Open Enrollment is from Oct 15 – Dec 7th Special Needs Plans C-SNP & D-SNP Comparisons – Stanislaus County – January 1, 2023 MA OEP January 1st-March 31st Draft

Health Insurance Counseling and Advocacy Program 3500 Coffee Road Suite 19 Modesto, CA 95355 209-558-4540	Origina I Medica re 2022 Medicare 1-800-633-4227	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		alth 514 94 er, Emanuel, pitals ork Anthem	Anthem Blue Cross ESRD Plan 209-226-8689 Anthem MediBlue		Brand New Day 916-658- 3598 866-255-4795 Doctors, Emanuel, and Memorial hospitals CVMG, Hill Physicians	Imperial Health Plan 1-800-838-5914 1-800-838-8271 Emanuel, Doctors Medical Center AllCare Network Senior Value	Plan 1-800-559-3500 Doctors Hospital, Emanuel Hospital CVMG Network SCAN Balance	Alignment Health Plan 1-888-979-2247 209-663-3105 209-268-8128 Doctors, Emanuel Medical Center AllCare Network Alignment Health	Cross Access to CareMore Health 1-877-211-6614 209-226-3094 Doctors, Emanuel, Oak Valley hospitals CVMG Network Anthem MediBlue	
	Plan Name	Heart & Diabetes HMO C-SNP	Diabetes Lui	Lung HMO	MediBlue Heart HMO C- SNP	ESRD PPO C-SNP No Sutter Gould		Embrace HMO C-SNP	Heart/Diabetes HMO C-SNP 005	Diabetes HMO C-SNP	Plan CalPlusDuals 030 (DSNP)	Connect Plus HMO D-SNP
			HMO C- SNP	C- SNP		Medi-Medi	Medicare only				\$0 SOC Medi-Cal	\$0 SOC Medi-Cal
Monthly premium	Part B \$164.90		\$0 +B	\$0 + B	\$0 + B	\$0 + B	\$29.30 + B	\$0 + B	\$0 + B	\$0 + B	\$0 full duals	\$0 full duals
Hospital coverage First 60 days Day 61-90 Day 91-150	Part A Premium \$506 Deductible \$1600	\$0 Unlimited days	\$75 per days 1-5 \$0 6-90	\$75 per days 1-5 \$0 6-90	\$75 per days 1-5 \$0 6-90	Medicare defined cost share	Medicare defined cost share	\$175 per days 1-6 \$0 6-90	\$0 days 1-90	\$75 per days 1-5 \$0 6-90	\$0 for Full Duals	\$0 for Full Duals
Physicians Specialists	20% \$226 B deductible	\$0 \$0	\$0 \$15	\$0 \$15	\$0 \$15	\$0	\$0-20%	\$0 \$10	\$0 \$0	\$0 \$0-\$10	\$0 \$0	\$0 \$0
Outpatient Hospital services/surgery	Varies by service	\$0/\$0	\$0-\$125	\$0-\$125	\$0-\$125	\$0	\$0-\$20%	\$0-\$100	\$0	\$0-\$125	\$0 for Full Duals	\$0 for Full Duals
Emergency ambulance Emergency Room copay	20% 20%	\$100* \$70*	\$100 \$90	\$100 \$90	\$100 \$90	\$0	\$90-\$20%	\$0-\$100 \$0-\$125	\$125 \$0	\$100 \$90*	\$0 for Full Duals	\$0 for Full Duals
Durable Med Equip i.e. wheelchair, walker etc.	20%	\$0-\$499 20%-500+	\$0-20%	\$0-20%	\$0-20%	\$0	\$20%	\$0-20%	20%	\$0- \$99 or less 20%-100 & above	\$0 for Full Duals	\$0 for Full Duals
Lab work/ x-rays, Tests	20%	\$0/\$0	\$0/\$0/ \$0-\$100	\$0/\$0/ \$0-\$100	\$0/\$0/ \$0-\$100	\$0	\$20%	\$0	\$0/\$0/ \$0-20%	\$0, \$0 \$0-\$100	\$0 for Full Duals	\$0 for Full Duals
Prescription drugs Tier level = T 1-3 copays T 4-6 not listed	Private Part D 23 Plans (PDP) Plan Premiums	T1 \$0 T2 \$5 T3 \$30 T1-T6 GAP	T1 \$0 T2 \$7.50 T3 \$40	T1 \$0 T2 \$7.50 T3 \$40	T1 \$0 T2 \$7.50 T3 \$40	T-1 \$1 T-2 \$6 T-3 \$42	T-1 \$1 T-2 \$6 T-3 \$42	T1 \$0 T2 \$9 T3 \$47 T1-6 GAP	T1 \$0 T2 \$5 T3 \$45 \$0 some insulin	T1 \$0 T2 \$0 T3 \$30 \$0 Insulin	LIS STANDARD full duals	LIS STANDARD full duals
Skilled Nursing/Rehab	Copay \$0 1-20 \$200 21-100	\$0 days 1-31 \$50 32-100	\$0 days 1-20 \$75 21-100	\$0 days 1-20 \$75 21-100	\$0 days 1-20 \$75 21-100	\$0	\$20%	\$0 days 1-20 \$194.50 21-100	\$0 Days 1-20 \$164.50 21-100	\$0 days 1-20 \$75 21-100	\$0 for Full Duals	\$0 for Full Duals
Transportation	Not Covered	Yes	Yes	Yes	Yes	YES	YES	Yes	Unlimited	Yes	Yes	Yes
Routine/Dental/Vision Out of pocket (OOP) except Rx	Not Covered	Yes/Yes \$1000	Yes/Yes \$3400	Yes/Yes \$3400	Yes/Yes \$3400	YES \$8,300	YES \$8,300	Yes/Yes \$1999	Yes/Yes/Yes \$2999	Yes/Yes \$2900	Yes/Yes \$0 OOP (FBDE)	Yes/Yes \$0 OOP (FBDE)
		<u> </u>	ΨΟ 100	ψ0 100	φ0 /00	φ0,000	Ψ0,000	 1000	<i>\$</i> 2000	<i>\</i>		



