

2011 Medicare benefit summary

This is a summary of benefits only, for general comparison. Any errors or omissions are purely unintentional. Should any discrepancies be found between this guide and the plan document, the information in the plan document shall prevail.

	ODS Medicare Supplement Plan	Clear One Health Plans	Kaiser Foundation Health Plan of the Northwest	ODS Advantage PPORX		Providence — Medicare Choice Group ¹		Providence — Medicare Extra Group
				In-network ²	Out-of-network ³	In-network	Out-of-network	
Service area	Refer to page 27	Refer to page 26	Refer to page 27	Refer to page 27		Refer to page 26		Refer to page 26
Eligible providers	Any licensed Medicare provider	Plan physicians and hospitals	Kaiser physicians and hospitals	Advantage network providers	Any licensed Medicare provider	Plan physicians and hospitals	Any licensed Medicare provider	Plan physicians and hospitals
Lifetime benefit maximum	Unlimited	Unlimited	Unlimited	Unlimited		Unlimited		Unlimited
Calendar year deductible	\$155 per individual ⁴	None	None	None		None		None
Calendar year medical out-of-pocket maximum	None	\$3,400 per individual	\$1,000 per individual	\$2,500 per individual		\$3,500 per individual		Not applicable based on plan design
	PLAN pays	Insured pays	Insured pays	Insured pays		Insured pays		Insured pays
Physician services								
<ul style="list-style-type: none"> ■ Office visits ■ Specialist visits ■ Preventive visits 	<ul style="list-style-type: none"> ■ 20% after deductible ■ 20% after deductible ■ 20% after deductible⁵ 	<ul style="list-style-type: none"> ■ \$10 copay ■ \$15 copay ■ Covered in full 	<ul style="list-style-type: none"> ■ \$15 copay ■ \$15 copay ■ Covered in full⁶ 	<ul style="list-style-type: none"> ■ \$15 copay ■ \$20 copay ■ Covered in full 	<ul style="list-style-type: none"> ■ \$15 copay ■ \$20 copay ■ Covered in full 	<ul style="list-style-type: none"> ■ \$20 copay ■ \$20 copay⁷ ■ \$20 copay 	<ul style="list-style-type: none"> ■ \$30 copay ■ \$30 copay ■ 20% 	<ul style="list-style-type: none"> ■ \$15 copay ■ \$15 copay ■ \$15 copay
Lab & X-ray								
<ul style="list-style-type: none"> ■ Routine lab test ■ Routine X-ray procedures ■ Diagnostic procedures 	<ul style="list-style-type: none"> ■ 20% after deductible ■ 20% after deductible ■ 20% after deductible 	<ul style="list-style-type: none"> ■ Covered in full ■ Covered in full ■ Covered in full 	<ul style="list-style-type: none"> ■ Covered in full ■ Covered in full ■ Covered in full 	<ul style="list-style-type: none"> ■ Covered in full ■ 10% ■ 10% 	<ul style="list-style-type: none"> ■ Covered in full ■ 10% ■ 10% 	<ul style="list-style-type: none"> ■ Covered in full ■ 10% ■ 10% 	<ul style="list-style-type: none"> ■ 20% ■ 20% ■ 20% 	<ul style="list-style-type: none"> ■ Covered in full ■ Covered in full ■ Covered in full
Inpatient hospital services								
<ul style="list-style-type: none"> ■ Covered services 	<ul style="list-style-type: none"> ■ Current Medicare Part A covered in full 	<ul style="list-style-type: none"> ■ \$125 copay/day (days 1-4 only); \$500 max per stay 	<ul style="list-style-type: none"> ■ \$200 copay per admit 	<ul style="list-style-type: none"> ■ \$100 copay per day; \$300 maximum per admit 	<ul style="list-style-type: none"> ■ \$100 copay per day; \$300 maximum per admit 	<ul style="list-style-type: none"> ■ \$350 copay per admit 	<ul style="list-style-type: none"> ■ 20% 	<ul style="list-style-type: none"> ■ \$250 copay per admit; \$500 max per calendar year
Miscellaneous services								
<ul style="list-style-type: none"> ■ Chiropractic care⁸ ■ Ambulance ■ DME ■ Emergency services⁹ ■ Outpatient surgery ■ Skilled nursing ■ Urgent care 	<ul style="list-style-type: none"> ■ 20% after deductible ■ 20% after deductible ■ 20% after deductible ■ 20% after deductible ■ 20% after deductible ■ 20% after deductible ■ Covered in full¹⁰ ■ 20% after deductible 	<ul style="list-style-type: none"> ■ \$15 copay ■ \$50 copay ■ Covered in full¹¹ ■ \$50 copay ■ \$125 copay ■ Covered in full¹⁰ ■ \$15 copay 	<ul style="list-style-type: none"> ■ \$15 copay ■ \$50 copay ■ 20%¹² ■ \$50 copay ■ \$15 copay ■ Covered in full¹⁰ ■ \$15 copay 	<ul style="list-style-type: none"> ■ \$20 copay ■ \$50 copay (one-way) ■ 10%¹² ■ \$50 copay ■ \$125 copay ■ Covered in full¹³ ■ \$20 copay 	<ul style="list-style-type: none"> ■ \$20 copay ■ \$50 copay (one-way) ■ 10%¹² ■ \$50 copay ■ \$125 copay ■ Covered in full¹³ ■ \$20 copay 	<ul style="list-style-type: none"> ■ \$20 copay ■ \$50 copay (one-way) ■ 10%¹¹ ■ \$50 copay ■ \$100 copay ■ Covered in full¹⁴ ■ \$25 copay 	<ul style="list-style-type: none"> ■ 20% ■ \$50 copay (one-way) ■ 20%¹¹ ■ \$50 copay ■ 20% ■ 20% ■ \$25 copay 	<ul style="list-style-type: none"> ■ \$15 copay ■ \$50 copay (one-way) ■ Covered in full¹¹ ■ \$50 copay ■ Covered in full ■ Covered in full ■ \$25 copay
Vision								
<ul style="list-style-type: none"> ■ Routine eye exam ■ Hardware 	<ul style="list-style-type: none"> ■ Discounts available; contact ODS 	<ul style="list-style-type: none"> ■ \$15 copay; once every 2 calendar years ■ \$100 credit every 2 calendar years for lenses, frames and/or contacts 	<ul style="list-style-type: none"> ■ \$15 copay ■ \$100 credit every 24 months for lenses, frames and/or contacts 	<ul style="list-style-type: none"> ■ \$20 copay ■ Discounts available; contact ODS 	<ul style="list-style-type: none"> ■ \$20 copay ■ Discounts available; contact ODS 	<ul style="list-style-type: none"> ■ \$20 copay ■ Discounts available through Binyon's and TruVision 	<ul style="list-style-type: none"> ■ \$30 copay ■ Discounts available through Binyon's and TruVision 	<ul style="list-style-type: none"> ■ \$15 copay ■ Discounts available through Binyon's and TruVision
Prescription drugs	Refer to pages 36–37							
<ul style="list-style-type: none"> ■ Generic and brand ■ Rx out-of-pocket maximum 	<ul style="list-style-type: none"> ■ 40% of charge, up to a \$150 maximum for each prescription, up to a 30-day supply ■ \$4,550 out-of-pocket maximum per member, per calendar year 							

