Oscar + Holy Cross + Memorial (HMO) H8961-001
Oscar + Holy Cross + Memorial - with $1500 O-Card (HMO) H8961-002
Oscar + Holy Cross + Memorial - with Refund Bonus (HMO) H8961-003

2023 Medicare Advantage Summary of Benefits

Our service area includes the following county in Florida: Broward

Benefits at a Glance

	Oscar + Holy Cross + Memorial (HMO)	Oscar + Holy Cross + Memorial — with $1500 O-Card (HMO)	Oscar + Holy Cross + Memorial — with Refund Bonus (HMO)
Premiums	**$0**	**$0**	**$0**
Medical Deductible	**$0**	**$0**	**$0**
Part D Deductible	**$0**	**$0**	**$0** for Tiers 1-2 drugs; **$200** Tiers 3-5
Unique Feature	Not Applicable	**O-Card loaded with $1,500** extra to cover out-of-pocket medical, dental, vision, and hearing expenses.	**$100 Refund Bonus** added back to your Social Security check each month.
Primary Care Physician (PCP) Visits	**$0 copay**	**$0 copay**	**$0 copay**
Specialist Visits	**$0 copay**	**$0 copay**	**$5 copay**
No referrals needed to see in network providers			
Virtual Urgent Care, telehealth services	**$0 copay**	**$0 copay**	**$0 copay**
Labs	**$0 copay**	**$0 copay**	**$0 copay**
Over-the-counter (OTC) allowance	**$150 every 3 months**	**$200 every 3 months**	**$100 every 3 months**
Transportation	**$0 copay** for unlimited one-way trips (up to 50 miles).	**$0 copay** for unlimited one-way trips (up to 50 miles).	**Not covered**
Dental Benefits	**No max** for preventive and comprehensive dental, including implants.	**$2,000** for preventive and comprehensive dental.	**$2,000** for preventive and comprehensive dental.
Other Supplemental Benefits	**$300** for eyewear, **$2,000** for 2 hearing aides, post-discharge **meals**, and more.	**$100** for eyewear, **$500** for 2 hearing aides, post-discharge **meals**, and more.	**$100** for eyewear, **$500** for 2 hearing aides, post-discharge **meals**, and more.
Tier 1 and Tier 2 Drugs, including Erectile Dysfunction Drugs	**$0 copay**	**$0 copay**	**$0 copay**

Welcome to Oscar

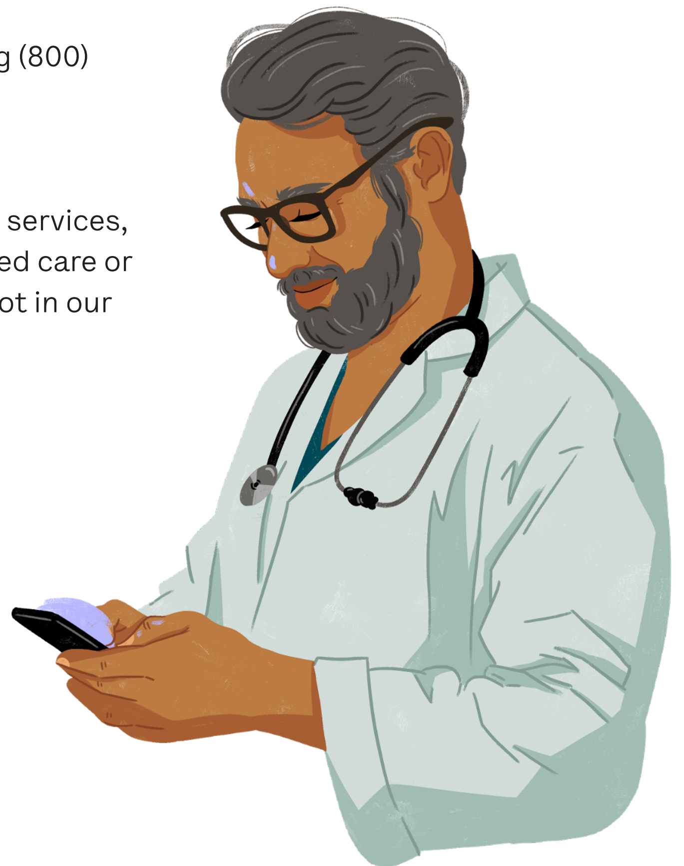
The benefit information provided in this book is for January 1, 2023 through December 31, 2023 and does not list every service that we cover or list every limitation or exclusion. To get a complete list of services this plan covers, just call your local Medicare Sales Agent or reach out to our Sales team at (855) 672-2710 and ask for this plan's Evidence of Coverage, or get a copy on our website at hioscar.com/medicare/forms.

