


Open Enrollment is from Oct 15 – Dec 7th.

MAOEP January 1st-March 31st

HMO/Medicare Advantage Plan Comparisons – Stanislaus County – January 1, 2025

<div><p><b>3500 Coffee Road Suite 19 Modesto, CA 95355 209-558-4540</b></p><p>Appts in Modesto, Ceres, Oakdale, Patterson &amp; Turlock</p></div>	<b>Original Medicare  2025</b>  <b>1-800-633-4227</b>	<b>AARP Medicare Advantage United Healthcare HMO</b>  <b>1-800-547-5514 209-595-9891</b>  <b>Memorial Hospital</b>  <b>Sutter, AllCare</b>		<b>AARP Medicare Advantage United Healthcare HMO</b>  <b>1-800-547-5514</b>  <b>Memorial, Doctors, Emmanuel Hospitals</b>  <b>AllCare</b>	<b>Alignment Health Plan 1-888-979-2247 209-663-3105 209-929-8525</b> <b>Virtual Care Center Team (24/7) 833-402- 5803</b> <b>Doctors Medical Center, Emanuel Medical Hospitals</b>  <b>AllCare</b>			<b>Blue Shield of CA</b>  <b>1-800-776-4466</b>  <b>Doctors, Emanuel, Memorial Hospitals</b>  <b>AllCare, Sutter</b>	<b>Central Health Medicare Plan</b>  <b>1-888-714-7550</b>  <b>Doctors, Emanuel, Memorial Hospitals</b>  <b>Central Valley Medical Group</b>
	<b>Plan Name</b>	<b>UHC CA- 0006 (HMO POS)</b>	<b>UHC CA- 0011 (HMO POS)</b>	<b>UHC CA- 011P (HMO POS)</b>	<b>AllCare Preferred (011)</b>	<b>Smart HMO (040)</b>	<b>My Choice CalPlus (007)</b>	<b>Inspire HMO</b>	<b>Classic Care Plan II</b>
Monthly premium	Part B \$185	\$97 + B	\$16 + B	0+B	\$0 + B	\$0 + B \$115 Rebate	\$0+ B	\$38 + B	\$0 + B
<b>Hospital coverage</b> First 60 days Day 61-90, Day 91-150	Part A Premium \$518 Deductible \$1,676	\$200 per day 1- 6 \$0 Unlimited days	\$375 per day 1-6 \$0 Unlimited	\$420 per day 1-6 \$0 Unlimited	\$0 Unlimited Days	\$200 per day 1-5 \$0 6-90	\$0 Per day 1-4 \$100 5-10 \$0 11-90	\$190 per day 1-5 \$0 days 6- unlimited	\$150 per day 1-6 \$0 days 7-90
