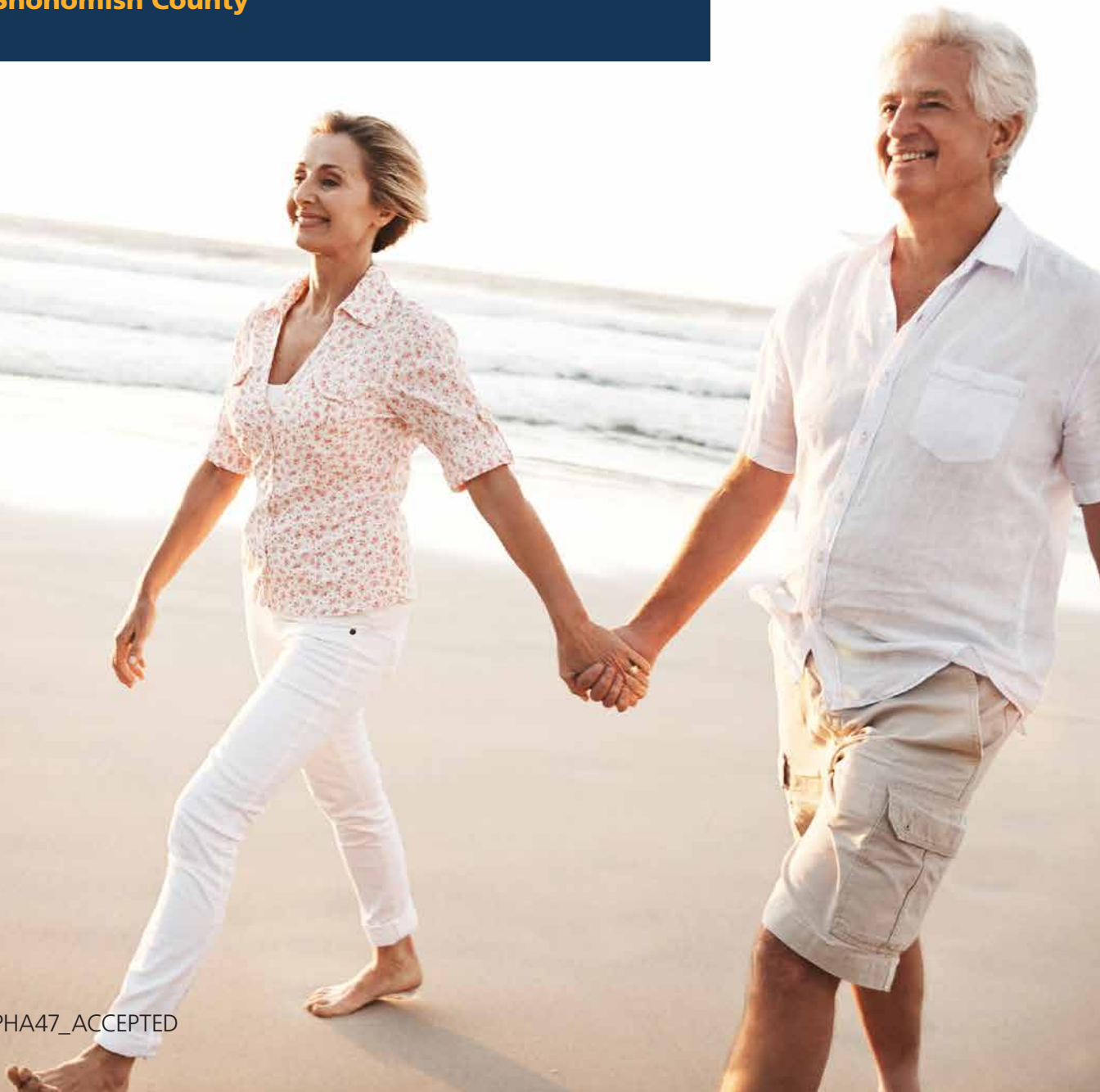


This is an advertisement

Providence Medicare Advantage Plans

2018 Plan Comparison

King and Snohomish County



Service area map



2018 Providence Medicare Service Area



- Summit + RX (HMO-POS)
- Harbor + RX (HMO)

