


Open Enrollment is from Oct 15 – Dec 7th.

MAOEP January 1st-March 31st

HMO/Medicare Advantage Plan Comparisons – Stanislaus County – January 1, 2025

 <p>3500 Coffee Road Suite 19 Modesto, CA 95355 209-558-4540</p> <p>Appts in Modesto, Ceres, Oakdale, Patterson & Turlock</p>	Original Medicare 2025 1-800-633-4227	AARP Medicare Advantage United Healthcare HMO 1-800-547-5514 209-595-9891 Memorial Hospital Sutter, AllCare		AARP Medicare Advantage United Healthcare HMO 1-800-547-5514 Memorial, Doctors, Emmanuel Hospitals AllCare	Alignment Health Plan 1-888-979-2247 209-663-3105 209-929-8525 Virtual Care Center Team (24/7) 833-402-5803 Doctors Medical Center, Emanuel Medical Hospitals AllCare			Blue Shield of CA 1-800-776-4466 Doctors, Emanuel, Memorial Hospitals AllCare, Sutter	Central Health Medicare Plan 1-888-714-7550 Doctors, Emanuel, Memorial Hospitals Central Valley Medical Group
	Plan Name	UHC CA-0006 (HMO POS)	UHC CA-0011 (HMO POS)	UHC CA-011P (HMO POS)	AllCare Preferred (011)	Smart HMO (040)	My Choice CalPlus (007)	Inspire HMO	Classic Care Plan II
Monthly premium	Part B \$185	\$97 + B	\$16 + B	0+B	\$0 + B	\$0 + B \$115 Rebate	\$0+ B	\$38 + B	\$0 + B
Hospital coverage First 60 days Day 61-90, Day 91-150	Part A Premium \$518 Deductible \$1,676	\$200 per day 1-6 \$0 Unlimited days	\$375 per day 1-6 \$0 Unlimited	\$420 per day 1-6 \$0 Unlimited	\$0 Unlimited Days	\$200 per day 1-5 \$0 6-90	\$0 Per day 1-4 \$100 5-10 \$0 11-90	\$190 per day 1-5 \$0 days 6-unlimited	\$150 per day 1-6 \$0 days 7-90
Physicians/Specialists	\$257 B Deductible 20% 20%	\$0 \$5	\$0 \$15	\$0 \$0	\$0 \$0	\$0 \$5	\$0 \$0	\$0 \$0	\$0 \$10
Outpatient Hospital and Surgery Center	Varies by service	\$200	\$375	\$420	\$0 \$0	\$200 \$50	\$200 \$100	\$300 \$0 observation	\$0-\$250
Emergency ambulance Emergency Room copay	20% 20%	\$290 \$140	\$290 \$140	\$120 \$140	\$50* \$75	\$100* \$120*	\$175* \$85*	\$275 \$125	\$0-\$250 \$0-\$140
Durable Med Equip <i>i.e. wheelchair, walker etc.</i>	20%	20%	20%	20%	0%- 20%	20%	20%	20% coinsurance	\$0-20%
Lab work/ x-rays, Diagnostic Test (like MRI)	20%	\$0/ \$25 \$0-\$150	\$0/ \$15 \$0-\$55	\$0/ \$15 \$0-\$90	\$0/ \$0 \$0	\$0/ \$0 \$0	\$0/\$0 \$0	\$0/\$0 \$45	\$0/\$0 \$0-\$200
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 \$12 T3 \$47	T1 \$0 T2 \$12 T3 \$47	T1 \$0 T2 \$12 T3 \$47	T-1 \$0 T-2 \$10 T-3 \$40	T-1 \$0 T-2 \$3 T-3 \$45	T-1 \$0 T-2 \$3 T-3 \$40	T1-\$0 T2-\$10 T3 -\$40	T1 \$0 T2 \$0 T3 \$35
Skilled Nursing/Rehab	Copay \$0 1-20 \$209.50 21-100	\$0 Days 1-100	\$0 Days 1-20 \$203 per day 21-100	\$0 Days 1-20 \$203 per day 21-100	\$0 Days 1-20 \$50 per day 21-100	\$20 Days 1-20 \$100 per day 21-100	\$0 Days 1-20 \$50 per day 21-100	\$0 per day 1-20 \$200 per day 21-100	\$0 Days 1-20 \$204 per day 21-100
Transportation	Not Covered	No	No	No	Yes	No	Yes	No	Yes
Dental/Vision/Hearing	Not Covered	Yes/Yes/Yes	Yes/Yes/Yes	Yes/Yes/Yes	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	\$2,900	\$3,800	\$2,900	\$1,999	\$3,999	\$3,499	\$5,700	\$2,499

Original Medicare Pays 80% Deductibles apply, Part A free to most, Part B premium is 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" pays \$0 to \$131 plus Part B for plan of choice. Plan covers deductibles Reduced hospital costs Includes Prescription Drug coverage. Have established maximum out-of-pocket costs. Offers additional benefits. Usually must use network physicians & vendors contracted with the plan.

