicare-covered eyeglasses or contact lenses after each cataract surgery</p> <p>Oregon Health Plan (Medicaid): Not covered</p>
	Routine Eyeglasses or Contact Lenses	<p>Providence Medicare Dual Plus (HMO D-SNP): Allowance of up to \$210 per calendar year for any combination of routine prescription eyewear</p> <p>Oregon Health Plan (Medicaid): Not covered</p>
Mental Health Services ¹	Inpatient Visit	<p>Providence Medicare Dual Plus (HMO D-SNP): These are 2021 cost-sharing amounts and may change for 2022. Providence Medicare Dual Plus (HMO D-SNP) will provide updated rates as soon as they are released by Medicare. \$0 or \$1,484 deductible for each benefit period \$0 copayment for days 1-60 \$371 copayment each day for days 61-90 \$742 copayment per each “lifetime reserve day” after day 90 (up to 60 days over your lifetime) All costs beyond lifetime reserve days.</p> <p>Oregon Health Plan (Medicaid): \$0 copayment for Medicaid-covered services</p>
	Outpatient Individual and Group Therapy Visit	<p>Providence Medicare Dual Plus (HMO D-SNP): 0% or 20% of the total cost</p> <p>Oregon Health Plan (Medicaid): \$0 copayment for Medicaid-covered services</p>

¹ Services may require prior authorization.

² Services may require a referral from your doctor.

Providence Medicare Dual Plus (HMO D-SNP)

Benefits	In-network
Skilled Nursing Facility (SNF) ¹	<p>Providence Medicare Dual Plus (HMO D-SNP): These are 2021 cost-sharing amounts and may change for 2022. Providence Medicare Dual Plus (HMO D-SNP) will provide updated rates as soon as they are released by Medicare.</p> <p>\$0 copayment for days 1-20 \$185.50 copayment each day for days 21-100</p> <p>Oregon Health Plan (Medicaid): \$0 copayment for Medicaid-covered services. Medicaid covers up to 20 days in a SNF.</p>
Physical Therapy ¹	<p>Providence Medicare Dual Plus (HMO D-SNP): 0% or 20% of the total cost</p> <p>Oregon Health Plan (Medicaid): \$0 copayment for Medicaid-covered services</p>
Ambulance ¹	<p>Providence Medicare Dual Plus (HMO D-SNP): 0% or 20% of the total cost</p> <p>Oregon Health Plan (Medicaid): \$0 copayment for Medicaid-covered services</p>
Transportation	<p>Providence Medicare Dual Plus (HMO D-SNP): \$0 copayment for 36 one-way trips (max of 25 miles each way)</p> <p>Oregon Health Plan (Medicaid): \$0 copayment for Medicaid-covered services</p>
Medicare Part B Drugs ¹	<p>Providence Medicare Dual Plus (HMO D-SNP): 0% or 20% of the total cost</p> <p>Oregon Health Plan (Medicaid): \$0 copayment for Medicaid-covered services</p>
Meal Delivery Program (post-discharge only)	<p>Providence Medicare Dual Plus (HMO D-SNP): \$0 copayment for 2 meals per day for 14 days, following a qualifying inpatient hospitalization</p> <p>Oregon Health Plan (Medicaid): Not covered</p>
Over-the-Counter Items	<p>Providence Medicare Dual Plus (HMO D-SNP): \$204 allowance per quarter (retail card, catalog, online, mail, and telephonic ordering)</p> <p>Oregon Health Plan (Medicaid): Not covered</p>

Providence Medicare Dual Plus (HMO D-SNP)

Personal Emergency Response System (PERS)	<u>Providence Medicare Dual Plus (HMO D-SNP):</u> \$0 copayment <u>Oregon Health Plan (Medicaid):</u> Not covered
Wellness Program	\$0 copayment for monthly gym membership with participating fitness clubs <u>Oregon Health Plan (Medicaid):</u> Not covered

¹ Services may require prior authorization.

² Services may require a referral from your doctor.

