



## HMO/Medicare Advantage Plan Comparisons – Stanislaus County – January 1, 2021

 3500 Coffee Road Suite 19 Modesto, CA 95355  209-558-4540	Original Medicare  2021 Medicare  1-800-633-4227  Plan Name	AARP Medicare Advantage Secure Horizons HMO 1-800-547-5514 209-869-1924  Memorial Medical Center (Exclusive Hospital Network) Sutter Gould and AllCare Providers		AARP Medicare Advantage Secure Horizons HMO 1-800-547-5514 Doctors, Memorial, Emanuel Hospitals AllCare Network	Alignment Health Plan 1-888-979-2247 209-663-3105  Doctors Hospital AllCare Provider Network		Anthem Blue Cross Access to CareMore Health 1-877-211-6614 209-226-3094 Doctors Hospital, Emmanuel, Oak Valley Hospital CVMG Network and Plus Direct Contract			Blue Shield Promise 1-800-847-1222  Doctors Hospital Emmanuel Medical Center  AllCare Network		Golden State Medicare Health Plan 1-877-541-4111 Doctors Hospital of Modesto  AllCare & CVMG
		Plan 1	Plan 2	FOCUS	AllCare Preferred	My Choice	Start Smart Plus	Value <b>NEW</b>	Value Plus	Advantage Optimum	Inspire	Connected Care (HMO)
Monthly premium	Part B	\$99 + B	\$9 + B	\$0 + B	\$0 + B	\$0 + B	\$0	\$0	\$49	\$0	\$0	\$0 + B
<b>Hospital coverage</b> First 60 days Day 61-90 Day 91-150	Part A Premium \$ Deductible \$	\$200 Per Stay	\$220 Days 1-8 \$0 Unlimited	\$175 Days 1-5 \$0 Unlimited	\$0 Unlimited	\$0 Days 1-4 \$100 5 -10 \$0 11-90	\$200 days 1-5	\$75 days 1-5	\$100 days 1-5	\$150 Days 1-5	\$150 days 1-5	\$0 Unlimited
<b>Physicians/ Specialists</b>	20% \$ Part B Deductible 20%	\$0 \$5	\$0 \$15	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$35	\$0 \$15	\$0 \$20	\$0 \$0-\$15	\$0 \$0-\$10	\$0 \$0
<b>Outpatient Hospital Including Surgery Center</b>	Varies by service	\$0	\$0/\$195	\$0/\$125	\$0/\$50	\$0/\$150	\$50/\$135	\$0/\$125	\$50/\$100	\$50/\$200	\$50/\$200	\$0/\$0
<b>Emergency ambulance Emergency Room copay</b>	20% 20%	\$250 \$90	\$250 \$90	\$250 \$90	\$100* \$75	\$100* \$85	\$195 \$120	\$100 \$90	\$195 \$120	\$200 \$85	\$200 \$85	\$200 * \$100 *
<b>Durable Med Equip</b> <i>i.e. wheelchair, walker etc.</i>	20%	20%	20%	20%	\$0-\$350- 20%\$350.01	20%	\$0 \$500 20% \$500.	\$0 \$500. 20% \$500	\$0 \$500 20% \$500	\$0-20%	\$0-\$20	0% \$499 20% \$500+
<b>Lab work/ x-rays, Tests/Therapeutic</b>	20%	\$0, \$15, \$0-\$195	\$0, \$15 \$0-\$195	\$0, \$15 \$0-\$105	\$0, \$0 \$0-20%	\$0, \$0 \$0-20%	\$0, \$0	\$0, \$0	\$0, \$0	\$0, \$0 \$50	\$0, \$0 \$50	\$0, \$0, \$0
<b>Prescription drugs</b>  Tier level = T 1-3 copays T 4-6 not listed	Private Part D Plans (PDP) 32 Plans Premiums	T1 \$3 T2 \$12 T3 \$47 \$100 Ded T3-5	T1 \$3 T2 \$12 T3 \$47 \$100 Ded T3-5	T1 \$0 T2 \$12 T3 \$47	T1 \$5 T2 \$10 T3 \$40	T1 \$5 T2 \$10 T3 \$40	T1 \$5 T2 \$12.50 T3 \$40.00	T1 \$0 T2 \$9.50 T3 \$40.00	T1 \$0 T2 \$9.50 T3 \$40.00	T1 \$0 T2 \$10 T3 \$40	T1 \$0 T2 \$10 T3 \$40	T1 \$5 T2 \$10 T3 \$45
<b>Skilled Nursing/Rehab</b>	\$0 Copay 1-20 \$ 21-100	\$0 Days 1-100	\$0 days 1-20 \$184 21-47 \$0 48-100	\$0 days 1-20 \$184 21-39 \$0 40-100	\$0 days 1-20 \$50 21-100	\$0 days 1-20 \$50 21-100	\$0 days 1-20 \$125 21-100	\$0 days 1-20 \$75 21-100	\$0 days 1-20 \$100 21-100	\$0 days 1-20 \$100 21-100	\$0 days 1-20 \$100 21-100	\$0 days 1-20 \$50 21-51 \$0 52-100
<b>Transportation</b>	No benefits	No	No	Yes	Yes	Yes	Yes	Yes	No	Yes	Not covered	Yes
<b>Dental/Vision/Hearing</b>	No benefits	Optional/Yes/ Yes	Optional/Yes/ Yes	Optional/Yes/Yes	Yes/Yes/yes	Yes/Yes/Yes	No/Yes	Yes/Yes	No/Yes	Yes/Yes/Yes	Yes/Yes/Yes	Yes/Yes
<b>Out of pocket (OOP)</b> Annual limit – except Rx		\$3400	\$4900	\$3400	\$2900	\$4900	\$3400	\$3400	\$3400	\$3400	\$3400	\$1499

