



2024
Benefit
Highlights

Providence Medicare Sycamore + Rx (HMO)

Orange County in California

Partners in care with providers you trust

Providence Medicare Advantage Plans – Part C



Providence Medicare Sycamore + Rx (HMO)

Monthly premium with prescription drug coverage	\$0
In-Network	
Medical deductible	\$0
Out-of-pocket maximum	\$400
You pay	
Doctor office visit (PCP)	\$0
Specialist visit	\$0
Preventive care	\$0
Inpatient hospital	\$0
Skilled nursing facility	Days 1-20: \$0 Days 21-100: \$50 per day
Outpatient surgery	\$0 Ambulatory \$0 Hospital
Diabetic supplies	\$0 – 20%
Lab	\$0
X-ray	\$0
Outpatient diagnostic tests & procedures	\$0
Chiropractic	24 visits: \$0
Acupuncture	24 visits: \$0
Naturopathy	20 visits: \$0
Therapy: PT, OT, ST	\$0
Durable medical equipment	20%
Home health	\$0
Telehealth**	\$0 PCP or specialist
Worldwide coverage	
Urgent care	\$0
Emergency room*	\$90
Ambulance (ground or air)	\$50 one-way

*Copay waived if you are admitted to the hospital within 24 hours for the same condition.

**You will pay the cost sharing that applies to the services. Other charges and limits may apply. Please refer to the Evidence of Coverage for more information.

Providence Health Assurance is an HMO, HMO-POS, and HMO SNP with Medicare and Oregon Health Plan contracts. Enrollment in Providence Health Assurance depends on contract renewal.

Pharmacy Coverage – Part D

Providence Medicare Sycamore + Rx (HMO)

Annual deductible	\$0	
	30-day	100-day
Preferred generic	\$0	\$0
Generic	\$0	\$0
Preferred brand	\$37	\$74
Non-preferred drugs	\$100	\$300
Specialty drugs	33%	Not available

Mail order for maintenance medications, get up to a 100-day supply shipped right to you from our in-network mail order pharmacies. Copays listed are for Preferred Network pharmacies only; other pharmacy copays may cost more. You continue to pay your Tier 1 and Tier 2 cost-shares in Phase 2 Coverage Gap. All other cost-shares will be 25%.

For all Part D insulin products, you will pay no more than \$35 per month. For all ACIP-recommended Part D Vaccines, you will have no cost-share.

The Formulary and pharmacy network may change at any time. You will receive notice when necessary.

Initial coverage	Coverage gap
Phase 1	Phase 2
When the total paid by you and the plan reaches \$5,030, Phase 2 begins.	You continue to pay your Tier 1 and Tier 2 cost-shares in Phase 2 Coverage Gap. All other cost-shares will be 25%. You stay in this stage until your out-of-pocket costs reach \$8,000. After that, you pay nothing.

Dental, hearing, vision, and more

Providence Medicare Sycamore + Rx (HMO)

Flexible Benefit Card	
Flex dental	\$3100 to spend per year
Over-the-counter items	\$150 to spend per quarter
Routine eye exam (one per year)	\$0
Prescription eyeglasses or contact lenses*	\$250 to spend per year
Routine hearing exam (one per year)**	\$0
Hearing aids (two per year)**	\$399 – \$699 per hearing aid
Meal delivery after inpatient hospital stay	\$0 – two meals per day for 14 days
Personal Emergency Response System	\$0
Fitness center membership	\$0
Wigs for hair loss related to chemotherapy	\$0 for synthetic 1 wig per year
Non-emergent medical transportation benefit	\$0 for 60 one-way trips per year

*You are responsible for any cost above the allowance for prescription eyeglasses or contact lenses.

**You must see a TruHearing provider. Other charges and limits may apply.



Want to learn more?

Here is how to connect with us.



Call us for information, to enroll, or to make a personal appointment at

1-833-949-0263 (TTY: 711)

8 a.m. to 8 p.m. (Pacific Time), seven days a week (Oct. 1 – Dec. 7)

Monday – Friday (Dec. 8 – Sept. 30)



Check us out online for more information or to enroll at

ProvidenceTrueHealth.com/OC