

# Your Medicare Choices

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## Use Original Medicare

### Parts A & B (Original Medicare)

#### Part A: Hospital Insurance



- You may go to any doctor, provider, hospital, facility or supplier in the Medicare program.
- Medicare pays its portion of your covered service/benefit.
- You pay the deductible, copay, and coinsurance (find these out-of-pocket costs in the Pocket on the next page).

#### Part B: Medical Insurance



Optional supplemental and drug coverage below



### Medigap

#### Medicare Supplement Insurance

- You must have enrolled in both Part A AND Part B to buy a Medigap.
- Plans cover Original Medicare deductibles, and co-pays/coinsurance.
- Policies offered by private insurance companies.
- Premiums vary by plan and company.
- Employers and unions may offer similar retiree coverage.

### Part D

#### Prescription Drug Coverage

- Plans offered by private insurance companies.
- Plans cover out-patient prescription drugs.

OR

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## Join and use a Medicare Advantage Plan

### Part C

#### A, B and D managed by an HMO

- You must have enrolled in both Part A AND Part B to enroll in Part C
- You must go to medical groups, doctors, hospitals, suppliers, and pharmacies that have a contract with the Medicare Advantage Plan.
- Medicare/CMS pays the insurance company each month you are enrolled in its Medicare Advantage Plan. Extra plan benefits can be included
- You pay the premium, deductibles and co-pays/coinsurance set by the HMO.
- Authorization of services is managed by the HMO and medical group you choose.

Part D Drug Coverage is usually included

You may have other options if you have extra coverage from an employer, union, military, VA, or Medi-Cal (due to limited resources and income). Call HICAP to discuss.

# Additional Resources

(800) 434-0222	HICAP statewide access, <a href="http://www.aging.ca.gov/HICAP/">www.aging.ca.gov/HICAP/</a>
(800) 633-4227	Medicare Information, Billing, Status, Appeals, etc., <a href="http://www.medicare.gov">www.medicare.gov</a>
(855) 693-7285	Bay Area Legal Aid, Health Consumer Center, <a href="http://www.baylegal.org">www.baylegal.org</a>
(800) 999-1118	Coordination of Benefits and Recovery Center, access information about insurance that would pay before Medicare, <a href="http://www.cms.gov/Medicare/Medicare.html">www.cms.gov/Medicare/Medicare.html</a>
(800) 474-1116	California Advocates for Nursing Home Reform (CANHR), <a href="http://www.canhr.org">www.canhr.org</a>
(800) 927-4357	California Department of Insurance, <a href="http://www.insurance.ca.gov">www.insurance.ca.gov</a>
(888) 225-7377	California Public Employees' Retirement System (CalPERS), <a href="http://www.calpers.ca.gov">www.calpers.ca.gov</a>
(800) 228-5453	California State Teachers Retirement System (CalSTRS), <a href="http://www.calstrs.com">www.calstrs.com</a>
(800) 300-1506	Covered California, California Health Insurance Exchange, <a href="http://www.coveredca.com">www.coveredca.com</a>
(800) 447-8477	California Department of Health and Human Services, Office of Inspector General, information regarding Medicare fraud, waste, and abuse, <a href="http://www.oig.hhs.gov">www.oig.hhs.gov</a>
(800) 827-1000	Department of Veterans Affairs, <a href="http://www.va.gov">www.va.gov</a>
(888) 767-6738	Federal Employee Health Benefits Program (FEHBP), <a href="http://www.opm.gov/insure/health">www.opm.gov/insure/health</a>
(916) 930-3927	Indian Health Services, <a href="http://www.ihs.gov">www.ihs.gov</a>
(877) 588-1123	Livanta, Quality Improvement Organization, Quality of care issues, hospital appeal rights, denial of admissions or early discharge from hospital, <a href="http://www.livanta.com">www.livanta.com</a>
(703) 838-7760 (800) 456-8410	National Association of Retired Federal Employees (NARFE), <a href="http://www.narfe.org">www.narfe.org</a>
(888) 466-2219	Office of the Patient Advocate, find health care quality report cards, <a href="http://www.opa.ca.gov">www.opa.ca.gov</a>
(877) 772-5772	Railroad Retirement Board (RRB), <a href="http://www.rrb.gov">www.rrb.gov</a>
(650) 969-8656 (408) 847-7252	Senior Adults Legal Assistance, <a href="http://www.sala.org">www.sala.org</a>
(855) 613-7080	Senior Medicare Patrol, report Medicare fraud, waste, or abuse, <a href="http://www.cahealthadvocates.org/fraud-abuse/">www.cahealthadvocates.org/fraud-abuse/</a>
(800) 772-1213	Social Security Office for Medicare Part A and B enrollment and Part D low income subsidy, <a href="http://www.ssa.gov">www.ssa.gov</a>
(877) 962-3633	Social Services Agency County of Santa Clara for Medi-Cal and low income assistance, <a href="http://www.sccgov.org/sites/ssa/debs/hc/">www.sccgov.org/sites/ssa/debs/hc/</a>
(866) 773-0404	TRICARE for Life, for military retirees and their families, <a href="http://www.tricare4u.com">www.tricare4u.com</a>
(888) 874-9378	TriWest Healthcare Alliance West Region, for Veteran services, <a href="http://www.triwest.com">www.triwest.com</a>

# Original Medicare: Part A & B

## Premiums, Benefits, & Out-of-Pocket Costs for 2022

Medicare due to Age (65+) <sup>1</sup>		
	Your or Your Spouse's Social Security Credits	Monthly Premium
Premium-Free Part A	40	\$0
Premium Part A	30-39	\$274
	0-29	\$499
Part B (standard rate)	N/A	\$170.10 <sup>2</sup>

Part A			
Benefit	Your Deductible and Coinsurance (per benefit period) <sup>3</sup>		
Hospital Inpatient	\$1,556 deductible	days	1-60
	\$389 / day	days	61-90
	\$778 / day	days	91-150 <sup>4</sup>
Hospital Inpatient Psychiatric	Same as Hospital Inpatient but a 190 day lifetime limit		
Skilled Nursing Facility <i>after a three day hospital inpatient stay with skilled care required daily</i>	\$0	days	1-20
	\$194.50 / day	days	21-100
	You pay all Part A SNF costs	days	101+ (no coverage)
Home Health Care <i>part-time skilled care; possible home health aide; up to 35 hours / week</i>	Nothing except 20% of covered durable medical equipment		
Hospice <i>care of terminal illness</i>	Nothing except 5% of inpatient respite care and up to \$5 per prescription		

Part B	
Benefit	Your Deductible and Coinsurance <sup>5</sup>
	Annual Deductible - \$233
Some Preventive Services	0/20%
Physician Services	20% <sup>6</sup>
Hospital Outpatient Services	20% <sup>6</sup> (capped at \$1,484 for each service)
Medical Equipment & Supplies	20% <sup>6</sup>
Ambulance Services	20%
Mental Health Outpatient	20%
Mental Health Partial Hospitalization	20%-40%
Home Health Care	Nothing except 20% of covered durable medical equipment
Clinical Lab Services	Nothing

1. Medicare Part A due to a disability or End Stage Renal Disease (ESRD) is always premium-free. The credits needed to qualify (from you or a family member) depend on the age the disability started or when dialysis / kidney transplant occurred.  
Earning \$1,510 is equal to one Social Security credit in 2022. Up to four credits can be earned each year.
2. Some individuals pay less because Part B premium increases can be no greater than the increase in their Social Security benefits. Individuals and couples with an income greater than \$91,000/\$182,000 pay more. See below for details.
3. You must pay the inpatient hospital deductible for each benefit period. A benefit period begins upon formal admission as an inpatient, and ends when you have not received hospital care (or skilled care in a SNF) for 60 days in a row.
4. The 60 reserve days may be used only once during a lifetime.
5. Coinsurance is a percentage of the Medicare-approved amount (what Medicare says a service/item costs).
6. Plus up to an additional 15% of Medicare's approved amount for providers/suppliers that do not accept Medicare assignment (the approved amount as payment in full).

## 2022

Beneficiaries who file an individual tax return with 2020 income:	Beneficiaries who file a joint tax return with 2020 income:	Part B Income-related monthly adjustment amount (IRMAA)	Total monthly Part B premium amount	Part D IRMAA
\$91,000 or less	\$182,000 or less	\$0.00	\$170.10	\$0.00
\$91,001 - \$114,000	\$182,001 - \$228,000	\$68.00	\$238.10	\$12.40
\$114,001 - \$142,000	\$228,001 - \$284,000	\$170.10	\$340.20	\$32.10
\$142,001 - \$170,000	\$284,001 - \$340,000	\$272.20	\$442.30	\$51.70
\$170,001 - \$500,000	\$340,001 - \$750,000	\$374.20	\$544.30	\$71.30
Above \$500,000	Above \$750,000	\$408.20	\$578.30	\$77.90
Beneficiaries who are married and lived with their spouse at any time during the year, but file a separate tax return from their spouses:				
\$91,000 or less		\$0.00	\$170.10	\$0
\$91,001 - \$409,000		\$374.20	\$544.30	\$71.30
Above \$409,000		\$408.20	\$578.30	\$77.90

### Preventive Services:

Abdominal aortic aneurysm screening	HIV screening
Alcohol misuse screenings & counseling	Lung cancer screening
Bone mass measurements (bone density)	Mammograms (screening)
Cardiovascular disease screenings	Nutrition therapy services
Cardiovascular disease (behavioral therapy)	Obesity screenings & counseling
Cervical & vaginal cancer screening	One-time "Welcome to Medicare" preventive visit
Colorectal cancer screenings	Prostate cancer screenings
Depression screenings	Sexually transmitted infections screening & counseling
Diabetes prevention program	Shots:
Diabetes screenings	Flu shots
Diabetes self-management training	Hepatitis B shots
Glaucoma tests	Pneumococcal shots
Hepatitis B Virus (HBV) infection screening	Tobacco use cessation counseling
Hepatitis C screening test	Yearly "Wellness" visit

## 2022 Medigap Plan Benefits and Coverage

Benefits for 2022	Plans Available to All Participants								Medicare first eligible before 2020 only	
	A	B	D	G <sup>(1)</sup>	K	L	M	N	C	F <sup>(1)</sup>
Part A Hospital Inpatient Coinsurance days 61-90 (\$389/day), days 91-150 (\$778/day), and beyond that, an extra 365 days at 100%	•	•	•	•	•	•	•	•	•	•
Part B Coinsurance (20%)	•	•	•	•	50%	75%	•	copays apply <sup>(3)</sup>	•	•
Blood (First 3 Pints)	•	•	•	•	50%	75%	•	•	•	•
Part A Hospice Coinsurance (5% inpatient respite and \$5/prescription)	•	•	•	•	50%	75%	•	•	•	•
Part A Skilled Nursing Facility Coinsurance days 21-100 (\$194.50/day)			•	•	50%	75%	•	•	•	•
Part A Hospital Inpatient Deductible days 1-60 (\$1,556)		•	•	•	50%	75%	50%	•	•	•
Part B Annual Deductible (\$233)									•	•
Part B Excess Charges (up to 15%)				•						•
Foreign Travel Emergency <sup>(4)</sup>			•	•			•	•	•	•
Out-of-pocket limit in 2022 <sup>(2)</sup>					\$6,620 <sup>(2)</sup>	\$3,310 <sup>(2)</sup>				

**This chart shows the benefits included in each of the standard Medicare supplement plans. Some plans may not be available. Only applicants first eligible for Medicare before 2020 may purchase Plans C, F, and high deductible F.**

<sup>(1)</sup> Plans F and G also have a high deductible option which require first paying a plan deductible of [\$2,490 in 2022] before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible plan G does not cover the Medicare Part B deductible. However, high deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.

<sup>(2)</sup> Plans K and L pay 100% of covered services for the rest of the calendar year once you meet the out-of-pocket yearly limit.

<sup>(3)</sup> Plan N pays 100% of the Part B coinsurance, except for a co-payment of up to \$20 for some office visits and up to a \$50 co-payment for emergency room visits that do not result in an inpatient admission.

<sup>(4)</sup> 80% coverage for emergency care in foreign country, after \$250 deductible, life time maximum of \$50,000.