<b>Physicians/ Specialists</b>	\$257 B Deductible 20% 20%	\$0 \$5	\$0 \$15	\$0 \$0	\$0 \$0	\$0 \$5	\$0 \$0	\$0 \$0	\$0 \$10
<b>Outpatient Hospital and Surgery Center</b>	Varies by service	\$200	\$375	\$420	\$0 \$0	\$200 \$50	\$200 \$100	\$300 \$0 observation	\$0-\$250
<b>Emergency ambulance Emergency Room copay</b>	20% 20%	\$290 \$140	\$290 \$140	\$120 \$140	\$50* \$75	\$100* \$120*	\$175* \$85*	\$275 \$125	\$0-\$250 \$0-\$140
<b>Durable Med Equip</b> <i>i.e. wheelchair, walker etc.</i>	20%	20%	20%	20%	0%- 20%	20%	20%	20% coinsurance	\$0-20%
<b>Lab work/ x-rays, Diagnostic Test (like MRI)</b>	20%	\$0/ \$25 \$0-\$150	\$0/ \$15 \$0-\$55	\$0/ \$15 \$0-\$90	\$0/ \$0 \$0	\$0/ \$0 \$0	\$0/\$0 \$0	\$0/\$0 \$45	\$0/\$0 \$0-\$200
<b>Prescription drugs</b>  Tier level = T 1-3 copays T 4-6 not listed	Private Part D 16 Plans (PDP) Plan Premiums \$1.80-\$183.50	T1 \$0 T2 \$12 T3 \$47	T1 \$0 T2 \$12 T3 \$47	T1 \$0 T2 \$12 T3 \$47	T-1 \$0 T-2 \$10 T-3 \$40	T-1 \$0 T-2 \$3 T-3 \$45	T-1 \$0 T-2 \$3 T-3 \$40	T1-\$0 T2-\$10 T3 -\$40	T1 \$0 T2 \$0 T3 \$35
<b>Skilled Nursing/Rehab</b>	Copay \$0 1-20 \$209.50 21-100	\$0 Days 1-100	\$0 Days 1-20 \$203 per day 21-100	\$0 Days 1-20 \$203 per day 21-100	\$0 Days 1-20 \$50 per day 21-100	\$20 Days 1-20 \$100 per day 21-100	\$0 Days 1-20 \$50 per day 21-100	\$0 per day 1-20 \$200 per day 21-100	\$0 Days 1-20 \$204 per day 21-100
<b>Transportation</b>	Not Covered	No	No	No	Yes	No	Yes	No	Yes
<b>Dental/Vision/Hearing</b>	Not Covered	Yes/Yes/Yes	Yes/Yes/Yes	Yes/Yes/Yes	Yes/Yes/Yes	Yes/Yes/Yes	Yes/Yes/Yes	Yes/Yes/Yes	Yes/Yes/Yes
<b>Out-of-pocket (OOP)</b> Annual limit – except Rx	<b>N/A</b>	\$2,900	\$3,800	\$2,900	\$1,999	\$3,999	\$3,499	\$5,700	\$2,499



