


**PPO MA Comparisons (designed for Veterans with VA rx) – Stanislaus County – January 1, 2025**

 3500 Coffee Road Suite 19 Modesto, CA 95355  209-558-4540	Original Medicare	Alignment Health Plan			Humana	Humana
	2025	1-888-979-2247 209-663-3105 209-929-8525  Balance/Freedom PPO: Doctors Medical Center of Modesto & Emanuel Medical Center & Alignment Health Plan Direct Network  My Choice PPO: Memorial Medical Center & Oak Valley District Hospital & Sutter Gould Medical Foundation  Only In Network Costs listed.			1-800-833-2364  Doctors Hospital Emmanuel Hospital  Allcare, Central Valley Medical Group  Only In Network Costs listed	1-800-833-2364  Doctors Hospital Emmanuel Hospital  Allcare, Central Valley Medical Group  Only In Network Costs listed.
	Plan Name	Balance PPO (006)	Freedom (003)	My Choice PPO (001)	Humana Choice H5525-080-000	Humana USAA Honor (PPO) H5525-079-0
Monthly premium	Part B \$185	\$41 +B	\$23.10 +B	\$89 +B	\$31 + B	\$0 + B \$55 Part B Reduction
Hospital coverage First 60 days Day 61-90/Day 91-150	Part A Premium \$518 Deductible \$1,676	\$75 per day 1-3 \$0 4-90	\$1,632 per days 1-60 \$480 per days 61-90	\$150 per days 1-5 \$0 6-90	\$320 per days 1-5 \$0 6 - 90 \$0 91 and beyond	\$300 per days 1-5 \$0 6-90 \$0 91 and beyond
Physicians Specialists	\$257 B Deductible 20%	\$0 \$0	20% 20%	\$5 \$35	\$0 \$35	\$0 \$55
Outpatient Hospital services/surgery	Varies by service	\$200/ \$100	20%	\$195/\$0	\$0 - \$320	\$0-\$385
Emergency ambulance Emergency Room	20% 20%	\$100* \$75	20% 20%	\$250* \$85	\$300 \$315	\$315 \$125
Durable Med Equip <i>i.e. wheelchair, walker etc.</i>	20%	\$0-20%	20%	0 - 20%	20%	10%-20%
Lab work/ x-rays-Tests/ Diagnostic Test	20%	\$0/ \$0/ \$0	20%/ 20%/ 20%	\$0/ \$15/ \$150	\$0/ \$0-90/ \$0-\$325	\$0/ \$0-\$55/ \$0-\$385
Prescription drugs Tier level = T 1-3 copays T 4-6 not listed	Private Part D 16 Plans (PDP) Plan Premiums \$1.80 - \$183.50	T1 \$0 T2 \$3 T3 \$40	25% coinsurance	T1 \$0 T2 \$5 T3 \$40	T1 \$0 T2 \$8 T3 \$47	Not Covered
Skilled Nursing/Rehab	Copay \$0 1-20 \$ 209.50 21-100	\$0 per days 1-20 \$50 21-100	20%	\$0 per days 1-20 \$160 21-51 \$0 52-100	\$10 per days 1-20 \$203- 21-49 \$0 50-100	\$10 per days 1-20 \$214 21-50 \$0 51-100
Transportation	Not Covered	Yes	Yes	No	No	No
Dental/Vision/Hearing	Not Covered	Yes/Yes/Yes	Yes/Yes/Yes	Yes/Yes/Yes	Yes/Yes/Yes	Yes/Yes/Yes
Out of pocket (OOP) Annual limit – except Rx	N/A	\$2,850	\$7,800	\$4,200	\$5,900	\$6,500



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 unbiased, 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.

PPO-Preferred Provider Organization. Ask HICAP about Extra Help Programs!! ASK A HICAP COUNSELOR FOR HELP In understanding your MEDICARE Options.

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