

2012 Medicare benefit summary

SUPPLEMENT PLAN		
	ODS Medicare Supplement Plan	ODS Advantage PPORX In-network ²
Service area	Refer to page 27	Refer to
Eligible providers	Any licensed Medicare provider	Advantage network providers
Calendar year deductible	\$162 per individual ⁴	None
Calendar year medical out-of-pocket maximum	None	\$2,500 per
	PLAN 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 ■ Covered in full⁵ 	<ul style="list-style-type: none"> ■ \$15 copay ■ \$20 copay ■ Covered in full
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 ■ 10% ■ 10%
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"> ■ \$100 copay per day; \$300 maximum per admit
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 ■ Covered in full¹⁰ ■ 20% after deductible 	<ul style="list-style-type: none"> ■ \$20 copay ■ \$50 copay (one-way) ■ 10%¹² ■ \$50 copay ■ \$125 copay ■ Covered in full¹¹ ■ \$20 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"> ■ \$20 copay ■ Discounts available; contact ODS
PRESCRIPTION DRUGS¹⁵		
<ul style="list-style-type: none"> ■ Generic and brand ■ Rx out-of-pocket maximum 	<ul style="list-style-type: none"> ■ Refer to pages 36-37 ■ 40% of charge, up to a \$150 maximum for each prescription, ■ \$4,700 out-of-pocket maximum per member, per calendar 	

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, required by Medicare, listed in comparison is the 2011 Part B deductible; 2012

This is a summary of benefits only, for general comparison. Any errors or omissions are purely unintentional. document shall prevail.

MANAGED CARE PLANS		
Out-of-network ³	Kaiser Permanente Senior Advantage	PacificSource Medicare Essentials 801
page 27	Refer to page 27	Refer to page 26
Any licensed Medicare provider	Kaiser Permanente physicians and hospitals	Plan physicians and hospitals
	None	None
individual	\$1,000 per individual	\$3,400 per individual
	INSURED pays:	INSURED pays:
<ul style="list-style-type: none"> ■ \$15 copay ■ \$20 copay ■ Covered in full 	<ul style="list-style-type: none"> ■ \$15 copay ■ \$15 copay ■ Covered in full⁶ 	<ul style="list-style-type: none"> ■ \$10 copay ■ \$15 copay ■ Covered in full
<ul style="list-style-type: none"> ■ Covered in full ■ 10% ■ 10% 	<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"> ■ \$100 copay per day; \$300 maximum per admit 	<ul style="list-style-type: none"> ■ \$200 copay per admit 	<ul style="list-style-type: none"> ■ \$125 copay per day (days 1-4 only); \$500 maximum per stay
<ul style="list-style-type: none"> ■ \$20 copay ■ \$50 copay (one-way) ■ 10%¹² ■ \$50 copay ■ \$125 copay ■ Covered in full¹¹ ■ \$20 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"> ■ \$15 copay ■ \$50 copay ■ Covered in full¹³ ■ \$50 copay ■ \$125 copay ■ Covered in full¹⁰ ■ \$15 copay
<ul style="list-style-type: none"> ■ \$20 copay ■ Discounts available; contact ODS 	<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"> ■ \$15 copay; once every 2 calendar years ■ \$100 credit every 2 calendar years for lenses, frames and/or contacts
up to a 30-day supply year		

Part B deductible was not available when this guide went to print. Please refer to your 2012 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** ER copays and coinsurance waived if admitted; applies to all health plans. **10** Coverage applies

Should any discrepancies be found between this guide and the plan document, the information in the plan

Providence — Medicare Choice Group ¹		Providence — Medicare Extra Group
In-network	Out-of-network	
Refer to page 26		Refer to page 26
Plan physicians and hospitals	Any licensed Medicare provider	Plan physicians and hospitals
None		None
\$3,400 per individual		Not applicable based on plan design
INSURED pays:		INSURED pays:
<ul style="list-style-type: none"> ■ \$20 copay ■ \$20 copay⁷ ■ Covered in full 	<ul style="list-style-type: none"> ■ \$30 copay ■ \$30 copay ■ 20% 	<ul style="list-style-type: none"> ■ \$15 copay ■ \$15 copay ■ Covered in full
<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
<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
<ul style="list-style-type: none"> ■ \$20 copay ■ \$50 copay (one-way) ■ 10%¹³ ■ \$50 copay ■ \$100 copay ■ Covered in full¹⁴ ■ \$25 copay 	<ul style="list-style-type: none"> ■ 20% ■ \$50 copay (one-way) ■ 20%¹³ ■ \$50 copay ■ 20% ■ 20% ■ \$25 copay 	<ul style="list-style-type: none"> ■ \$15 copay ■ \$50 copay (one-way) ■ Covered in full¹³ ■ \$50 copay ■ Covered in full ■ Covered in full ■ \$25 copay
<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

to a Medicare-certified facility for up to 100 days/Medicare benefit period. **11** Skilled nursing: in-network:1-20 days: covered in full; 21-100 days: \$40 copay per day; out-of-network:1-20 days: covered in full; 21-100 days: \$40 copay per day. No prior hospitalization required. **12** Applies to Medicare-approved supplies/equipment only. Some diabetic supplies are covered in full. **13** Applies to Medicare-approved supplies/equipment only and requires preauthorization. Some diabetic supplies are covered in full. **14** Skilled nursing: in-network; 1-20 days: covered in full; 21-100 days: \$50 copay per day. **15** Under ODS, at retail, brand drugs are covered up to a 31-day supply and generic drugs up to a 93-day supply.