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 was supported, in part by grant number 90SAPG0094-01-00 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."

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 \$131 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 Part D premium and Rx copays thru the Limited Income Subsidy (LIS) Program. The Coverage Gap for Rx coverage starts at \$2,000 for some MA plans to provide limited coverage during the GAP.


HMO/Medicare Advantage Plan Comparisons-Stanislaus County-January 1, 2025

<div> <b>3500 Coffee Road Suite 19 Modesto, CA 95355 209-558-4540</b>  Appts in Modesto, Ceres, Oakdale, Patterson &amp; Turlock</div>	Original Medicare  2025  1-800-633-4227	Humana  1-800-833-2364 209-281-1442  Doctors, Emanuel Hospitals  AllCare, Central Valley Medical Group	Imperial Health Plan  Sales-1-800-838-5914 Member Services 1-800-838-8271 Provider Services 1-800-708-7903  Memorial, Oak Valley, Emanuel, Doctor Hospitals  AllCare	Kaiser Permanente Senior Advantage  1-888-448-9400  209-518-8190  Kaiser Permanente Medical Center		SCAN Health Plan  1- 916-207-8922  Doctors, Emanuel, Memorial Hospitals  Central Valley Medical Group	WellCare By Health Net  1-800-275-4373  Doctors, Oak Valley, Emanuel, Memorial Hospitals  Sutter, AllCare	Anthem Blue Cross Prime  1-833-668-2201  Doctors, Emanuel, Memorial Hospitals  Central Valley Medical Group
	Plan Name	Humana Gold Plus HMO H5619-148	Dynamic	Senior Advantage Basic HMO	Senior Advantage Enhanced HMO	SCAN Classic	WellCare Simple Ruby	Anthem Prime 005 (HMO-POS)
Monthly premium	Part B \$185	\$0 + B	\$0 +B \$60 Rebate	\$0 + B \$5 B Reduction	\$65 + B	\$0 + B	\$0 + B \$50 deductible	0+B
<b>Hospital coverage</b> First 60 days Day 61-90 Day 91-150	Part A Premium \$518 Deductible \$1,676	\$150 per day 1-5 \$0 days 6-90	\$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 per day 1-4 \$75 per day 5- 10 \$0 days 11-90	\$425 per day 1-5 \$0 days 6-90	\$250 per day 1-5 \$0 per day 6-90
<b>Physicians/ Specialists</b>	\$257 B Deductible 20% 20%	\$0 \$0	\$0 \$0	\$5 \$10	\$0 \$5	\$0 \$0	\$0 \$0	\$0 \$10
<b>Outpatient Hospital Surgery Center</b>	Varies by service	\$100 \$0	\$100	\$165	\$110	\$100 \$0	\$300 \$300	\$0-\$250
<b>Emergency ground ambulance Emergency Room Copay</b>	20% 20%	\$300 \$125	\$150 \$125*	\$300 \$125	\$250 \$140	\$95 \$90	\$300 \$140	\$250 \$90
<b>Durable Med Equip</b> <i>i.e. wheelchair, walker etc.</i>	20%	20%	20%	20%	20%	\$0 up to \$499 20% over \$500	20%	\$0-20%
<b>Lab work/ X-rays Diagnostic Test (like MRI)</b>	20%	\$0-\$10/\$0-\$50 \$0-\$150	\$0	\$0	\$0	\$0, \$0	\$0/\$0 \$0-\$50	\$0-\$10/ \$10 \$10-\$150
<b>Prescription drugs</b> Tier level = T 1-3 copays T-4-6 not listed	Private Part D 16 Plans (PDP) Plan Premiums \$1.80-\$183.50	T1- \$0 T2 - \$5 T3 - \$40	T1 - \$0 T2 - \$6 T3 - \$45	T1 - \$0 T2 - \$12 T3 - \$47	T1 - \$0 T2 - \$5 T3 - \$47	T1- \$0 T2- \$0 T3- \$45	T1- \$0 T2- \$0 T3 - 25% T3-T5 \$420 ded.applies	T1 - \$0 T2 - \$7 T3 – 20%
<b>Skilled Nursing/Rehab</b>	Copay \$0 1-20 \$ 209.50 21-100 each day	\$20 day 1-20 \$203 per day 21-44 \$0 per day 45-100	\$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 per day 21-100	\$0 days 1-20 \$214 per day 21-40 \$0 41-100	\$0 days 1-20 \$188 day 21-100
<b>Transportation</b>	Not Covered	Yes	Yes	No	No	Yes	N/A	N/A
<b>Dental/Vision/Hearing</b>	Not Covered	Yes/Yes/Yes	Yes/Yes/Yes	Yes/Yes/Yes Optional	Yes/Yes/Yes Optional	Yes/Yes/Yes	Yes/Yes/Yes	No/Yes/No
<b>Out-of-pocket (OOP) Annual limit – except Rx</b>	<b>N/A</b>	\$2,900	\$297	\$4,900	\$2,500	\$1,200	\$4,150	\$1,200

Open Enrollment is from Oct 15 – Dec 7<sup>th</sup>  
MAOEP January 1<sup>st</sup> - March 31<sup>st</sup>


Special Needs Plans C-SNP, D-SNP & PACE Comparisons – Stanislaus County – January 1, 2025

