

Providence Medicare Advantage Plans — Medicare Advantage HMO



Benefit Description	Medicare Advantage Align Group Plan + Rx (HMO)
Eligible Providers	Plan Physicians and Hospitals
	Member Pays:
Calendar Year Deductible	None
Calendar Year Medical Out-of-Pocket Maximum	\$1,500 per individual
Preventive Care	Covered in full per Medicare guidelines
Inpatient Care:	
<ul style="list-style-type: none"> Inpatient Hospital Care Skilled Nursing Facility 	<ul style="list-style-type: none"> \$100 copay/day; \$500 max. per admit Covered in full
Outpatient Care:	
<ul style="list-style-type: none"> Physician Office Visits Specialist Office Visits Outpatient Surgery Ambulance (air-ground) Emergency Services Urgent Care DME¹ Lab Test X-ray Diagnostic Procedures (CT/MRI/PET) OT/PT/ST Therapies² 	<ul style="list-style-type: none"> \$15 copay \$20 copay \$75 copay \$50 copay \$50 copay \$25 copay 20% Covered in full 10% 10% \$20 copay

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 health plan document, the information in the health plan document shall prevail.

Benefit Description	Medicare Advantage Align Group Plan + Rx (HMO)
Other Services:	
<ul style="list-style-type: none"> Chiropractic Care³ Acupuncture⁴ Hearing⁵ Vision⁶ 	<ul style="list-style-type: none"> \$20 copay \$20 copay Routine exam: Covered in full; Hardware (aids): \$399 or \$699 options available Routine exam: \$15 copay; Hardware: \$200 credit every 2 years for lenses, frames and/or contacts
Calendar Year Pharmacy Out-of-Pocket Maximum	\$5,000 per member
Pharmacy⁷:	This is a Medicare Part D Prescription Drug Plan
<ul style="list-style-type: none"> Tier 1 Tier 2 Tier 3 Tier 4 Tier 5 	<ul style="list-style-type: none"> Up to an \$8 copay per 31-day supply Up to a \$15 copay per 31-day supply 40% to \$250 max per script/31-day supply 40% to \$250 max per script/31-day supply 40% to \$250 max per script/31-day supply
Rates (per member, per month):	
<ul style="list-style-type: none"> Adult Child 	<ul style="list-style-type: none"> \$319.85 \$257.06

¹ Applies to Medicare approved supplies/equipment only and may require Pre-Authorization. Some diabetic supplies are covered in full.

² Outpatient Rehab: OT = Occupational Therapy, PT = Physical Therapy, ST = Speech Therapy

³ Medicare covered chiropractic services only.

⁴ Acupuncture for low back pain per Medicare guidelines; up to 12 visits in 90 days are covered if specific circumstances are met.

⁵ Must use TruHearing providers. One routine hearing exam and up to two hearing aids per calendar year, one per ear.

⁶ Any licensed Medicare provider.

⁷ See Health Plan EOC for more details on each tier. EOC may contain expanded language.