

HMO/Medicare Advantage Plan Comparisons – Stanislaus County – January 1, 2022

| HICAP Health Insurance Counseling and Advocacy Program 3500 Coffee Road Suite 19 Modesto, CA 95355 209-558-4540 | Original Medicare 2022 Medicare 1-800-633-4227 | 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 209-268-8128 Doctors Medical Center of Modesto Doctors Hospital of Manteca Emanuel Medical Center AllCare IPA | 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 of CA 1-800-847-1222 Doctors Hospital Emanuel Medical Center AllCare Network | Brand New Day 916-658-3598 1-866-255-4795 Doctors, Emmanuel, and Memorial Hospitals CVMG Hill Physicians | | | | | |
|---|---|--|--|---|---|--|---|----------------------------------|--|--|--|---------------------------------------|
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Monthly premium | Part B TBA | \$99 + B | \$9 + B | \$0 + B | \$0 + B | \$0 + B | \$0 + B | \$49 + B | \$0 + B | \$0 + B | \$0 + B | |
| Hospital coverage First 60 days Day 61-90 Day 91-150 | Part A Premium \$TBA Deductible \$TBA | \$200 per stay Unlimited days | \$220 per days 1-8 \$0 Unlimited | \$175 per days 1- 5 \$0 Unlimited | \$0 Unlimited days | \$0 per days 1-4 \$100 per days 5- 10 \$0 days 11-90 | \$75 per days 1-5 \$0 Unlimited | \$75 per days 1-5 \$0 6-90 | \$175 per days 1-5 \$0 days 6-90 | \$150 per days 1-5 \$0 days 6-90 | \$100 per days 1-5 \$0 days 6-90 | \$100 per days 1-6 |
| Physicians/ Specialists | 20% \$TBA B Deductible 20% | \$0 \$5 \$0 Virtual | \$0 \$15 \$0 Virtual | \$0 \$0 \$0 Virtual | \$0 \$0 | \$0 \$0 | \$0 \$0-\$35 | \$0 \$0-\$15 | \$0 \$0-\$20 | \$0 \$15 | \$0 \$0 | \$0 \$10 |
| Outpatient Hospital and Surgery Center | Varies by service | \$0 | \$195 | \$125 | \$50/\$0 | \$150/\$0 | \$0-\$135 | \$125 | \$100 | \$200 | \$200 | \$0-\$150 |
| Emergency ambulance Emergency Room copay | 20% 20% | \$260 \$90 | \$265 \$90 | \$270 \$90 | \$50* \$75 | \$100* \$85 | \$195 \$120 | \$100 \$120 | \$195 \$120 | \$200 \$85 | \$200 \$85 | \$75 \$100 |
| Durable Med Equip i.e. wheelchair, walker etc. | 20% | 20% | 20% | 20% | 0% \$0 -\$350 20% - \$351 | 20% | 20% | 20% | 20% | \$0-20% | \$0-20% | 20% |
| Lab work/ x-rays, Tests/Therapeutic | 20% | \$0 / \$15 \$105 | \$0 / \$15 \$195 | \$0 / \$15 \$105 | \$0/\$0 20% | \$0/\$0 20% | \$0, \$5 \$150 | \$0, \$0 \$100 | \$0, \$5 \$150 | \$0, \$0 \$50 | \$0, \$0 \$50 | \$0 \$25 MRI |
| Prescription drugs Tier level = T 1-3 copays T 4-6 not listed | Private Part D Plans (PDP) 25 Plans Premiums \$7.50-\$160.20 | T1 \$3 T2 \$12 T3 \$47 T1 GAP | T1 \$3 T2 \$12 T3 \$47 T1 GAP | T1 \$0 T2 \$10 T3 \$40 T1 GAP | T1 \$3 T2 \$10 T3 \$40 T6 GAP | T1 \$5 T2 \$10 T3 \$40 T6 GAP | T1 -\$0 T2- \$12.50 T3-\$40 | T1 -\$0 T2- \$9.50 T3-\$40 | T1 -\$0 T2- \$9.50 T3-\$40 | T1 -\$0 T2- \$10 T3-\$40 | T1 -\$0 T2- \$10 T3-\$40 | T1 \$0 T2: \$12 T3: \$47 |
| Skilled Nursing/Rehab | \$0 Copay 1-20 \$TBA 21-100 | \$0 Days 1-100 | \$0 Days 1-20 \$188 21-47 \$0 48-100 | \$0 Days 1-20 \$188 21-47 \$0 48-100 | \$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 \$185.50 days 21-100 |
| Transportation | No benefits | No | No | Yes | Yes | Yes | Yes | No | Yes | Yes | No | Yes |
| Dental/Vision/Hearing | No benefits | Optional/Yes/ Yes | Optional/Yes/ Yes | No/Yes/Yes | Yes/Yes/Yes | Yes/Yes/Yes | Yes/Yes/ Yes | Yes/Yes/ No | N/A | Yes/Yes/Yes | No/No/Yes | Yes/Yes/Yes |
| Out of pocket (OOP) Annual limit – except Rx | N/A | \$3400 | \$4900 | \$3400 | \$999 | \$2900 | \$3400 | \$3400 | \$3400 | \$3400 | \$3400 | \$999 |



Navigating Medicare

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!!