Providence Medicare Advantage Plans – Part C

	PROVIDENCE MEDICARE HARBOR + RX (HMO)	PROVIDENCE MEDICARE SUMMIT + RX (HMO-POS)	
Monthly premium with prescription drug coverage	\$0	\$59	
	IN-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Deductible	\$0	\$0	
Benefits	You pay		You pay
Out-of-pocket maximum	\$6,700	\$5,500	\$10,000
Doctor office visit (PCP)	\$15 [△]	\$15 [△]	40%
Specialist visit	\$50 [△]	\$40 [△] 40% no referral [△]	40%
Secure video visits	\$0 [△]	\$0 [△]	No Coverage
Preventive care	\$0 [△]	\$0 [△]	40%
Lab	\$15	\$10	40%
X-ray	\$15	\$15	40%
Outpatient diagnostic tests & procedures	20%	20%	40%
Outpatient diagnostic & therapeutic radiology	20%	20%	40%
Durable medical equipment	20%	20%	40%
Diabetic supplies	\$0 20%**	\$0 20%**	40%
Outpatient surgery	\$385	\$275	40%
Inpatient hospital	Days 1-4: \$440/day Days 5-90: \$0	Days 1-4: \$375/day Days 5 & beyond: \$0	40%
Skilled nursing facility	Days 1-20: \$0 Days 21-100: \$167.50/day	Days 1-20: \$0 Days 21-100: \$160/day	40%
Home health	\$0	\$0	40%
Mental health and chemical dependency counseling	\$40	\$40	40%
Therapy: PT, OT, ST	\$40	\$40	40%
Medical eye exam	\$50	\$40 [△]	40%
	WORLDWIDE COVERAGE (\$50,000 LIMIT)	WORLDWIDE COVERAGE (\$50,000 LIMIT)	
Urgent care*	\$50†	\$50†	
Emergency room*	\$80†	\$80†	
Ambulance (air/ground)	\$250 one way	\$230 one way	

* Diagnostic testing copayment may apply.

** Diabetic therapeutic shoes and inserts

[△] For office visits, other charges may apply.

† Copayment is waived if admitted within 24 hours for the same condition.

Vision & Hearing coverage

Available at no extra charge to members of Providence Medicare Harbor + RX (HMO) and Providence Medicare Summit + RX (HMO-POS)

PROVIDENCE MEDICARE HARBOR + RX (HMO)		
BENEFIT	DESCRIPTION	COPAY
Routine Eye Exams	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness One exam every calendar year Up to a \$40 allowance 	\$0
Prescription Eyeglasses (lenses, frames, upgrades)	\$75 allowance per year for any combination of prescription lenses, frames or upgrades (such as tinting)	\$0
Contact lenses, in lieu of glasses (includes lenses, fitting and evaluation services)	\$75 allowance per year for prescription contacts	\$0

PROVIDENCE MEDICARE SUMMIT + RX (HMO POS)		
BENEFIT	DESCRIPTION	COPAY
Routine Eye Exams	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness One exam every calendar year Up to a \$60 allowance 	\$0
Prescription Eyeglasses (lenses, frames, upgrades)	\$300 allowance per year for any combination of prescription lenses, frames or upgrades (such as tinting)	\$0
Contact lenses, in lieu of glasses (includes lenses, fitting and evaluation services)	\$300 allowance per year for prescription contacts	\$0

PROVIDENCE MEDICARE HARBOR + RX (HMO) PROVIDENCE MEDICARE SUMMIT + RX (HMO POS)		
BENEFIT	DESCRIPTION	COPAY
Routine Hearing Exam	<ul style="list-style-type: none"> Covers one routine hearing exam per calendar year You must see a TruHearing provider 	\$45
Hearing Aids	<ul style="list-style-type: none"> Up to two TruHearing Flyte hearing aids every calendar year Benefit is limited to TruHearing Flyte Advanced and Flyte Premium hearing aids You must see a TruHearing provider 	\$699 or \$999 per hearing aid

Hearing aid purchase includes three provider visits within the first year of hearing aid purchase. Costs associated with excluded items are the responsibility of the member and not covered by the plan.

Pharmacy coverage – Part D

How it works

INITIAL COVERAGE	COVERAGE GAP	CATASTROPHIC COVERAGE
PHASE 1	PHASE 2	PHASE 3
When the total paid by you and the plan reaches \$3,750, Phase 2 begins.	You pay only 35% of the costs of brand-name drugs and 44% of the costs of generic drugs. You stay in this stage until your out-of-pocket costs reach \$5,000. After that, Phase 3 begins.	You pay whichever of these is larger: either 5% coinsurance for the costs of the drug or \$3.35 copay for generic drugs, \$8.35 copay for brand-name or specialty drugs.

