


Open Enrollment is from Oct 15 – Dec 7th
 MA OEP January 1st-March 31st

Special Needs Plans C-SNP & D-SNP Comparisons – Stanislaus County – January 1, 2022


 3500 Coffee Road Suite 19 Modesto, CA 95355 209-558-4540	Original Medicare 2022 Medicare 1-800-633-4227	Alignment Health Plan 1-888-979-2247 209-663-3105 209-268-8128 Doctors Medical, Emanuel Medical Center AllCare	Anthem Blue Cross Access to CareMore Health 1-877-211-6614 209-226-3094 Doctors Medical Center, Emmanuel, Oak Valley Hospitals CVMG			Anthem Blue Cross ESRD Plan 209-226-8689		Brand New Day 916-658-3598 866-255-4795 Doctors, Emmanuel, and Memorial hospitals CVMG, Hill Physicians	Imperial Health Plan 1-800-838-5914 1-800-838-8271 Emmanuel, Doctors Hospitals AllCare	SCAN Health Plan 1-800-559-3500 Doctors Hospital, Emmanuel Hospital CVMG Network	Alignment Health Plan 1-888-979-2247 209-663-3105 209-268-8128 Doctors, Emmanuel AllCare Network	Anthem Blue Cross Access to CareMore Health 1-877-211-6614 209-226-3094 Doctors, Emmanuel, Oak Valley hospitals CVMG Network
	Plan Name	Heart & Diabetes HMO C-SNP	Anthem MediBlue Diabetes HMO C-SNP	Anthem MediBlue Lung HMO C-SNP	Anthem MediBlue Heart HMO C-SNP	Anthem MediBlue ESRD PPO C-SNP No Sutter Gould		Embrace HMO C-SNP	Senior Value Heart/Diabetes HMO C-SNP 005	SCAN Balance Diabetes HMO C-SNP	Alignment Health Plan CalPlusDuals 030 (DSNP) \$0 SOC Medi-Cal	Anthem MediBlue Connect Plus HMO D-SNP \$0 SOC Medi-Cal
						Medi-Medi	Medicare only					
Monthly premium	Part B \$ TBA	\$0 +B	\$0 +B	\$0 +B	\$0 +B	\$0+B	\$33.20 + B	\$0 +B	\$0 +B	\$0 +B	\$0 full duals	\$0 full duals
Hospital coverage First 60 days Day 61-90 Day 91-150	Part A Premium \$ TBA Deductible \$ TBA	\$0 Unlimited Days	\$75 1-5 \$0 6-90	\$75 1-5 \$0 6-90	\$75 1-5 \$0 6-90	\$0 Full Duals	\$1484 deductible	\$175 days 1-6	\$0 1-90	\$75 1-5 \$0 6-90	\$0 for Full Duals	\$0 full Duals
Physicians Specialists	20% \$ TBA Prt B deductible 20%	\$0 \$0	\$0 \$15	\$0 \$15	\$0 \$15	\$0 \$0	\$0 20%	\$0 \$0-10	\$0 \$0	\$0 \$0-\$10	\$0 \$0	\$0 \$0
Outpatient Hospital services/surgery	Varies by service	\$0	\$125	\$125	\$125	\$0	20%	\$0-100	\$0	\$0-\$125	\$0 for Full Duals	\$0 full Duals
Emergency ambulance Emergency Room copay	20% 20%	\$100 \$70	\$0 \$0	\$100	\$100	\$0	20%	\$0-75 \$0-100	\$125 \$0	\$100 \$90	\$0 for Full Duals	\$0 full Duals
Durable Med Equip <i>i.e. wheelchair, walker etc.</i>	20%	\$0 - \$499 20% \$500+	20%	20%	20%	\$0	20%	20%	20%	20%	\$0 for Full Duals	\$0 full Duals
Lab work/ x-rays, Tests	20%	\$0, \$0	\$0	\$0	\$0	\$0	20%	\$0	\$0, \$0 20%	\$0, \$0 \$100	\$0 for Full Duals	\$0 full Duals
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	T 1 \$0 T 2 \$5 T 3 \$30	T 1 \$0 T 2 \$7.50 T 3 \$40	T 1 \$0 T 2 \$7.50 T 3 \$40	T 1 \$0 T 2 \$7.50 T 3 \$40	LIS Full Duals	T1 \$1 T2 \$6 T3 \$42 \$130.00 Deductible	T1=\$0 T2=\$9 T3=\$47	T1=\$0 T2=\$5 T3=\$45	T 1 \$0 T 2 \$7.50 T 3 \$40	LIS STANDARD full Duals	LIS STANDARD full Duals
Skilled Nursing/Rehab	\$0 Copay 1-20 \$ TBA 21-100	\$0 1-31 \$50 32-100	\$0 1-20 \$75 21-100	\$0 1-20 \$75 21-100	\$0 1-20 \$75 21-100	\$0	20%	\$0 1-20 \$185.5 21-100	\$0 1-20 \$164.50 21-100	\$0 1-20 \$75 21-100	\$0 for Full Duals	\$0 full Duals
Transportation	No benefits	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
Routine/Dental/Vision	No benefits	Yes/Yes	Yes/yes	Yes/Yes	Yes/Yes	Yes	Yes	No/Yes	Yes/Yes	Yes/Yes	Yes/Yes	Yes/Yes
Out of pocket (OOP) Annual limit – except Rx	N/A	\$1000	\$3400	\$3400	\$3400	\$7550	\$7550	\$2750	\$2999	\$2900	\$0 OOP (FBDE)	\$0 OOP (FBDE)



