Providence Medicare Advantage Plans — Medicare Advantage HMO-POS

Benefit Description	Medicare Advantage Flex Group Plan + Rx (HMO-POS)	
	In-Network	**Out-of-Network**
Eligible Providers	Plan Physicians and Hospitals	Any Licensed Medicare Provider
	Member Pays:	
Calendar Year Deductible	None	
Calendar Year Medical Out-of-Pocket Maximum	$3,000 per individual	
Preventive Care	Covered in full per Medicare guidelines	Covered in full per Medicare guidelines
Inpatient Care:		
• Inpatient Hospital Care	• $125 copay/day; $500 max. per admit	• 20%
• Skilled Nursing Facility	• Covered in full[1]	• 20%
Outpatient Care:		
• Physician Office Visits	• $20 copay	• $30 copay
• Specialist Office Visits	• $25 copay	• $35 copay
• Outpatient Surgery	• $150 copay	• 20%
• Ambulance (air-ground)	• $50 copay	• $50 copay
• Emergency Services	• $65 copay	• $65 copay
• Urgent Care	• $25 copay	• $25 copay
• DME[2]	• 20%	• 20%
• Lab Test	• Covered in full	• 20%
• X-ray	• 10%	• 20%
• Diagnostic Procedures (CT/MRI/PET)	• 10%	• 20%
• OT/PT/ST Therapies[3]	• $25 copay	• $35 copay

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Other Services:		
• Chiropractic Care[4]	• $20 copay	• $35 copay
• Acupuncture[5]	• $25 copay	• $35 copay
• Hearing[6]	• Routine exam: Covered in full; Hardware (aids): $399 or $699 options available	• Not covered
• Vision[7]	• Routine exam: $20 copay; Hardware: $200 credit every 2 years for lenses, frames and/or contacts	• Routine exam: $20 copay; Hardware: $200 credit every 2 years for lenses, frames and/or contacts
Calendar Year Pharmacy Out-of-Pocket Maximum	$5,000 per individual	
Pharmacy[8]:	This is a Medicare Part D Prescription Drug Plan	
• Tier 1	• Up to an $8 copay per 31-day supply	
• Tier 2	• Up to a $15 copay per 31-day supply	
• Tier 3	• 40% to $250 max per script/31-day supply	
• Tier 4	• 40% to $250 max per script/31-day supply	
• Tier 5	• 40% to $250 max per script/31-day supply	
Rates (per member, per month):		
• Adult	• $224.58	
• Child	• $180.84	

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.

1 Days 1-20, covered in full; Days 21-100, $50 copay per day.
2 Applies to Medicare approved supplies/equipment only and may require pre-authorization. Some diabetic supplies are covered in full.
3 Outpatient Rehab: OT = Occupational Therapy, PT = Physical Therapy, ST = Speech Therapy.
4 Medicare covered chiropractic services only.
5 Acupuncture for low back pain per Medicare guidelines; up to 12 visits in 90 days are covered if specific circumstances are met.
6 Must use TruHearing providers. One routine hearing exam and up to two hearing aids per calendar year, one per ear.
7 Any licensed Medicare provider.
8 See Health Plan EOC for more details on each tier. EOC may contain expanded language.