Prescription Drug Benefits

Providence Medicare Dual Plus (HMO D-SNP)

Prescription Drug Deductible			
Yearly Deductible	If you receive “Extra Help” to pay your prescription drugs, this payment stage does not apply to you.		
Initial Coverage	You pay the following until your total yearly out-of-pocket costs reach \$4,430.		
For Generic Drugs (including brand drugs treated as generic)			
You Pay Either:	\$0 copayment	\$1.35 copayment	\$3.95 copayment
For All Other Drugs			
You Pay Either:	\$0 copayment	\$4.00 copayment	\$9.85 copayment
	You may get your drugs at network retail pharmacies and mail order pharmacies.		

If you reside in a long-term care facility, you pay the same as at a standard retail pharmacy. You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy. You may get drugs from a standard in-network pharmacy, but may pay more than you pay at a preferred in-network pharmacy.

Coverage Gap	Because there is no coverage gap for the plan, this payment stage does not apply to you.		
Catastrophic Coverage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$7,050, you pay nothing for all drugs.		

The Formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

Summary of Benefits

Providence Medicare Dual Plus (HMO D-SNP)

Summary of Oregon Health Plan (Medicaid) Covered Services

The benefits described in the Premium and Benefit section of the Summary of Benefits are covered by Providence Medicare Dual Plus (HMO D-SNP). For certain members, the Oregon Health Plan (Medicaid) may only pay cost-sharing amounts for services that the Oregon Health Plan (Medicaid) would normally cover. Please contact the Oregon Health Plan (Medicaid) or your Coordinated Care Organization for more information. Providence Medicare Dual Plus (HMO D-SNP) members who are enrolled with Providence through Health Share of Oregon for the Oregon Health Plan (Medicaid) will not have out-of-pocket costs for any Medicare-covered medical service. Prescription drug cost-sharing amounts still apply.

Detailed information regarding your Oregon Health Plan (Medicaid) benefits can be found at the following link: www.oregon.gov/oha/HSD/OHP/Pages/Benefits.aspx or by calling your Coordinated Care Organization's Customer Service.

The following is a list of Oregon Health Plan (Medicaid) Covered Services	
Benefits	Additional information
Chemical dependency care	
Dental	Basic services including cleaning, fluoride varnish, fillings and extractions Urgent or immediate treatment Dentures Stainless steel crowns for molars (back teeth) Other crowns for pregnant women and children under age 21 Sealants, root canals on back teeth for children under age 21
Hearing	Hearing aids and hearing aid exams
Home health	Private duty nursing
Hospice care	End-of-life care
Hospital care	Emergency treatment Inpatient and outpatient care
Immunizations and vaccines	Such as the flu shot or measles-mumps-rubella (MMR) vaccine
Labor, delivery, and post-partum care	
Laboratory tests and X-rays	
Medical care from a physician, nurse practitioner or physician assistant	Such as a routine check-up or a general appointment
Medical equipment and supplies	Such as diabetes testing strips or crutches
Medical transportation	Such as an ambulance or non-emergency transportation to an appointment
Mental health care	Such as therapy or medical treatment
Physical, occupational and speech therapy	
Prescription drugs	OHP with Limited Drug only includes drugs that are not covered by Medicare Part D
Vision	Medical services Services to correct vision for pregnant women and children under age 21 Glasses are covered for pregnant adults and adults who have a qualifying medical condition such as aphakia or keratoconus, or after cataract surgery.

Summary of Benefits

Providence Medicare Dual Plus (HMO D-SNP)

Services that are not covered by the Oregon Health Plan Medicaid (Exclusions):

Not all medical treatments are covered. When you need medical treatment, please contact your Primary Care Provider. These are some of the exclusions (does not include every exclusion):

- + Medicare Part D covered prescription drugs
- + Conditions where a “home” treatment is effective, such as applying ointment, resting a painful joint, drinking plenty of fluids, or a soft diet. Such conditions include:
 - + Canker sores
 - + Diaper rash
 - + Corns/calluses
 - + Sunburn
 - + Food poisoning
 - + Sprains
- + Personal comfort or convenience items (radios, telephones, hot tubs, treadmills, etc.)
- + Services that are primarily cosmetic, such as:
 - + Benign skin tumors
 - + Cosmetic surgery
- + Removal of scars
- + Conditions where treatment is not normally effective such as:
 - + Some back surgery
 - + TMJ surgery
 - + Some transplants
- + Services performed by an immediate relative or member of your household
- + Any services received outside the United States
- + Non-emergency care if you go to a provider who is not a network provider
- + Other non-covered services include, but are not limited to, the following:
 - + Infertility service

If you have any questions about covered or non-covered services, contact your Coordinated Care Organization’s Customer Service.

