PROVIDENCE
Medicare Advantage Plans
A division of Providence Health Assurance

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), 8am to 8pm (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** 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/co-insurance may change on January 1, 2020.
+ 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 noncontracted 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 co-pay 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.

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2020 Summary of Benefits

Providence Medicare Harbor + Rx (HMO)

January 1, 2020 – December 31, 2020

This plan is available in **Snohomish County, Washington.**

This booklet gives you a summary of what Providence Medicare Harbor + Rx (HMO) covers and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please refer to The "Evidence of Coverage." To obtain a copy of the EOC please contact customer service at 1-800-603-2340 or visit us online to request one at **ProvidenceHealthAssurance.com/EOC**.

If you have any questions about this plan's benefits or costs, please contact Providence Medicare Advantage Plans for details.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at **Medicare.gov** or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Things to know about Providence Medicare Harbor + Rx (HMO)

You can call us seven days a week from 8:00 a.m. to 8:00 p.m. (Pacific Time).

Providence Medicare Harbor + Rx (HMO), phone numbers and website:

+ If you are a member of this plan, call toll free 1-800-603-2340, TTY users call 711.
+ If you are not a member of this plan, call toll free 1-800-457-6064, TTY users call 711.
+ Our website: **ProvidenceHealthAssurance.com**
+ Our plan members get all of the benefits covered by Original Medicare.
+ Some of the extra benefits are outlined in this booklet.

Who can join?

To join Providence Medicare Harbor + Rx (HMO) you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes Snohomish County, Washington.

You can see our plan's Provider and Pharmacy Directory at our website: **ProvidenceHealthAssurance.com/ProviderDirectory**, or call us and we will send you a copy of the Provider and Pharmacy Directory. You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, **ProvidenceHealthAssurance.com/Formulary**.

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 Harbor + Rx (HMO)

Monthly Plan Premium	**$0** In addition, you must continue to pay your Medicare Part B premium.
Deductible	**$0** There is no medical deductible for in or out-of-network services.
Maximum Out-of-Pocket Responsibility	Your yearly limit(s) for this plan:
	In-network: **$6,700**

Benefits		In-network
Inpatient Hospital Coverage[1]		**$450** copay per day for days 1-4 You pay **$0** per day for days 5 and beyond
Outpatient Hospital Coverage[1]		**$450** copay for outpatient surgery at a hospital facility
Ambulatory Surgery Center[1]		**$450** copay for outpatient surgery at an Ambulatory Surgery Center
Doctor Visits[2]	Primary Care Provider visit	**$10** copay
	Specialist visit	**$50** copay
Preventive Care		You pay nothing
Emergency Care		**$90** copay If you are admitted to the hospital within 24 hours, you do not have to pay your copay for emergency care.
Urgently Needed Services		**$50** copay If you are admitted to the hospital within 24 hours, you do not have to pay your copay for urgent care.

[1] Services may require prior authorization.
[2] Services may require a referral from your doctor.

Providence Medicare Harbor + Rx (HMO)

Benefits		In-network
Diagnostic Services/ Labs/Imaging[1]	Diagnostic radiology services (e.g. MRI, ultrasounds, CT scans)[1]	**20%** of the cost
	Therapeutic radiology services[1]	**20%** of the cost
	Outpatient X-rays[1]	**$15** copay
	Diagnostic test and procedures[1]	**$0** copay
	Lab services[1]	**$0** copay
Hearing Services[2]	Medicare-covered	**$50** copay
	Routine exam	**$0**
	Hearing Aids	**$699** copay per hearing aid - Advanced **$999** copay per hearing aid - Premium
Dental Services[2]	Medicare-covered	**$50** copay
	Optional	Covered for additional premium, see last page of this summary
Vision Services	Medicare-covered	**$50** copay
	Routine exam	Allowance of up to **$75** per calendar year for a routine vision exam (including refraction)
	Routine eyeglasses or contact lenses	Allowance of up to **$95** per calendar year for any combination of routine prescription eyewear
Mental Health Services[1]	Inpatient visit	**$320** copay per day for days 1-5 **$0** You pay nothing for days 6-190
	Outpatient individual and group therapy visit	**$40** copay
Skilled Nursing Facility[1]		**$0** You pay nothing for days 1-20 **$172** copay for days 21-100
Physical Therapy[1]		**$40** copay
Ambulance[1]		**$250** copay one way
Transportation		Not covered
Medicare Part B Drugs[1]		**20%** of the cost

[1] Services may require prior authorization. [2] Services may require a referral from your doctor.