## 2022 Medigap Sample Premiums (\$ / month)

Rates posted Jan. 24th, 2022 for 95054

	Age	Plan Letter										Plan Letter			Rating *
		Plans Available to All Participants										Medicare first eligible before 2020 only			
		A	B	D	G	G <sup>(1)</sup>	K	L	M	N	C	F	F <sup>(1)</sup>		
<b>Accendo Insurance Company</b> (PlanMedigap) (800) 254.4000 planmedigap.com	<65	408			495					351		539			
	65	167			202					136		220			
	70	177			215					152		234		AA	
	75	208			252					179		274			
	80	244			295					209		322			
<b>Aetna Life Insurance</b> (800) 345.6022 aetna.com	<65	246								312		364			
	65	152	156		159					121		185			
	70	183	191		196					150		227		AA	
	75	210	225		235					180		270			
	80	228	250		272					210		302			
<b>American National Life</b> (800) 899.6503 americannational.com	<65	301								300		418			
	65	123			148					122		169	47		
	70	135			162					133		186	52	AA	
	75	156			188					156		216	59		
	80	178			215					177		247	68		
<b>(+) Blue Cross of California</b> (800) 333.3883 anthem.com	<65	258			414					335		541			
	65	109			131					140		195			
	70	133			159					171		238		AA	
	75	161			193					208		289			
	80	196			234					252		350			
<b>(+) Blue Shield of California</b> (California Physicians Service) (800) 248-2341 blueshieldca.com	<65	586		680	793		364			628	796	892	214		
	65	110		150	118		76			117	177	150	45		
	70	126		195	154		99			138	229	180	62	AA	
	75	190		257	219		133			204	302	246	83		
	80	211		303	270		160			227	354	313	95		
<b>Cigna health and Life</b> <b>Insurance</b> (866) 459.4272 cigna.com	<65	272			293					239		359	97		
	65	120			129					100		159	43		
	70	146			157					122		193	52	AA	
	75	178			191					148		235	63		
	80	206			222					176		272	73		
<b>Colonial Penn Life</b> <b>Insurance</b> (800) 800.2254 colonialpenn.com	<65	250	321	298	367	70	126	246	317	282		375	76		
	65	127	164	135	167	34	58	121	148	111		182	37		
	70	156	200	175	206	41	70	145	184	145		220	44	AA	
	75	190	241	224	255	50	87	176	229	186		267	54		
	80	220	281	270	309	60	105	209	272	231		319	64		
<b>Combined Insurance</b> <b>Company of America</b> (855) 278.9329 combinedinsurance.com	<65	196			302					227		354			
	65	121			141					117		165			
	70	139			156					135		183		AA	
	75	154			188					154		220			
	80	163			216					168		253			
<b>Continental Life Insurance</b> (an Aetna Company) (800) 264.4000 aetnaseniorproducts.com	<65	285			371					267		505			
	65	150	190		195					133		266	54		
	70	181	230		236					163		321	66	AA	
	75	221	279		286					201		390	80		
	80	253	320		329					235		449	92		
<b>Everence Association Inc</b> (800) 348.7468 everence.com	<65	300			323					252		346			
	65	150			161					120		173			
	70	182			203					150		217		AA	
	75	225			242					186		259			
	80	263			282					222		303			
<b>First Health Life &amp; Health</b> <b>Insurance Company</b> (855) 369.4835 firsthealth.com	<65	191	251		293					179		317			
	65	162	184		160					94		178			
	70	150	174		189					111		209		AA	
	75	167	198		217					129		240			
	80	177	218		243					146		267			

## 2022 Medigap Sample Premiums (\$ / month)

Rates posted Jan. 24th, 2022 for 95054

	Age	Plan Letter									Plan Letter			Rating *
		Plans Available to All Participants									Medicare first eligible before 2020 only			
		A	B	D	G	G <sup>(1)</sup>	K	L	M	N	C	F	F <sup>(1)</sup>	
<b>Garden State Life Insurance Company</b> (844) 639.3648	<65	291			368					303		491		
	65	126			160	51			135	131		214		
	70	139			177	55			148	146		236		AA
	75	164			209	65			175	172		278		
	80	194			243	76			205	200		325		
<b>Globe Life and Accident Insurance</b> (800) 801.6831 globecaremedsupp.com	<65	213	357		334					284	357	360		
	65	106	156		156	35				130	173	174	32	
	70	139	188		189	47				157	205	207	44	AA
	75	151	221		222	60				186	238	239	56	
	80	152	225		239	72				203	255	257	67	
<b>(+) Health Net Life Insurance Company</b> (800) 944.7287 healthnet.com	<65	237	292	308	312		178	2441	285		339	339	142	
	65	116	142	150	152		87	119	139		165	165	69	
	70	139	171	181	183		105	143	167		199	199	84	AA
	75	172	212	224	226		130	177	207		246	246	103	
	80	194	238	252	255		147	199	233		277	277	116	
<b>Humana Benefit Plan of Illinois</b> (888) 310.8482 humana.com	<65	319			390	126				332		436		
	65	169			179	62				140		207		
	70	176			185	67				145		215		AA
	75	206			222	80				179		253		
	80	240			269	92				222		303		
<b>Humana Insurance Company</b> (888) 310.8482 humana.com	<65	224	299			74	128	186		180	299	304	78	
	65	121	132		134	40	70	101		98	164	168	42	
	70	145	158		160	48	83	121		117	196	200	51	AA
	75	172	187		189	57	99	143		138	232	237	60	
	80	198	216		219	66	114	165		160	268	274	69	
<b>Independence American Insurance Company</b> (866) 473.6615 independenceamerican.com	<65	467			500					377		519		
	65	123			124					106		154		
	70	151			155					123		183		AA
	75	185			198					151		225		
	80	229			250					187		277		
<b>Individual Assurance Co., Life, Health &amp; Accident</b> (877) 358.4060 iaclife.com	<65	295			372					327		450		
	65	169			182					155		230		
	70	191			206					175		257		AA
	75	219			243					207		299		
	80	244			282					242		344		
<b>Loyal American Life Insurance Company (a Cigna Company)</b> (877) 890.1320 cigna.com	<65	254			279					208		355		
	65	147			143					105		190		
	70	173			170					123		221		AA
	75	199			200					146		258		
	80	224			234					172		299		
<b>Manhattan Life Assurance Company of America</b> (800) 877.7703 manhattanlife.com	<65	295			296					258		357		
	65	126			127					108		156		
	70	143			144					122		176		AA
	75	175			176					149		217		
	80	214			215					184		267		
<b>Mutual of Omaha Insurance Company</b> (800) 775.1000 mutualofomaha.com	<65	210			318					241		378		
	65	121			183	35				138		217	50	
	70	132			200	39				151		238	55	AA
	75	155			235	48				177		279	65	
	80	181			274	56				207		326	76	
<b>National Guardian Life Insurance Company</b> (877) 888.1511	<65	252			300					250		338		
	65	143			146					118		171		
	70	151			154					125		179		AA
	75	178			186					151		214		
	80	204			222					181		253		
<b>National Health Insurance Company</b> (877) 916.8816	<65	302			336					273		398	124	
	65	121			135					109		159	49	
	70	136			151					123		179	56	AA
	75	163			182					148		216	67	
	80	192			215					174		254	79	

## 2022 Medigap Sample Premiums (\$ / month)

Rates posted Jan. 24th, 2022 for 95054

	Age	Plan Letter										Plan Letter			Rating *
		Plans Available to All Participants										Medicare first eligible before 2020 only			
		A	B	D	G	G <sup>(1)</sup>	K	L	M	N	C	F	F <sup>(1)</sup>		
<b>Oxford Life Insurance</b> (800) 308.2318 oxfordlife.com	<65	295			236					266		435			
	65	184			141					127		237			
	70	218			152					149		281		AA	
	75	259			185					177		331			
	80	285			210					205		378			
<b>Physicians Life Insurance Company (Physicians Mutual Insurance Company)</b> (800) 325.6300 physiciansmutual.com	<65	177			232					193		267			
	65	126			137					114		158			
	70	136			148					123		170		AA	
	75	158			173					143		199			
	80	172			201					166		230			
<b>State Farm Mutual Automobile Insurance</b> Contact local agent statefarm.com	<65	183	336	321	322					247	336	339			
	65	89		117	117					90	163	164			
	70	112		149	150					114	205	207		AA	
	75	130		178	178					136	238	240			
	80	146		203	203					157	267	270			
<b>Thrivent Financial for Lutherans</b> (800) 847.4836 thrivent.com	<65	219	328	295	290			217	262		328	350	55		
	65	147	141	148	145			108	135		174	186	25		
	70	175	169	179	176			131	163		206	221	31	AA	
	75	201	199	216	212			158	196		245	262	38		
	80	215	221	256	252			188	230		287	307	46		
<b>Thrivent Financial for Lutherans</b> (800) 847.4836 thrivent.com	<65	223	363	329	323			236	290		363	387	60		
	65	176	178	205	201			146	185		232	247	36		
	70	196	201	237	233			169	213		266	285	42	IA	
	75	211	223	272	268			194	244		303	324	49		
	80	219	238	306	301			217	271		338	361	55		
<b>Transamerica Life Insurance Company</b> (888) 272.9272 transamerica.com	<65	194	304		281			181	210		304	305			
	65	94			136			87	101		147	147			
	70	119			172			111	128		186	187		IA	
	75	146			211			136	158		229	230			
	80	173			250			161	186		270	272			
<b>Transamerica Premier Life Insurance Company</b> (888) 272.9272 transamericaaffinity.com	<65	193			252				215			327			
	65	101			133				113			172			
	70	112			147				125			191		AA	
	75	136			179				152			232			
	80	162			213				181			276			
<b>United American Insurance</b> (800) 331.2512 unitedamerican.com	<65	252	343	410	410					335	484	511			
	65	128	160	183	171	35	108	153		137	208	213	35		
	70	162	206	240	224	47	143	202		180	268	274	47	AA	
	75	181	234	281	262	60	157	222		212	311	317	60		
	80	185	245	315	293	72	163	231		240	346	353	72		
<b>(+) UnitedHealthcare Insurance Company (AARP)</b> (800) 523.5800 uhc.com	<65	167	238		226			90			282	283			
	65	85	122		116			46	81	98	145	145			
	70	106	151		143			57	100	121	178	179		CR	
	75	167	238		226			90	158	191	282	283			
	80	167	238		226			90	158	191	282	283			
<b>USAA Life Insurance Co</b> (800) 531.8000 usaa.com	<65	195			372					196		300			
	65	109			126					110		168			
	70	127			137					129		196		AA	
	75	152			165					154		235			
	80	176			205					178		272			

<65: Medicare beneficiaries who qualify due to a disability pay higher premiums until age 65.

F<sup>(1)</sup> and G<sup>(1)</sup>: High Deductible Plan F or G. See note above.

**\* Rating**

- CR: Community rated: same monthly "Base" premium regardless of age. Discounts apply until age 75.
- IA: Issued age rated: premium is based on the age at which you have purchased the policy.
- AA: Attained age rated: premium goes up as you age.

- Certain professional and religious organizations offer additional Medigap policies to their members.
- Source: California Department of Insurance rates are updated throughout the year. [insurance.ca.gov](http://insurance.ca.gov)
- Premium varies with age, zip code, and sometimes with smoking habit.

(+) Optional benefits at additional costs and some at no additional costs - Dental, Gym, Hearing, Vision, Transportation, Etc. Call to confirm.



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# 2022 Medicare Part D Stand-Alone Prescription Drug Plans

Must have at least Medicare Part A or Part B to enroll in these plans




Find out how much your own medications would cost with each plan - use the Medicare.gov Plan Finder

Legend: ST = Specialty and/or Injectibles SCD = Select Care Drug . Plans place drugs into numbered Tiers 1, 2, 3, 4 etc. A drug's tier will vary by plan.

 Mail Order Available

 Benchmark plan (\$0 premium with full Low-Income Subsidy)<sup>1</sup>

 Plan Rating

Organization Name Telephone Website	Plan Name	Monthly Premium	Annual Deductible	Initial Coverage Period 30-day Pharmacy Cost <sup>2</sup>					Coverage Gap <sup>3</sup> Additional benefits			
				Tier 1	Tier 2	Tier 3	Tier 4	ST / SCD				
<b>Anthem Blue Cross</b> 1-855-793-1938 shop.anthem.com/medicare	MediBlue Rx Standard	\$85.30	\$360	\$1	\$4	\$42	34%	27%	No	X		4.5
	MediBlue Rx Plus	\$92.00	\$0	\$1	\$3	\$47	50%	33%	No	X		4.5
<b>Blue Shield of California</b> 1-888-292-7591 blueshieldca.com/findamedicareplan	Rx Plus	\$90.20	\$480	\$4	\$13	\$43	38%	25%	No	X		3.5
	Rx Enhanced	\$160.20	\$0	\$2	\$7	\$43	31%	33%	No	X		3.5
<b>Cigna</b> 1-800-735-1459 cigna.com/medicare/part-d	Essential Rx	\$45.90	\$480	\$0	\$6	18%	42%	25%	No	X		3.5
	Secure Rx	\$46.10	\$480	\$1	\$2	\$22	50%	25%	No	X		3.5
	Extra Rx*	\$71.60	\$100	\$4	\$10	\$42	50%	31%	Yes	X		3.5
<b>Clear Spring Health</b> 1-877-317-6082 clearspringhealthcare.com	Premier Rx	\$16.00	\$480	\$1	\$5	\$42	45%	25%	No	X		2.5
	Value Rx	\$29.20	\$480	\$1	\$3	\$42	34%	25%	No	X	¢	2.5
<b>Elixir Insurance</b> 1-888-377-1439 elixirinsurance.com	Elixir RxPlus	\$36.80	\$480	\$1	\$6	\$43	40%	25%	No	X		3.5
	Elixir RxSecure	\$32.40	\$480	\$1	\$4	15%	31%	25%	No	X	¢	3.5
<b>Humana</b> 1-800-706-0872 humana.com/medicare	Walmart Value Rx Plan	\$24.20	\$480	\$0	\$2	15%	40%	25%	No	X		4.5
	Basic Rx Plan	\$32.00	\$480	\$0	\$1	19%	36%	25%	No	X	¢	4.5
	Premier Rx Plan*	\$86.20	\$480	\$1	\$4	\$45	49%	25%	No	X		4.5
<b>Mutual of Omaha</b> 1-800-961-9006 mutualofomaha.com/prescription-drug-plan	Rx Premier	\$35.20	\$480	\$0	\$13	23%	44%	25%	No	X		3.5
	Rx Plus	\$106.90	\$480	\$1	\$3	17%	42%	25%	No	X		3.5
<b>SilverScript</b> 1-833-526-2445 aetnamedicare.com	Smart Rx Plan	\$7.50	\$480	\$1	\$19	\$46	49%	25%	No	X		3.5
	Choice	\$30.60	\$480	\$0	\$5	17%	35%	25%	No	X	¢	3.5
	Plus	\$81.80	\$0	\$0	\$2	\$47	50%	33%	Yes	X		3.5
<b>UnitedHealthcare (AARP)</b> 1-800-753-8004/Walgreens aarpmedicareplans.com/shop/prescription-drug-plans	Medicare Rx Saver Plus	\$42.60	\$480	\$1	\$5	\$38	40%	25%	No	X		4.5
	Medicare Rx Walgreens	\$30.50	\$310	\$0	\$10	\$40	40%	27%	No	X		4.5
	Medicare Rx Preferred*	\$102.90	\$0	\$5	\$10	\$45	40%	33%	No	X		3.5
<b>WellCare</b> 1-888-293-5151 wellcare.com/PDP	Value Script*	\$10.90	\$480	\$0	\$4	\$42	47%	25%	No	X		3.5
	Classic	\$29.50	\$480	\$0	\$7	\$39	35%	25%	No	X	¢	3.5
	Medicare Rx Value Plus*	\$68.90	\$0	\$0	\$4	\$47	50%	33%	No	X		3.5