 3500 Coffee Road Suite 19 Modesto, CA 95355  209-558-4540	Original Medicare  2025 Medicare  1-800-633-4227  Plan Name	Alignment Health Plan 1-888-979-2247 209-663-3105 209-268-8128  Doctors, Emanuel Medical Center  AllCare				Central Health Embrace Care Plan 1- 888-531-8818  Doctors, Emanuel, Memorial hospitals  Central Valley Medical Group, Hill Physicians	SCAN Health Plan  1-916-207-8922  Doctors, Emmanuel hospitals  Central Valley Medical Group	
		Heart & Diabetes Care HMO C-SNP (048)	Heart & Diabetes CalPlus HMO C-SNP (039)	BreathEasy HMO C-SNP (041)	Clarity HMO C-SNP (042)	Embrace HMO C-SNP (025-2)	SCAN Balance HMO C-SNP (070)	SCAN Strive HMO C-SNP (098)
Monthly premium	Part B \$185	\$0 + B	\$29.70 + B \$0 with Extra help	\$0 for full duals	\$0 for full duals	\$0 + B	\$0 + B	\$25.90 + B \$257 health deductible \$0 for full duals
<b>Hospital coverage</b> First 60 days Day 61-90 Day 91-150	Part A Premium \$518 Deductible \$1,676	\$0	\$0 days 1-60 \$400 days 61-90 Deductible \$1600	\$0 for full duals	\$0 for full duals	\$0 days 1-5 \$200 days 6-9 \$35 days 10-90	\$0 per days 1-4 \$75 5-10 \$0 11-90	\$1,676 ded. For days 1-60 \$419 copay days 61-90
<b>Physicians Specialists</b>	\$257 B Deductible 20% 20%	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0
<b>Outpatient Hospital services/surgery</b>	varies by service	\$0/ \$0	20%	\$0 for full duals	\$0 for full duals	\$0-\$150	\$0-\$100	20% of total cost
<b>Emergency ambulance Emergency Room copay</b>	20% 20%	\$100* \$70*	20%	\$0 for full duals	\$0 for full duals	\$0-\$200 \$0-\$140	\$100 \$90* copay per visit	20% total cost (up to \$110 within U.S.)
<b>Durable Med Equip</b> <i>i.e. wheelchair, walker etc.</i>	20%	\$0 (\$500 or less) - 20% (500+)	20%	\$0 for full duals	\$0 for full duals	20%	\$0 - \$99 20% - of \$100 or more	\$0- \$99 20% - of \$100 or more
Lab work/ x-rays, Tests (like MRI)	20%	\$0/ \$0	20%	\$0 for full duals	\$0 for full duals	\$0/ \$0/ \$0-\$100	\$0/ \$0/ \$0-\$100	\$0/ 20%/ 20%
<b>Prescription drugs</b> Tier level = T 1-3 copays T 4-6 not listed	Private Part D 16 Plans (PDP) Plan Premiums \$1.80 - \$183.50	T1 \$0 T2 \$5 T3 \$30	T1 25% \$0 copay based on Extra Help	25% Medicare Defined of cost \$0 full duals	25%Medicare Defined of cost \$0 full duals	T1 \$0 T2 \$9 T3 \$47	T1 \$0 T2 \$0 T3 \$42	T1 \$0 T2 \$0 T3 24%
<b>Skilled Nursing/Rehab</b>	Copay \$0 1-20 \$209.50 21-100	\$0 days 1-31 \$50 32-100	\$0 days 1-20 \$209.50 21-100	\$0 for full duals	\$0 for full duals	\$0 Days 1-20 \$209.50 21-100	\$0 days 1-20 \$50 copay days 21-100	\$0 days 1-20 \$209.50 copay days 21-100
<b>Transportation</b>	Not Covered	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>Dental/Vision/Hearing</b>	Not Covered	Yes/Yes/Yes	Yes/ Yes/ Yes	Yes/ Yes/ Yes	Yes/ Yes/ Yes	Yes/Yes/Yes	Yes/Yes/Yes	Yes/Yes/Yes
<b>Out of pocket</b> (OOP) except Rx	<b>N/A</b>	\$990	\$7,350	\$8,850	\$8,850	\$2,750	\$1,200 or \$0 OOP (FBDE)	\$9,350 or \$0 OOP (FBDE)