The following three plans listed are HMO plans with a Medicare contract.

- **Oscar + Holy Cross + Memorial (HMO)**
- **Oscar + Holy Cross + Memorial - with $1500 O-Card (HMO)**
- **Oscar + Holy Cross + Memorial - with Refund Bonus (HMO)**

For coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at www.medicare. gov or get a copy by calling (800) MEDICARE ((800) 633-4227). TTY users should call (877) 486-2048.

You must use our network providers to get covered services, except when you need emergency or urgently needed care or dialysis services. If you use the providers that are not in our network, we may not pay for these services.



This document is available in other formats.

For more information, please call us at (855) 672-2710 (TTY users should call 711), or visit us at www.hioscar.com/medicare.

	Oscar + Holy Cross + Memorial (HMO)	Oscar + Holy Cross + Memorial — with $1500 O-Card (HMO)	Oscar + Holy Cross + Memorial — with Refund Bonus (HMO)
Monthly plan premium, deductibles, and limits			
Monthly plan premium	$0 You must keep paying your Medicare Part B premium.	$0 You must keep paying your Medicare Part B premium.	$0 Plus, the $100 "refund bonus" goes towards your Medicare Part B premium every month. You must keep paying the remainder of your Medicare Part B premium.
Medical Deductible	$0 This plan has no deductible.	$0 This plan has no deductible.	$0 This plan has no deductible.
Drug (Part D) deductible	$0 This plan has no deductible.	$0 This plan has no deductible.	$0 Tiers 1 and 2; $200 Tiers 3-5
Maximum Out-of-Pocket Responsibility (does not include Part D drugs)	$2,400	$2,425	$2,825
Your Maximum Out-of-Pocket responsibility or "MOOP" is the most you will pay for Medicare covered services in copays, coinsurance, and other costs. Once you reach this limit, we cover your medical costs for the rest of the year. Note that prescription copays do not count toward your plan's MOOP.			
Covered hospital, medical, and supplemental benefits			
Your Primary Care Physician (PCP) will oversee and coordinate your care, however you will **not** be required to obtain a referral prior to seeing specialists or other providers in the network. Certain services, procedures, and drugs below may require prior authorization (approval) from the plan.			
Inpatient Hospital	You pay $0 per stay for up to 90 days. Our plan covers unlimited additional days.	You pay $100 per stay for up to 90 days. Our plan covers unlimited additional days.	You pay $250 per stay for up to 90 days. Our plan covers unlimited additional days.

	Oscar + Holy Cross + Memorial (HMO)	Oscar + Holy Cross + Memorial — with $1500 O-Card (HMO)	Oscar + Holy Cross + Memorial — with Refund Bonus (HMO)
Outpatient Hospital			
Ambulatory Surgical Center (ASC)	$75 copay	$75 copay	$75 copay
Outpatient Hospital	$100 copay for non-surgical services $200 copay for surgical services.	$100 copay for non-surgical services $200 copay for surgical services.	$100 copay for non-surgical services $200 copay for surgical services.
Doctor Visits			
Primary Care Providers (PCP)	$0 copay	$0 copay	$0 copay
Specialists	$0 copay	$0 copay	$5 copay
Preventive Care			
Preventive care is very important for the future of your health. These services can help with the prevention and the early detection of many illnesses, disabilities, and diseases. Make sure to speak with your doctor about which preventive care services might be right for you so you can take the right steps to staying healthy.			
Preventive Care	**$0 copay on all plans in Broward County for preventive care services including, but not limited to:** Annual wellness visit Bone mass measures Diabetes screenings Colonoscopies Flu shot Mammograms Pneumococcal vaccine		
Any preventive services that are newly approved by Medicare during the plan year will also be covered. For the full list of preventive care services at no cost to you, please see the Evidence of Coverage (EOC).			
Emergency and Urgently Needed Service			
Emergency Care*	$120 copay	$120 copay	$120 copay
Urgent Care**	$0	$5	$10 copay
*If you are admitted to the hospital within 24 hours for the same condition you were treated for in the ER, your cost for emergency services if waived. **If you are admitted to the hospital within 24 hours for the same condition you were treated for in the urgent care setting your cost for urgent care is waived.			