<sup>1</sup> Benchmark plan: \$0 premium with full Low Income Subsidy (Extra Help for Part D) or full Medi-Cal. In 2022 the Benchmark subsidy amount is \$33.16. Individuals with full Medi-Cal or full Extra Help in non-benchmark plans would pay the premium minus the benchmark subsidy. Lower copays would still apply. Contact HICAP for more information.

<sup>2</sup> Pharmacy cost: The lowest possible copayments are shown, e.g. when a prescription is filled at a Plan's Preferred Cost Sharing Pharmacy if it has one.

<sup>3</sup> Coverage Gap: As you fill prescriptions, and the full retail price of your drugs reaches \$4430, you leave the Initial Coverage Period and enter the Coverage Gap or "Donut Hole". You then pay 25% of the brand drug price and 25% of the generic drug price. Plans may extend additional benefits in the Donut Hole. You remain in the Donut Hole until your TrOOP (True out-of-Pocket cost) reach \$7050. To calculate your TrOOP, add (1) any deductibles you've paid, (2) drug co-pay/coinsurance prior to and while in the Donut Hole, and (3) 75% of the full retail price of brand drugs purchased while in the donut hole. TrOOP does not include Part D Premium. When your TrOOP exceeds \$7050, you enter Catastrophic Coverage and pay the greater of 5% or \$3.95/\$9.85 for generic / brand drugs.

\* Participating in the Senior Savings Model (\$35/mo Insulin program) - Verify the Plan's Insulin Brand before enrolling.

**Part D Late Enrollment Penalty:** Part D enrollees who signed up late pay an additional \$0.33 for each month they could have enrolled in Part D but did not (unless other creditable drug coverage existed). The \$0.33 penalty is 1% of the National Base Beneficiary Premium (\$33.37 in 2022).

**Part C Medicare Advantage HMO Plans with Prescription Drug Coverage 2022**

Benefits and Services (Both Part A & B required)	AARP Medicare Advantage Choice (PPO)	AARP Medicare Advantage SecureHorizons	AARP Medicare Advantage SecureHorizons Focus	Aetna Medicare Eagle Plan (No Part D Drug Coverage)	Aetna Medicare Elite Plan (PPO) In Network	Aetna Medicare Elite Plan (PPO) Out-of-Network	Aetna Medicare Plus Plan
Plan ID	H4829-007	H0543-029	H0543-193	H4982-013	H5521-293	H5521-293	H4982-006
Five-star Rating	Too new to be measured	4 Stars	4 Stars	3 Stars	4.5 Stars	4.5 Stars	3 Stars
Contracted Networks verify with both plan and provider (a list of acronyms is at the bottom)	PAMF, PMGSJ, SVM D (VERIFY WITH PLAN)			Affinity, PMGSJ, SCCIPA (VERIFY WITH PLAN)			
Premium (monthly)	\$45	\$101	\$0	\$0	\$0	\$0	\$0
Out-of-Pocket Maximum	\$6700/\$8700	\$5,900	\$4,000	\$4,200	\$750 Deductible*; \$6700	\$750 deductible*; \$11,300	\$2,900
<b>Inpatient Care</b>							
Inpatient Hospital Care	\$395 or \$500/day, days 1-5 \$0/day after day 5	\$390/day, days 1-5 \$0 after day 5	\$175/day, days 1-5 \$0 after day 5	\$50/day, days 1-3 \$0 after day 3	\$325/day, days 1-4 \$0 after day 4 + deductible* unlimited	45% per stay unlimited number of days	\$100/day, days 1-4 \$0 after day 4
Inpatient Mental Health (190 days lifetime max)	\$395/days 1-4/\$500 days 1-20 \$0 days 5+/\$0 days 21+	\$390/day, days 1-4 \$0, days 5-90	\$175/day, days 1-5 \$0, days 6-90	\$370/day, days 1-5 \$0, days 6-90	\$1871 per stay + deductible*	45% per stay	\$370/day, days 1-5 \$0, days 6-90
<b>Skilled Nursing Care ( no hospital stay required )</b>							
Days 1-20	0/day or \$225/day	\$0	\$0	\$0	\$0 + deductible*	45% per stay	\$0
Days 21-100	\$188/day or \$225 days 21-39; \$0 days 40+	\$188/day, days 21-52 \$0, days 53-100	\$188/day, days 21-42 \$0, days 43-100	\$188/day	\$175/day	45% per stay	\$100/day
Home Health Care	\$0/50%	\$0	\$0	\$0	\$0	45%	\$0
<b>Outpatient Care: care should be medically necessary</b>							
Primary / Specialist per visit	\$15-\$45/\$30-\$65	\$0 / \$10	\$0 / \$0	\$0 / \$10	\$0 / \$25	45% / 45%	\$0 / \$0
Chiropractic - Medicare covered	\$20/\$65	\$10	\$0	\$0	\$20	45%	\$0
Podiatry - Medicare Covered	\$45/\$65	\$10	0 6 visits yr	\$10	\$40	45%	\$0
Mental Health indiv/group per visit	\$15-\$25/\$30-\$40	\$25 / \$15	\$25 / \$15	\$25 / \$25	\$40 / \$40	45%	\$10/\$10
Ambulatory Surgical Center	\$0-\$250/\$0-\$500	\$325	\$125	\$0	\$295 + deductible*	45%	\$0
Outpatient Hospital / Surgery	\$250/\$500	\$325	\$125	\$50	\$295 + deductible*	45%	\$75
Opioid Treatment Program	\$0	\$0	\$0	\$25	\$40	45%	\$10
Ambulance (\$ if admitted)	\$280	\$270	\$275	\$275	\$285	\$285	\$175
Emergency Care <sup>1</sup> per visit	\$90	\$90, \$0 WW	\$90, \$0 WW	\$90, US&WW	\$90, US&WW	\$90, WW	\$90, US&WW
Urgently Needed Care	40/\$0 WW	\$40, \$0 WW	\$40, \$0 WW	\$10 US, \$90WW	\$40 US, \$90 WW	\$40, \$90 WW	\$0 US, \$90WW
Rehab (therapy) per visit	\$40/\$65	\$10	\$0	\$10	\$30	45%	\$0
Durable Medical Equipment	20%/20-50%	20%	20%	20%	20%	45%	20%
Diabetes Monitors and Supplies	\$0/50%	\$0	\$0	0%-20%	0%-20%	0%-20%	0%-20%
Diagnostic Tests and Procedures	\$30/\$40	\$0	\$0	\$0	\$0	45%	\$0
Lab Services / Outpatient x-rays	0/\$15-\$20	\$0 / \$15	\$0 / \$15	\$0	\$0	45%	\$0
Diagnostic Radiology Services	\$105/\$200	\$105	\$105	\$0-\$100	\$200	45%	\$0
Therapeutic Radiology	\$60/\$150	\$60	\$60	\$60	20% + deductible *	45%	\$60
Renal Dialysis	20%/20-50%	20%	20%	20%	20% + deductible *	50%	20%
Hearing Exam - Medicare Covered	\$0/\$65	\$0	\$0	\$0	\$0	45%	\$0
Eye Exam - Medicare Covered	\$0/\$65	\$0	\$0	\$0	\$0	45%	\$0
Acupuncture chronic low back pain	\$15/\$45	\$10	\$0	\$0	\$40	45%	\$0
<b>Extras and Routine Services</b>							
Acupuncture - Routine per visit	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Chiropractic - Routine per visit	Not covered	Not covered	Not covered	\$0	Not covered	Not covered	\$0
Dental preventive / comprehensive	\$0 (\$500 limit)	Not covered	Not covered	Covered up to \$2000/yr	Covered up to \$1000/yr	Covered up to \$1000/yr	Covered up to \$775/yr
Eye Exam - Routine once/yr	\$0/\$65	\$0	\$0	\$0	\$0	45%	\$0
Eyewear credit once every two yrs	\$100	\$0 copay, \$100/ 2 yrs	\$0 copay, \$100/ 2 yrs	Covered up to \$250/yr	Covered up to \$250/yr	Covered up to \$250/yr	Covered up to \$200/yr
Hearing Exams - Routine once/yr	\$0/\$65	\$0/ 1 yr	\$0	\$0	\$0	45%	\$0
Hearing Aid fitting copay or credit	\$375-\$1425	\$375-\$1,425 copay	\$375-\$1,425 copay	\$0, \$2500 credit per aid	\$1250 per ear per yr	45%, no credit	\$0, \$1,250 credit per aid
Podiatry - Routine per visit	\$45/\$65 6 visits/yr	\$10, 6/yr	\$0, 6/yr	\$10	Not covered	Not covered	\$0
Health Club	Renew Active	Not covered	Renew Active	SilverSneakers	SilverSneakers	SilverSneakers	SilverSneakers
Over-the-Counter Item allowance	Not covered	Not covered	\$40 qtr	105 qtr	\$45 per quarter	\$45 per quarter	\$105 qtr
Transportation	Not covered	Not covered	\$0, 24 one-way trips/yr	\$0, 12 one-way trips/yr	Not covered	Not covered	\$0, 12 one-way trips/yr
Optional Benefit Package for a Premium	Platinum Dental \$38/mo	Dental \$45/mo	Dental \$45/mo	None available	None available	None available	None available

**Extra Benefits**

**Acronyms:**

<sup>1</sup> waived if admitted to the hospital within 24 or 72 hr., WW: worldwide emergency or urgent care coverage; \$XXX: denotes coverage limit/yr (usually a combined amount)

AMG: Affinity Medical Group  
CAL IPA: CA Independent Physicians Assoc.  
IHH: Imperial Health Holdings

NCA: Northern CA Advantage Medical Group  
NCPN: Northern CA Physicians Network

PCONC: Premier Care of Northern California  
PMGSJ: Physicians Medical Group of San Jose  
PAMF: Palo Alto Medical Foundation

SCCIPA: Santa Clara County Individual Practice Association  
SCVHHS: Santa Clara Valley Health & Hospital System  
SVM D: Silicon Valley Medical Development

**Medicare Advantage Prescription Drug Benefits**

Do not purchase a separate stand-alone Part D plan. If you do, you may automatically be disenrolled.

