

Open Enrollment is October 15th – December 7th

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

| Name of Plan | Original Medicare 2017 Medicare 1-800-633-4227 (2017) | CareMore 1-877-211-6614 209-530-7517 Doctors Hospital | | | ALIGNMENT HEALTH PLAN 1-888-979-2247 209-639-6675 Doctors Hospital | Anthem Blue Cross 209-216-6853 | Care 1 st 1-800-847-1222 Doctors Hospital | Humana 1-800-833-2364 Memorial Hospital | Kaiser Permanente Senior Advantage 1-877-474-8193 Kaiser Hospital |
|---|---|--|---|---|---|---|--|---|---|
| | | CareMore Diabetes (HMO SNP) | CareMore Breath (HMO SNP) | CareMore Heart (HMO SNP) | Cal Plus Plan 0 SOC Medi-Cal | Anthem MediBlue ESRD (PPO SNP) | Coordinated Choice Plan 0 SOC Medi-Cal | Gold Plus H5619-038 0 SOC Medi-Cal | Senior Advantage Medicare – Medical Plan 0 SOC Medi-Cal |
| Monthly premium | Part B \$109-\$134 | \$59 + B | \$59 + B | \$59 + B | \$0 +B | \$36.30 | \$0 +B | \$0 +B | \$0 +B |
| Hospital coverage First 60 days Day 61-90 Day 91-150 | Part A Premium \$227-\$413 \$1316 deductible | \$100 per days 1-5 | \$100 per days 1-5 | \$100 per days 1-5 | \$0 | In-network: Medicare-defined Cost Share Out-of-network: Medicare-defined Cost Share | \$0 | \$0 | \$0 |
| Physicians/ Specialists | 20% \$183 deductible 20% | \$0 \$0 or \$15 | \$0 \$0 or \$15 | \$0 \$0 or \$15 | \$0 \$0 | \$0 \$0 or 20% | \$0 \$0 | \$0 \$0 | \$0 \$0 |
| Outpatient Hospital services/surgery | Varies by service | \$100 | \$100 | \$100 | \$0 | 20% | \$0 | \$0 | \$0 |
| Emergency Ambulance | 20% | \$195 | \$195 | \$195 | \$0 | 20% | \$0 | \$0 | \$0 |
| Durable Med Equip i.e. wheelchair, walker etc... | 20% | \$0-\$0-\$499 20% \$500+ | \$0-\$0-\$499 20% \$500+ | \$0-\$0-\$499 20% \$500+ | \$0 | 20% | \$0 | \$0 | \$0 |
| Tests, x-rays lab work | 20% | \$150, \$0 \$0 | \$150, \$0 \$0 | \$150, \$0 \$0 | \$0 | 20% | \$0 | \$0 | \$0 |
| Prescription drugs Tier level = T 1-6 co-pay Gap Coverage: Yes or No | Private Part D Plans (PDP) 24 Plans, Premiums from \$17-\$159.80 | *T1 \$0 *T2 \$7.50 *T3 \$40 *T4 \$85 T5 33% T6 \$0 | *T1 \$0 *T2 \$7.50 *T3 \$40 *T4 \$85 T5 33% T6 \$0 | *T1 \$0 *T2 \$7.50 *T3 \$40 *T4 \$85 T5 33% T6 \$0 | LIS Pricing | T1- \$14.00 T2- \$15.00 T3- \$42.00 T4-\$95.00 T5- 25% T6- \$0.00 Deductible \$380.00 T2-T5 | LIS Pricing | LIS Pricing | LIS Pricing |
| Routine dental | No benefits | \$9 | \$9 | \$9 | Yes | Yes | yes | Included | \$0 |
| Out of pocket (OOP) Annual limit – except Rx | | \$3400 | \$3400 | \$3400 | \$3400 | \$6700 | \$3400 | \$6700 | \$3400 |

HICAP OFFICE:
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209 558-4540

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.**