<div><p>3500 Coffee Road Suite 19 Modesto, CA 95355</p><p><b>209-558-4540</b></p></div>	<div>Original Medicare</div> <div>2025 Medicare</div> <div>1-800-633-4227</div> <div>Plan Name</div>	<div>Humana</div> <div>1-800-833-2364</div> <div>Doctors Hospital</div> <div>AllCare, Central Valley Medical Group</div> <div>Gold Plus SNP DE H5619-038 HMO D- SNP \$0 SOC Medi-Cal</div>	<div>Imperial Health Plan</div> <div>1-800-838-5914 1-800-838-8271</div> <div>Emanuel, Doctors Hospital</div> <div>AllCare</div> <div>Imperial Dual Plan HMO D-SNP (011)</div>	<div>Kaiser Permanente Senior Advantage</div> <div>1-888-448-9400 209-518- 8190</div> <div>Kaiser Permanente Medical Center</div> <div>Senior Advantage Medicare/Medi-Cal Plan</div>	<div>WellCare By Health Net</div> <div>1-800-431-9007</div> <div>Doctors Hospital</div> <div>Allcare, Hill Physicians</div> <div>Wellcare Dual Liberty Amber HMO D-SNP \$0 SOC Medi-Cal</div>	<div>Central Valley PACE</div> <div>(209)724-6000</div> <div>Program for All-Inclusive Care for the Elderly</div> <div>Central Valley Stanislaus County</div>	<div>WelbeHealth PACE</div> <div>209-442-6077</div> <div>Program for All-Inclusive Care for the Elderly</div> <div>WelbeHealth serves most zip codes in Stanislaus County</div>
Monthly premium	Part B \$185	\$0 if Full Dual	\$0	\$0 if Full Dual	\$0	\$0 (FBDE) SOC	\$0 (FBDE) SOC
<b>Hospital coverage</b> First 60 days Day 61-90 Day 91-150	Part A Premium \$518 Deductible \$1,676	\$0 if Full Dual	\$0 days 1-90	\$0 if Full Dual	\$0	\$0 for Full Duals Contact Plan	\$0 for Full Duals Contact Plan
<b>Physicians Specialists</b>	\$257 B Deductible 20% 20%	\$0 if Full Dual	\$0	\$0 if Full Dual	\$0	\$0 for Full Duals Contact Plan	\$0 for Full Duals Contact Plan
<b>Outpatient Hospital services/surgery</b>	varies by service	\$0 if Full Dual	\$100	\$0 if Full Dual	\$0	\$0 for Full Duals Contact Plan	\$0 for Full Duals Contact Plan
<b>Emergency ambulance Emergency Room Copay</b>	20% 20%	\$0 if Full Dual	\$150 * \$125*	\$0 if Full Dual	\$0	\$0 for Full Duals Contact Plan	\$0 for Full Duals Contact Plan
<b>Durable Med Equip</b> <i>i.e. wheelchair, walker etc.</i>	20%	\$0 if Full Dual	20%	\$0 if Full Dual	\$0	\$0 for Full Duals Contact Plan	\$0 for Full Duals Contact Plan
<b>Lab work/ x-rays, Tests (like MRI)</b>	20%	\$0 if Full Dual	\$0	\$0 if Full Dual	\$0	\$0 for Full Duals Contact Plan	\$0 for Full Duals Contact Plan
<b>Prescription drugs</b> Tier level = T 1-3 copays T 4-6 not listed	Private Part D 16 Plans (PDP) Plan Premiums \$1.80 - \$183.50	LIS Amounts	T1 \$0 T2 \$3 T3 \$45	LIS Status	\$0	\$0 for Full Duals Contact Plan	\$0 for Full Duals Contact Plan
<b>Skilled Nursing/Rehab</b>	Copay \$0 1-20 \$209.50 21-100	\$0 if Full Dual	\$0 days 1-20	\$0 if Full Dual	\$0	\$0 for Full Duals Contact Plan	\$0 for Full Duals Contact Plan
<b>Transportation</b>	Not Covered	Yes	Yes	Yes	Yes	Yes	Yes
<b>Dental/Vision/Hearing</b>	Not Covered	Yes/ Yes/ Yes	Yes/ Yes/ Yes	Yes/Yes/yes	Yes/ Yes/ Yes	Yes/Yes	Yes/Yes
<b>Out of pocket (OOP) Annual limit – except Rx</b>	<b>N/A</b>	\$0 OOP (FBDE)	\$297	\$0 OOP (FBDE) or \$9,350	\$0 OOP (FBDE) or \$9,350	\$0 FBDE	\$0 FBDE



