



 **Providence**
Medicare Advantage Plans

2025

Benefit Highlights

Providence Medicare Sycamore + Rx (HMO)

Orange County in California

Partners in care with providers you trust

 **Providence**
Mission | St. Joseph | St. Jude

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
Benefits	
Doctor office visit (PCP)	\$0
Specialist visit	\$0
Preventive care	\$0
Inpatient hospital	\$0
Skilled nursing facility	1-20 days: \$0 21-100 days: \$50
Outpatient surgery - Ambulatory	\$0
Outpatient surgery - Hospital	\$0
Diabetic supplies	\$0
Lab	\$0
X-ray	\$0
Diagnostic radiology	\$0
Outpatient diagnostic tests & procedures	\$0
Chiropractic	\$0/24 visits
Acupuncture	\$0/24 visits
Naturopathy	\$0/20 visits
Therapy: PT, OT, ST	\$0
Durable medical equipment	20%
Home health	\$0
Telehealth - Primary**	\$0
Telehealth - Specialist**	\$0
	You pay
Worldwide Coverage	
Urgent care	\$0
Emergency room*	\$125
Ambulance - Ground no transport	\$100
Ambulance - Ground emergency transport	\$100
Ambulance - Air	\$100

*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 Evidence of Coverage for more information. 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.

Pharmacy Coverage

– Part D

Providence Medicare Sycamore + Rx (HMO)		
Annual deductible	\$0	
Part D Insulin	\$35	
	30-day	100-day
Preferred generic	\$0	\$0
Generic	\$0	\$0
Preferred brand	\$40	\$120
Non-preferred drugs	\$100	\$300
Specialty drugs	33%	N/A

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. 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.

Stage 1: Rx Deductible	Stage 2: Initial Coverage	Stage 3: Catastrophic Coverage
This stage only applies to plans with a Part D deductible. You stay in this stage until you have met your Part D deductible for your Tier 3, 4, and 5 drugs.	You stay in this stage until your out-of-pocket costs reach \$2,000, then you move to Stage 3.	In this stage, you pay nothing for your covered Part D drugs.

Dental, hearing, vision, and more

Providence Medicare Sycamore + Rx (HMO)	
Flexible Benefit Card	
Over-the-counter items	\$190/Every three months
Flex Dental	\$2,700/Every year
Routine eye exam (one per year)	\$0
Prescription eyeglasses or contact lenses*	\$250/Every year
Routine hearing exam (one per year)**	\$0
Hearing aids (two per year)**	\$399-\$699
Meal delivery after inpatient hospital stay	14 days/28 meals
Personal Emergency Response System	\$0
Fitness center membership	\$0
Wigs for hair loss related to chemotherapy	\$0
Non-emergent medical transportation (one way)	60/Every 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.

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.



Want to learn more?

Here's how to connect with us.



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

1-888-804-5194 (TTY: 711)

8 a.m. to 5 p.m. (Pacific Time) Monday – Friday



Check us out online for more information or to enroll at

TheProvidenceAdvantage.com/OC