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." D-SNP-Dual Eligible full Medi-Cal, C-SNP- Chronic health conditions ASK A HICAP COUNSELOR FOR HELP In understanding your MEDICARE Options... Ask HICAP about Extra Help Programs!!**

Special Needs Plans C-SNP & D-SNP Comparisons – Stanislaus County – January 1, 2022

 3500 Coffee Road Suite 19 Modesto, CA 95355 209-558-4540	Original Medicare	Blue Shield Promise		Brand New Day 916-658-3598 866-255-4795	Humana 1-800-833-2364	Imperial Health Plan		Kaiser Permanente Senior Advantage	UnitedHealthcare Medicare Complete	WellCare By Health Net
	2021 Medicare 1-800-633-4227	Doctors Hospital Emanuel Medical Center AllCare	Doctors, Emmanuel, and Memorial hospitals CVMG, Hill Physicians	Doctors Hospital AllCare, Caremore + CVMG Network	Emmanuel Hospital Doctors Hospital AllCare Provider Network	Kaiser Hospital	Full Benefit Dual Eligible (FBDE) ONLY	Doctors Hospital CVMG Allcare Caremore	1-800-977-6738	1-800-547-5514
Plan Name	Blue Shield Promise Coordinated Choice Lookalike	Blue Shield Inspire Total Dual (DSNP) \$0 SOC Medi-Cal	Dual Access Medi-Medi	Gold Plus SNP DE H5619-038 HMO D-SNP \$0 SOC Medi-Cal	Imperial Traditional Plus 009	Imperial Dual Plan HMO D-SNP 011	Senior Advantage Medicare – Medical Plan	Assure HMO Specifically designed for Medi-Medi	Wellcare Dual Liberty Amber HMO D-SNP \$0 SOC Medi-Cal	
Monthly premium	Part B \$ TBA	\$33.20+B \$0 if full Duals	\$0 if full Duals	\$0 if full Duals	\$0 if full Duals	\$33.20 + B	\$0 if full Duals	\$0 if full Duals	\$0 if full Duals	\$0 if full Duals
Hospital coverage First 60 days Day 61-90 Day 91-150	Part A Premium \$TBA Deductible \$TBA	\$0 if full Duals	\$0 if full Dual	\$0 if full Duals	\$0 if full Duals	\$0	\$0 if full Duals	\$0 if full Duals	\$0 Unlimited Days	\$0 Unlimited Days
Physicians Specialists	20% \$TBA B Deductible 20%	\$0 if full Duals	\$0 if full Dual	\$0 if full Duals	\$0 if full Duals	\$0	\$0 for Full Duals	\$0 if full Duals	\$0/\$0	\$0/\$0
Outpatient Hospital services/surgery	Varies by service	\$0 if full Duals	\$0 if full Dual	\$0 if full Duals	\$0 if full Duals	\$0	\$0 for Full Dual	\$0 if full Duals	\$0	\$0
Emergency ambulance Emergency Room Copay	20%	\$0 if full Duals	\$0 if full Dual	\$0 if full Duals	\$0 if full Duals	\$0	\$0 for Full Dual	\$0 if full Duals	\$0	\$0
Durable Med Equip i.e. wheelchair, walker etc.	20%	\$0 if full Duals	\$0 if full Dual	\$0 if full Duals	\$0 if full Duals	20%	\$0 for Full Dual	\$0 if full Duals	\$0	\$0
Lab work/ x-rays, Tests	20%	\$0 if full Duals	\$0 if full Dual	\$0 if full Duals	\$0 if full Duals	\$0	\$0 for Full Dual	\$0 if full Duals	\$0	\$0
Prescription drugs Tier level = T 1-3 copays	P Private Part D Plans (PDP) 25 Plans Premiums \$7.50-\$160.20	\$0-3.95 \$0-9.85 LIS if full Duals	\$0-3.95 \$0-9.85 LIS if full Duals	\$0-3.95 \$0-9.85 LIS if full Duals	\$0-3.95 \$0-9.85 LIS if full Duals	T1 \$0 T2-3 25% \$480 deductible LIS if full Duals	\$0-3.95 Generic \$0-9.85 Brand LIS if full Duals	\$0-3.95 Generic \$0-9.85 Brand LIS if full Duals	\$0-3.95 Generic \$0-9.85 Brand LIS if full Duals	\$0-3.95 Generic \$0-9.85 Brand LIS if full Duals
Skilled Nursing/Rehab	\$0 Copay 1-20 \$TBA 21-100	\$0 if full Duals	\$0 if full Duals	\$0 if full Duals	\$0 if full Duals	\$0	\$0 if full Duals	\$0 if full Dual	\$0 days 1-100	\$0 days 1-100
Transportation	No benefits	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
Routine dental/Vision	No benefits	Yes/Yes	Yes/Yes	Yes/Yes	Yes/Yes	Yes/Yes	Yes/Yes	Yes/Yes	No/Yes	Yes/Yes
Out of pocket (OOP) Annual limit – except Rx	N/A	\$6700	\$0 (FBDE)	\$0 OOP (FBDE)	\$0 OOP (FBDE)	\$2999	\$0 OOP (FBDE)	\$0 OOP (FBDE)	\$0 OOP (FBDE)	\$0 OOP (FBDE)



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