<b>FOUR DRUG COVERAGE PERIODS</b>	<b>AARP Medicare Advantage Choice (PPO)</b>	<b>AARP Medicare Advantage SecureHorizons</b>	<b>AARP Medicare Advantage SecureHorizons Focus</b>	<b>Aetna Medicare Eagle Plan (No Part D Drug Coverage)</b>	<b>Aetna Medicare Elite Plan (PPO) In Network</b>	<b>Aetna Medicare Elite Plan (PPO) Out of Network</b>	<b>Aetna Medicare Plus Plan</b>
<b>1. Annual Drug Deductible</b>	0%	\$355 except Tier 1,2	\$0	No Part D drug coverage	\$0	\$0	\$0
<b>2. Initial Coverage Period (your costs after the Annual Drug Deductible)</b>							
<b>1-Month retail pharmacy</b>							
Tier 1: Preferred Generic	\$0	\$3	\$0	Not offered	\$0	\$15	\$0
Tier 2: Non-Preferred Generic	\$12	\$12	\$12	Not offered	\$0	\$20	\$0
Tier 3: Preferred Brand	\$47	\$47	\$47	Not offered	\$47	\$47	\$42
Tier 4: Non-Preferred Brand	\$100	\$100	\$100	Not offered	\$100	\$100	\$99
Tier 5: Specialty Tier	33%	27%	33%	Not offered	33%	33%	33%
Tier 6: Select Care Drugs / Vaccines		Not offered	Not offered	Not offered	Not offered	Not offered	Not offered
Preferred or Standard Retail Price	Standard	Standard	Standard		Preferred	Standard	Preferred
<b>3-Month retail pharmacy</b>							
2-3 times the 30 day co-pay except for percentage items	X 3	X 3	X 3		X 3	X 3	X 3
<b>3-Month mail order</b>							
Tier 1: Preferred Generic	\$0	\$0	\$0	Not offered	\$0	\$0	\$0
Tier 2: Non-Preferred Generic	\$12	\$12	\$12	Not offered	\$0	\$0	\$0
Tier 3: Preferred Brand	\$131	\$131	\$131	Not offered	\$141	\$141	\$126
Tier 4: Non-Preferred Brand	\$290	\$290	\$290	Not offered	\$300	\$300	\$297
Tier 5: Specialty Tier	N/A	N/A	N/A	Not offered	Not offered	Not offered	Not offered
Tier 6: Select Care Drugs / Vaccines		Not offered	Not offered	Not offered	Not offered	Not offered	Not offered
Preferred or Standard Mail Order Price	Preferred Mail Order	Preferred	Preferred		Preferred	Preferred	Preferred
<b>3. Coverage Gap (your costs after the Initial Coverage Period)</b>							
As you fill prescriptions, and the full retail price of your drugs reaches \$4,430, you leave the Initial Coverage Period and enter the Coverage Gap or "Donut Hole". You then pay 25% of the generic drug price and 25% of the brand drug price. Plans may extend additional benefits in the Donut Hole (see next row). You remain in the Donut Hole until your TrOOP (True out of Pocket) costs reach \$7,050. To calculate your TrOOP, add (1) any deductibles you've paid, (2) drug co-pay/coinsurance prior to and while in the Donut Hole, and (3) 75% of the full retail price of brand drugs purchased while in the donut hole. TrOOP does not include Part D Premium. When your TrOOP exceeds \$7,050 you enter Catastrophic Coverage and pay the greater of 5% or \$3.95/\$9.85 for generic/brand drugs.							
<b>1-Month retail pharmacy</b>							
Generic Tier 1 / Tier 2 / Tier 6	\$0/\$12	\$3/\$12	\$0/\$12	Not offered	\$0	\$15/\$20	\$0
Brand Tier 3 / Tier 4	25%	25%	25%	Not offered	25%	25%	25%
<b>4. Catastrophic Coverage (your costs after the Coverage Gap)</b>							
Generic	\$3.95 or 5%	\$3.95 or 5%	\$3.95 or 5%	Not offered	\$3.95 or 5%	\$3.95 or 5%	\$3.95 or 5%
Others	\$9.85 or 5%	\$9.85 or 5%	\$9.85 or 5%	Not offered	\$9.85 or 5%	\$9.85 or 5%	\$9.85 or 5%
<b>Senior Savings Model Select Insulin Drugs</b>	\$35/mo or \$95/100 days	\$35 for 30 day supply for 90 day supply	\$95 \$35 for 30 day supply for 90 day supply	\$95	Not participating	Not participating	Not participating
<b>Part B Covered Medications e.g. chemo and immunosuppressives</b>	20%/0-40%	0 - 20%	0 - 20%	20%	20%	45% (out of network)	20%
<b>Contact Information</b>							
<b>Members</b>		(844)-808-4553				(833)-570-6670	
<b>Non-Members</b>		(844)-723-6473				(833)-859-6031	
<b>Website</b>		aarpmedicareplans.com				AetnaMedicare.com	

This is an abbreviated guide. Medicare has neither reviewed nor endorsed this information. Check with plan and provider groups for full plan details. Information is from medicare.gov and plan pages linked from medicare.gov

Part C Medicare Advantage HMO Plans with Prescription Drug Coverage 2022

Benefits and Services (Both Part A & B required)	Alignment Health Plan AVA	Alignment Health Plan Harmony	Alignment Health Plan My Choice	Alignment Health Plan Sutter Advantage	Alignment Health Plan the ONE + Rite Aid	Anthem MediBlue Plus	Anthem MediBlue StartSmart Plus
Plan ID	H3815-026	H3815-031	H3815-007	H3815-020	H3815-034	H0544-108	H0544-121
Five-star Rating	4 Stars	4 Stars	4 Stars	4 Stars	4 Stars	3.5 Stars	3.5 Stars
Contracted Networks verify with both plan and provider (a list of acronyms is at the bottom)	Alignment Health Plan Direct Network	NCPN, PMGSJ	Imperial, NCPN, PMGSJ, SCCIPA	PAMF	Imperial, NCPN, PMGSJ, SCCIPA	CAL IPA, Northern California Physicians Network, Physicians Medical Group of San Jose, Seoul Medical Group	
Premium (monthly)	\$0	\$0	\$0	\$49	\$0	\$0	\$0
Out-of-Pocket Maximum	\$1,999	\$2,900	\$3,000	\$4,900	\$3,400	\$2,899	\$3,400
<b>Inpatient Care</b>							
Inpatient Hospital Care	\$0/day, days 1-4 \$100/day, days 5-10 \$0 after day 10	\$0/day, days 1-4 \$100/day, days 5-10 \$0 after day 10	\$0/day, days 1-4 \$100/day, days 5-10 \$0 after day 10	\$225/day, days 1-5 \$0 after day 5	\$0 copay for medicare covered stays (unlimited days/admission)	\$95/day, days 1-5 \$0 day 6-90	\$200/day, days 1-5 \$0, days 6-90
Inpatient Mental Health (190 days lifetime max)	\$250/stay;\$120/day, days 1-10 \$0, days 11-130	\$250/stay;\$120/day, days 1-10 \$0, days 11-130	\$0/stay \$120/day, days 1-90 \$0, days 91-130	\$120/day, days 1-10 \$0, days 11-130	\$1,484 deductible/each period \$0/day, days 1-60 \$371/dav. days 61-90	\$120/day, days 1-5 \$0 days 6-90	\$200/day, days 1-5 \$0 days 6-90
<b>Skilled Nursing Care ( no hospital stay required )</b>							
Days 1-20	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Days 21-100	\$50/day	\$100/day	\$50/day	\$160/day days 21-57 \$0, days 58-100	\$0	\$100/day	\$125/day
Home Health Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Outpatient Care: care should be medically necessary</b>							
Primary / Specialist per visit	\$35 / \$35	\$0 / \$0	\$0 / \$0	\$5 / \$20	\$0/\$0	\$0 / \$0	\$0 / \$0 - \$35
Chiropractic - Medicare covered	\$0	\$0	\$0	\$0	\$0	\$20	\$20
Podiatry - Medicare Covered	\$35	\$5	\$5	\$0	\$0	\$0	\$0-\$35
Mental Health indiv/group per visit	\$35 / \$35	\$0-40	\$0-40	\$0-40 copay/visit	\$0	\$25	\$0-\$35
Ambulatory Surgical Center	\$0	\$100	\$100	\$0	\$0	\$100	\$50
Outpatient Hospital / Surgery	\$100	\$200	\$200	\$0 /visit - \$325 copay/surgery	\$0	\$200	\$135
Opioid Treatment Program	50%	20%	20%	20%	\$0	\$25	\$35
Ambulance (\$ if admitted)	\$115	\$175	\$175	\$250 copay (\$0 if admitted)	\$75 copay	\$175	\$195
Emergency Care <sup>1</sup> per visit	\$120, \$0 WW \$25K	\$85, \$0 WW \$25K Limit	\$85, \$0 WW \$12K	\$90, \$0 WW \$7.5K/yr	\$0 US, \$75 WW \$25K	\$90, \$90/WW \$100K	\$120, \$120/WW \$100K
Urgently Needed Care	\$0-65 WW \$25K	\$0 (non-emergency care)	\$0, WW \$12K	\$0 copay (WW \$7.5K /yr)	\$0 US, \$75 WW \$25K	\$10, \$90/WW \$100K	\$20, \$120/WW \$100K
Rehab (therapy) per visit	\$35	\$0	\$0	\$0	\$0	\$0	\$0-\$20
Durable Medical Equipment	0-20% per item	20% per item	20%	0-20% per item	\$0 (<\$350) -20% (>\$350)	20%	\$0 or 20%
Diabetes Monitors and Supplies	\$0	\$0	\$0	\$0	\$0	\$0	0-20%
Diagnostic Tests and Procedures	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Lab Services / Outpatient x-rays	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$15	\$0	\$0	\$0 / \$5
Diagnostic Radiology Services	\$0	\$0	\$0	\$150	\$0	\$0	\$150
Therapeutic Radiology	20%	20%	20%	20%	\$0	20%	20%
Renal Dialysis	\$30	\$30	\$30	20%	20%	20%	20%
Hearing Exam - Medicare Covered	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Eye Exam - Medicare Covered	\$0	\$0	\$0	\$0	\$0	\$0	\$0-\$35
Acupuncture chronic low back pain	\$0	\$0	\$0	\$0	\$0	\$0, 20 visits/yr	\$20, 12 visits in 90 days
<b>Extras and Routine Services</b>							
Acupuncture - Routine per visit	\$0, 12 visits comb'd w/ Chiro	\$0, 19 visits comb'd w/ Chiro	\$0, 40 visits	Not covered	under specific conditions	\$0, 24 visits/yr	Not covered
Chiropractic - Routine per visit	\$0, 12 visits comb'd w/ Acup	\$0, 19 visits comb'd w/ Acup	Not covered	Not covered	Covered only under specific conditions	\$20, med approved	\$20, 12 visits
Dental preventive / comprehensive	Included	Included	\$0 / \$20-\$425	\$0 / \$20-\$425	Not available	\$0 / not covered	Not covered
Eye Exam - Routine once/yr	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Eyewear credit once every two yrs	\$200 coverage limit/yr	\$150 coverage limit/yr	\$100/yr	\$150/2 yrs	\$350	\$0 copay; \$150/yr	\$0 copay, \$200/ yr
Hearing Exams - Routine once/yr	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Hearing Aid fitting copay or credit	\$0	\$0	\$0, \$1,000 both ears/2 yrs	\$0	\$0 / 1 fitting per year	\$0, \$3k/yr	\$0, \$3k/yr
Podiatry - Routine per visit	\$35	\$5	\$5	Not covered	\$0	\$0	Not covered
Health Club	\$0	\$0	\$0	\$0	\$0	SilverSneakers	SilverSneakers
Over-the-Counter Item allowance	\$100/mo	\$30/mo	\$20/mo	\$15/mo	\$75/mth	\$30/quarter	\$125/quarter
Transportation	Not covered	\$0, 8 one-way trips/yr	\$0, 12 one-way trips/yr	Not covered	\$0 20 trips/yr	\$0, 8 trips/yr	\$0, 4 trips/yr
Optional Benefit Package for a Premium	\$29/mo comprehensive dental	\$29/mo comprehensive dental	\$29/mth Enhanced Dental	\$29/mth Enhanced Dental	Enhanced Dental \$29/mth	Dental/Vision \$12/mo Enhanced D/V \$48/mo	Dental/Vision \$32/mo Enhanced D/V \$48/mo

**Extra Benefits**

**Acronyms:**

<sup>1</sup> waived if admitted to the hospital within 24 or 72 hr., WW: worldwide emergency or urgent care coverage; \$XXX: denotes coverage limit/yr (usually a combined amount)

AMG: Affinity Medical Group  
CAL IPA: CA Independent Physicians Assoc.  
IHH: Imperial Health Holdings

NCA: Northern CA Advantage Medical Group  
NCPN: Northern CA Physicians Network

PCONC: Premier Care of Northern California  
PMGSJ: Physicians Medical Group of San Jose

SCCIPA: Santa Clara County Individual Practice Association  
SCVHHS: Santa Clara Valley Health & Hospital System

**Medicare Advantage Prescription Drug Benefits**

Do not purchase a separate stand-alone Part D plan. If you do, you may automatically be disenrolled.

