



<div><p>3500 Coffee Road Suite 19 Modesto, CA 95355</p><p>209-558-4540</p></div>	<div>Original Medicare</div> <div>2022 Medicare 1-800-633-4227</div>	<div>Alignment Health Plan 1-888-979-2247 209-663-3105 209-268-8128</div> <div>Doctors, Emanuel Medical Center</div> <div>AllCare</div>	<div>Anthem Blue Cross Access to CareMore Health 1-877-211-6614 209-226-3094</div> <div>Doctors Medical Center, Emanuel, Oak Valley Hospitals</div> <div>CVMG Network</div>			<div>Anthem Blue Cross ESRD Plan</div> <div>209-226-8689</div>		<div>Brand New Day 916-658-3598 866-255-4795</div> <div>Doctors, Emanuel, and Memorial hospitals</div> <div>CVMG, Hill Physicians</div>	<div>Imperial Health Plan 1-800-838-5914 1-800-838-8271</div> <div>Emanuel, Doctors Medical Center</div> <div>AllCare Network</div>	<div>SCAN Health Plan 1-800-559-3500</div> <div>Doctors Hospital, Emanuel Hospital</div> <div>CVMG Network</div>	<div>Alignment Health Plan 1-888-979-2247 209-663-3105 209-268-8128</div> <div>Doctors, Emanuel Medical Center</div> <div>AllCare Network</div>	<div>Anthem Blue Cross Access to CareMore Health 1-877-211-6614 209-226-3094</div> <div>Doctors, Emanuel, Oak Valley hospitals</div> <div>CVMG Network</div>
	Plan Name	Heart & Diabetes HMO C-SNP	Anthem MediBlue Diabetes HMO C- SNP	Anthem MediBlue Lung HMO C- SNP	Anthem MediBlue Heart HMO C- SNP	Anthem MediBlue ESRD PPO C-SNP No Sutter Gould		Embrace HMO C-SNP	Senior Value Heart/Diabetes HMO C-SNP 005	SCAN Balance Diabetes HMO C-SNP	Alignment Health Plan CalPlusDuals 030 (DSNP)  \$0 SOC Medi-Cal	Anthem MediBlue Connect Plus HMO D-SNP  \$0 SOC Medi-Cal
						Medi-Medi	Medicare only					
Monthly premium	Part B \$164.90	\$0 + B	\$0 +B	\$0 + B	\$0 + B	\$0 + B	\$29.30 + B	\$0 + B	\$0 + B	\$0 + B	\$0 full duals	\$0 full duals
<b>Hospital coverage</b> 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
<b>Physicians Specialists</b>	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
<b>Outpatient Hospital services/surgery</b>	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
<b>Emergency ambulance</b> <b>Emergency Room copay</b>	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
<b>Durable Med Equip</b> <i>i.e. wheelchair, walker etc.</i>	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
<b>Prescription drugs</b> 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
<b>Skilled Nursing/Rehab</b>	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
<b>Transportation</b>	Not Covered	Yes	Yes	Yes	Yes	YES	YES	Yes	Unlimited	Yes	Yes	Yes
<b>Routine/Dental/Vision</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	N/A	\$1000	\$3400	\$3400	\$3400	\$8,300	\$8,300	\$1999	\$2999	\$2900	\$0 OOP (FBDE)	\$0 OOP (FBDE)

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

  3500 Coffee Road Suite 19 Modesto, CA 95355  209-558-4540	Original Medicare	Blue Shield of CA  1-888-534-4263  Doctors Hospital Emanuel Medical Center  AllCare Network	Brand New Day 916-658-3598 866-255-4795  Doctors, Emanuel, and Memorial hospitals  CVMG, Hill Physicians	Humana 1-800-833-2364  Doctors Hospital  AllCare Network CVMG Network	Imperial Health Plan 1-800-838-5914 1-800-838-8271  Emanuel Doctors Hospital AllCare Provider Network	Kaiser Permanente Senior Advantage  1-877-217-2706  Kaiser Hospital	UnitedHealthcare Medicare Complete  1-800-547-5514  Full Benefit Dual Eligible (FBDE) ONLY	WellCare By Health Net  1-800-431-9007  Doctors Hospital  CVMG Network Allcare Caremore
	2021 Medicare  1-800-633-4227	Blue Shield Inspire Total Dual (DSNP) \$0 SOC Medi- Cal	Dual Access Medi-Medi	Gold Plus SNP DE H5619-038 HMO D-SNP \$0 SOC Medi-Cal	Imperial Dual Plan HMO D-SNP 011	Senior Advantage Medicare/Medi-Cal Plan	Assure HMO Specifically designed for Medi- Medi	Wellcare Dual Liberty Amber HMO D-SNP \$0 SOC Medi-Cal
	Plan Name							
Monthly premium	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
Hospital coverage First 60 days Day 61-90 Day 91-150	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
Physicians Specialists	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
Outpatient Hospital services/surgery	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
Emergency ambulance Emergency Room Copay	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
Durable Med Equip i.e. wheelchair, walker etc.	20%	\$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
Lab work/ x-rays, Tests	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
Prescription drugs  Tier level = T 1-3 copays	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
Skilled Nursing/Rehab	Copay \$0 1-20 \$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
Transportation	No benefits	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Routine dental/Vision	No benefits	Yes/Yes	Yes/Yes	Yes/Yes	Yes/Yes	Yes/Yes	No/Yes	Yes/Yes
Out of pocket (OOP) Annual limit – except Rx	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



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 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. 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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