	Oscar + Holy Cross + Memorial (HMO)	Oscar + Holy Cross + Memorial - with $1500 O-Card (HMO)	Oscar + Holy Cross + Memorial - with Refund Bonus (HMO)
Diagnostic Services / Labs / Imaging			
Diagnostic tests and procedures (e.g., cardiac stress test)	$0 copay for Spirometry test for members with COPD and for removal of abnormal tissue and/or polyp(s) during a colonoscopy or sigmoidoscopy that is being done as a preventive screening. $5 copay for all other diagnostic tests and procedures.	$0 copay for Spirometry test for members with COPD and for removal of abnormal tissue and/or polyp(s) during a colonoscopy or sigmoidoscopy that is being done as a preventive screening. $5 copay for all other diagnostic tests and procedures.	$0 copay for Spirometry test for members with COPD and for removal of abnormal tissue and/or polyp(s) during a colonoscopy or sigmoidoscopy that is being done as a preventive screening. $5 copay for all other diagnostic tests and procedures.
Labs	$0 copay	$0 copay	$0 copay
Diagnostic radiology (e.g., MRIs, CT scans)	$0 copay for diagnostic mammograms and Dexa scans for anyone with a bone fracture. $50 copay for services performed in a provider's office or freestanding facility. $100 copay for services performed in an outpatient hospital.	$0 copay for diagnostic mammograms and Dexa scans for anyone with a bone fracture. $50 copay for services performed in a provider's office or freestanding facility. $100 copay for services performed in an outpatient hospital.	$0 copay for diagnostic mammograms and Dexa scans for anyone with a bone fracture. $50 copay for services performed in a provider's office or freestanding facility. $100 copay for services performed in an outpatient hospital.
X-rays	$0 copay	$15 copay	$15 copay

	Oscar + Holy Cross + Memorial (HMO)	Oscar + Holy Cross + Memorial — with $1500 O-Card (HMO)	Oscar + Holy Cross + Memorial — with Refund Bonus (HMO)
Dental — In Partnership with Liberty Dental			
Supplemental Dental Allowance	No max dollar amount on dental services every year.	$2,000	$2,000
Our plans provide you with an allowance per year for dental services. There is a $0 copay for the following preventive (p) and comprehensive (c) services. You will pay nothing for covered services unless you go over the allowance provided.			

Dental Services Included in Broward County Plans

Service	Frequency	Example of service
Cleanings (p)	Once every six months	Prophylaxis
Exams (p)	Once every six months	Oral evaluation
X-rays (p)	Once every 12 to 36 months, depending on the procedure	Panoramic radiographic image
Fluoride treatments (p)	Once every year	Application of fluoride to build tooth enamel
Diagnostic services (c)	Once every year	Lab process of cultures
Restorative services (c)	Once every three years	Fillings
Endodontics (c)	Once per tooth	Retreatment of previous root canal
Periodontics (c)	Once every 6 to 36 months, depending on the procedure	Scaling and root planning, which is the removal of plaque and tartar
Prosthodontics (c)	Once every 12 to 60 months, depending on the procedure	Dentures, crowns **Implants available with the Oscar + Holy Cross + Memorial (HMO) plan only.**
Prothodontics are covered every 12 to 60 months with implants being every 60 months. Other Oral Maxillofacial Surgery every 60 months or per lifetime.		
Extractions (c)	Once per tooth	Removal of erupted tooth
Oral/Maxillofacial Surgery (c)	Once every 60 months or per lifetime, depending on the procedure	Removal of impacted tooth

