



Plan Selection Form

Date: _____

Member Name: _____

Member Number: _____

I want to transfer from my current plan to the plan I have selected below. I understand that if this form is received by the end of any month, my new plan will generally be effective the 1st of the following month.

Providence Medicare Extra Plan 1

Premium Cost:	\$85
Out of Pocket Maximum	\$2,500
Office Visit Copayment	\$15
Inpatient Hospital Copayment	\$250
Emergency Room Copayment	\$50
Ambulance Copayment	\$50

Providence Medicare Choice

Premium Cost:	\$29
Out of Pocket Maximum	\$3,500
Office Visit Copayment	\$20
Inpatient Hospital Copayment	\$350
Emergency Room Copayment	\$50
Ambulance Copayment	\$50
Coinsurance on most Part B services	10%
Out of Network (POS)	20%

Providence Medicare Extra Plan 1 + Rx

Premium Cost:	\$111
Out of Pocket Maximum	\$2,500
Office Visit Copayment	\$15
Inpatient Hospital Copayment	\$250
Emergency Room Copayment	\$50
Ambulance Copayment	\$50

Providence Medicare Choice + Rx

Premium Cost:	\$51
Out of Pocket Maximum	\$3,500
Office Visit Copayment	\$20
Inpatient Hospital Copayment	\$350
Emergency Room Copayment	\$50
Ambulance Copayment	\$50
Coinsurance on most Part B services	10%
Out of Network (POS)	20%

Your Plan Premium Option

You can pay your monthly premium by mail or Electronic Funds Transfer (EFT). You can also choose to pay your premium by automatic deduction from your Social Security Check Each month.

If you qualify for extra help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium for this benefit. If Medicare pays only a portion of this premium, we will bill you for the amount Medicare does not cover. If you don't select a payment option, you will receive a bill each month.

Please select a premium payment option:

- Receive a bill or Electronic Funds Transfer
- Automatic deduction from your monthly Social Security benefit check. (The Social Security deduction may take two or more months to begin. In most cases, the first deduction from your Social Security benefit check will include all premiums due from your enrollment effective date up to the point withholding begins.)

Please check the option below if you would prefer us to send you information in Spanish. If there is another language that you require, please contact Providence Medicare Plans, we have interpreter services available.

_____ *Spanish*

If you have any questions or concerns you may contact the Providence Medicare Plans Customer Service Team at 503-574-8000 or 1-800-603-2340. If you are hearing impaired and use a Teletype (TTY) Device, please call our TTY line at 503-574-8702 or 1-888-244-6642. Customer Service assistance is available to answer Part D (prescription) questions, seven days a week, between 8 a.m. and 8 p.m. For Medical Benefit questions Customer Service assistance is available Monday through Friday, between 8 a.m. and 5 p.m.

Signature:

Today's Date:

If you are the authorized representative, you must sign above and provide the following information:

Name: _____

Address: _____

Phone Number: (____) ____- _____

Relationship to Enrollee _____