

### 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 Plans Service Team:

P.O. Box 4327  
Portland, OR 97208-4327

**503-574-5551 or 1-800-457-6064**  
**TTY 503-574-8702 or 1-888-244-6642**

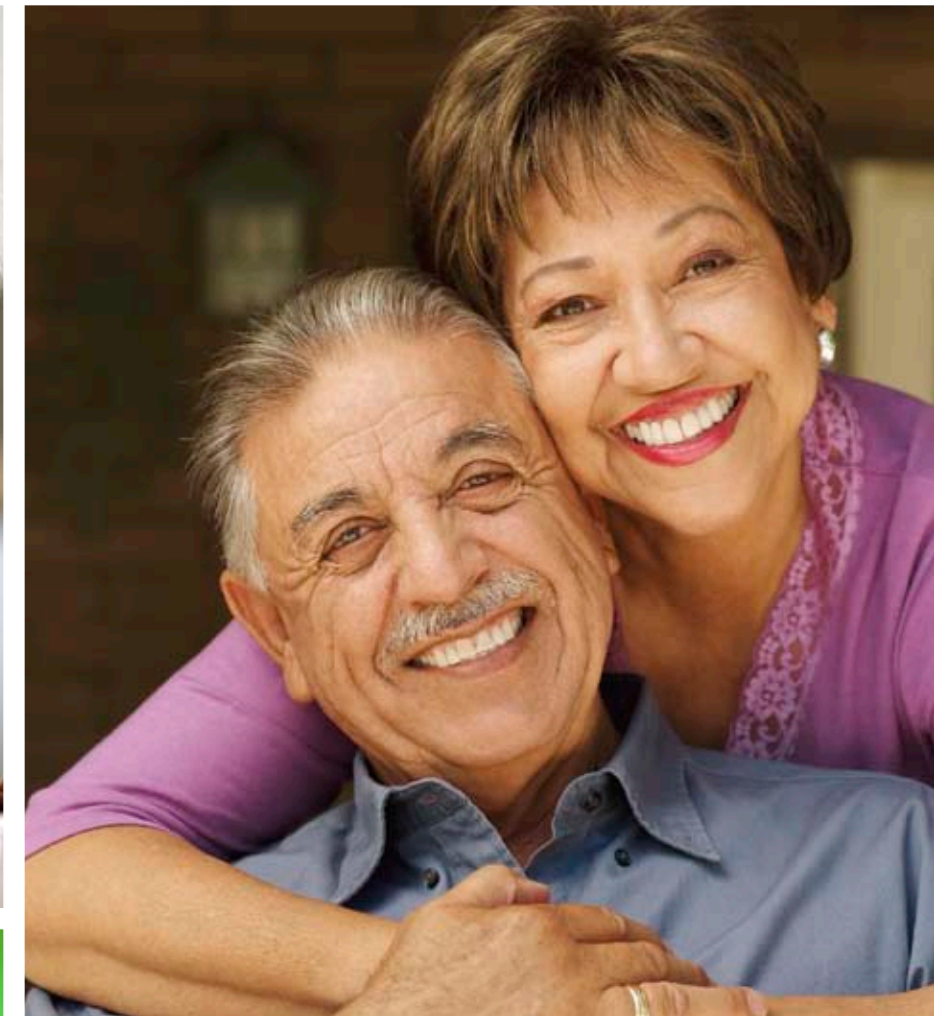
Customer Service assistance is available Monday through Friday, between 8 a.m. and 6 p.m. for questions about your medical plan (Part C) and seven days a week, between 8 a.m. and 8 p.m. for questions about your prescription plan (Part D).

[www.providence.org/php/medicareplans](http://www.providence.org/php/medicareplans)



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

# Providence Medicare Plans Comparison



## Compare Costs

This is only a brief comparison of benefits. For a complete Summary of Benefits, including premium and plan guidelines, please refer to the pre-enrollment packet provided by Providence Medicare Plans. Medicare coverage rules apply to the benefits listed below.