	Oscar + Holy Cross + Memorial (HMO)	Oscar + Holy Cross + Memorial — with $1500 O-Card (HMO)	Oscar + Holy Cross + Memorial — with Refund Bonus (HMO)
Vision — In Partnership with Davis Vision			
Medicare covered vision services	$0 copay for diabetic retinopathy eye exam. $0 copay for all other Medicare covered eye exams. $0 copay for Medicare covered eyewear post cataract surgery.	$0 copay for diabetic retinopathy eye exam. $0 copay for all other Medicare covered eye exams. $0 copay for Medicare covered eyewear post cataract surgery.	$0 copay for diabetic retinopathy eye exam. $5 copay for all other Medicare covered eye exams. $0 copay for Medicare covered eyewear post cataract surgery.
Supplemental vision services	$0 copay for 1 routine vision exam every year. $300 towards the purchase of any combination of contact lenses, eyeglasses (frames and lenses), eyeglass frames only or eyeglass lenses only every year. Contact lenses fitting and prescription sunglasses/tint are also covered.	$0 copay for 1 routine vision exam every year. $100 towards the purchase of any combination of contact lenses, eyeglasses (frames and lenses), eyeglass frames only or eyeglass lenses only every year. Contact lenses fitting and prescription sunglasses/tint are also covered.	$0 copay for 1 routine vision exam every year. $100 towards the purchase of any combination of contact lenses, eyeglasses (frames and lenses), eyeglass frames only or eyeglass lenses only every year. Contact lenses fitting and prescription sunglasses/tint are also covered.

Our plans will provide you with an allowance for the purchase of one or more pair of eyewear every year. **You will pay nothing unless you go over the allowance provided.**

	Oscar + Holy Cross + Memorial (HMO)	Oscar + Holy Cross + Memorial — with $1500 O-Card (HMO)	Oscar + Holy Cross + Memorial — with Refund Bonus (HMO)
Hearing — In Partnership with TruHearing			
Medicare covered hearing exams (ex. Diagnostic and Balance Evaluations)	$0 copay	$0 copay	$5 copay
Supplemental hearing services	$0 copay for 1 routine hearing exam every year. $0 copay for 1 hearing aid fitting and evaluation every year. Our plan will provide you with a $2,000 allowance to purchase of 2 hearing aids every year. You will pay nothing unless you go over the allowance provided.	$0 copay for 1 routine hearing exam every year. $0 copay for 1 hearing aid fitting and evaluation every year. Our plan will provide you with a $500 allowance to purchase 2 hearing aids every year. You will pay nothing unless you go over the allowance provided.	$0 copay for 1 routine hearing exam every year. $0 copay for 1 hearing aid fitting and evaluation every year. Our plan will provide you with a $500 allowance to purchase 2 hearing aids every year. You will pay nothing unless you go over the allowance provided.
Mental Health Services			
Inpatient	You pay $450 per day for days 1-4. You pay $0 per day for days 5-90.	You pay $450 per day for days 1-4. You pay $0 per day for days 5-90.	You pay $450 per day for days 1-4. You pay $0 per day for days 5-90.
Outpatient	$15 copay for individual therapy. $15 copay for group therapy.	$15 copay for individual therapy. $15 copay for group therapy.	$15 copay for individual therapy. $15 copay for group therapy.

	Oscar + Holy Cross + Memorial (HMO)	Oscar + Holy Cross + Memorial — with $1500 O-Card (HMO)	Oscar + Holy Cross + Memorial — with Refund Bonus (HMO)
Skilled Nursing Facility (SNF)			
	You pay $0 per day for days 1-20. You pay $188 per day for days 21-100.	You pay $0 per day for days 1-20. You pay $188 per day for days 21-100.	You pay $0 per day for days 1-20. You pay $188 per day for days 21-100.
Our plan covers up to 100 days in an SNF per benefit period. Your benefit period starts your first day in an SNF and it ends once you haven't received care from an SNF for 60 straight days.			
Physical, Occupational, and Speech Therapy			
Physical and Speech Therapy	$15 copay	$15 copay	$15 copay
Occupational Therapy	$15 copay	$15 copay	$15 copay
Transportation — In Partnership with Circulation			
Ambulance (Ground and Air)	$200 copay	$200 copay	$200 copay
Supplemental Transportation	$0 copay for unlimited one-way trips.	$0 copay for unlimited one-way trips.	Not covered.
Our plan covers transportation to plan-approved health-related locations. These locations include, but are not limited to: physician offices, pharmacies, fitness centers in the plan's network, and other health-related locations where you can access covered plan benefits. Each one-way trip is limited to 50 miles.			

