

2024 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 full-Medicaid benefits.

Benefits	You pay*
Monthly premium	\$0
Plan benefits	In-network member responsibility
Annual deductible	\$0
Doctor visits	
Annual wellness visit	\$0
Primary care 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
Prescription benefits	You pay*
Generic drugs	\$0
All other drugs	\$0
Additional benefits	
Flexible Benefit Card	
Flex dental	\$1,700 to spend per year
Healthy food and over-the-counter items	\$400 to spend per quarter
Incentive rewards for completing healthy activities	Up to \$50 per year
Routine eye exam	You pay \$0 - for one exam each year
Prescription glasses or contact lenses	You get up to \$250 to spend each year for lenses, frames, upgrades, or contact lenses
24-hour nurse advice line	You pay \$0
Fitness center membership	You pay \$0
Health education—includes weight management, stress management, pain education, and more	You have free access to health education classes at participating facilities or online
Non-medical transportation	You pay \$0 for 36 one-way trips (max. of 25 miles each way)
Meal delivery after inpatient hospital stay	You pay \$0 – two meals per day for 28 days
Personal Emergency Response System	You pay \$0

The benefits listed below are covered by your Oregon Health Plan (Medicaid) coverage.

This is only a partial list of highlighted benefits you have access to. Detailed information regarding your Oregon Health Plan (Medicaid) benefits can be found at www.oregon.gov/oha/HSD/OHP/Pages/Benefits.aspx or by calling your Coordinated Care Organization's Customer Service.

Medicaid benefits

Dental care	
Exams and X-rays (includes oral cancer screening)	Covered
Cleanings and fluoride	Covered
Fillings	Covered
Extractions	Covered
Full dentures every 10 years and partials every 5 years if recommended by your dentist (Authorization required)	Covered
Denture adjustments, replacing missing or broken false teeth	Covered
Deep cleaning for gum disease	Covered
Emergency dental services	Covered
Hearing benefits	
Exam (every 12 months)	Covered
Exam (every 12 months) Hearing aids (authorization required, up to 2 aids every 5 years)	Covered Covered
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Hearing aids (authorization required, up to 2 aids every 5 years)	Covered
Hearing aids (authorization required, up to 2 aids every 5 years) Hearing aid batteries (60 per calendar year)	Covered
Hearing aids (authorization required, up to 2 aids every 5 years) Hearing aid batteries (60 per calendar year) Additional benefits Incontinence supplies (adult diapers, disposable briefs/	Covered
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^{*}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 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.





Want to learn more?

Here is how to connect with us.



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)



Check us out online for more information or to enroll at

ProvidenceTrueHealth.com/DSNP