


PPO, Pace and MA Comparisons (designed for Veterans with VA rx) – Stanislaus County – January 1, 2023

 3500 Coffee Road Suite 19 Modesto, CA 95355 209-558-4540	Original Medicare	AARP UnitedHealthcare Medicare Complete	Aetna Medicare 1-800-282-5366	Alignment Health Plan		Alignment Health Plan	Humana	Wellcare by Health Net	CentralValley PACE	WelbeHealth PACE
	2022 Medicare 1-800-633-4227	1-800-547-5514 Only In Network Costs listed	Only In Network Costs listed	Only In Network Costs listed		1-888-979-2247 209-663-3105 209-268-8128	1-888-979-2247 209-663-3105 209-268-8128 Doctors, Emmanuel AllCare Network	1-800-833-2364 Doctors Hospital Emmanuel Hospital Allcare Network, CVMG Network	1-800-275-4737 Doctors, Oak Valley, Stanislaus Surgical Hospital, Memorial Medical	(209)724-6000 Program for All-Inclusive Care for the Elderly
Plan Name	AARP Medicare Advantage Choice PPO	Aetna Medicare Elite Plan PPO	Balance PPO (006) (In Network)	My Choice PPO (001) (Sutter)	CalPlus+ Veterans (036)	Humana Honor HMO H5619-121	Wellcare Patriot Giveback HMO	Central Valley Stanislaus County	WelbeHealth serves most zip codes in Stanislaus County	
Monthly premium	Part B \$164.90	\$43 +B	\$0 +B	\$0 +B	\$79 +B	\$0 + B	\$0 + B	\$0 +B \$25 month Part B giveback	\$0 (FBDE) SOC	\$0 (FBDE) SOC
Hospital coverage First 60 days Day 61-90 Day 91-150	Part A Premium \$506 Deductible \$1600	\$300 per days 1-5 \$0 6-90	\$325 per days 1-4 \$0 5-90	\$0	\$150 per days 1-5 \$0 6-90	\$1556 days 1-60	\$295 per day 1-6 \$0 7-90	\$200 per days 1-5 \$0 6-90	\$0 for Full Duals Contact Plan	\$0 for Full Duals Contact Plan
Physicians Specialists	20% \$226 B deductible	\$0 \$35	\$0 \$25 \$750 deductible	\$0 \$0	\$5 \$35	\$0 \$0	\$0/\$0	\$5 \$10	\$0 for Full Duals Contact Plan	\$0 for Full Duals Contact Plan
Outpatient Hospital services/surgery	Varies by service	\$275	\$0- \$295	\$50/\$0	\$195/\$0	\$0/\$0	\$150	\$200	\$0 for Full Duals Contact Plan	\$0 for Full Duals Contact Plan
Emergency ambulance Emergency Room	20% 20%	\$250 \$90	\$285 \$110	\$100* \$75	\$250* \$85	20% 20%	\$265/\$90	\$125 \$110	\$0 for Full Duals Contact Plan	\$0 for Full Duals Contact Plan
Durable Med Equip <i>i.e. wheelchair, walker etc.</i>	20%	20%	20%	0% \$0-\$350 20% -\$351	0% \$0-\$350 20% -\$351	20%	20%	20%	\$0 for Full Duals Contact Plan	\$0 for Full Duals Contact Plan
Lab work/ x-rays, Tests	20%	\$0, \$15 \$3-\$105	\$0, \$0, \$0- \$200	\$0, \$0, \$0	\$0, \$15, \$150	\$0/\$0 20%	\$0	\$0	\$0 for Full Duals Contact Plan	\$0 for Full Duals Contact Plan
Prescription drugs Tier level = T 1-3 copays T 4-6 not listed	Private Part D 23 Plans (PDP)	T1 \$0 T2 \$10 T3 \$47 T1 GAP	T1 \$0 T2 \$0 T3 \$47	T1 \$0 T2 \$3 T3 \$40	T1 \$0 T2 \$5 T3 \$40	T1 \$0 T2 \$20 T3 25% Deductible \$505	Not Covered	None	\$0 for Full Duals Contact Plan	\$0 for Full Duals Contact Plan
Skilled Nursing/Rehab	Copay \$0 1-20 \$200 per days 21-100	\$0 per days 1-20 \$196 21-56	\$0 per days 1-20 \$196 21-100	\$0 per days 1-20 \$50 21-100	\$0 per days 1-20 \$160 21-51	\$0 per days 1-20 \$194.50 21-100	\$0 per days 1-20 \$178 21-100	\$0 days 1-20 \$75 21-80	\$0 for Full Duals Contact Plan	\$0 for Full Duals Contact Plan
Transportation	Not Covered	No	No	Yes	No	Yes	No	No	yes	yes
Dental/Vision/Hearing	Not Covered	Yes/Yes/Yes	Yes/Yes/Yes	No/Yes/No	No/Yes/No	Yes/Yes/Yes	Yes/Yes/Yes	Buy up/ Yes	Yes/Yes	Yes/Yes
Out of pocket (OOP) Annual limit – except Rx	N/A	\$5900	\$5500	\$2850	\$4200	\$5900	\$4999	\$3400	\$0 FBDE	\$0 FBDE



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 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 was supported, in part by grant number 90SAPG0052-03-00 from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration for Community Living policy.