## Medical Benefits

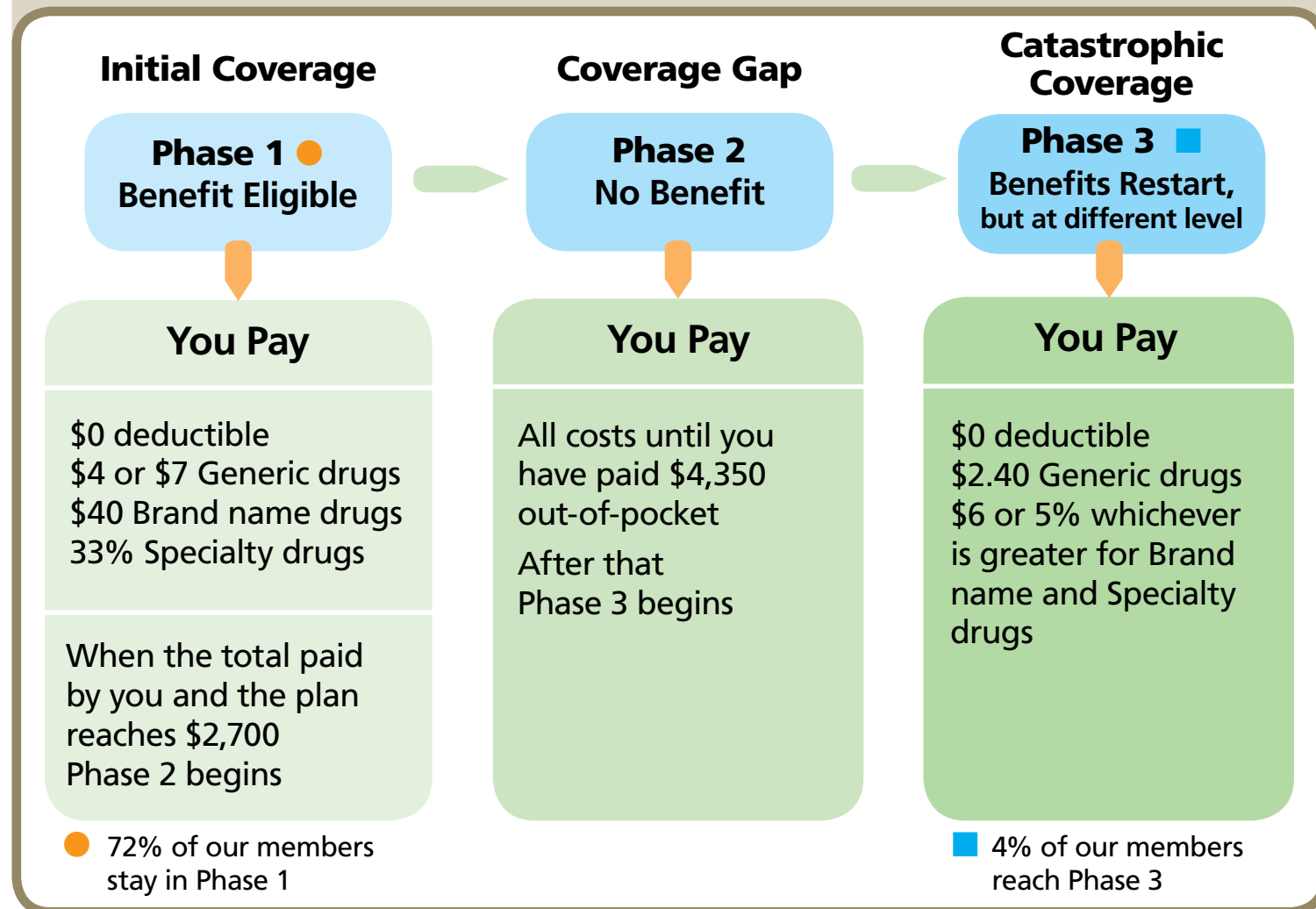
	Providence Medicare Extra	Providence Medicare Choice	
	In-network benefit only	In network	Out-of-network
	You Pay	You Pay	
Doctor Office Visit	\$15	\$20	20%
Specialist Visit (Referral needed for PME and PMC In-Network providers)	\$15	\$20	20%
Lab	\$0	\$0	20%
Xray	10%	10%	20%
Outpatient Surgery	\$50	\$100	20%
Routine Eye Exam Every 24 months* (no referral needed)	\$15	\$20	20%
Medical Eye Exam	\$15	\$20	20%
Annual Women's Exam Pap, Pelvic, Mammogram (no referral needed)	\$15*	\$20*	20%
Mental Health & Chemical Dependency Counseling	\$15	\$20	20%
Therapy: PT, OT, ST	\$15	\$20	20%
Inpatient Hospital <i>(per covered stay)</i>	\$250	\$350	20%
Skilled Nursing Facility			
Day 1-21	\$0	\$0	20%
Day 22-100	\$0	\$50/day	20%
Home Health Care	\$0	10%	20%
Durable Medical Equipment	10%	10%	20%
Test strips and glucometers	\$0	\$0	20%
Emergency Room* (World-wide Coverage)	\$50**	\$50**	\$50**
Urgent Care* (World-wide Coverage)	\$25**	\$25**	\$25**
Ambulance (World-wide) (Air or Ground)	\$50	\$50	\$50
Out-of-Pocket Maximum	\$2,500	\$3,500	

\*Diagnostic testing copayment may apply

\*\*Copayment waived if admitted within 24 hours for the same condition



## Prescription Drug Benefit (+RX)



## Monthly Premium

Choose one plan that's right for you

With Prescription Drug Benefit		Without Prescription Drug Benefit	
Providence Medicare Extra + RX	Providence Medicare Choice + RX	Providence Medicare Extra	Providence Medicare Choice
\$111	\$51	\$85	\$29

Note: You must continue to pay your Medicare Part B premium.