	Oscar + Holy Cross + Memorial (HMO)	Oscar + Holy Cross + Memorial — with $1500 O-Card (HMO)	Oscar + Holy Cross + Memorial — with Refund Bonus (HMO)
Medicare Part B Drugs			
Chemotherapy Drugs	20% coinsurance	20% coinsurance	20% coinsurance
Other Part B Drugs	20% coinsurance	20% coinsurance	20% coinsurance

Prescription Drug (Part D) Benefits

There are four stages of your Part D benefit. What you pay for your drugs can depend on the stage you are in at the time you pick them up from the pharmacy and if that pharmacy is in our network.

You can get your covered drugs at our network pharmacies, including retail and mail order pharmacies. You can only get your drugs from out-of-network pharmacies when in-network pharmacies are unavailable. If you use a pharmacy that is not in our network, you may pay more than listed below.

Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Member Services for more information.

You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

Stage 1: Drug (Part D) Deductible			
	$0 This plan has no deductible.	$0 This plan has no deductible.	This plan has no deductible ($0) on Tiers 1-2; $200 deductible on Tiers 3-5.
Stage 2: Initial Coverage Stage			
Retail and Mail Cost Shares (In-network)	**One Month Supply**		
Tier 1 (Preferred Generic)	$0	$0	$0
Tier 2 (Generic)	$0	$0	$0
Tier 3 (Preferred Brand)	$25	$25	$25
Tier 4 (Non-Preferred Drug)	$75	$75	$75
Tier 5 (Specialty)	33%	33%	25%

	Oscar + Holy Cross + Memorial (HMO)	Oscar + Holy Cross + Memorial — with $1500 O-Card (HMO)	Oscar + Holy Cross + Memorial — with Refund Bonus (HMO)
Stage 2: Initial Coverage Stage Continued			
Retail and Mail Cost Shares (In-Network)	**Three Months' Supply**		
Tier 1 (Preferred Generic)	$0	$0	$0
Tier 2 (Generic)	$0	$0	$0
Tier 3 (Preferred Brand)	$75	$75	$75
Tier 4 (Non-Preferred Drug)	$225	$225	$225
Tier 5 (Specialty)	N/A	N/A	N/A
You pay the above amounts until your total yearly drug cost reaches **$4,660.** Total yearly drug costs are considered to be the total drug costs paid by both you and our plan. Once you reach this total, you will move on to the next stage of the benefit. If you live in a long-term care facility, you pay the same as at a retail pharmacy.			
Additional Drug Coverage Sildenafil (a generic version of Viagra) is covered as a Tier 1 medication, so you pay the Tier 1 copay. You are covered for up to 6 pills per month (a maximum of 73 pills for the year).			
Stage 3: Coverage Gap (Donut Hole)			
Our plan provides extra drug coverage in the coverage gap stage.			
Cost sharing for a 30-day supply at a network retail or mail order pharmacy	$0 for Tier 1 and Tier 2	$0 for Tier 1 only	$0 for Tier 1 only
	For all other drugs, you pay 25% of the cost of generic and brand drugs during this stage. You must pay these amounts until your total out-of-pocket costs reach $7,400. Once you reach this amount, you will move on to the next stage of the benefit. Most people never reach the coverage gap and the costs and amounts are required to reach the next stage of the benefit have been set by Medicare.		
Stage 4: Catastrophic Stage			
Once you reach this stage, you pay the greater of: **5%** of the cost or **$4.15** copay for generic drugs and **$10.35** for brand drugs.			

