



# Medicare Advantage Plan Comparison

Providence Medicare Extra + Rx (HMO)

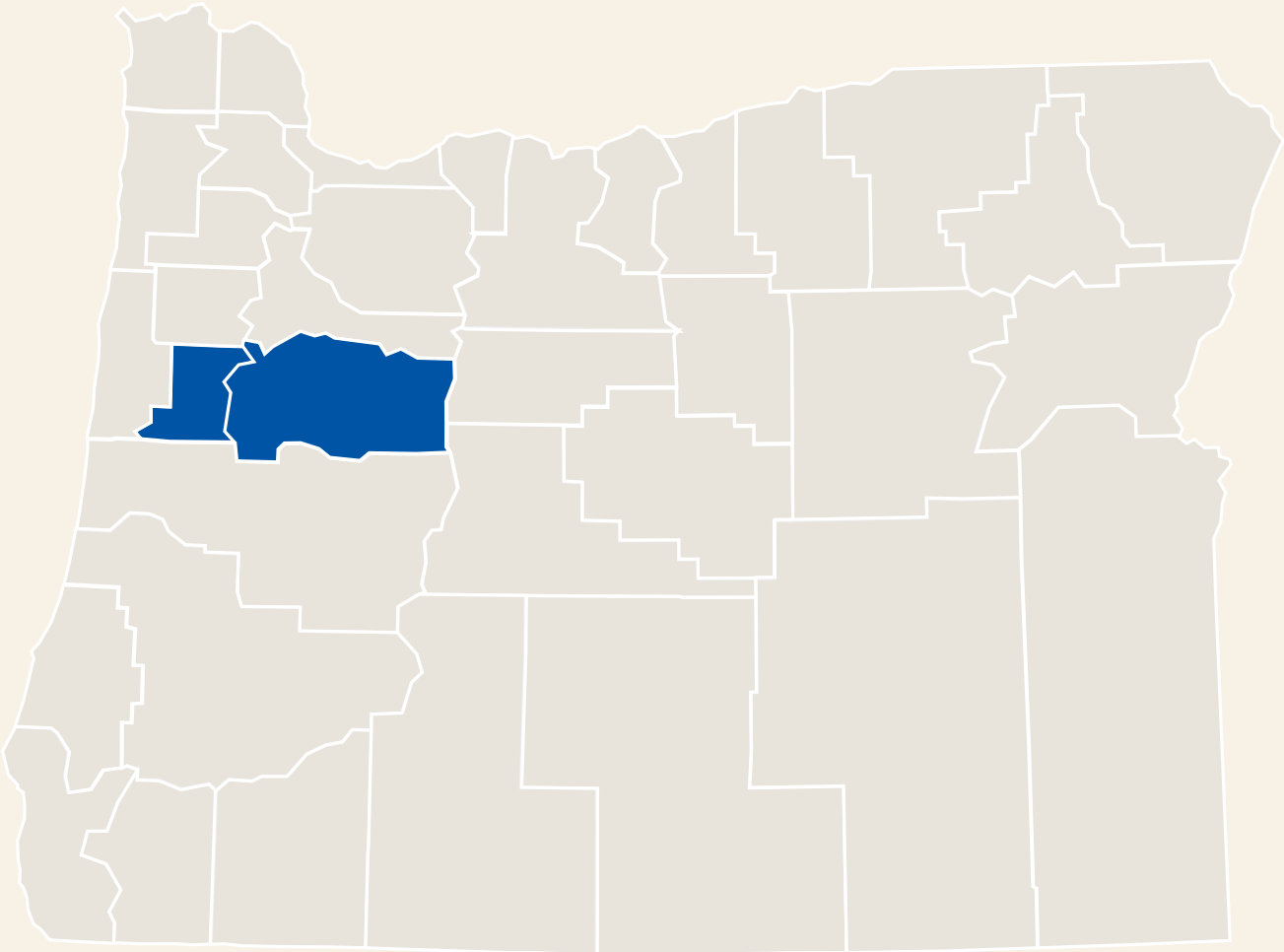
Service Area 3  
Benton, Linn counties in Oregon



# 2023 Providence Medicare Service Area Map

Benton and Linn counties

+ Providence Medicare Extra + Rx (HMO)



Visit [ProvidenceTrueHealth.com/plan](https://ProvidenceTrueHealth.com/plan) for more information.