<b>FOUR DRUG COVERAGE PERIODS</b>	<b>Alignment AVA</b>	<b>Alignment Harmony</b>	<b>Alignment Health Plan My Choice</b>	<b>Alignment Health Plan Sutter Advantage</b>	<b>Alignment Health Plan the ONE + Rite Aid</b>	<b>Anthem MediBlue Plus</b>	<b>Anthem MediBlue StartSmart Plus</b>
<b>1. Annual Drug Deductible</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>2. Initial Coverage Period (your costs after the Annual Drug Deductible)</b>							
<b>1-Month retail pharmacy</b>							
Tier 1: Preferred Generic	\$0	\$0	\$0	\$0	\$0	\$0	\$5
Tier 2: Non-Preferred Generic	\$3	\$3	\$3	\$5	\$1	\$5	\$12.5
Tier 3: Preferred Brand	\$40	\$40	\$40	\$40	\$40	\$42	\$40
Tier 4: Non-Preferred Brand	\$93	\$93	\$100	\$100	\$100	\$95	\$90
Tier 5: Specialty Tier	33%	33% coinsurance	33%	33%	33%	33%	33%
Tier 6: Select Care Drugs / Vaccines	\$3.00	\$3.00	\$5	\$5	\$5		\$10
Preferred or Standard Retail Price	Same price for Preferred or Retail		Preferred	Same Price	Standard	Preferred	Preferred
<b>3-Month retail pharmacy</b>							
2-3 times the 30 day co-pay except for percentage items	100-day X 3 Tier 5 not offered	100-day X 3 Tier 5 not offered	100-day X 3 Tier 5 not offered	100-day X 3 Tier 5 not offered	X 3	X 3 Tier 5 not offered	X 3 Tier 5 not offered
<b>3-Month mail order</b>							
Tier 1: Preferred Generic	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Tier 2: Non-Preferred Generic	\$6 (<60 days) \$9 (>60 days)	\$6 (<60 days) \$9 (>60 days)	\$9	\$10 (<60 days) \$15 (>60 days)	\$3	\$5	\$0.0
Tier 3: Preferred Brand	\$80 (<60 days) \$100 (>60 days)	\$80 (<60 days) \$100 (>60 days)	\$120	\$80 (<60 days) \$120 (>60 days)	\$120	\$42	\$80
Tier 4: Non-Preferred Brand	\$186 (<60 days) \$279 (>60 days)	\$186 (<60 days) \$279 (>60 days)	\$300	\$200 (<60 days) \$300 (>60 days)	\$300	\$95	\$180
Tier 5: Specialty Tier	Not offered	Not offered	Not offered	Not offered	Not available	33%	Not available
Tier 6: Select Care Drugs / Vaccines	\$6 (<60 days) \$0 (>60 days)	\$6 (<60 days) \$0 (>60 days)	\$0	\$6 (<60 days) \$0 (>60 days)	\$0	\$0	\$20
Preferred or Standard Mail Order Price	Same price for Preferred or Retail		Standard	Same Price		Preferred	Preferred
<b>3. Coverage Gap (your costs after the Initial Coverage Period)</b>							
As you fill prescriptions, and the full retail price of your drugs reaches \$4,430, you leave the Initial Coverage Period and enter the Coverage Gap or "Donut Hole". You then pay 25% of the generic drug price and 25% of the brand drug price. Plans may extend additional benefits in the Donut Hole (see next row). You remain in the Donut Hole until your TrOOP (True out of Pocket) costs reach \$7,050. To calculate your TrOOP, add (1) any deductibles you've paid, (2) drug co-pay/coinsurance prior to and while in the Donut Hole, and (3) 75% of the full retail price of brand drugs purchased while in the donut hole. TrOOP does not include Part D Premium. When your TrOOP exceeds \$7,050 you enter Catastrophic Coverage and pay the greater of 5% or \$3.95/\$9.85 for generic/brand drugs.							
<b>1-Month retail pharmacy</b>							
Generic Tier 1 / Tier 2	25%	25%	25%	25%	25%, \$0-\$5 (Tier 6)	\$0-25%	25%
Brand Tier 3 / Tier 4	25%	25%	25%	25%	25%	25%	25%
<b>4. Catastrophic Coverage (your costs after the Coverage Gap)</b>							
Generic	\$3.95 or 5%	\$3.95 or 5%	\$3.95 or 5%	\$3.95 or 5%	\$3.95 or 5%	\$3.95 or 5%	\$3.95 or 5%
Others	\$9.85 or 5%	\$9.85 or 5%	\$9.85 or 5%	\$9.85 or 5%	\$9.85 or 5%	\$9.85 or 5%	\$9.85 or 5%
Senior Savings Model Select Insulin Drugs	Not participating	Not participating	Not participating	Not participating	Not available	Not participating	Not participating
Part B Covered Medications e.g. chemo and immunosuppressives	20%	20%	20%	20%	20%	20%	20%
<b>Contact Information</b>							
Members	1-866-634-2247					(800) 499-2793	
Non-Members	1-888-979-2247					(844) 309-6996	
Website	alignmenthealthplan.com					snop.anthem.com/medicare	

This is an abbreviated guide. Medicare has neither reviewed nor endorsed this information. Check with plan and provider groups for full plan details. Information is from medicare.gov and plan pages linked from medicare.gov

**Part C Medicare Advantage HMO Plans with Prescription Drug Coverage 2022**

Benefits and Services (Both Part A & B required)	Anthem MediBlue Value Plus	Blue Shield AdvantageOptimum Plan	Blue Shield Inspire	Brand New Day Classic Care II Plan	Brand New Day Valor Care Plan	Essence Advantage Gold	Essence Advantage Platinum
Plan ID	H0544-120	H5928-050	H0504-046	H0838-037	H0838-048	H2986-002	H2986-001
Five-star Rating	3.5 Stars	3.5 Stars	4 Stars	3.5 Stars	3.5 Stars	4.5 Stars	4.5 Stars
Contracted Networks verify with both plan and provider (a list of acronyms is at the bottom)	CalIPA, NCPN, PMGSJ, Seoul	AllCare IPA, Sante' Community Physicians, First Choice Medical Group, Physicians Medial Group of San Jose, SCCIPA, and others		Physicians Medical Group of San Jose, SCCIPA, Seoul Medical Group		PAMF, SCCIPA, Stanford Medicine and Affiliates	
Premium (monthly)	\$54	\$0	\$0	\$0	\$0, Part B rebate \$140/mo	\$39	\$89
Out-of-Pocket Maximum	\$2,899	\$3,400	\$3,400	\$999	\$4,500	\$5,500	\$4,500
<b>Inpatient Care</b>							
Inpatient Hospital Care	\$150/day, days 1-5 \$0, days 6-90	\$300/day, days 1-5 \$0, days 6-90	\$100/day, days 1-5 \$0, days 6-90	\$100/day, days 1-6 \$0, days 7-90	\$1484 deductible, \$0/day, days 1-60, \$371/day, days 61-90	\$275/day, days 1-7 \$0 after day 7	\$250/day, days 1-7 \$0 after day 7
Inpatient Mental Health (190 days lifetime max)	\$150/day, days 1-5 \$0 days 6-90	\$100/day, days 1-8 \$0, days 9-90	\$900 per stay	\$0/day, days 1-60 \$329/day, days 61-90 \$658/day, 60 reserve days	\$0/day, days 1-60 \$329/day, days 61-90 \$658/dav. 60 reserve days	\$270/day, days 1-6 \$0, days 7-90	\$270/day, days 1-6 \$0, days 7-90
<b>Skilled Nursing Care ( no hospital stay required )</b>							
Days 1-20	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Days 21-100	\$100/day	\$100/day	\$100/day	\$185.5/day	\$185/day	\$150/day	\$100/day
Home Health Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Outpatient Care: care should be medically necessary</b>							
Primary / Specialist per visit	\$0 / \$0 - \$20	\$10 / \$25	\$0 / \$0	\$0 / \$10	\$0 / \$10	\$5 / \$35	\$0 / \$20
Chiropractic - Medicare covered	\$20	\$5	\$5	\$0	\$0	\$20	\$20
Podiatry - Medicare Covered	\$0-20	\$25	\$0	\$0	\$0	\$35	\$20
Mental Health indiv/group per visit	\$0 or \$20	\$25	\$10	\$10/20%	\$0	\$30 / \$20	\$10/\$20
Ambulatory Surgical Center	\$50	\$50	\$0	\$0-\$75	\$0-\$50	\$250	\$240
Outpatient Hospital / Surgery	\$125	\$350 / \$150	\$150	\$75	0%-20%	\$250	\$240
Opioid Treatment Program	\$35	\$0	\$0	\$0	\$0	\$30	\$20
Ambulance (\$ if admitted)	\$195	\$250	\$150	\$100	\$0-\$75	\$210	\$200
Emergency Care <sup>1</sup> per visit	\$120, \$120/WW \$100K	\$85, WW \$25K	\$85, WW Unlimited	\$100, \$100 WW \$50K	\$0-\$90 US; \$90 WW, \$50K	\$90, \$90/WW	\$90, \$90/WW
Urgently Needed Care	\$20, \$120/WW \$100K	\$15, \$85 WW \$25K	\$0, \$85 WW Unlimited	\$100 WW \$50K	\$0 US, \$90 WW \$50K	\$35, \$90/WW	\$35, \$90/WW
Rehab (therapy) per visit	\$0-\$20	\$30	\$10	\$10	\$10	\$30	\$20
Durable Medical Equipment	\$0 or 20%	\$0-20%	\$0-20%	\$0 (<\$100) -20% (>\$100)	\$0 (<\$100) -20% (>\$100)	20%	20%
Diabetes Monitors and Supplies	0-20%	\$0-20%	\$0-20%	\$0	\$0	\$0	\$0
Diagnostic Tests and Procedures	\$0	\$0	\$0	\$0	\$0	\$0-\$45	\$0-\$25
Lab Services / Outpatient x-rays	\$0	\$0	\$0	\$0	\$0	\$10 / \$45	\$10 / \$25
Diagnostic Radiology Services	\$150	\$45	\$25	\$25	\$0	\$210	\$210
Therapeutic Radiology	20%	20%	20%	\$0	\$0	20%	20%
Renal Dialysis	\$0	\$25	10%-20%	20%	20%	20%	20%
Hearing Exam - Medicare Covered	\$0	\$10	\$0	\$0	\$0	\$0	\$0
Eye Exam - Medicare Covered	\$0-\$20	\$0	\$0	\$0	\$0	\$5(PCP) / \$35(Specialist)	\$0(PCP) / \$20(Specialist)
Acupuncture chronic low back pain		\$0, 12 visits in 90 days	\$0, 12 visits in 90 days	\$0, 12 visits in 90 days	\$0, 12 visits in 90 days	\$35, 20 visits/yr	\$20, 20 visits/yr
<b>Extras and Routine Services</b>							
Acupuncture - Routine per visit	Not covered	\$5, 15 visits	\$0, 12 visits	\$0 30 visits comb'd w/ Chiro	\$0 30 visits comb'd w/ Chiro	Not covered	Not covered
Chiropractic - Routine per visit	Not covered	\$10, 15 visits	\$0, 12 visits	\$0 30 visits comb'd w/ Acup	\$0 30 visits comb'd w/ Acup	Not covered	Not covered
Dental preventive / comprehensive	Not covered	\$0-\$5 / Varies	\$0	\$0-\$50 / varies	\$0 / varies on services	Not covered	Not covered
Eye Exam - Routine once/yr	\$0	\$0	\$0	\$0	\$0	Not covered	Not covered
Eyewear credit once every two yrs	\$0 copay, \$200/ yr	\$125	\$150	\$175	\$175/yr	Not covered	Not covered
Hearing Exams - Routine once/yr	\$0	\$10	\$0	\$0	\$0	Not covered	Not covered
Hearing Aid fitting copay or credit	\$0, \$3k/yr	\$0, \$350 credit	Not covered	\$699-\$999 copay	\$0, \$149/aid	Not covered	Not covered
Podiatry - Routine per visit	\$0-\$20, 6 visits/yr	\$25	Not covered	Not covered	Not covered	Not covered	Not covered
Health Club	Silver Sneakers	\$0 / SilverSneakers	\$0 / SilverSneakers	\$0/Silver Sneakers	\$0/Silver Sneakers	Not covered	\$0 - Silver&Fit
Over-the-Counter Item allowance	\$125/quarter	\$50/quarter	\$90/quarter		\$250/6 mths	Not offered	\$75/qtr, up to 2 orders/qtr
Transportation	\$0, unlimited w/ approval	\$0, 12 one-way trips/yr	Not covered	\$0, unlimited w/ approval	\$0, unlimited w/ approval	\$0, 24 one-way trips/yr	\$0, 36 one-way trips/yr
Optional Benefit Package for a Premium	Dental \$12/mo Dental/Vision \$32/mo Enhanced D/V \$48/mo	None available	Dental \$11.60 (HMO) or \$40.50 (PPO)	None available	None available	DHMO/Vision \$20/m DPPO/Vision \$38/m	DHMO/Vision \$20/m DPPO/Vision \$38/m
<b>Extra Benefits</b>							
<b>Acronyms:</b>							

<sup>1</sup> waived if admitted to the hospital within 24 or 72 hr., WW: worldwide emergency or urgent care coverage; \$XXK: denotes coverage limit/yr (usually a combined amount)

AMG: Affinity Medical Group  
CAL IPA: CA Independent Physicians Assoc.  
THH: Imperial Health Holdings

NCA: Northern CA Advantage Medical Group  
NCPN: Northern CA Physicians Network

PCONC: Premier Care of Northern California  
PMGSJ: Physicians Medical Group of San Jose

SCCIPA: Santa Clara County Individual Practice Association  
SCVHHS: Santa Clara Valley Health & Hospital System

**Medicare Advantage Prescription Drug Benefits**

Do not purchase a separate stand-alone Part D plan. If you do, you may automatically be disenrolled.