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. **\*Using preferred pharmacy may lower your copays. \*Waived if Admitted With all MA plans, "You must continue to pay your Medicare Part B premium." ASK A HICAP COUNSELOR FOR HELP In understanding your MEDICARE Options... Ask HICAP about Extra Help Programs!!**



 3500 Coffee Road Suite 19 Modesto, CA 95355 209-558-4540	Original Medicare	Health Net		Humana	Imperial	Kaiser Permanente		SCAN Health Plan
	2021 Medicare 1-800-633-4227	1-800-977-6738 916-467-2062	Doctors Hospital (HN Ruby), Memorial Medical Center (Healthy Heart Plan only)	1-800-833-2364  Doctors Hospital Emmanuel Hospital Allcare Network	1-800-838-5914 1-800-838-8271  Doctors Emmanuel Allcare Network	Senior Advantage 209 518 8190  Kaiser Permanente Medical Center	209-247-9107  Doctors, Emmanuel Hospital CVMG & Caremore Network	
		Healthy Heart H0562: 068	Health Net Ruby H0562: 120	Gold Plus HMO H5619-032	Imperial Traditional	Enhanced HMO	Basic HMO	SCAN CLASSIC
Monthly premium	Part B TBA	\$125+B	\$0+B	\$0	\$0	\$75	\$15	\$0+B
<b>Hospital coverage</b> First 60 days Day 61-90 Day 91-150	Part A Premium \$TBA Deductible \$TBA	\$275 Days 1-7 \$0 8-90	\$190 1-7 \$0 8-90	\$175 days 1-5 \$0 6-90	\$100 days 1-5 \$0	\$160 days 1- 7 \$0	\$200 days 1 – 7 \$0	\$75 days 1-5
<b>Physicians/ Specialists</b>	20% \$ Part B Deductible 20%	\$5 \$10	\$0 \$10	\$0 \$0	\$0 \$0	\$5 \$15	\$15 \$25	\$0 \$15
<b>Outpatient Hospital Ambulatory surgery Center</b>	Varies by service	\$250 \$125	\$150 \$100	\$100	\$0	\$150	\$150	\$0 \$125
<b>Emergency ambulance Emergency Room Copay</b>	20%	\$75 \$120	\$195 \$120	\$120 \$200	\$125 \$90*	\$200 \$90	\$200 \$90	\$100 \$90*
<b>Durable Med Equip</b> i.e. wheelchair, walker etc.	20%	20%	20%	20%	20%	20%	20%	\$0-20%
<b>Lab work/ x-rays, Tests</b>	20%	\$0, \$0 \$0-\$60	\$0, \$0 \$60	\$0 \$0 - \$150	\$0 \$0 \$20	\$0-\$5 \$15	\$0-\$15 \$25	\$0, \$0 \$0-\$100
<b>Prescription drugs</b> Tier level = T 1-3 copays	Private Part D Plans (PDP) 32 Plans Premiums \$	T1 \$5 T2 \$13 T3 \$42	T1 \$5 T2 \$8 T3 \$42	T1 \$0 T2 \$10; T3 \$47	T 1 \$0 T 2 \$5 T 3 \$45	T 1 \$3 T 2 \$12 T 3 \$47	T 1 \$5 T 2 \$15 T 3 \$47	T1 \$0 T2 \$9 T3 \$40
<b>Skilled Nursing/Rehab</b>	\$0 Copay 1-20 \$ 21-100	\$0 Days 1-20, \$170 21-100	\$0 Days 1-20 \$125 21-100	\$0 copay days 1-20 \$75 21-100	\$0 days 1-20 \$164.50 21-100	\$0 days 1 - 20 \$100 21-100	\$0 days 1 - 20 \$100 21-100	\$0 days 1-20 \$75 21-100
<b>Transportation</b>	No benefits	No	No	Yes	\$0 approved locations	No	No	Yes
<b>Dental/Vision/Hearing</b>	No benefits	Optional	Yes	Included	Yes/Yes/Yes	Yes/Yes/Yes	Yes/Yes/Yes	Yes/Yes
<b>Out of pocket (OOP)</b> Annual limit – except Rx	<b>N/A</b>	\$3400	\$3400	\$3450	\$2999	\$3,400	\$5,900	\$3400

**Original Medicare**  
 Pays 80% Deductibles apply, Part A free to most, Part B premium usually deducted automatically from Social Security, Part D: Most MA Plans include prescription drug coverage. If Prescription Plan is a stand-alone the premium varies greatly.

**Medicare Advantage Plans**  
 Provides your Medicare benefits once a “member”  
 \$0- \$124 additional premium  
 Covers deductibles  
 Reduced hospital costs  
 Includes Prescription Drug plan  
 Have established maximum out of pocket costs  
 Offers additional benefits  
 Most common are HMOs  
 Usually must use network physicians & vendors

**Medicare Supplements or “Medi-Gap”**  
 Pays the costs that Medicare doesn’t cover (Secondary)  
 Generally higher premiums  
 Most cover deductibles, co-payments  
 Allows freedom to choose physician, hospital etc....  
 Does NOT include  
 prescription drug plan  
 High deductible plans with lower premiums  
 usually sold by independent insurance brokers

Note: Extra help can help pay for Part D premium and Rx copays thru the Limited Income Subsidy (LIS) Program. The Coverage Gap for Rx coverage starts at \$4,020, some MA plans provide limited coverage during the GAP.