


Open Enrollment is from Oct 15 – Dec 7th.

MAOEP January 1st-March 31st

HMO/Medicare Advantage Plan Comparisons – Stanislaus County – January 1, 2026 Final

<div><p>3500 Coffee Road Suite 19 Modesto, CA 95355 209-558-4540</p><p>Appts in Modesto, Ceres, Oakdale, Patterson & Turlock</p></div>	<p>Original Medicare 2026</p> <p>1-800-633-4227</p> <p>Plan Name</p>	<p>Alignment Health Plan 1-888-293-8272 209-663-3105 209-268-8128</p> <p>Virtual Care Center Team (24/7) 833-402-5803</p> <p>Doctors Medical Center, Emanuel Medical Hospitals</p> <p>AllCare</p>			<p>Anthem Blue Cross Prime</p> <p>1-888-230-7338</p> <p>Doctors, Emanuel, Memorial, Oak Valley Hospitals</p> <p>Central Valley Medical Group</p>	<p>Blue Shield of CA</p> <p>1-888-534-4263</p> <p>Doctors, Emanuel, Oak Valley Hospitals</p> <p>AllCare</p>	<p>Central Health Medicare Plan</p> <p>1-888-714-7550</p> <p>Doctors, Emanuel, Memorial, Oak Valley Hospitals</p> <p>Central Valley Medical Group</p>	<p>Original Medicare Pays 80% Deductibles apply, Part A free to most, Part B premium i s 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.</p> <p>Medicare Advantage Plans Provides your Medicare benefits once a "member" pays \$0 to \$85 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 and vendors contracted with the plan.</p> <p>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.</p> <p>Note: Extra help can help pay for all or part of Part D premium and Rx copays thru the Limited Income Subsidy (LIS) Program. The Medicare Part D max out-of-pocket spending for covered Part D drugs is \$2,100</p>
		<p>AllCare Preferred (011)</p>	<p>Smart HMO (040)</p>	<p>Honor+ Plan HMO (052)</p>	<p>Anthem Prime (HMO-POS 005)</p>	<p>Inspire HMO (47)</p>	<p>Classic Care Plan III HMO (023)</p>	
<p>Monthly premium</p>	<p>Part B Premium \$202.90</p>	<p>\$0 + B</p>	<p>\$0 + B Part B \$115 Reduction</p>	<p>\$0+ B</p>	<p>0+B</p>	<p>\$58 + B</p>	<p>\$0 + B</p>	
<p>Hospital coverage First 60 days Day 61-90, Day 91-150</p>	<p>Part A Premium \$565 Deductible \$1,736</p>	<p>\$0 Unlimited Days</p>	<p>\$200 per day 1-5 \$0 days 6-90</p>	<p>\$0 unlimited for Full Duals</p>	<p>\$250 per day 1-5 \$0 days 6-90</p>	<p>\$275 per day 1-5 \$0 days 6 and over</p>	<p>\$195 per day 1-6 \$0 days 7-90</p>	
<p>Physicians/ Specialists</p>	<p>\$283 B Deductible 20% 20%</p>	<p>\$0 \$0</p>	<p>\$0 \$5</p>	<p>\$0 \$0</p>	<p>\$0 \$10</p>	<p>\$0 \$0</p>	<p>\$0 \$25</p>	
<p>Outpatient Hospital and Surgery Center</p>	<p>Varies by service</p>	<p>\$100 \$100</p>	<p>\$200 \$50</p>	<p>\$0 for Full Duals</p>	<p>\$250 \$150</p>	<p>\$300 \$150</p>	<p>\$0 - \$250 \$0 - \$100</p>	
<p>Emergency ambulance Emergency Room copay</p>	<p>20% 20%</p>	<p>\$50* \$75</p>	<p>\$100* \$120*</p>	<p>\$0 for Full Duals</p>	<p>\$250 \$150*</p>	<p>\$285 \$130*</p>	<p>\$0-\$250 \$150</p>	
<p>Durable Med Equip <i>i.e. wheelchair, walker etc.</i></p>	<p>20%</p>	<p>0% for items \$350 or less 20% for items \$350.01 or more</p>	<p>20%</p>	<p>\$0 for Full Duals</p>	<p>20%</p>	<p>20%</p>	<p>0%-20%</p>	
<p>Lab work/ x-rays, Diagnostic Test (like EKG)</p>	<p>20%</p>	<p>\$0 / \$0 / \$0</p>	<p>\$0 / \$0 / \$0</p>	<p>\$0 for Full Duals</p>	<p>\$0-\$10 / \$10 /\$0-50</p>	<p>\$0 / \$0 / \$0</p>	<p>\$0 / \$0 / \$0</p>	
<p>Prescription drugs</p> <p>Tier level = T 1-3 copays T 4-6 not listed</p>	<p>Private Part D 12 Plans (PDP) Plan Premiums \$0 - \$227.80</p>	<p>T1 - \$0 T2 - \$10 T3 - \$40</p>	<p>T1 - \$0 T2 - \$4 T3 - \$45</p>	<p>T1 - \$0 LIS Level for T2 - T3</p>	<p>T1 - \$0 T2 - \$0 T3 – 25% \$110 drug dedu. T3-T5</p>	<p>T1 - \$0 T2 - \$5 T3 - \$35 \$425 drug dedu.</p>	<p>T1 - \$0 T2 - \$0 T3 - 15% \$125 drug dedu. T3-T5</p>	
<p>Skilled Nursing/Rehab</p>	<p>Copay \$0 1-20 \$217 per day 21-100</p>	<p>\$0 days 1-20 \$50 per day 21-100 Rehab \$0</p>	<p>\$20 days 1-20 \$100 per day 21-100</p>	<p>\$0 for Full Duals</p>	<p>\$0 days 1-20 \$218 per day 21-100</p>	<p>\$0 days 1-20 \$200 per day 21-100</p>	<p>\$0 days 1-20 \$209.50 per day 21-100</p>	
<p>Transportation</p>	<p>Not Covered</p>	<p>Yes</p>	<p>No</p>	<p>Yes</p>	<p>N/A</p>	<p>No</p>	<p>Yes</p>	
<p>Dental/Vision/Hearing</p>	<p>Not Covered</p>	<p>Yes/Yes/Yes</p>	<p>Yes/Yes/Yes</p>	<p>Yes/Yes/Yes</p>	<p>Yes/Yes/Yes</p>	<p>Yes/Yes/Yes</p>	<p>Yes/Yes/Yes</p>	
<p>Out-of-pocket (OOP) Annual limit – except Rx</p>	<p>N/A</p>	<p>\$1,999</p>	<p>\$3,999</p>	<p>\$9,250</p>	<p>\$1,200</p>	<p>\$5,300</p>	<p>\$2,999</p>	



