


**PPO MA Comparisons (designed for Veterans with VA rx) – Stanislaus County – January 1, 2024**

  3500 Coffee Road Suite 19 Modesto, CA 95355  209-558-4540	Original Medicare  2024  1-800-633-4227  Plan Name	Alignment Health Plan		Humana	Humana	
		Balance 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 Gould Medical Foundation		1-888-979-2247 209-663-3105 209-268-8128	1-800-833-2364  Doctors Hospital Emmanuel Hospital  Allcare, CVMG  Only In Network Costs listed	1-800-833-2364  Doctors Hospital Emmanuel Hospital  Allcare, CVMG  Only In Network Costs listed.
		Only In Network Costs listed		HumanaChoice H5525-080-000	Humana USAA Honor (HMO) H5525-079-0	
		Balance PPO (006)	My Choice PPO (001)			
Monthly premium	Part B \$174.70	\$0 +B	\$79 +B	\$46 + B	\$0 + B \$75 Part B Reduction	
Hospital coverage First 60 days Day 61-90/Day 91-150	Part A Premium \$505 Deductible \$1632	\$0	\$150 per days 1-5 \$0 6-90	\$295 per days 1-6 \$0 7-90	\$385 per days 1-5 \$0 6-90	
Physicians Specialists	\$240 B Deductible 20%	\$0 \$0	\$5 \$35	\$0 \$25	\$0 \$0	
Outpatient Hospital services/surgery	Varies by service	\$50/\$0	\$195/\$0	\$150	\$150	
Emergency ambulance Emergency Room	20% 20%	\$100* \$75	\$250* \$85	\$300 \$120	\$265 \$90	
Durable Med Equip i.e. wheelchair, walker etc.	20%	0% \$0-\$350 20% -\$351	0% \$0-\$350 20% -\$351	20%	16%	
Lab work/ x-rays-Tests	20%	\$0, \$0, \$0	\$0, \$15, \$150	\$0/\$25/\$0-\$250	\$0/\$40/\$0-\$385	
Prescription drugs Tier level = T 1-3 copays T 4-6 not listed	Private Part D 23 Plans (PDP) Plan Premiums \$0.40-\$188.40	T1 \$0 T2 \$3 T3 \$40	T1 \$0 T2 \$5 T3 \$40	T1 \$0 T2 \$8 T3 \$47	Not Covered	
Skilled Nursing/Rehab	Copay \$0 1-20 \$204 21-100	\$0 per days 1-20 \$50 21-100	\$0 per days 1-20 \$160 21-51	\$10 per days 1-20 \$203- 21-49 \$0 50-100	\$0 per days 1-20 \$203 21-53 \$0 54-100	
Transportation	Not Covered	Yes	No	No	No	
Dental/Vision/Hearing	Not Covered	No/Yes/No	No/Yes/No	Yes/Yes/Yes	Yes/Yes/Yes	
Out of pocket (OOP) Annual limit – except Rx	N/A	\$2850	\$4200	\$8900	\$4999	



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.

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