


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

<div><p>3500 Coffee Road Suite 19 Modesto, CA 95355</p><p>209-558-4540</p></div>	<p>Original Medicare</p> <p>2026</p> <p>1-800-633-4227</p> <p>Plan Name</p>	<p>Alignment Health Plan</p> <p>1-888-979-2247 209-663-3105 209-268-8128</p> <p>Balance/Freedom PPO: Doctors Medical Center of Modesto & Emanuel Medical Center & Alignment Health Plan Direct Network</p> <p>My Choice PPO: Memorial Medical Center & Oak Valley District Hospital & Sutter Health</p> <p>Only In Network Costs listed.</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>My Choice PPO (001)</p>	<p>Freedom (003)</p>	<p>Balance PPO (006)</p>		
	<p>Monthly premium</p>	<p>Part B Premium \$202.90</p>	<p>\$77</p>	<p>\$0 for full Dual</p>		<p>\$41+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>\$150 1-5 days \$0 days 6-90</p>	<p>\$0 for full Dual In-Network 20%</p>		<p>\$75 per days 1-3 \$0 4-90</p>
<p>Physicians Specialists</p>	<p>\$283 B Deductible 20% 20%</p>	<p>\$5 \$35</p>	<p>\$0 for full Dual</p>	<p>\$0 \$0</p>		
<p>Outpatient Hospital Surgical Center</p>	<p>Varies by service</p>	<p>\$195 \$0</p>	<p>\$0 for full Dual</p>	<p>\$200 \$100</p>		
<p>Emergency Ambulance Emergency Room</p>	<p>20% 20%</p>	<p>\$250 \$85</p>	<p>\$0 for full Dual</p>	<p>\$100* \$75</p>		
<p>Durable Med Equip i.e. wheelchair, walker etc.</p>	<p>20%</p>	<p>0% for items \$350 or less 20% for items \$350 or more</p>	<p>\$0 for full Dual</p>	<p>0% for items \$350 or less 20% for items \$350.01 or more</p>		
<p>Lab work/ x-rays-Tests/ Diagnostic Test</p>	<p>20%</p>	<p>\$0 / \$15 /\$0</p>	<p>\$0 for full Dual</p>	<p>\$0/ \$0 /\$0</p>		
<p>Prescription drugs 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 \$5 T3 \$40</p>	<p>\$0/LIS Copay T 2-3 for Full Dual</p>	<p>T1 \$0 T2 \$3 T3 \$40</p>		
<p>Skilled Nursing Rehabilitation</p>	<p>Copay \$0 1-20 \$217 per days 21-100</p>	<p>\$0 per days 1-20 \$160 per day 21-51 \$0 per day 52-100 \$0 Rehab</p>	<p>\$0 for full Dual</p>	<p>\$0 per days 1-20 \$50 per days 21-100 \$0 Rehab</p>		
<p>Transportation</p>	<p>Not Covered</p>	<p>No</p>	<p>Yes</p>	<p>Yes</p>		
<p>Dental/Vision/Hearing</p>	<p>Not Covered</p>	<p>Yes/Yes/No</p>	<p>Yes/Yes/Yes</p>	<p>Yes/Yes/No</p>		
<p>Out of pocket (OOP) Annual limit – except Rx</p>	<p>N/A</p>	<p>\$4,200</p>	<p>\$8,500</p>	<p>\$2,850</p>		



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 unbiased, 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." D-SNP-Dual Eligible full Medi-Cal, C-SNP- Chronic health conditions. PPO-Preferred Provider Organization. Ask HICAP about Extra Help Programs!! ASK A HICAP COUNSELOR FOR HELP In understanding your MEDICARE Options. "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."