

2023 Providence Medicare

Service Area Map

Orange County in California

+ Providence Medicare Sycamore + Rx (HMO)





Visit **ProvidenceTrueHealth.com/plan** for more information.

Providence Medicare Advantage Plans - Part C

	Providence Medicare Sycamore + Rx (HM0)
Monthly premium with prescription drug coverage	\$0
	In-network
Medical deductible	\$0
Out-of-pocket maximum	\$1,200
Benefits	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/day
Outpatient surgery	\$0 Ambulatory \$0 Hospital
Diabetic supplies	\$0 - 20%
Lab	\$0
X-ray	\$0
Outpatient diagnostic tests & procedures	\$0
Alternative care Chiropractic Acupuncture Naturopathy	(\$500 max) \$15 \$15 \$15 \$15
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)	\$250 one way

Other charges and limits may apply. Please refer to 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.

^{*}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.

Pharmacy coverage - Part D

	Providence Medicare	Sycamore + Rx (HM0)
Annual deductible	\$0	
	30-day	90-day
Preferred generic	\$0	\$0
Generic	\$10	\$10
Preferred brand	\$47	\$141
Non-preferred drugs	\$100	\$300
Specialty drugs	33%	Not available
Vaccines	\$0	Not available
Select Insulin	\$35 max	\$35 max

Copays listed are for Preferred Network pharmacies only; other pharmacy copays may cost more. The Formulary and pharmacy network may change at any time. You will receive notice when necessary.

Initial coverage	Coverage gap	Catastrophic coverage
Phase 1	Phase 2	Phase 3
When the total paid by you and the plan reaches \$4,660, Phase 2 begins.	You continue to pay your Tier 1 and Tier 6 \$0 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 \$7,400. After that, Phase 3 begins.	You pay whichever of these is larger: either 5% coinsurance for the costs of the drug or \$4.15 copay for generic drugs; \$10.35 copay for brand-name or specialty drugs.

Dental, hearing, vision and more

	Providence Medicare Sycamore + Rx (HM0)
Flex dental card	\$500 allowance per year
Routine eye exams	\$0
Prescription eyeglasses or contact lenses*	\$100 allowance per year
Routine hearing exam (one per year)**	\$0
Hearing aids (two per year)	\$399 - \$699 per hearing aid
Over-the-counter allowance	\$110 allowance per quarter
Post discharge meals	\$0 – two meals per day for 14 days
Medical alert system	\$0
Fitness center membership***	\$0
Wigs for hair loss related to chemotherapy	20% for synthetic 1 wig per year
Non-emergent medical transportation benefit	\$0 for 48 one-way trips per year

^{*}You are responsible for any cost above the allowance for routine eye exams, prescription eyeglasses or contact lenses. **You must see a TruHearing provider. Other charges and limits may apply. ***Premium fitness network is available for an additional cost per month.

Medicare can be complex.

We're here to keep it from getting confusing.

Whatever your healthcare needs are, Providence offers a Medicare Advantage plan that has you covered. Explore the plan options in your area, and don't hesitate to call us if you have questions. Providence Medicare Advantage experts are ready and waiting to help you.

Have questions?

We are always here to help.

Call us at **1-866-948-4985 (TTY: 711)**8 a.m. to 8 p.m. (Pacific Time), seven days a week (Oct. 1 – Dec. 7) and Monday – Friday (Dec. 8 – Sept. 30)

We all deserve True Health

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

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Enroll online at

ProvidenceTrueHealth.com/guidesOC