


Open Enrollment is from Oct 15 – Dec 7th

HMO/Medicare Advantage Plan Comparisons – Stanislaus County – January 1, 2017

 Name of Plan	Original Medicare 2017 Medicare 1-800-633-4227 (2017)	AARP Medicare Complete Secure Horizons 1-800-547-5514 Memorial Hospital and Doctors Hospital		ALIGNMENT HEALTH PLAN 1-888-979-2247 209-639-6675 Doctors Hospital and Emmanuel Medical Center		CareMore 1-877-211-6614 209-530-7517 Doctors Hospital and Emmanuel Medical Center		Golden State Medicare Health Plan 1-877-541-4111 Doctors Hospital and Emmanuel Medical Center	Health Net 1-800-935-6565 Memorial Hospital/ Doctors Hospital	Humana 1-800-833-2364 Doctors Hospital and Emmanuel Medical Center	Kaiser Permanente Senior Advantage 1-888-448-9400 Kaiser	
		Plan 1	Plan 2	AllCare Preferred	My Choice Plan	Value Plus	StartSmart Plus	Golden State Medicare Health Plan, Golden (HMO)	Healthy Heart	Gold Plus H5619-032	Basic Plan	Enhanced Plan
Monthly premium	Part B \$109-\$134	\$96 + B	\$0 + B	\$0 + B	\$19 + B	\$49 + B	\$0 + B	\$4.40 + B	\$157 + B	\$73 + B	\$20+ B	\$80 + B
Hospital coverage First 60 days Day 61-90 Day 91-150	Part A Premium \$413 \$1316 deductible	\$200 per stay	\$220 per Day 1-8	\$0 Days 1-4 \$100 Days 5-10 \$0 Days 11-90	\$0 per Day 1-4 \$200 per Day 5-10 \$0 per Day 11-90	\$100 Days 1-5	\$175 Days 1-5	\$300 per stay	\$275 Days 1-7	\$300 Days 1-5 \$0 Days 6-90	\$280 Per day up to 7 Days	\$225 Per day up to 7 Days
Physicians/ Specialists	20% \$ deductible 20%	\$10 \$10	\$10 \$25	\$0 \$0	\$0 \$5	\$0 \$0 or \$20	\$10 \$0 or \$35	\$10 \$15	\$5 \$10	\$0 \$20	\$35/\$35	\$25/\$25
Outpatient Hospital services/surgery	Varies by service	\$0	\$195	\$125	\$50	\$100	\$175	\$100	\$250	\$100	\$250	\$200
Emergency ambulance	20%	\$250	\$250	**\$125 wia	**\$100 wia	\$195	\$195	\$200	\$275	\$265	\$200	\$200
Durable Med Equip <i>i.e. wheelchair, walker etc.</i>	20%	20%	20%	\$0 \$0-\$350 20% \$350 +	20%	\$0-\$0-\$499 20% \$500+	\$0-\$0-\$499 20% \$500+	\$0-\$0-\$499 20% \$500+	20%	20%	20%	20%
Tests, x-rays, lab work	20%	20%, \$10 \$14	20%, \$10 \$14	\$0, \$0, \$0	\$0, \$0, \$0	\$0, \$0, \$0	\$0, \$5, \$0	\$0	\$0	\$50, \$25 \$0	\$195, \$65 \$45	\$155, \$50 \$30
Prescription drugs Tier level = T 1-6 co-pay	Private Part D Plans (PDP) 24 Plans, Premiums from \$17-\$159.80	T1 \$2 T2 \$12 T3 \$47 T4 \$100 T5 29% Deductible \$195 T3-T5	T1 \$2 T2 \$12 T3 \$47 T4 \$100 T5 29% Deductible \$200 T3-T5	T1 \$5 T2 \$10 T3 \$40 T4 \$93 T5 33% *T6 \$5	T1 \$5 T2 \$10 T3 \$40 T4 \$93 T5 33% *T6 \$5	*T1 \$0 *T2 \$9.50 T3 \$40 T4 \$85 T5 33% *T6 \$0	T1 \$5 T2 \$12.50 T3 \$40 T4 \$90 T5 33% T6 \$10	*T1 \$10 *T2 \$15 T3 \$47 T4 \$100 T5 33%	T1 \$5 T2 \$15 T3 \$37 T4 \$90 T5 33% T6 \$0	T1 \$3 T2 \$15 T3 \$47 T4 \$100 T5 33%	*T1= \$5 *T2= \$15 T3= \$45 T4= \$100 T5= 33% T6= \$0	*T1= \$5 *T2= \$15 T3= \$45 T4= \$100 T5= 33% T6= \$0
Gap Coverage: Yes or No		no	no	YES T6	YES T6	YES T1 & T2 some T6	no	YES T1 & T2	no	no	YES T1 & T2	YES T1 & T2
Routine dental	No benefits	optional	no	\$14	yes	\$9	\$9	Yes	Optional	No	Optional	Optional
Out of pocket (OOP) Annual limit – except Rx		\$4900	\$4900	\$3400	\$3400	\$3400	\$3400	\$3400	\$3400	\$3400	\$5900	\$3400

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This information is provided as a guide only. It is not a complete schedule of benefits and costs for each plan. Go to Medicare.gov for updated information. For general information about Medicare, Medicare supplements and Part D prescription plans, call the Stanislaus County HICAP office. HICAP provides impartial, no-cost, individualized assistance to help people understand Medicare. Call for an appointment to review your Medicare benefits and options.
****wia =waived if admitted. *Using preferred pharmacy may lower your copays. With all MA plans, "You must continue to pay your Medicare Part B premium."**