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

Navigating Medicare

Annual Election Period is from Oct 15 – Dec 7th MA OEP January 1st-March 31st

Special Needs Plans C-SNP & D-SNP Comparisons – Stanislaus County – January 1, 2023

Original Medicare 2021 Medicare 1-800-633-4227	Blue Shield of CA 1-888-534-4263 Doctors Hospital Emanuel Medical Center AllCare Network Blue Shield Inspire Total Dual (DSNP)	Brand New Day 916-658-3598 866-255-4795 Doctors, Emanuel, and Memorial hospitals CVMG, Hill Physicians Dual Access Medi- Medi	Humana 1-800-833-2364 Doctors Hospital AllCare Network CVMG Network Gold Plus SNP DE H5619-038 HMO D- SNP	Imperial Health Plan 1-800-838-5914 1-800-838-8271 Emanuel Doctors Hospital AllCare Provider Network Imperial Dual Plan HMO D-SNP 011	Kaiser Permanente Senior Advantage 1-877-217-2706 Kaiser Hospital Senior Advantage Medicare/Medi-Cal	1-800-547-5514 Full Benefit Dual Eligible (FBDE) ONLY Assure HMO Specifically	WellCare By Health Net 1-800-431-9007 Doctors Hospital CVMG Network Allcare Caremore Wellcare Dual Liberty Amber HMO D-SNP
Plan Name			\$0 SOC Medi-Cal		Plan	Medi- Medi	\$0 SOC Medi-Cal
Part B \$164.90	\$0 if Full Dual	\$0 if Full Dual	\$0 if Full Dual	\$0 if Full Dual	\$0 if Full Dual	\$0 + B	\$0 if Full Dual
Part A Premium \$506 Deductible \$1600	\$0 if Full Dual	\$0 if Full Dual	\$0 if Full Dual	\$0 if Full Dual	\$0 if Full Dual	&0 Unlimited days	\$0 if Full Dual
20% \$226 B Deductible 20%	\$0 if Full Dual	\$0 if Full Dual	\$0 if Full Dual	\$0 if Full Dual	\$0 if Full Dual	\$0 \$0 \$0 Virtual	\$0 if Full Dual
Varies by service	\$0 if Full Dual	\$0 if Full Dual	\$0 if Full Dual	\$0 if Full Dual	\$0 if Full Dual	\$0	\$0 if Full Dual
20% 20%	\$0 if Full Dual	\$0 if Full Dual	\$0 if Full Dual	\$0 if Full Dual	\$0 if Full Dual	\$0 \$0	\$0 if Full Dual
	\$0 if Full Dual	\$0 if Full Dual	\$0 if Full Dual	\$0 if Full Dual	\$0 if Full Dual	\$0	\$0 if Full Dual
20%	\$0 if Full Dual	\$0 if Full Dual	\$0 if Full Dual	\$0 if Full Dual	\$0 if Full Dual	\$0/\$0/\$0	\$0 if Full Dual
Private Part D 23 Plans (PDP) Plan Premiums	\$0 if Full Dual	Tier 1/6 : \$0 Tiers 2-5 : LIS copays	LIS Amounts	LIS Amounts	G 5% or \$4.15 B 5% or \$10.35	Generic \$0, \$1.45, \$4.15 All Others \$0, \$1.45, \$10.35	\$0 all generics/all phases
