

Benefits

If you travel outside the Providence Medicare Align Group Plan + Rx (HMO) service area (refer to your Member Handbook/Evidence of Coverage (EOC)), we will provide limited coverage for necessary follow-up care obtained from physicians and hospitals that do not contract with Providence Medicare Advantage Plans. This benefit has a maximum benefit of \$1,000 combined payment per calendar year and is in addition to the out-of-area care covered under your emergency and urgent care benefit. Combined payment is the total of the amount paid by Providence Medicare Advantage Plans and you. Coverage is limited to those benefits covered by Medicare.

Providence Medicare Advantage Plans' payment varies depending on the type of Medicare contract the provider has, as some Medicare-contracted providers accept assignment and some do not.

PROVIDENCE MEDICARE ADVANTAGE PLANS PAYS:

- 80% of the Medicare *allowable charge*, if the provider accepts assignment,
- OR
- 80% of the Medicare limiting charge, if the provider does not accept the assignment.

YOU PAY:

- 20% of the Medicare allowable charges or limiting charges with a maximum benefit of \$1,000 combined payment is the total of the amount paid by Providence Medicare Advantage Plans and you.

Exclusions

- All exclusions listed in your Providence Medicare Align Group Plan + Rx (HMO) Member Handbook/EOC
- Prescription drugs
- Preventive services, routine eye exams, and routine vision hardware
- Care from out-of-network providers within the Providence Medicare Align Group Plan + Rx (HMO) service area
- All services that are not covered by Medicare

Claims processing

Please inform providers to send claims directly to Providence Medicare Advantage Plans at the address listed below. Original Medicare will not pay for these services. In some cases, providers may ask you to pay the claim. We will reimburse you or the provider for the covered amount according to the benefit guidelines stated above.

Please submit claims to:

Providence Medicare Advantage Plans
P.O. Box 4327
Portland, OR 97208-4327

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our Customer Service number or see your Evidence of Coverage for more information, including the cost sharing that applies to out-of-network services.