¹ Member must select a Primary Care Physician in order to receive in-network benefits. Certain out-of-network services may require prior authorization; please contact Providence Health Plans for a list of those services. If services received from out-of-network provider, excess charges may apply if the provider does not accept Medicare assignment. ² Prior authorization required for hospital inpatient services, skilled nursing, home healthcare, outpatient surgery, chiropractic, outpatient rehab, DME, prosthetic services and diagnostic procedures. ³ Out-of-network Medicare providers are paid up to the Medicare limiting charge. ⁴ Part B deductible listed in comparison is

the 2010 Part B deductible; 2011 Part B deductible was not available when this guide went to print. Please refer to your 2011 Medicare & You handbook, when available, for the new Part B deductible. Deductible and coinsurance applies to all Medicare Part B approved services only. ⁵ Medicare-covered services only. ⁶ An office visit copayment may apply if non-preventive issues and services are managed during a scheduled preventive visit. ⁷ If no referral is in place when seeing an in-network specialist, \$30 copay applies. ⁸ Medicare-covered chiropractic services only. Kaiser and Providence offer discounts for other alternative care services. Contact health plan customer service for more details. ⁹ Copays and coinsurance waived if

admitted; applies to all health plans. ¹⁰ Coverage applies to a Medicare certified facility for up to 100 days/Medicare benefit period. ¹¹ Applies to Medicare approved supplies/equipment only and requires pre-authorization. Some diabetic supplies are covered in full. ¹² Applies to Medicare approved supplies/equipment only. Some diabetic supplies are covered in full. ¹³ Skilled nursing: in-plan: 1–20 days: covered in full; 21–100 days: \$40 copay per day; out-of-plan: 1–20 days: covered in full, 21–100 days: \$40 copay per day. No prior hospitalization required. ¹⁴ Skilled nursing: in-plan; 1–20 days: covered in full; 21–100 days: \$50 copay per day.