

PPO MA Comparisons (designed for Veterans with VA rx) – Stanislaus County – January 1, 2026 Final



3500 Coffee Road
Suite 19
Modesto, CA 95355

209-558-4540

Original Medicare

2026

1-800-633-4227

Plan Name

Alignment Health Plan

1-888-979-2247
209-663-3105
209-268-8128

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 Health

Only In Network Costs listed.

		My Choice PPO (001)	Freedom (003)	Balance PPO (006)
Monthly premium	Part B Premium \$202.90	\$77	\$0 for full Dual	\$41+B
Hospital coverage First 60 days Day 61-90/Day 91-150	Part A Premium \$565 Deductible \$1,736	\$150 1-5 days \$0 days 6-90	\$0 for full Dual In-Network 20%	\$75 per days 1-3 \$0 4-90
Physicians Specialists	\$283 B Deductible 20% 20%	\$5 \$35	\$0 for full Dual	\$0 \$0
Outpatient Hospital Surgical Center	Varies by service	\$195 \$0	\$0 for full Dual	\$200 \$100
Emergency Ambulance Emergency Room	20% 20%	\$250 \$85	\$0 for full Dual	\$100* \$75
Durable Med Equip i.e. wheelchair, walker etc.	20%	0% for items \$350 or less 20% for items \$350 or more	\$0 for full Dual	0% for items \$350 or less 20% for items \$350.01 or more
Lab work/ x-rays-Tests/ Diagnostic Test	20%	\$0 / \$15 /\$0	\$0 for full Dual	\$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 \$40	\$0/LIS Copay T 2-3 for Full Dual	T1 \$0 T2 \$3 T3 \$40
Skilled Nursing Rehabilitation	Copay \$0 1-20 \$217 per days 21-100	\$0 per days 1-20 \$160 per day 21-51 \$0 per day 52-100 \$0 Rehab	\$0 for full Dual	\$0 per days 1-20 \$50 per days 21-100 \$0 Rehab
Transportation	Not Covered	No	Yes	Yes
Dental/Vision/Hearing	Not Covered	Yes/Yes/No	Yes/Yes/Yes	Yes/Yes/No
Out of pocket (OOP) Annual limit – except Rx	N/A	\$4,200	\$8,500	\$2,850

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 \$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.

**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
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