


Open Enrollment is from Oct 15 – Dec 7<sup>th</sup>  
MAOEP January 1<sup>st</sup> - March 31<sup>st</sup>


## Special Needs Plans C-SNP, D-SNP & PACE Comparisons – Stanislaus County – January 1, 2025

 <b>3500 Coffee Road Suite 19 Modesto, CA 95355</b>  <b>209-558-4540</b>	Original Medicare	Alignment Health Plan 1-888-979-2247 209-663-3105 209-268-8128  Doctors, Emanuel Medical Center  AllCare				Central Health Embrace Care Plan 1- 888-531-8818  Doctors, Emanuel, Memorial hospitals  Central Valley Medical Group, Hill Physicians	SCAN Health Plan  1-916-207-8922  Doctors, Emmanuel hospitals  Central Valley Medical Group		
	2025 Medicare  1-800-633-4227								
	Plan Name	Heart & Diabetes Care HMO C-SNP (048)	Heart & Diabetes CalPlus HMO C-SNP (039)	BreathEasy HMO C-SNP (041)	Clarity HMO C-SNP (042)	Embrace HMO C-SNP (025-2)	SCAN Balance HMO C-SNP (070)	SCAN Strive HMO C-SNP (098)	
Monthly premium	Part B \$185	\$0 + B	\$29.70 + B \$0 with Extra help	\$0 for full duals	\$0 for full duals	\$0 + B	\$0 + B	\$25.90 + B \$257 health deductible \$0 for full duals	
<b>Hospital coverage</b> First 60 days Day 61-90 Day 91-150	Part A Premium \$518 Deductible \$1,676	\$0	\$0 days 1-60 \$400 days 61-90 Deductible \$1600	\$0 for full duals	\$0 for full duals	\$0 days 1-5 \$200 days 6-9 \$35 days 10-90	\$0 per days 1-4 \$75 5-10 \$0 11-90	\$1,676 ded. For days 1-60 \$419 copay days 61-90	
<b>Physicians Specialists</b>	\$257 B Deductible 20% 20%	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	
<b>Outpatient Hospital services/surgery</b>	varies by service	\$0/ \$0	20%	\$0 for full duals	\$0 for full duals	\$0-\$150	\$0-\$100	20% of total cost	
<b>Emergency ambulance Emergency Room copay</b>	20% 20%	\$100* \$70*	20%	\$0 for full duals	\$0 for full duals	\$0-\$200 \$0-\$140	\$100 \$90* copay per visit	20% total cost (up to \$110 within U.S.)	
<b>Durable Med Equip</b> <i>i.e. wheelchair, walker etc.</i>	20%	\$0 (\$500 or less) - 20% (500+)	20%	\$0 for full duals	\$0 for full duals	20%	\$0 - \$99 20% - of \$100 or more	\$0- \$99 20% - of \$100 or more	
Lab work/ x-rays, Tests (like MRI)	20%	\$0/ \$0	20%	\$0 for full duals	\$0 for full duals	\$0/ \$0/ \$0-\$100	\$0/ \$0/ \$0-\$100	\$0/ 20%/ 20%	
<b>Prescription drugs</b> 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 \$30	T1 25% \$0 copay based on Extra Help	25% Medicare Defined of cost \$0 full duals	25% Medicare Defined of cost \$0 full duals	T1 \$0 T2 \$9 T3 \$47	T1 \$0 T2 \$0 T3 \$42	T1 \$0 T2 \$0 T3 24%	
<b>Skilled Nursing/Rehab</b>	Copay \$0 1-20 \$209.50 21-100	\$0 days 1-31 \$50 32-100	\$0 days 1-20 \$209.50 21-100	\$0 for full duals	\$0 for full duals	\$0 Days 1-20 \$209.50 21-100	\$0 days 1-20 \$50 copay days 21-100	\$0 days 1-20 \$209.50 copay days 21-100	
<b>Transportation</b>	Not Covered	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
<b>Dental/Vision/Hearing</b>	Not Covered	Yes/Yes/Yes	Yes/ Yes/ Yes	Yes/ Yes/ Yes	Yes/ Yes/ Yes	Yes/Yes/Yes	Yes/Yes/Yes	Yes/Yes/Yes	
<b>Out of pocket (OOP) except Rx</b>	<b>N/A</b>	\$990	\$7,350	\$8,850	\$8,850	\$2,750	\$1,200 or \$0 OOP (FBDE)	\$9,350 or \$0 OOP (FBDE)	



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 a 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!!**  
**12/2024**