Medicare Supplements or "Medi-Gap" Pays the costs that Medicare does not 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 are 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 \$2,000 for some MA plans to provide limited coverage during the GAP.



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 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!!

*This project was supported, in part by grant number 90SAPG0094-01-00 from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration for Community Living policy. 10/2024

HMO/Medicare Advantage Plan Comparisons-Stanislaus County-January 1, 2025

 3500 Coffee Road Suite 19 Modesto, CA 95355 209-558-4540 Appts in Modesto, Ceres, Oakdale, Patterson & Turlock	Original Medicare 2025	Humana	Imperial Health Plan	Kaiser Permanente Senior Advantage		SCAN Health Plan	WellCare By Health Net	Anthem Blue Cross Prime
	Plan Name	Humana Gold Plus HMO H5619-148	Dynamic	Senior Advantage Basic HMO	Senior Advantage Enhanced HMO	SCAN Classic	WellCare Simple Ruby	Anthem Prime 005 (HMO-POS)
1-800-633-4227	1-800-633-4227	1-800-833-2364 209-281-1442	Sales-1-800-838-5914 Member Services 1-800-838-8271 Provider Services 1-800-708-7903	1-888-448-9400 209-518-8190		1- 916-207-8922	1-800-275-4373	1-833-668-2201
		Doctors, Emanuel Hospitals	Memorial, Oak Valley, Emanuel, Doctor Hospitals	Kaiser Permanente Medical Center		Doctors, Emanuel, Memorial Hospitals	Doctors, Oak Valley, Emanuel, Memorial Hospitals	Doctors, Emanuel, Memorial Hospitals
		AllCare, Central Valley Medical Group	AllCare			Central Valley Medical Group	Sutter, AllCare	Central Valley Medical Group
Monthly premium	Part B \$185	\$0 + B	\$0 +B \$60 Rebate	\$0 + B \$5 B Reduction	\$65 + B	\$0 + B	\$0 + B \$50 deductible	0+B
Hospital coverage First 60 days Day 61-90 Day 91-150	Part A Premium \$518 Deductible \$1,676	\$150 per day 1-5 \$0 days 6-90	\$0 days 1-90	\$230 per day 1-5 \$0 for the rest of your stay	\$175 per day 1-5 \$0 for the rest of your stay	\$0 per day 1-4 \$75 per day 5-10 \$0 days 11-90	\$425 per day 1-5 \$0 days 6-90	\$250 per day 1-5 \$0 per day 6-90
Physicians/ Specialists	\$257 B Deductible 20% 20%	\$0 \$0	\$0 \$0	\$5 \$10	\$0 \$5	\$0 \$0	\$0 \$0	\$0 \$10
Outpatient Hospital Surgery Center	Varies by service	\$100 \$0	\$100	\$165	\$110	\$100 \$0	\$300 \$300	\$0-\$250
Emergency ground ambulance Emergency Room Copay	20% 20%	\$300 \$125	\$150 \$125*	\$300 \$125	\$250 \$140	\$95 \$90	\$300 \$140	\$250 \$90
Durable Med Equip <i>i.e. wheelchair, walker etc.</i>	20%	20%	20%	20%	20%	\$0 up to \$499 20% over \$500	20%	\$0-20%
Lab work/ X-rays Diagnostic Test (like MRI)	20%	\$0-\$10/\$0-\$50 \$0-\$150	\$0	\$0	\$0	\$0, \$0	\$0/\$0 \$0-\$50	\$0-\$10/ \$10 \$10-\$150
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 - \$5 T3 - \$40	T1 - \$0 T2 - \$6 T3 - \$45	T1 - \$0 T2 - \$12 T3 - \$47	T1 - \$0 T2 - \$5 T3 - \$47	T1- \$0 T2- \$0 T3- \$45	T1- \$0 T2- \$0 T3 - 25% T3-T5 \$420 ded.applies	T1 - \$0 T2 - \$7 T3 – 20%
Skilled Nursing/Rehab	Copay \$0 1-20 \$ 209.50 21-100 each day	\$20 day 1-20 \$203 per day 21-44 \$0 per day 45-100	\$0 days 1-20 \$100 per day 21-50 \$200 per day 51-100	\$0 days 1-20 \$100 per day 21-100	\$0 days 1-20 \$100 per day 21-100	\$0 days1-20 \$50 per day 21-100	\$0 days 1-20 \$214 per day 21-40 \$0 41-100	\$0 days 1-20 \$188 day 21-100
Transportation	Not Covered	Yes	Yes	No	No	Yes	N/A	N/A
Dental/Vision/Hearing	Not Covered	Yes/Yes/Yes	Yes/Yes/Yes	Yes/Yes/Yes Optional	Yes/Yes/Yes Optional	Yes/Yes/Yes	Yes/Yes/Yes	No/Yes/No
Out-of-pocket (OOP) Annual limit – except Rx	N/A	\$2,900	\$297	\$4,900	\$2,500	\$1,200	\$4,150	\$1,200



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 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!! *This project was supported, in part by grant number 90SAPG0094-01-00 from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration for Community Living policy." **10/2024**