What you pay in Phase 1

PRESCRIPTION DRUG COVERAGE	PROVIDENCE MEDICARE HARBOR + RX (HMO)		PROVIDENCE MEDICARE SUMMIT + RX (HMO/POS)	
Annual deductible*	\$290 Waived on generic tiers		\$240 Waived on generic tiers	
	ONE-MONTH SUPPLY			
	PREFERRED NETWORK PHARMACY	NETWORK PHARMACY	PREFERRED NETWORK PHARMACY	NETWORK PHARMACY
1- Preferred generic	\$8	\$16	\$7	\$14
2- Generic	\$18	\$20	\$18	\$20
3- Preferred brand	\$47		\$47	
4- Non-preferred drugs	\$100		\$100	
5- Specialty drugs	27%		28%	
	THREE-MONTH SUPPLY			
	PREFERRED NETWORK AND MAIL ORDER PHARMACY	NETWORK PHARMACY	PREFERRED NETWORK AND MAIL ORDER PHARMACY	NETWORK PHARMACY
1- Preferred generic	\$19.20	\$48	\$16.80	\$42
2- Generic	\$43.20	\$60	\$43.20	\$60
3- Preferred brand	\$112.80	\$141	\$112.80	\$141
4- Non-preferred drugs	\$240	\$300	\$240	\$300
5- Specialty drugs	Available in one-month supplies only			

*Deductible is waived on all generic tiers (Tiers 1 and 2)

Why choose Providence?

Medicare choices can be confusing. So we're here to make it easier. Our Providence Medicare Advantage Plans support you every step of the way. You're covered, whenever and wherever you need care. Plus, you'll get extra features and convenient tools to help you live well.

Variety of plans and options

We designed our plans with your needs and budget in mind. With different plan types and cost-sharing options (deductibles, coinsurance and copayments), there's a plan for everyone.

Broad network

With access to thousands of network providers, you'll find quality care when you need it.

Care for you and the community

We care about the total well-being of each person we serve. That's why we donate vital health care services that support the issues and challenges of our local communities.

Experience and innovation

We're part of Providence Health & Services so you benefit from more than 160 years of health care experience and innovation. With our broad resources, you'll get modern conveniences, like telemedicine, and integrated systems that make it simpler for you to get the very best care possible.

Extra ways to help you live well

You get extra value in your Providence Medicare Advantage Plan with easy ways to take care of your health. Here are some of the additional services you can use to support your well-being.

- **myProvidence**, our one-stop secure member portal available anytime, day or night. View your claims and benefit information, search for a provider or explore ways to improve your health and wellness with added tools and resources.
- **No-cost fitness center membership or up to two home fitness kits per year** through the Silver&Fit® Exercise and Healthy Aging program¹
- **Express Care Virtual**, for convenient, no-appointment-needed, online video visits with Providence providers at no cost
- **ProvRN, for 24/7 nurse advice** for health-related questions anytime, day or night

To learn more:

1. Call us at 1-855-210-1586 (TTY: 711).
Service is available between 8 a.m. and 8 p.m. (Pacific time), seven days a week from Oct. 1 to Feb. 14, and Monday through Friday from Feb. 15 to Sept. 30.
2. Visit us online at ProvidenceHealthAssurance.com.
3. Attend a free community meeting.²

¹ The Silver&Fit program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Incorporated (ASH). Silver&Fit is a registered trademark of ASH, and used with permission herein. All programs and services are not available in all areas.

² A sales person will be present with information and applications. For accommodation of persons with special needs at sales meetings, call 1-855-210-1586 (TTY: 711).

Providence Medicare Advantage Plans is an HMO, HMO-POS, and HMO SNP plan with a Medicare and Oregon Health Plan contract. Enrollment in Providence Medicare Advantage Plans depends on contract renewal.

Medicare has neither reviewed, nor endorsed this information.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or co-payments/co-insurance may change on January 1 of each year. The formulary, pharmacy network, and provider network may change at any time. You will receive notice when necessary. You must continue to pay your Medicare Part B premium.

OUR MISSION

As people of Providence,
we reveal God's love for all,
especially the poor and vulnerable,
through our compassionate service.

OUR CORE VALUES

Respect, Compassion, Justice,
Excellence, Stewardship

Providence Medicare Advantage Plans Sales Team

P.O. Box 5548
Portland, OR 97228-5548

1-855-210-1586 (TTY: 711)

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ProvidenceHealthAssurance.com



A division of Providence Health Assurance

Providence Health & Services, a not-for-profit health system,
is an equal opportunity organization in the provision of
health care services and employment opportunities.

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