**Special Needs Plans C-SNP, D-SNP & Pace Comparisons – Stanislaus County – January 1, 2025**

 3500 Coffee Road Suite 19 Modesto, CA 95355 <b>209-558-4540</b>	<b>Original Medicare</b>  <b>2025 Medicare</b> 1-800-633-4227  <b>Plan Name</b>	<b>Humana</b> 1-800-833-2364  <b>Doctors Hospital</b>  <b>AllCare, Central Valley Medical Group</b>	<b>Imperial Health Plan</b> 1-800-838-5914 1-800-838-8271  <b>Emanuel, Doctors Hospital</b>  <b>AllCare</b>	<b>Kaiser Permanente Senior Advantage</b>  1-888-448-9400 209-518- 8190  <b>Kaiser Permanente Medical Center</b>	<b>WellCare By Health Net</b>  1-800-431-9007  <b>Doctors Hospital</b>  <b>Allcare, Hill Physicians</b>	<b>Central Valley PACE</b>  (209)724-6000  <b>Program for All-Inclusive Care for the Elderly</b>	<b>WelbeHealth PACE</b>  209-442-6077  <b>Program for All-Inclusive Care for the Elderly</b>
		<b>Gold Plus SNP DE H5619-038 HMO D- SNP \$0 SOC Medi-Cal</b>	<b>Imperial Dual Plan HMO D-SNP (011)</b>	<b>Senior Advantage Medicare/Medi-Cal Plan</b>	<b>Wellcare Dual Liberty Amber HMO D-SNP \$0 SOC Medi-Cal</b>	<b>Central Valley Stanislaus County</b>	<b>WelbeHealth serves most zip codes in Stanislaus County</b>
<b>Monthly premium</b>	Part B \$185	\$0 if Full Dual	\$0	\$0 if Full Dual	\$0	\$0 (FBDE) SOC	\$0 (FBDE) SOC
<b>Hospital coverage</b> First 60 days Day 61-90 Day 91-150	Part A Premium \$518 Deductible \$1,676	\$0 if Full Dual	\$0 days 1-90	\$0 if Full Dual	\$0	\$0 for Full Duals Contact Plan	\$0 for Full Duals Contact Plan
<b>Physicians Specialists</b>	\$257 B Deductible 20% 20%	\$0 if Full Dual	\$0	\$0 if Full Dual	\$0	\$0 for Full Duals Contact Plan	\$0 for Full Duals Contact Plan
<b>Outpatient Hospital services/surgery</b>	varies by service	\$0 if Full Dual	\$100	\$0 if Full Dual	\$0	\$0 for Full Duals Contact Plan	\$0 for Full Duals Contact Plan
<b>Emergency ambulance Emergency Room Copay</b>	20% 20%	\$0 if Full Dual	\$150 * \$125*	\$0 if Full Dual	\$0	\$0 for Full Duals Contact Plan	\$0 for Full Duals Contact Plan
<b>Durable Med Equip</b> <i>i.e. wheelchair, walker etc.</i>	20%	\$0 if Full Dual	20%	\$0 if Full Dual	\$0	\$0 for Full Duals Contact Plan	\$0 for Full Duals Contact Plan
<b>Lab work/ x-rays, Tests (like MRI)</b>	20%	\$0 if Full Dual	\$0	\$0 if Full Dual	\$0	\$0 for Full Duals Contact Plan	\$0 for Full Duals Contact Plan
<b>Prescription drugs</b> Tier level = T 1-3 copays T 4-6 not listed	Private Part D 16 Plans (PDP) Plan Premiums \$1.80 - \$183.50	LIS Amounts	T1 \$0 T2 \$3 T3 \$45	LIS Status	\$0	\$0 for Full Duals Contact Plan	\$0 for Full Duals Contact Plan
<b>Skilled Nursing/Rehab</b>	Copay \$0 1-20 \$209.50 21-100	\$0 if Full Dual	\$0 days 1-20	\$0 if Full Dual	\$0	\$0 for Full Duals Contact Plan	\$0 for Full Duals Contact Plan
<b>Transportation</b>	Not Covered	Yes	Yes	Yes	Yes	Yes	Yes
<b>Dental/Vision/Hearing</b>	Not Covered	Yes/ Yes/ Yes	Yes/ Yes/ Yes	Yes/Yes/yes	Yes/ Yes/ Yes	Yes/Yes	Yes/Yes
<b>Out of pocket (OOP) Annual limit – except Rx</b>	<b>N/A</b>	\$0 OOP (FBDE)	\$297	\$0 OOP (FBDE) or \$9,350	\$0 OOP (FBDE) or \$9,350	\$0 FBDE	\$0 FBDE