<b>FOUR DRUG COVERAGE PERIODS</b>	<b>Anthem MediBlue Value Plus</b>	<b>Blue Shield AdvantageOptimum Plan</b>	<b>Blue Shield Inspire</b>	<b>Brand New Day Classic Care II Plan</b>	<b>Brand New Day Valor Care Plan</b>	<b>Essence Advantage Gold</b>	<b>Essence Advantage Platinum</b>
<b>1. Annual Drug Deductible</b>	\$0	\$200	\$0	\$50 except Tier 1, 6	No Part D coverage	\$0	\$0
<b>2. Initial Coverage Period (your costs after the Annual Drug Deductible)</b>							
<b>1-Month retail pharmacy</b>							
Tier 1: Preferred Generic	\$0	\$0	\$0	\$0	Not available	\$5	\$5
Tier 2: Non-Preferred Generic	\$9.5	\$5	\$10	\$12	Not available	\$15	\$15
Tier 3: Preferred Brand	\$40	\$40	\$40	\$47	Not available	\$47	\$47
Tier 4: Non-Preferred Brand	\$85	\$95	\$95	\$100	Not available	\$100	\$100
Tier 5: Specialty Tier	33%	29%	33%	32%	Not available	33%	33%
Tier 6: Select Care Drugs / Vaccines	\$0	Not offered	Not offered	\$0	Not available	\$0	\$0
Preferred or Standard Retail Price	Preferred	Preferred	Preferred	Standard		Standard	Standard
<b>3-Month retail pharmacy</b>							
2-3 times the 30 day co-pay except for percentage items	X 3 Tier 5 not offered	X 2.5	x 2.5	X2		X 3	X 3
<b>3-Month mail order</b>							
Tier 1: Preferred Generic	\$0	\$0	\$0	\$0	Not available	\$10	\$10
Tier 2: Non-Preferred Generic	\$0	\$12.50	\$15.00	\$24	Not available	\$30	\$30
Tier 3: Preferred Brand	\$80	\$100	\$100	\$94	Not available	\$94	\$94
Tier 4: Non-Preferred Brand	\$170	\$237.50	\$237.50	\$200	Not available	\$200	\$200
Tier 5: Specialty Tier	Not available	Not offered	Not offered	Not offered	Not available	Not offered	Not offered
Tier 6: Select Care Drugs / Vaccines	\$0	Not offered	Not offered	\$0	Not available	\$0	\$0
Preferred or Standard Mail Order Price	Preferred	Preferred	Preferred	Standard		Preferred	Preferred
<b>3. Coverage Gap (your costs after the Initial Coverage Period)</b>							
<b>1-Month retail pharmacy</b>							
Generic Tier 1 / Tier 2	\$0-\$5 / \$9.5-\$14.5	\$0 / \$5	\$0/25%	\$0 / 25%	Not available	\$5/25%/ \$0	\$5/25%/ \$0
Brand Tier 3 / Tier 4	25%	25%	25%	25% (Tier 6 \$0)	Not available	25%	25%
<b>4. Catastrophic Coverage (your costs after the Coverage Gap)</b>							
Generic	\$3.95 or 5%	\$3.95 or 5%	\$3.95 or 5%	\$3.95 or 5%	Not available	\$3.95 or 5%	\$3.95 or 5%
Others	\$9.85 or 5%	\$9.85 or 5%	\$9.85 or 5%	\$9.85 or 5%	Not available	\$9.85 or 5%	\$9.85 or 5%
<b>Senior Savings Model Select Insulin Drugs</b>	Not participating	Not participating	Not participating	Not participating	Not available	\$15-\$35/mo	\$15-\$35/mo
<b>Part B Covered Medications e.g. chemo and immunosuppressives</b>	20%	20%	20%	20%	20%	20%	20%
<b>Contact Information</b>							
<b>Members</b>		(800) 776-4466		(866) 255-4795		(855) 996-8422	
<b>Non-Members</b>		(888) 534-4263		(866) 255-4795		(844) 205-8422	
<b>Website</b>		<a href="http://blueshieldca.com/medicare">blueshieldca.com/medicare</a>		<a href="http://bndhmo.com">bndhmo.com</a>		<a href="http://essencehealthcareadvantage.com">essencehealthcareadvantage.com</a>	

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**Part C Medicare Advantage HMO Plans with Prescription Drug Coverage 2022**

Benefits and Services (Both Part A & B required)	Imperial Traditional	Imperial Strong	Kaiser Permanente Senior Advantage Basic Santa Clara	Kaiser Permanente Senior Advantage Enhanced Santa Clara	SCAN Classic	SCAN Options	Wellcare Assist	Wellcare No Premium
Plan ID Five-star Rating	H5496-007 2.5 Stars	H5496-014 2.5 Stars	H0524-062 5 Stars	H0524-039 5 Stars	H5425-020 4.5 Stars	H5425-073 4.5 Stars	H0562-127 4 Stars	H0562-120 4 Stars
Contracted Networks verify with both plan and provider (a list of acronyms is at the bottom)	Cal IPA, Imperial , Nivano, NCPG, Physicians IPA, Premier Care of NoCA, Seoul MG		The Permanente Medical Group, Inc.		Brown & Toland, CareMore Health, CareMore Cal IPA, CareMore NCPN, CareMore PMGSJ, El Camino Health Medical Network		Physicians Medical Group of San Jose, Seoul Medical Group	PMGSJ
Premium (monthly)	\$0	\$0	\$15	\$75	\$54	\$0	\$27.9	\$0
Out-of-Pocket Maximum	\$2,999	\$7,550	\$6,700	\$4,900	\$3,000	\$2,800	\$4,500	\$3,450
<b>Inpatient Care</b>								
Inpatient Hospital Care	\$150/day, days 1-5 \$0, days 6-90	Original Medicare	\$300/day, days 1-5 \$0, days 6-90	\$225/day, days 1-5 \$0/day 6-90	\$125/day, days 1-5 \$0, days 6-90	\$175/day, days 1-5 \$0, days 6-90	\$350/day, days 1-4, \$0/day, days 5-90	\$190/day, days 1-7 \$0 after day 7 unlimited number of days
Inpatient Mental Health (190 days lifetime max)	\$200/day, days 1-7 \$0, days 8-90 \$670/dav. 60 reserve days	Original Medicare	\$265/day, days 1-7 \$0 up to 190 days	\$265/day, days 1-7 \$0 up to 190 days	\$125/day, days 1-5 \$0, days 6-90	\$175/day, days 1-5 \$0, days 6-90	\$350/day, day 1-4, \$0/day days 5-90	\$900 per stay, days 1-90
<b>Skilled Nursing Care ( no hospital stay required )</b>								
Days 1-20	\$0	Original Medicare	\$0	\$0	\$0	\$0	\$0	\$0
Days 21-100	\$164.50/day	Original Medicare	\$100/day	\$100/day	\$100/day	\$125/day	\$188	\$125/day
Home Health Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Outpatient Care: care should be medically necessary</b>								
Primary / Specialist per visit	\$5 / \$10	20%/20%	\$15 / \$25	\$5 / \$15	\$0 / \$0-\$20	\$0 / \$0-\$25	\$0 / \$5	\$0/\$10
Chiropractic - Medicare covered	\$0	20%	\$20	\$10	\$20	\$20	\$5	\$10
Podiatry - Medicare Covered	\$0	20%	\$20-\$30	\$10-\$20	\$20	\$0-\$35	5	\$10
Mental Health indiv/group per visit	\$0-20%	20%	\$15 / \$7	\$5 / \$2	\$0-\$20	\$0-\$35	\$25/\$25	\$25/\$25
Ambulatory Surgical Center	\$0	20%	\$290	\$200	\$20-\$50	\$25-\$50	\$125	\$100
Outpatient Hospital / Surgery	\$0	20%	\$0 - \$290	\$0 - \$200	\$20-\$125	\$25-\$135	\$90-\$275	\$120/\$150
Opioid Treatment Program	\$0	20%	\$0	\$0	\$55	\$35	\$5	\$10
Ambulance (\$ if admitted)	\$150, 20% by air	20%	\$200	\$200	\$195	\$200	\$250	\$260
Emergency Care <sup>1</sup> per visit	\$100, \$0 WW \$50K	20% up to \$90; no WW	\$90, WW	\$90, WW	\$95, WW	\$100, WW	\$90, WW \$50K	\$120, \$120 WW 50K
Urgently Needed Care	\$20 WW \$50K	20% up to \$65	\$15, WW	\$5, WW	\$20, WW	\$20, WW	\$0 US, \$90 WW \$50K	\$10, \$120 WW 50K
Rehab (therapy) per visit	\$10-OT, 20%-PT/SLP	20%	\$15-\$30	\$12-\$25	\$0 / \$20	\$0-\$20	\$0	\$0-\$25
Durable Medical Equipment	20%	20%	0-20%	0-20%	\$0-20%	\$0-20%	20%	20%
Diabetes Monitors and Supplies	\$0	20%	\$0	\$0	\$0	20%	\$0	\$0-20%
Diagnostic Tests and Procedures	\$0	20%	\$20	\$10	\$0	\$0	\$0	\$0
Lab Services / Outpatient x-rays	\$0	20%	\$0-15 / \$15	\$0-5 / \$5	\$0 / \$0	\$0 / \$5	\$0	\$0/\$0
Diagnostic Radiology Services	\$0	20%	\$15-\$195	\$5-\$195	\$120	\$0-\$150	\$0-\$275	\$0/\$150
Therapeutic Radiology	20%	20%	\$0	\$0	20%	\$0	20%	20%
Renal Dialysis	20%	20%	0%-20%	0%-20%	20%	20%	20%	20%
Hearing Exam - Medicare Covered	\$10	20%	\$25	\$15	\$0	\$0	\$0	\$10
Eye Exam - Medicare Covered	\$0	20%	\$0 - \$25	\$0 - \$15	\$20	\$0-\$35	\$0-\$5	\$0-\$10
Acupuncture chronic low back pain	20%	20%	\$20	\$10	\$20	\$35	\$5	\$10
<b>Extras and Routine Services</b>								
Acupuncture - Routine per visit	Not covered	Not covered	\$20	\$10	Not covered	\$0, 30 visits comb'd w/ Chiro	\$0-\$5	\$0-\$10, 36 visits/yr
Chiropractic - Routine per visit	Not covered	Not covered	Not covered	Not covered	\$15, 10 visits	\$0, 30 visits comb'd w/ Acup	\$5	\$10, 36 visits/yr
Dental preventive / comprehensive	\$0, \$500 max/\$0, \$2000 max	\$0, \$500max/\$0, \$2000 max	\$0 - \$5	\$0 - \$5	Not covered	Not covered	\$0/\$5-20%	\$0/\$0-\$2250 copay
Eye Exam - Routine once/yr	\$0	\$0	\$15	\$5	\$0	\$0 / \$35	\$0	\$0
Eyewear credit once every two yrs	\$0, \$250 max	\$240/yr	\$40	\$40	\$125	\$250	\$200/yr	\$100/yr
Hearing Exams - Routine once/yr	20%	20%	\$25	\$15	\$0	\$0	\$0	\$0
Hearing Aid fitting copay or credit	20%, \$1,250/yr	20%, \$250	Not covered	Not covered	\$450/\$750 copay	\$450/\$750 copay	\$0, \$1000/yr	\$0copay, \$1,000/yr
Podiatry - Routine per visit	\$0, 6 visits/yr	Not covered	Not covered	Not covered	\$0 / \$20	\$0-\$35	\$5, 12 visits/yr	\$10, 12 visits/yr
Health Club	\$0, Silver&Fit	Silver&Fit	\$0	\$0	Participating clubs	Participating clubs	\$0	\$0
Over-the-Counter Item allowance	\$120/qtr	Not covered	Not covered	Not covered	Not covered	\$50/qtr	\$100/qtr	\$30/qtr
Transportation	\$0, unlimited w/ approval	Not covered	Not covered	Not covered	Not covered	\$0, 24 one-way trips/yr	\$0, 24 1-way/yr	Not covered
Optional Benefit Package for a Premium	None available	Not available	\$16/mo comp dental, vision, hearing	\$16/mo comp dental, vision, hearing	Dental \$6 or \$16/mo	Dental \$6 or \$16/mo	Not available	None available

**Extra Benefits** \$500 yearly debit flex card on dental/vision/hearing copay costs

**Acronyms:**  
<sup>1</sup> waived if admitted to the hospital within 24 or 72 hr., WW: worldwide emergency or urgent care coverage; \$XXX: denotes coverage limit/yr (usually a combined amount)  
 AMG: Affinity Medical Group  
 CAL IPA: CA Independent Physicians Assoc.  
 THH: Imperial Health Holdings  
 NCA: Northern CA Advantage Medical Group  
 NCPN: Northern CA Physicians Network  
 PCONC: Premier Care of Northern California  
 PMGSJ: Physicians Medical Group of San Jose  
 SCCIPA: Santa Clara County Individual Practice Association  
 SCVHHS: Santa Clara Valley Health & Hospital System



**Medicare Advantage Prescription Drug Benefits**

Do not purchase a separate stand-alone Part D plan. If you do, you may automatically be disenrolled.