Prescription Drug Benefits

Providence Medicare Harbor + Rx (HMO)

Prescription Drug Deductible	
Tier 1 (Preferred Generic) Tier 2 (Generic)	Deductible waived
Tier 3 (Preferred Brand) Tier 4 (Non-preferred Drug) Tier 5 (Specialty)	**$290**

Initial Coverage	After you pay your yearly deductible you pay the following until your total yearly drug costs reach $4,020. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail order pharmacies.

Preferred Retail and Mail-Order Cost Sharing			
	Up to 30 days	**Up to 60 days**	**Up to 90 days**
Tier 1 (Preferred Generic)	**$0** copay	**$0** copay	**$0** copay
Tier 2 (Generic)	**$10 copay**	**$20** copay	**$24** copay
Tier 3 (Preferred Brand)	**$47** copay	**$94** copay	**$112.80** copay
Tier 4 (Non-preferred Drug)	**$100** copay	**$200** copay	**$240** copay
Tier 5 (Specialty)	**27%** of the cost	Not offered	Not offered
Standard Retail Cost Sharing			
Tier 1 (Preferred Generic)	**$16** copay	**$32** copay	**$48** copay
Tier 2 (Generic)	**$20** copay	**$40** copay	**$60** copay
Tier 3 (Preferred Brand)	**$47** copay	**$94** copay	**$141** copay
Tier 4 (Non-preferred Drug)	**$100** copay	**$200** copay	**$300** copay
Tier 5 (Specialty)	**27%** of the cost	Not offered	Not offered

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.

Prescription Drug Benefits

Providence Medicare Harbor + Rx (HMO)

Coverage Gap (Applies to all tiers)	Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for the drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches $4,020. After you enter the coverage gap, you pay 25% of the plan’s cost for the covered brand name drugs and 25% of the plan’s cost for covered generic drugs until your costs total $6,350, which is the end of the coverage gap. Not everyone will enter the coverage gap.
Catastrophic Coverage (Applies to all tiers)	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach $6,350, you pay the greater of: 5% of the cost or $3.60 copay for generic (including brand drugs treated as generic) and an $8.95 copay for all other drugs.

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

Optional Supplemental Dental

Providence Medicare Harbor + Rx (HMO)

Please Note:

Optional Benefits: You must pay an extra premium each month for these benefits.[1]
Cost-Sharing: While you can see any dentist, our In-network providers have agreed to accept a contracted rate for the services they provide. This means cost-sharing will be lower if you see an In-network provider.[2]

Option 1: Basic Dental Benefits include: Preventive Dental and Comprehensive Dental		
Monthly premium[1]	Additional **$33.70** per month. You must keep paying your Medicare Part B and monthly plan premium.	
Benefits	**In-network**	**Out-of-network**
Deductible[1]	**$50**	**$150**
Annual Benefit Maximum[1,2]	**$1,000** per year	
Diagnostic and Preventive Care[1,2]	You pay **0%**	You pay **20%**
Basic Care[1,2]	You pay **50%**	You pay **60%** Fillings (silver, composite)
Major Restorative Care[1,2]	You pay **50%**	You pay **60%**

Option 2: Enhanced Dental Benefits include: Preventive Dental and Comprehensive Dental		
Monthly premium[1]	Additional **$46.50** per month. You must keep paying your Medicare Part B and monthly plan premium.	
Benefits	**In-network**	**Out-of-network**
Deductible[1]	**$50**	**$150**
Annual Benefit Maximum[1,2]	**$1,500** per year	
Diagnostic and Preventive Care[1,2]	You pay **0%**	You pay **20%**
Basic Care[1,2]	You pay **50%**	You pay **60%** Fillings (silver, composite)
Major Restorative Care[1,2]	You pay **50%**	You pay **60%**

[1] Services may require prior authorization.
[2] Services may require a referral from your doctor.