PPO MA Comparisons (designed for Veterans with VA rx) – Stanislaus County – January 1, 2025

  3500 Coffee Road Suite 19 Modesto, CA 95355  209-558-4540	Original Medicare	Alignment Health Plan			Humana	Humana
	2025	1-888-979-2247 209-663-3105 209-929-8525			1-800-833-2364	1-800-833-2364
	1-800-633-4227	Balance/Freedom PPO: Doctors Medical Center of Modesto & Emanuel Medical Center & Alignment Health Plan Direct Network			Doctors Hospital Emmanuel Hospital	Doctors Hospital Emmanuel Hospital
Plan Name		My Choice PPO: Memorial Medical Center & Oak Valley District Hospital & Sutter Gould Medical Foundation			Allcare, Central Valley Medical Group	Allcare, Central Valley Medical Group
		Only In Network Costs listed.			Only In Network Costs listed	Only In Network Costs listed.
Monthly premium	Part B \$185	Balance PPO (006)	Freedom (003)	My Choice PPO (001)	Humana Choice H5525-080-000	Humana USAA Honor (PPO) H5525-079-0
		\$41 +B	\$23.10 +B	\$89 +B	\$31 + B	\$0 + B \$55 Part B Reduction
Hospital coverage First 60 days Day 61-90/Day 91-150	Part A Premium \$518 Deductible \$1,676	\$75 per day 1-3 \$0 4-90	\$1,632 per days 1-60 \$480 per days 61-90	\$150 per days 1-5 \$0 6-90	\$320 per days 1-5 \$0 6 - 90 \$0 91 and beyond	\$300 per days 1-5 \$0 6-90 \$0 91 and beyond
Physicians Specialists	\$257 B Deductible 20%	\$0 \$0	20% 20%	\$5 \$35	\$0 \$35	\$0 \$55
utpatient Hospital services/surgery	Varies by service	\$200/ \$100	20%	\$195/\$0	\$0 - \$320	\$0-\$385
mergency ambulance Emergency Room	20% 20%	\$100* \$75	20% 20%	\$250* \$85	\$300 \$315	\$315 \$125
Durable Med Equip <i>i.e. wheelchair, walker etc.</i>	20%	\$0-20%	20%	0 - 20%	20%	10%-20%
Lab work/ x-rays-Tests/ Diagnostic Test	20%	\$0/ \$0/ \$0	20%/ 20%/ 20%	\$0/ \$15/ \$150	\$0/ \$0-90/ \$0-\$325	\$0/ \$0-\$55/ \$0-\$385
Prescription drugs Tier level = T 1-3 copays T 4-6 not listed	Private Part D 16 Plans (PDP) Plan Premiums \$1.80 - \$183.50	T1 \$0 T2 \$3 T3 \$40	25% coinsurance	T1 \$0 T2 \$5 T3 \$40	T1 \$0 T2 \$8 T3 \$47	Not Covered
Skilled Nursing/Rehab	Copay \$0 1-20 \$ 209.50 21-100	\$0 per days 1-20 \$50 21-100	20%	\$0 per days 1-20 \$160 21-51 \$0 52-100	\$10 per days 1-20 \$203- 21-49 \$0 50-100	\$10 per days 1-20 \$214 21-50 \$0 51-100
Transportation	Not Covered	Yes	Yes	No	No	No
Dental/Vision/Hearing	Not Covered	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	\$2,850	\$7,800	\$4,200	\$5,900	\$6,500