FOUR DRUG COVERAGE PERIODS	Imperial Traditional	Imperial Traditional	Kaiser Permanente Senior Advantage Basic	Kaiser Permanente Senior Advantage Enhanced	SCAN Classic	SCAN Options	Wellcare Assist	Wellcare No Premium
<b>1. Annual Drug Deductible</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$480(Tier 2-5)	\$0
<b>2. Initial Coverage Period (your costs after the Annual Drug Deductible)</b>								
<b>1-Month retail pharmacy</b>								
Tier 1: Preferred Generic	\$0	\$0	\$3	\$0	\$0	\$0	\$0	\$5
Tier 2: Non-Preferred Generic	\$5	\$5	\$15	\$10	\$0	\$0	\$20	\$8
Tier 3: Preferred Brand	\$45	\$45	\$47	\$47	\$42	\$40	\$47	\$37
Tier 4: Non-Preferred Brand	\$90	\$90	\$100	\$100	\$95	\$90	43%	\$90
Tier 5: Specialty Tier	33%	33%	33%	33%	33%	33%	25%	33%
Tier 6: Select Care Drugs / Vaccines	Not offered	Not offered	\$0	\$0	Not offered	Not offered	\$0	\$0
Preferred or Standard Retail Price	Standard	Standard	Standard	Standard	Preferred	Preferred	Standard	Preferred
<b>3-Month retail pharmacy</b>								
2-3 times the 30 day co-pay except for percentage items	X 2.4-2.5 Tier 5 not offered	X 2.4-2.5 Tier 5 not offered	X 2 31-60 day supply x3 61-100 day supply	X 2 31-60 day supply x3 61-100 day supply	X 2 Tier 1,2 X 2.5-2.8 Tier 3,4	X 2 Tier 1,2 X 2.5-2.8 Tier 3,4	x3	X 3
<b>3-Month mail order</b>								
Tier 1: Preferred Generic	\$0	\$0	\$9	\$0	\$0	\$0	\$0/\$0	\$0/\$30
Tier 2: Non-Preferred Generic	\$10	\$10	\$30	\$20	\$0	\$0	\$0/\$60	\$0/\$60
Tier 3: Preferred Brand	\$90	\$90	\$94	\$94	\$106	\$100	\$94/\$141	\$74/\$141
Tier 4: Non-Preferred Brand	\$180	\$180	\$200	\$200	\$265	\$250	43%	\$180/\$300
Tier 5: Specialty Tier	Not offered	Not offered	33%	33%	Not offered	Not offered	Not available	Not offered
Tier 6: Select Care Drugs / Vaccines	Not offered	Not offered	Not offered	Not offered	Not offered	Not offered	\$0/\$0	\$0
Preferred or Standard Mail Order Price	Standard	Standard	Standard	Standard	Preferred	Preferred	Preferred/Standard	Preferred/Standard
<b>3. Coverage Gap (your costs after the Initial Coverage Period)</b>								
As you fill prescriptions, and the full retail price of your drugs reaches \$4,430, you leave the Initial Coverage Period and enter the Coverage Gap or "Donut Hole". You then pay 25% of the generic drug price and 25% of the brand drug price. Plans may extend additional benefits in the Donut Hole (see next row). You remain in the Donut Hole until your TrOOP (True out of Pocket) costs reach \$7,050. To calculate your TrOOP, add (1) any deductibles you've paid, (2) drug co-pay/coinsurance prior to and while in the Donut Hole, and (3) 75% of the full retail price of brand drugs purchased while in the donut hole. TrOOP does not include Part D Premium. When your TrOOP exceeds \$7,050 you enter Catastrophic Coverage and pay the greater of 5% or \$3.95/\$9.85 for generic/brand drugs.								
<b>1-Month retail pharmacy</b>								
Generic Tier 1 / Tier 2 /Tier 6	0%, no Tier 6	0%, no Tier 6	\$0 (Tier 1, 3)	\$0 - 33% (Tier 1, 2, 6)	25%	25%	25%	25%
Brand Tier 3 / Tier 4	25%	25%	2x (Tier 2, 4, 5)	25% (Tier 2, 4, 5)	25%	25%	25%	25%
<b>4. Catastrophic Coverage (your costs after the Coverage Gap)</b>								
Generic	\$3.95 or 5%	\$3.95 or 5%	\$3	\$0	\$3.95 or 5%	\$3.95 or 5%	\$3.95 or 5%	\$3.95 or 5%
Others	\$9.85 or 5%	\$9.85 or 5%	\$12, \$0 Tier 6	\$12, \$0 Tier 6	\$9.85 or 5%	\$9.85 or 5%	\$9.85 or 5%	\$9.85 or 5%
Senior Savings Model Select Insulin Drugs	\$0	\$0	Not participating	Not participating	Not participating	Not participating	not available	Not participating
Part B Covered Medications e.g. chemo and immunosuppressives	\$0, 0%	\$0, 0%	\$0-\$47	\$0-\$47	20%	20%	20%	20%
<b>Contact Information</b>								
Members	(800) 838-8271		(800) 443-0815		(800) 559-3500		1-800-275-4737	
Non-Members	(800) 838-8271		(800) 777-1238		(888) 315-7226		1-800-275-4737	
Website	imperialhealthplan.com		kp.org/medicare		scanhealthplan.com		Wellcare.com/healthnetCA	

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**Chronic and Institutional Special Needs Plans (SNP)**

Benefits and Services (Both Part A & B required)	Align Connect (Demetia+Long-Term Care)	Align Premier (Institutional)	Align Thrive (Institutional)	Anthem MediBlue Care On Site	Anthem MediBlue Diabetes	Anthem MediBlue Diabetes Care	Anthem MediBlue Heart	Anthem MediBlue Heart Care
Plan ID	H3274-003	H3274-001	H3274-002	H0544-050	H0544-118	H0544-102	H0544-119	H0544-106
Five-star Rating	Too new to be measured	Too new to be measured	Too new to be measured	3.5 Stars	3.5 Stars	3.5 Stars	3.5 Stars	3.5 Stars
Contracted Networks verify with both plan and provider (a list of acronyms is at the bottom)	VERIFY WITH PLAN			CareMore				
Premium (monthly)	\$0	\$26.7	\$0.00	\$0	\$55	\$0	\$55	\$0
Out-of-Pocket Maximum	\$3,500	\$7,550	\$3,500	\$3,000	\$2,899	\$2,899	\$2,899	\$2,899
<b>Inpatient Care</b>								
Inpatient Hospital Care	\$150/day, days 1-10 \$0 days 11-90	\$1,485 deductible \$0/day, days 1-60, \$371/day, days 61-90, \$742 days 91-150	\$150/day, days 1-10 \$0 days 11-90	\$0 per stay	\$40/day, days 1-5 \$0, days 6-90	\$75/day, days 1-5 \$0, days 6-90	\$20/day, days 1-5 \$0, days 6-90	\$75/day, days 1-5 \$0, days 6-90
Inpatient Mental Health (190 days lifetime max)	\$195 days 1-8 \$0/day, days 9-90 \$658/day 1-60days lifetime	\$1,485 deductible \$0/day, days 1-60, \$371/day, days 61-90, \$742 days 91-150	\$195 days 1-8 \$0/day, days 9-90 \$658/day 1-60days lifetime	\$0 per stay	\$40/day, days 1-5 \$0, days 6-90	\$75/day, days 1-5 \$0, days 6-90	\$20/day, days 1-5 \$0, days 6-90	\$75/day, days 1-5 \$0, days 6-90
<b>Skilled Nursing Care ( no hospital stay required )</b>								
Days 1-20	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Days 21-100	\$100/day	\$186/day	\$100/day	\$0	\$100/day	\$75/day	\$100/day	\$75/day
Home Health Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Outpatient Care: care should be medically necessary</b>								
Primary / Specialist per visit	\$0 / \$0	\$0 / 20%	\$0 / \$0	\$0 / \$0	\$0 / \$0 - \$20	\$0/\$15	\$0 / \$0 - \$20	\$0 / \$15
Chiropractic - Medicare covered	20%	20%	20%	\$0	\$20	\$0	\$20	\$0
Podiatry - Medicare Covered	20%	20%	20%	\$0	\$0 or \$20	\$0	\$0 or \$20	\$0
Mental Health indiv/group per visit	\$20/\$10	20%	\$20/\$10	\$0	\$0-\$20	\$15	\$0 - \$20	\$15
Ambulatory Surgical Center	20%	20%	20%	\$50	\$50	\$0	\$50	\$0
Outpatient Hospital / Surgery	\$75-\$100/20%	\$100/20%	\$75-\$100/20%	\$125	\$125	\$125	\$125	\$125
Opioid Treatment Program	\$0	\$0	\$0	\$0	\$30	\$30	\$30	\$30
Ambulance (\$ if admitted)	\$125/20%( Air)	20%	\$125/20%(Air)	\$195	\$195	\$100	\$195	\$100
Emergency Care <sup>1</sup> per visit	\$90	\$90	\$90	\$120 WW \$100K/yr	\$120 WW \$100K/yr	\$90 WW \$100K/yr	\$120 WW \$100K/yr	\$90 WW \$100K/yr
Urgently Needed Care	\$40	\$55	\$40	\$0, \$120 WW \$100K/yr	\$20, \$120 WW \$100K/yr	\$0, \$90 WW \$100K/yr	\$20, \$120 WW \$100K/yr	\$0, \$90 WW \$100K/yr
Rehab (therapy) per visit	\$0	20%	\$0	\$0	\$0 - \$20	\$20	\$0-\$20	\$20
Durable Medical Equipment	20%	20%	20%	\$0 to <\$500 max; then 20%	\$0 to <\$500 max; then 20%	\$0 to <\$500 max; then 20%	\$0 to <\$500 max; then 20%	\$0 to <\$500 max; then 20%
Diabetes Monitors and Supplies / Dialysis	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Diagnostic Tests and Procedures	20%	20%	20%	\$0	\$0	\$0	\$0	\$0
Lab Services / Outpatient x-rays	\$0	\$0	\$0	\$0/\$0	\$0	\$0	\$0/\$0	\$0/\$0
Diagnostic Radiology Services	20%	20%	20%	\$0-\$150	\$0 - \$150	\$0 - \$100	\$0-\$150	\$0 - \$100
Therapeutic Radiology	20%	20%	20%	20%	20%	20%	20%	20%
Renal Dialysis	20%	20%	20%	\$0	\$0	\$0	\$0	\$0
Hearing Exam - Medicare Covered	\$0	20%	20%	\$0	\$0	\$0	\$0	\$0
Eye Exam - Medicare Covered	20%	20%	\$0	\$0	\$0 or \$20	\$0 or \$15	\$0 or \$20	\$0 or \$15
Acupuncture chronic low back pain	20%	20%	20%	\$20, 12 visits in 90 days	\$20, 12 visits in 90 days	\$0, 12 visits in 90 days	\$20, 12 visits in 90 days	\$0, 12 visits in 90 days
<b>Extras and Routine Services</b>								
Acupuncture - Routine per visit	\$30 12/yr	Not covered	\$30 12/yr	Not covered	Not covered	\$0, 24 visits	Not covered	\$0, 24 visits
Chiropractic - Routine per visit	\$30 12/yr	Not covered	\$30 12/yr	Not covered	Not covered	\$0, 24 visits	Not covered	\$0, 24 visits
Dental preventive / comprehensive	\$0/20% Medicare covered	\$0/20% Medicare covered	\$0/20% Medicare covered	Not covered	Not covered	Not covered	Not covered	Not covered
Eye Exam - Routine once/yr	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Eyewear credit once every two yrs	\$130	\$130	\$130	\$300/yr	\$200/yr	\$200/yr	\$200/yr	\$175/yr
Hearing Exams - Routine once/yr	\$0	Not covered	\$0	\$0	\$0	\$0	\$0	\$0
Hearing Aid fitting copay or credit	\$0 copay, \$1500/yr	Not covered	\$0 copay, \$1500/yr	\$0, \$3k/yr	\$0, \$3k max/yr	\$0, \$3k max/yr	\$0, \$3k max/yr	\$0, \$3k max/yr
Podiatry - Routine per visit	\$0, 4 visits/yr	\$0, 4 visits/yr	\$0, 4 visits/yr	\$0, 4 visits/yr	\$0 or \$20, 12 visits/yr	\$0, 6 visits/yr	\$0 or \$20, 12 visits	\$0, 6 visits/yr
Health Club	Not covered	Not covered	Not covered	\$0, Silver Sneakers	\$0, Silver Sneakers	\$0, Silver Sneakers	\$0, Silver Sneakers	\$0, Silver Sneakers
Over-the-Counter Item allowance	\$75/qtr	Not covered	\$75/qtr	\$125 /qtr	\$125/qtr	\$50/qtr	\$125/qtr	\$50/qtr
Transportation	Not covered	Not covered	Not covered	Not covered	\$0, 30 trips, 60 miles max	\$0, 30 trips, 60 miles max	\$0, 6 trips, 60 miles	\$0, 30 trips, 60 miles
Optional Benefit Package for a Premium	\$0 (6, 2hrs In Home services following inpatient hospital)		\$0 (6, 2hrs In Home services following inpatient hospital)	Preventive Dental \$12 Dental/vision \$33/\$50 (Enh)	Preventive Dental \$12 Dental/vision \$33/\$50 (Enh)	Preventive Dental \$12 Dental/vision \$33/\$50 (Enh)	Preventive Dental \$12 Dental/vision \$33/\$50 (Enh)	Preventive Dental \$12 Dental/vision \$33/\$50 (Enh)