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 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/publication/program/website, etc.] [is/was] supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$347,935 with 100 percent funding by ACL/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS, or the U.S. Government."

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	Plan Name	Humana Gold Plus HMO H5619-148	USAA Honor Giveback (HMO H5619-121)	Dynamic (HMO 012)	Senior Advantage Basic Stanis (HMO-041)	Senior Advantage Enhanced Stanis (HMO-040)	SCAN Classic (HMO-069)	Sutter Senior Advantage (HMO 125)
		\$0 + B	\$0 + B Part B \$65 Reduction	\$0 +B Part B \$35 Reduction	\$19 + B	\$85 + B	\$0 + B	\$49 + B
Monthly premium	Part B Premium \$202.90	\$0 + B	\$0 + B Part B \$65 Reduction	\$0 +B Part B \$35 Reduction	\$19 + B	\$85 + B	\$0 + B	\$49 + B
Hospital coverage First 60 days Day 61-90 Day 91-150	Part A Premium \$565 Deductible \$1,736	\$150 per day 1-5 \$0 days 6-90	\$295 days 1-6 \$0 per day 7-90	\$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 (Unlimited Days)	\$350 days 1-6 \$0 days 7-90
Physicians/ Specialists	\$283 B Deductible 20% 20%	\$0 \$0	\$0 \$0	\$0 \$0	\$5 \$15	\$0 \$5	\$0 \$0	\$0 \$10
Outpatient Hospital Surgery Center	Varies by service	\$0 \$0	\$350 \$250	\$100	\$0-\$125 \$215	\$0-\$140 \$140	\$0-\$100 \$0	\$150 \$250
Emergency ground ambulance Emergency Room Copay	20% 20%	\$335 \$150*	\$335 \$130*	\$150* \$125*	\$350 \$130	\$250 \$150	\$95 \$90*	\$250 \$90*
Durable Med Equip <i>i.e. wheelchair, walker etc.</i>	20%	\$0 and/or 15%	\$0 - 20%	20%	0%-20%	0%-20%	\$0 up to \$499 20% over \$500	\$0 up to \$499 20% over \$500
Lab work/ X-rays Diagnostic Test (like EKG)	20%	\$0-\$65 / \$0-\$65 / \$0-\$100	\$0-\$50 / \$0-\$5/ \$0-\$50 or 20%	\$0 / \$0 / \$0	\$0 / \$0 / \$0	\$0 /\$0 /\$0	\$0 / \$0 / \$0	\$0 / \$0 / \$0
Prescription drugs Tier level = T 1-3 copays T-4-6 not listed	Private Part D 12 Plans (PDP) Plan Premiums \$0 - \$227.80	T1 - \$0 T2 - \$5 T3 - \$47 \$615 drug dedu. T4-5	N/A	T1 - \$0 T2 - \$6 T3 - \$45	T1 - \$0 T2 - \$11 T3 - \$47	T1 - \$0 T2 - \$7 T3 - \$47	T1- \$0 T2- \$0 T3 - \$42 \$250 drug dedu.T3-T5	T1 - \$0 T2 - \$0 T3- \$42 \$250 drug dedu. T3-T5
Skilled Nursing/Rehab	Copay \$0 1-20 \$217 21-100 each day	\$20 per day 1-20 \$218 per day 21-100	\$10 per days 1-20 \$218 per day 21-100	\$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 days 21-100	\$0 day 1-20 \$160 days 21-100
Transportation	Not Covered	N/A	N/A	Yes	No	No	Yes	N/A
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
Out-of-pocket (OOP) Annual limit – except Rx	N/A	\$2,900	\$5,250	\$296	\$4,900	\$2,500	\$799	\$2,800



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