# Providence Medicare Advantage Plans – Part C

	Providence Medicare Extra + Rx (HMO)
Monthly premium with prescription drug coverage	\$173
	<b>In-network</b>
Medical deductible	\$0
Out-of-pocket maximum	\$3,400
<b>Benefits</b>	<b>You pay</b>
Doctor office visit (PCP)	\$0
Specialist visit	\$20
Preventive care	\$0
Inpatient hospital	Days 1-5: \$250/day Day 6 and beyond: \$0/day
Skilled nursing facility	Days 1-20: \$0 Days 21-100: \$150/day
Outpatient surgery	\$100 Ambulatory \$150 Hospital
Diabetic supplies	\$0 – 20%
Lab	\$0
X-ray	\$0
Outpatient diagnostic tests & procedures	20%
Therapy: PT, OT, ST	\$20
Durable medical equipment	20%
Home health	\$0
Telehealth**	\$0 PCP – \$20 Specialist
	<b>Worldwide coverage</b>
Urgent care	\$50
Emergency room*	\$70
Ambulance (ground or air)	\$250 one way

\*Copay waived if you are admitted to the hospital within 24 hours for the same condition.

\*\*You will pay the cost sharing that applies to the services

Other charges and limits may apply. Please refer to Evidence of Coverage for more information.

Providence Health Assurance is an HMO, HMO-POS and HMO SNP with Medicare and Oregon Health Plan contracts. Enrollment in Providence Health Assurance depends on contract renewal.



## Pharmacy coverage – Part D

	Providence Medicare Extra + Rx (HMO)	
Annual deductible	\$0	
	30-day	90-day
Preferred generic	\$0	\$0
Generic	\$10	\$10
Preferred brand	\$45	\$90
Non-preferred drugs	\$90	\$180
Specialty drugs	33%	Not available
Vaccines	\$0	Not available
Select Insulin	\$35 max	\$35 max

Copays listed are for Preferred Network pharmacies only; other pharmacy copays may cost more. For Extra + Rx (HMO), you continue to pay your Tier 1 cost-shares in Phase 2 Coverage Gap. Continue to pay your Tier 6 \$0 cost-share in Phase 2 Coverage Gap. All other cost-shares will be 25%. The Formulary and pharmacy network may change at any time. You will receive notice when necessary.

Initial coverage	Coverage gap	Catastrophic coverage
Phase 1	Phase 2	Phase 3
When the total paid by you and the plan reaches \$4,660, 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 \$7,400. After that, Phase 3 begins.	You pay whichever of these is larger: either 5% coinsurance for the costs of the drug or \$4.15 copay for generic drugs; \$10.35 copay for brand-name or specialty drugs.

## Dental, hearing, vision and more

	Providence Medicare Extra + Rx (HMO)
Preventive dental	\$0
Routine eye exams	Up to \$75 allowance per year
Prescription eyeglasses or contact lenses*	\$215 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	\$195 allowance per quarter
Post discharge meals	\$0 – two meals per day for 14 days
Medical alert system	\$0
Fitness center membership***	\$0
Wigs for hair loss related to chemotherapy	20% for synthetic 1 wig per year

\*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.

# 2023 Optional Supplemental Dental Benefits

## Plans that include Basic or Enhanced option:

Providence Medicare Extra + 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	50%	60%	50%	60%
	\$250 Lifetime Denture Benefit		\$250 Lifetime Denture Benefit	
Crowns and bridges	50%	60%	50%	60%
	\$100 limit per tooth per year		\$500 limit per year	
Oral surgery	Not covered		50%	60%
Endodontics (root canals)	Not covered		50%	60%
Periodontics (deep cleaning)	Not covered		50%	60%

**\*Important notes:** Members may use any licensed dentist. Non-Medicare 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 may receive two periodic oral evaluations or one periodic oral evaluation and one problem-focused oral evaluation per calendar year)

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

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

Providence Health Assurance is an HMO, HMO-POS and HMO SNP with Medicare and Oregon Health Plan contracts. Enrollment in Providence Health Assurance depends on contract renewal.

Out-of-network/non-contracted providers are under no obligation to treat Plan 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.

# 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

**[ProvidenceTrueHealth.com/guides](https://ProvidenceTrueHealth.com/guides)**