This information is not a complete description of benefits. Call **1-800-603-2340**, TTY users call 711 for more information. The Part B premium is covered for full-dual enrollees who are eligible for Providence Medicare Dual Plus (HMO D-SNP). Premium, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.

Scope of Appointment

The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment* prior to any individual sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

Please initial below beside the type of product(s) you want the agent to discuss.
(Refer to page 2 for product type descriptions)

- Stand-alone Medicare Prescription Drug Plans (Part D)**
- Medicare Advantage Plans (Part C) and Cost Plans**
- Dental/Vision/Hearing Products**
- Hospital Indemnity Products**
- Medicare Supplement (Medigap) Products**

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above. Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. They do not work directly for the federal government. This individual may also be paid based on your enrollment in a plan. Signing this form does NOT obligate you to enroll in a plan, affect your current or future Medicare enrollment, or automatically enroll you in the plan(s) discussed.

Beneficiary or Authorized Representative Signature and Signature Date:	
Signature:	Signature Date:
If you are the authorized representative, please sign above and print below:	
Representative's Name:	Your Relationship to the Beneficiary:

To be completed by Agent:	
Agent Name:	Agent Phone:
Beneficiary Name:	Beneficiary Phone:
Beneficiary Address:	
Initial Method of Contact: (Indicate here if beneficiary was a walk-in.)	
Agent's Signature:	
Plan(s) the agent represented during this meeting:	Date Appointment Completed:
Agent, if the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting:	

*Scope of Appointment documentation is subject to CMS record retention requirements.

Stand-alone Medicare Prescription Drug Plans (Part D)
Medicare Prescription Drug Plan (PDP): A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private-Fee-for-Service Plans, and Medicare Medical Savings Account Plans.
Medicare Advantage Plans (Part C) and Cost Plans
Medicare Health Maintenance Organization (HMO): A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan’s network (except in emergencies).
Medicare Preferred Provider Organization (PPO) Plan: A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals but you can also use out-of-network providers, usually at a higher cost.
Medicare Private Fee-For-Service (PFFS) Plan: A Medicare Advantage Plan in which you may go to any Medicare-approved doctor, hospital and provider that accepts the plan’s payment, terms and conditions and agrees to treat you – not all providers will. If you join a PFFS Plan that has a network, you can see any of the network providers who have agreed to always treat plan members. You will usually pay more to see out-of-network providers.
Medicare Point of Service (POS) Plan: A type of Medicare Advantage Plan available in a local or regional area which combines the best feature of an HMO with an out-of-network benefit. Like the HMO, members are required to designate an in-network physician to be the primary health care provider. You can use doctors, hospitals, and providers outside of the network for an additional cost.
Medicare Special Needs Plan (SNP): A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions.
Medicare Medical Savings Account (MSA) Plan: MSA Plans combine a high deductible health plan with a bank account. The plan deposits money from Medicare into the account. You can use it to pay your medical expenses until your deductible is met.
Medicare Cost Plan: In a Medicare Cost Plan, you can go to providers both in and out of network. If you get services outside of the plan’s network, your Medicare-covered services will be paid for under Original Medicare but you will be responsible for Medicare coinsurance and deductibles.
Medicare Medicaid Plan (MMP): An MMP is a private health plan designed to provide integrated and coordinated Medicare and Medicaid benefits for dual eligible Medicare beneficiaries.
Dental/Vision/Hearing Products
Plans offering additional benefits for consumers who are looking to cover needs for dental, vision or hearing. These plans are not affiliated or connected to Medicare.
Hospital Indemnity Products
Plans offering additional benefits; payable to consumers based upon their medical utilization; sometimes used to defray copays/coinsurance. These plans are not affiliated or connected to Medicare.
Medicare Supplement (Medigap) Products
Plans offering a supplemental policy to fill “gaps” in Original Medicare coverage. A Medigap policy typically pays some or all of the deductible and coinsurance amounts applicable to Medicare-covered services, and sometimes covers items and services that are not covered by Medicare, such as care outside of the country. These plans are not affiliated or connected to Medicare.