Annual Election Period is from Oct 15 – Dec 7th
MA OEP January 1st-March 31st

Medicare Advantage Plan Comparisons-Stanislaus County-January 1, 2022

|  3500 Coffee Road Suite 19 Modesto, CA 95355 209-558-4540 | Original Medicare | Golden State Medicare Health Plan | Humana 1-800-833-2364 Doctors, Emmanuel Hospital Allcare, Caremore+ CVMG Network | Imperial 1-800-838-5914 1-800-838-8271 Doctors, Emmanuel Hospital Allcare Network | Kaiser Permanente Senior Advantage 209 518 8190 Kaiser Permanente Medical Center | SCAN Health Plan 1-800-559-3500 Doctors, Emmanuel Hospital CVMG & Caremore | WellCare By Health Net 1-800-275-4373 Doctors, Oak Valley (Sapphire I), Stanislaus Surgical Hospital, Memorial Medical (No Premium plan only 4 hospitals) Allcare & Caremore Network | | | | |
|---|---|---|---|---|--|---|--|---------------------------------------|---|--|--------------------------|
| | 2022 Medicare 1-800-633-4227 | Plan Name | Connected Care (HMO) | Gold Plus HMO H5619-032 | Imperial Traditional 007 | Imperial Strong 014 | Basic HMO | Enhanced HMO | SCAN CLASSIC | Wellcare No Premium 120 | Wellcare Plus Sapphire I |
| | Monthly premium | Part B TBA | \$0 + B | \$0 + B | \$0 + B | \$0+ B Partial \$85 Part B paid to member | \$0 + B | \$70 + B | \$0 + B | \$0 + B | \$33.20 +B |
| Hospital coverage First 60 days Day 61-90 Day 91-150 | Part A Premium \$TBA Deductible \$TBA | \$0 Unlimited days | \$175 days 1 - 5 \$0 days 6-90 | \$150 days 1-5 \$0 days 6-90 | Original Medicare Costs | \$200 days 1-5 | \$150 days 1-5 | \$75 days 1 - 5 \$0 days 6-90 | \$190 days 1-7 \$0 days 8-90 | \$2524 per Stay | |
| Physicians/ Specialists | 20% \$TBA B Deductible 20% | \$0 \$0 | \$0 \$0 | \$5 \$10 | 20% 20% | \$15 \$25 | \$5 \$10 | \$0 \$0-\$10 | \$0 \$10 | \$0 \$0 | |
| Outpatient Hospital Ambulatory surgery Center | Varies by service | \$0 | \$100-\$150 | \$0 | 20% | \$150 | \$100 | \$0-\$125 | \$150 | 20% | |
| Emergency ground ambulance Emergency Room Copay | 20% | \$200* \$100* | \$200 \$120 | \$150 \$100 | 20% 20% Max \$90 | \$200 \$90 | \$200 \$120 | \$100 \$90 | \$260 \$120 | 20% \$120 | |
| Durable Med Equip i.e. wheelchair, walker etc. | 20% | 0% \$0-500 or less 20% \$500 or more | 20% | 20% | 20% | 20% | 20% | 20% | 20% | 20% | |
| Lab work/ x-rays, Tests | 20% | \$0/\$0 \$0 | \$0, \$0, \$150 | \$0, \$0, \$0 | 20% | \$0-\$15, \$20 | \$0, \$0 | \$0, \$0, \$100 | \$0, \$0, \$0-\$150 | \$0, \$20%, 20% | |
| Prescription drugs Tier level = T 1-3 copays | Private Part D Plans (PDP) 25 Plans Premiums \$7.50-\$160.20 | T1 \$5 T2 \$10 T3 \$45 | T1-\$0/\$0 T2-\$30/\$0 T3-\$141/\$94 | T1-\$0 T2-\$5 T3-\$45 | 25% | T1 \$3 T2 \$12 T3 \$47 | T1 \$0 T2 \$10 T3 \$47 | T1 \$0 T2 \$10 T3 \$40 | T1 \$5 T2 \$8 T3 \$37 Deductible \$480 | T1 \$0 T2 \$20 T3 \$47 | |
| Skilled Nursing/Rehab | \$0 Copay 1-20 \$TBA 21-100 | \$0 days 1-20 \$50 days 21-50 \$0 days 51-100 | \$0 days 1 – 20 \$75 days 21-100 | \$0 days 1-20 | \$0 days 1-20 | \$0 days 1- 20 \$100 days 21-100 | \$0 days 1- 20 \$100 days 21-100 | \$0 days 1- 20 \$75 days 21-100 | \$0 days 1- 20 \$125 days 21-100 | \$0 days 1- 20 \$184 days 21-100 | |
| Transportation | No benefits | Yes | Yes | Yes | No | No | No | No | No | No | |
| Dental/Vision/Hearing | No benefits | Yes/Yes/Yes | Yes/Yes/Yes | Yes/Yes/Yes | Yes/Yes/Yes | Yes/Optional/ Optional | Yes/Optional/ Optional | Yes/Yes/Yes | Yes/Yes/Yes | No/Yes/Yes | |
| Out of pocket (OOP) Annual limit – except Rx | N/A | \$1499 | \$3400 | \$2999 | \$7,550 | \$5900 | \$3400 | \$2900 | \$3450 | \$3450 | |

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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 \$4,430, some MA plans provide limited coverage during the GAP.



Navigating Medicare