\$200 21-100	\$0 if Full Dual	\$0 if Full Dual	\$0 if Full Dual	\$0 if Full Dual	\$0 if Full Dual	\$0 days 1-100	\$0 if Full Dual
No benefits	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Yes/Yes	Yes/Yes	Yes/Yes	Yes/Yes	Yes/Yes	No/Yes	Yes/Yes
N/A	\$0 OOP (FBDE)	\$8300	\$0 OOP (FBDE)	\$0 OOP (FBDE)	\$0 OOP (FBDE) or \$3400	\$0 OOP (FBDE)	\$0 OOP (FBDE) or \$8300
	Medicare2021 Medicare1-800-633-4227Plan NamePart B \$164.90Part B \$164.90Part A Premium \$506Deductible \$160020%\$226 B Deductible 20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20%20% <td>Original Medicare1-888-534-4263 Doctors Hospital Emanuel Medical Center2021 MedicareAllCare Network1-800-633-4227Blue Shield Inspire Total Dual (DSNP) \$0 SOC Medi- CalPlan Name\$0 if Full DualPart B \$164.90\$0 if Full DualPart A Premium \$506 Deductible \$1600\$0 if Full Dual20% \$226 B Deductible \$1600\$0 if Full Dual20% \$226 B Deductible \$1600\$0 if Full Dual20% \$20%\$0 if Full Dual20% \$0 if Full Dual\$0 if Full DualPlans (PDP) Plan Premiums\$0 if Full DualNo benefits \$0 Of Full DualYesNo benefits \$0 Of Full Pyes/YesYes/Yes</td> <td>Original Medicare1-888-534-4263916-658-3598 866-255-47952021 Medicare 1-800-633-4227Doctors Hospital Emanuel Medical CenterDoctors, Emanuel, and Memorial hospitals1-800-633-4227AllCare NetworkCVMG, Hill PhysiciansPlan NameBlue Shield Inspire Total Dual (DSNP) \$0 SOC Medi- CalDual Access Medi- MediPart B \$164.90\$0 if Full Dual\$0 if Full DualPart A Premium \$506 Deductible \$1600\$0 if Full Dual\$0 if Full Dual\$20% 20%\$0 if Full Dual\$0 if Full DualPlan Remiums\$0 if Full Dual\$0 if Full DualPlan Remiums\$0 if Full Dual\$0 if Full DualPlan RemiumsYes YesYesNo benefits No benefitsYes/YesYes/Yes</td> <td>Original Medicare1-888-534-4263916-658-3598 866-255-47951-800-833-2364 Doctors Hospital AllCare Network2021 Medicare 2021 MedicareDoctors Hospital Emanuel Medical CenterDoctors, Emanuel, and Memorial hospitalsAllCare Network CVMG, Hill Physicians1-800-633-4227Blue Shield Inspire Total Dual (DSNP) \$0 SOC Medi-CalDual Access Medi- MediGold Plus SNP DE H5619-038 HMO D- SNP \$0 SOC Medi-CalPlan Name\$0 if Full Dual\$0 if Full Dual\$0 if Full 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Full DualMedicare Complete <b< td=""></b<>



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Navigating Medicare

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