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.

IMPORTANT INFORMATION:

2022 Medicare Star Ratings



Providence Medicare Advantage Plans - H9047

For 2022, Providence Medicare Advantage Plans - H9047 received the following Star Ratings from Medicare:

Overall Star Rating: ★★★★★
Health Services Rating: ★★★★★
Drug Services Rating: ★★★★★

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.



This plan got
**MEDICARE'S
HIGHEST
RATING** (5 stars)

The number of stars show how well a plan performs.

- ★★★★★ EXCELLENT
- ★★★★☆ ABOVE AVERAGE
- ★★★☆☆ AVERAGE
- ★★☆☆☆ BELOW AVERAGE
- ★☆☆☆☆ POOR

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

Questions about this plan?

Contact Providence Medicare Advantage Plans 7 days a week from 7 days a week from 8:00 a.m. to 8:00 p.m. Pacific time at 800-457-6064 (toll-free) or 711. Current members please call 800-603-2340 (toll-free) or 711.



A division of Providence Health Assurance

Non-discrimination Statement

Providence Health Plan and Providence Health Assurance comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, sexual orientation, religion, gender identity, marital status or sex. Providence Health Plan and Providence Health Assurance do not exclude people or treat them differently because of race, color, national origin, age, disability, sexual orientation, religion, gender identity, marital status or sex. Providence Health Plan and Providence Health Assurance:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you are a Medicare member who needs these services, call 503-574-8000 or 1-800-603-2340. All other members can call 503-574-7500 or 1-800-878-4445. Hearing impaired members may call our TTY line at 711.

If you believe that Providence Health Plan or Providence Health Assurance has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sexual orientation, religion, gender identity, marital status or sex, you can file a grievance with our Non-discrimination Coordinator by mail:

Providence Health Plan and Providence Health Assurance
Attn: Non-discrimination Coordinator
PO Box 4158
Portland, OR 97208-4158

If you need help filing a grievance, and you are a Medicare member call 503-574-8000 or 1-800-603-2340. All other members can call 503-574-7500 or 1-800-878-4445 (TTY line at 711) for assistance. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW - Room 509F HHH Building
Washington DC 20201
1-800-368-1019, 1-800-537-7697 (TTY)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Access Information

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-603-2340 (TTY: 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-603-2340 (TTY: 711).

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-603-2340 (TTY: 711)

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-603-2340 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-603-2340 (TTY: 711) 번으로 전화해 주십시오.

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-603-2340 (телетайп: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-603-2340 (TTY: 711).

Ukrainian: УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-603-2340 (телетайп: 711).

Mon-Khmer, Cambodian: ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃគឺអាចមានសំរាប់អ្នក។ ចូរទូរស័ព្ទ 1-800-603-2340 (TTY: 711)។

Japanese: 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-800-603-2340 (TTY:711)まで、お電話にてご連絡ください。

Amharic: ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-800-603-2340 (መስማት ለተሳናቸው: 711)።

Cushite (Oromo): XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-603-2340 (TTY: 711).

Arabic:

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-603-2340 (رقم هاتف الصم والبكم: (TTY: 711).

Punjabi: ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-800-603-2340 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-603-2340 (TTY: 711).

Laotian: ໂປດຊາບ: ຖ້າ ວ່າ ທ່ານ ອ້າ ພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອ ອັດຕາ ພາສາ, ໂດຍບໍ່ເສັຽ ງຄ່າ ວ່າ, ແມ່ນ ນຳມື້ ອຳນວຍ ທ່ານ. ໂທ 1-800-603-2340 (TTY: 711).

Romanian: ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-603-2340 (TTY: 711).

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-603-2340 (ATS: 711).

Thai: เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-603-2340 (TTY: 711)

Persian:

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما تماس بگیرید.
فراهم می باشد. با 1-800-603-2340 (TTY: 711)

We all deserve True Health

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

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

8 a.m. to 8 p.m. (Pacific Time), seven days a week (Oct. 1 – Dec. 7);
Monday – Friday (Dec. 8 – Sept. 30)



Enroll online at

ProvidenceHealthAssurance.com

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.

H9047_2022PHA03_C MDC-385B