	Oscar + Holy Cross + Memorial (HMO)	Oscar + Holy Cross + Memorial — with $1500 O-Card (HMO)	Oscar + Holy Cross + Memorial — with Refund Bonus (HMO)
Additional Benefits			
Telehealth Services	$0 copay for the following types of services when they are provided using standard telehealth methods: urgent care, PCP, other healthcare professionals such as nurse practitioners, and individual sessions for outpatient mental health services, psychiatric services, and outpatient substance abuse services.		
Our plan allows you to get the services listed above either in-person or via telehealth methods like telephone and video remote imaging. In other words, the same services available via telehealth are also available in person, though your cost-share amount may be different. The cost-shares for in-person visits for the services listed in this section are described earlier in this Summary of Benefits.			
Diabetic supplies		$0 copay for Medicare-covered diabetic monitoring supplies.	
Roche Diabetes Care is our exclusive diabetic supply manufacturer. We only cover monitors, test strips, and lancets manufactured by Roche Diabetes Care.			
You may use any of the following glucose monitors that are manufactured by Roche Diabetes Care:		Accu-Chek Aviva Plus Care Kit Accu-Chek Guide Care Kit Accu-Chek Nano SmartView Care Kit	
Prior authorization is required in excess of 2 glucose monitors a year and/or more than 150 test strips every 25 days. If you currently use supplies made by another manufacturer, speak with your doctor about switching to Roche products.			
The O-Card	N/A	$1,500 for the plan year	N/A
Our plan will provide you with a Visa card that comes pre-loaded with $1,500 to help reduce any out-of-pocket costs you may have for Medicare covered medical services, as well as supplemental dental, vision, and hearing. The card be used at health-related locations where Visa is accepted for services such as inpatient stays, specialist visits, outpatient services, dental services, eyewear, and more. Unused funds will expire at the end of the year and do not roll over. The O-Card cannot be used to pay for cost-shares associated with Part D prescription drugs.			

	Oscar + Holy Cross + Memorial (HMO)	Oscar + Holy Cross + Memorial — with $1500 O-Card (HMO)	Oscar + Holy Cross + Memorial — with Refund Bonus (HMO)
Additional Benefits			
Over the Counter (OTC)	$150 every quarter	$200 every quarter	$100 every quarter
Our plan will provide you with a card loaded with the dollar amount noted above every three months. You can use this card to **purchase OTC items such as cold and allergy medicine, vitamins, personal care items, and health and fitness related items like Fitbits and Apple Watches.** The OTC card can be used at any retail location that is part of the national network. If you can't get to the store, you will have the option to get items mailed to you at no extra cost. For more information about this benefit, check the Evidence of Coverage (EOC).			
Alternative Therapies: Supplemental Acupuncture and Chiropractic	$0 copay	N/A	N/A
The Oscar + Holy Cross + Memorial (HMO) plan will provide 20 visits per year combined between both acupuncture and chiropractic services. You can choose to use the combination of these services as you wish.			
Fitness — Silver & Fit®	$0 copay	$0 copay	$0 copay
Our plan will provide you with access to a national network of fitness centers so you can get or stay healthy. If you can't make it to a fitness center, our plan will provide fitness kits that are shipped to you at no extra cost. A Fitbit fitness tracker is included in one of the home kit options.			
Meals	$0 copay	$0 copay	$0 copay
Our plan will provide you with home-delivered meals right after surgery or an inpatient hospital stay to aid in your recovery. You will receive 2 meals a day for 7 days, with a maximum 14 meals total.			
Worldwide ER and Urgent Care	$120 copay	$120 copay	$120 copay
Our plan covers up to $25,000 maximum for emergency and urgent care services received outside of the U.S. and it's territories.			
Additional Annual Physical	$0 copay	$0 copay	$0 copay

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to your local Licensed Medicare Sales Agent or our Sales Team at (855) 672-2710 (TTY: 711).

Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit www.hioscar.com/medicare/ forms or call (855) 672-2710 to view a copy of the EOC.

- Review the provider directory (PCP, specialist, and dental), or ask your doctor to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor. Be sure to confirm that your doctor's specific office is in network as this can change based on provider location.

- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- You must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.

- Benefits, premiums and/or copayments/coinsurance may change on January 1, 2024.

- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).

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