

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

 HICAP <small>Health Insurance Counseling and Advocacy Program</small> 3500 Coffee Road Suite 19 Modesto, CA 95355 209-558-4540 <small>Appts in Modesto, Ceres, Oakdale, Patterson & Turlock</small>	Original Medicare 2026 1-800-633-4227	Alignment Health Plan 1-888-293-8272 209-663-3105 209-268-8128			Anthem Blue Cross Prime 1-888-230-7338	Blue Shield of CA 1-888-534-4263	Central Health Medicare Plan 1-888-714-7550	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.	
		Virtual Care Center Team (24/7) 833-402-5803 Doctors Medical Center, Emanuel Medical Hospitals AllCare			Doctors, Emanuel, Memorial, Oak Valley Hospitals Central Valley Medical Group	Doctors, Emanuel, Oak Valley Hospitals AllCare	Doctors, Emanuel, Memorial, Oak Valley Hospitals Central Valley Medical Group		
Plan Name		AllCare Preferred (011)	Smart HMO (040)	Honor+ Plan HMO (052)	Anthem Prime (HMO-POS 005)	Inspire HMO (47)	Classic Care Plan III HMO (023)		
Monthly premium		Part B Premium \$202.90	\$0 + B	\$0 + B Part B \$115 Reduction	\$0+ B	0+B	\$58 + B	\$0 + B	
Hospital coverage <small>First 60 days Day 61-90, Day 91-150</small>		Part A Premium \$565 Deductible \$1,736	\$0 Unlimited Days	\$200 per day 1-5 \$0 days 6-90	\$0 unlimited for Full Duals	\$250 per day 1-5 \$0 days 6-90	\$275 per day 1-5 \$0 days 6 and over	\$195 per day 1-6 \$0 days 7-90	
Physicians/ Specialists		\$283 B Deductible 20% 20%	\$0 \$0	\$0 \$5	\$0 \$0	\$0 \$10	\$0 \$0	\$0 \$25	
Outpatient Hospital and Surgery Center		Varies by service	\$100 \$100	\$200 \$50	\$0 for Full Duals	\$250 \$150	\$300 \$150	\$0 - \$250 \$0 - \$100	
Emergency ambulance Emergency Room copay		20% 20%	\$50* \$75	\$100* \$120*	\$0 for Full Duals	\$250 \$150*	\$285 \$130*	\$0-\$250 \$150	
Durable Med Equip <small>i.e. wheelchair, walker etc.</small>		20%	0% for items \$350 or less 20% for items \$350.01 or more	20%	\$0 for Full Duals	20%	20%	0%-20%	
Lab work/ x-rays, Diagnostic Test (like EKG)		20%	\$0 / \$0 / \$0	\$0 / \$0 / \$0	\$0 for Full Duals	\$0-\$10 / \$10 / \$0-50	\$0 / \$0 / \$0	\$0 / \$0 / \$0	
Prescription drugs		Private Part D 12 Plans (PDP) Plan Premiums \$0 - \$227.80	T1 - \$0 T2 - \$10 T3 - \$40	T1 - \$0 T2 - \$4 T3 - \$45	LIS Level for T2 - T3	T1 - \$0 T2 - \$0 T3 - 25% \$110 drug dedu. T3-T5	T1 - \$0 T2 - \$5 T3 - \$35 \$425 drug dedu.	T1 - \$0 T2 - \$0 T3 - 15% \$125 drug dedu. T3-T5	
Skilled Nursing/Rehab		Copay \$0 1-20 \$217 per day 21-100	\$0 days 1-20 \$50 per day 21-100 Rehab \$0	\$20 days 1-20 \$100 per day 21-100	\$0 for Full Duals	\$0 days 1-20 \$218 per day 21-100	\$0 days 1-20 \$200 per day 21-100	\$0 days 1-20 \$209.50 per day 21-100	
Transportation		Not Covered	Yes	No	Yes	N/A	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	
Out-of-pocket (OOP) Annual limit – except Rx		N/A	\$1,999	\$3,999	\$9,250	\$1,200	\$5,300	\$2,999	



Annual Election Period is from Oct 15 – Dec 7th

MAOEP January 1st-March 31st

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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)	
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 <small>Tier level = T 1-3 copays T-4-6 not listed</small>		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 - \$42 \$250 drug dedu. T3-T5	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 days 1-20 \$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) <small>Annual limit – except Rx</small>		N/A	\$2,900	\$5,250	\$296	\$4,900	\$2,500	\$799	\$2,800	

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."