**Extra Benefits**

**Acronyms:**  
<sup>1</sup>waived if admitted to the hospital within 24 or 72 hr., WW: worldwide emergency or urgent care coverage; \$XXK: denotes coverage limit/yr (usually a combined amount)  
 AMG: Affinity Medical Group  
 CAL IPA: CA Independent Physicians Assoc.  
 IHH: Imperial Health Holdings  
 NCA: Northern CA Advantage Medical Group  
 NPCN: Northern CA Physicians Network  
 PAMF: Palo Alto Medical Foundation  
 PCONC: Premier Care of Northern California  
 SCCIPA: Santa Clara County Individual Practice Association  
 SCVHHS: Santa Clara Valley Health & Hospital System

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Medicare Advantage Prescription Drug Benefits

**Chronic and Institutional Special Needs Plans (SNP)**

<b>FOUR DRUG COVERAGE PERIODS</b>	<b>Align Connect</b>	<b>Align Premier (Institutional)</b>	<b>Align Thrive (Institutional)</b>	<b>Anthem MediBlue Care On Site</b>	<b>Anthem MediBlue Diabetes</b>	<b>Anthem MediBlue Diabetes Care</b>	<b>Anthem MediBlue Heart</b>	<b>Anthem MediBlue Heart Care</b>
<b>1. Annual Drug Deductible</b>	\$480	\$480	\$0 Tier 1, \$480 (Tier 2 - 5)	\$0	\$0	\$0	\$0	\$0
<b>2. Initial Coverage Period (your costs after the Annual Drug Deductible)</b>								
<b>1-Month retail pharmacy</b>								
Tier 1: Preferred Generic	\$2	25%	\$2	\$0	\$0	\$0	\$0	\$0
Tier 2: Non-Preferred Generic	\$15	25%	\$15	\$7.50	\$7.50	\$7.50	\$7.50	\$7.50
Tier 3: Preferred Brand	\$45	25%	\$45	\$40	\$35	\$35	\$40	\$40
Tier 4: Non-Preferred Brand	\$95	25%	\$95	\$85	\$85	\$85	\$85	\$85
Tier 5: Specialty Tier	25%	25%	25%	33%	33%	33%	33%	33%
Tier 6: Select Care Drugs / Vaccines	20%	25%	20%	\$0	\$0	\$0	\$0	\$0
Preferred or Standard Retail Price	Standard	Standard	Standard	Standard	Preferred	Preferred	Preferred	Preferred
<b>3-Month retail pharmacy</b>								
2-3 times the 30 day co-pay except for percentage items	X 3 Except Tier 5	X 3	X 3	X 3 Tier 5 not offered	X 3 Tier 5 not offered	X 3 Tier 5 not offered	X 3 Tier 5 not offered	X 3 Tier 5 not offered
<b>3-Month mail order</b>								
Tier 1: Preferred Generic				\$0	\$0	\$0	\$0	\$0
Tier 2: Non-Preferred Generic				\$15	\$0	\$0	\$0	\$0
Tier 3: Preferred Brand				\$80	\$70	\$70	\$80	\$80
Tier 4: Non-Preferred Brand				\$170	\$170	\$170	\$170	\$170
Tier 5: Specialty Tier				Not offered	Not offered	Not offered	Not offered	Not offered
Tier 6: Select Care Drugs / Vaccines				\$0	\$0	\$0	\$0	\$0
Preferred or Standard Mail Order Price				Preferred	Preferred	Preferred	Preferred	Preferred
<b>3. Coverage Gap (your costs after the Initial Coverage Period)</b>								
As you fill prescriptions, and the full retail price of your drugs reaches \$4,430, you leave the Initial Coverage Period and enter the Coverage Gap or "Donut Hole". You then pay 25% of the generic drug price and 25% of the brand drug price. Plans may extend additional benefits in the Donut Hole (see next row). You remain in the Donut Hole until your TrOOP (True out of Pocket) costs reach \$7,050. To calculate your TrOOP, add (1) any deductibles you've paid, (2) drug co-pay/coinsurance prior to and while in the Donut Hole, and (3) 75% of the full retail price of brand drugs purchased while in the donut hole. TrOOP does not include Part D Premium. When your TrOOP exceeds \$7,050 you enter Catastrophic								
<b>1-Month retail pharmacy</b>								
Generic Tier 1 / Tier 2	25%	25%	25%	\$0 / \$7.50 (pref)	\$0 / \$7.50 (pref)	\$0 / \$7.50 (pref)	\$0 / \$7.50 (pref)	\$0 / \$7.50 (pref)
Brand Tier 3 / Tier 4	25%	25%	25%	25% (Tier 3, 4, 5, 6)	25% (Tier 3, 4, 5, 6)	25% (Tier 3, 4, 5, 6)	25% (Tier 3, 4, 5, 6)	25% (Tier 3, 4, 5, 6)
<b>4. Catastrophic Coverage (your costs after the Coverage Gap)</b>								
Generic	\$3.95 or 5%	\$3.95 or 5%	\$3.95 or 5%	Tier 1 & 6 \$0	Tier 1 & 6 \$0	Tier 1 & 6 \$0	Tier 1 & 6 \$0	Tier 1 & 6 \$0
Others	\$9.85 or 5%	\$9.85 or 5%	\$9.85 or 5%	Tier 2-5 \$3.95, \$9.85, or 5%	Tier 2-5 \$3.95/\$9.85, or 5%	Tier 2-5 \$3.95/\$9.85, or 5%	Tier 2-5 \$3.95, \$9.85, or 5%	Tier 2-5 \$3.95, \$9.85, or 5%
<b>Senior Savings Model</b>								
<b>Select Insulin Drugs</b>	Not participating	Not participating	Not participating	Not participating	Tier 3 \$0-\$35; Tier 6 \$0	Tier 3 \$0-\$35; Tier 6 \$0	Not participating	Not participating
<b>Part B Covered Medications e.g. chemo and immunosuppressive drugs</b>	20%	20%	20%	20%, \$0 for plan-covered DME administered drugs	20%, \$0 for plan-covered DME administered drugs	20%	20%, \$0 for plan-covered DME administered drugs	20%
<b>Contact Information</b>								
<b>Members</b>	1-844-305-3879			(800) 499-2793				
<b>Non-Members</b>	1-844-305-3879			(877) 211-6614 (Telesales)				
<b>Website</b>	AlignSeniorCare.com			shop.anthem.com/medicare/ca				

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Individuals with Medi-Cal and/or Extra Help pay lower Rx co-pays.

**Chronic and Institutional Special Needs Plans (SNP)**

Benefits and Services (Both Part A & B required)	Anthem MediBlue Lung	Anthem MediBlue Lung Care	Brand New Day Embrace Care Plan (Chronic Heart/Diabetes)	Brand New Day Embrace Choice Plan (Chronic Heart/Diabetes)	Brand New Day Harmony Care Plan (Mental Health)	Brand New Day Harmony Choice Plan (Mental Health)	Brand New Day Select Care II Plan (Institutional)	Brand New Day Select Choice II Plan (Institutional)	Imperial Senior Value (Chronic Heart/ Diabetes)	
Plan ID	H0544-117	H0544-101	H0838-039	H0838-40	H0838-032	H0838-20	H0838-043	H0838-045	H5496-005	
Five-star Rating	3.5 Stars	3.5 Stars	3.5 Stars	3.5 Stars	3.5 Stars	3.5 Stars	3.5 Stars	3.5 Stars	2.5 Stars	
Contracted Networks verify with both plan and provider (a list of acronyms is at the bottom)	CareMore		Physicians Medical Group of San Jose, SCCIPA, Seoul Medical Group						Cal IPA, IHH, Nivano, NCPG, Physicians IPA, Premier Care of NoCA, Seoul MG	
Premium (monthly)	\$55	\$0	\$0	\$33.2	\$0	\$0	\$0	\$0	\$0	
Out-of-Pocket Maximum	\$2,899	\$2899	\$2,750	\$7,550	\$3,450	\$0	\$3,450	\$0	\$2,999	
<b>Inpatient Care</b>										
Inpatient Hospital Care	\$20/day, days 1-5 \$0, days 6-90	\$75/day, days 1-5 \$0, days 6-90	\$175/day, days 1-6 \$0 days 7-90	\$1484 deductible \$0, days 1-60 \$371/day, days 61-90	\$250/day,days 1-90	\$0	\$150/day, days 1-6 \$0 days 7-90	\$0, days 1-90	\$0 for day 1-90	
Inpatient Mental Health (190 days lifetime max)	\$20/day, days 1-5 \$0, days 6-90	\$75/day, days 1-5 \$0, days 6-90	\$175, days 1-6 \$0, days 7-60 \$329, days 61-90	\$1484 deductible \$0, days 1-60 \$371/day, days 61-90	\$0 days 1-60 \$329/day, days 61-90	\$0, days 1-90 (May be more if not covered by MediCal)	\$0 days 1-60 \$329/day, days 61-90	\$0 days 1-60 \$329/day, days 61-90	\$0 for day 1-60 \$371 for day 61-90	
<b>Skilled Nursing Care ( no hospital stay required )</b>										
Days 1-20	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Days 21-100	\$100/day	\$75/day	\$185.5/day	\$185.5/day	\$186/day	\$0	\$176/day	\$0	\$164.50	
Home Health Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
<b>Outpatient Care: care should be medically necessary</b>										
Cost more if not covered by MediCal CostShr										
Primary / Specialist per visit	\$0 / \$0 - \$20	\$0 / \$15	\$0 / \$0-\$10	20% / 20%	\$0 / \$0	\$0 / \$0	\$0 / \$10	\$0 / \$0	\$0 / \$0	
Chiropractic - Medicare covered	\$20	\$20	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Podiatry - Medicare Covered	\$0 or \$20	\$0	\$0	\$0	\$0	20%	\$0	\$0	\$0	
Mental Health indiv/group per visit	\$0-20	\$15	\$10/20%	\$40	\$0/\$0	\$0 / \$0	\$10 / 20%	\$0 / \$0	\$0-20% / \$0-20%	
Ambulatory Surgical Center	\$50	\$0	\$0-\$75	20%	\$0	\$0	\$0-\$75	\$0	\$0	
Outpatient Hospital / Surgery	\$125	\$125	\$0-\$100	20%	\$100/\$0	\$0	\$0-150	\$0	\$0	
Opioid Treatment Program	\$30	\$30	\$0	20%	\$0	20%	\$0	\$0	20%	
Ambulance (\$ if admitted)	\$195	\$100	\$75	20%	\$0-\$75	\$0	\$85	\$85	\$125	
Emergency Care <sup>1</sup> per visit	\$120 WW \$100K/yr	\$90 WW \$100K/yr	\$100, \$100 WW \$50K	\$90, \$90 WW \$50K	\$0/\$100, \$100 WW \$50K	\$0, \$90 WW \$50K	\$0-\$120, \$120 WW \$50K	\$0, \$90 WW \$50K	\$0 / WW \$50K	
Urgently Needed Care	\$20, \$120 WW \$100K/yr	\$0, \$90 WW \$100K/yr	\$0, \$100 WW \$50K	\$0, \$90 WW \$50K	\$0, \$100 WW \$50K	\$0, \$90 WW \$50K	\$0, \$120 WW \$50K	\$0, \$90 WW \$50K	\$0 / WW \$50K	
Rehab (therapy) per visit	\$0-\$20	\$20	\$10	20%	\$0	\$0	\$10	\$10	\$0	
Durable Medical Equipment	\$0 to <\$500 max; then 20%	\$0 to <\$500 max; then 20%	\$0	20%	\$0 < \$100, 20% >\$100	0-20%	0-20%	0-20%	20%	
Diabetes Monitors and Supplies / <b>Dialysis</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Diagnostic Tests and Procedures	\$0	\$0	0%	20%	\$0	\$0	\$0	\$0	\$0	
Lab Services / Outpatient x-rays	\$0/\$0	\$0/\$0	\$0	\$0 / 20%	\$0	\$0	\$0	\$0	\$0	
Diagnostic Radiology Services	\$0 - \$150	\$0 - \$100	\$0	20%	\$0-\$5	\$0	\$0	\$0	\$0	
Therapeutic Radiology	20%	20%	20%	20%	20%	\$0	\$0	\$0	20%	
Renal Dialysis	\$0	\$0	20%	20%	20%	\$0	\$0	\$0	20%	
Hearing Exam - Medicare Covered	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	20%	
Eye Exam - Medicare Covered	\$0 or \$20	\$15	\$0	20%	\$0	\$0	\$0	\$0	\$0	
Acupuncture chronic low back pain	\$20, 12 visits in 90 days	\$0, 12 visits in 90 days	\$0, w/approval & referral	\$0, 12 visits in 90 days	\$0, 12 visits in 90 days	\$0, 30 visits comb' with rtn	\$0	\$0	20%	
<b>Extras and Routine Services</b>										
Acupuncture - Routine per visit	Not covered	\$0, 24 visits	\$0 30 visits comb'd w/ Chiro	\$0 30 visits comb'd w/ Chiro	\$0, 30 visits comb'd w/ Chiro	\$0 30 visits comb'd w/ Chiro	\$0 (w/approval & referral)	\$0 (w/approval & referral)	Not covered	
Chiropractic - Routine per visit	Not covered	\$0, 24 visits	\$0 30 visits comb'd w/ Acup	\$0 30 visits comb'd w/ Acup	\$0, 30 visits comb'd w/ Acup	\$0 30 visits comb'd w/ Acup	\$0 (w/approval & referral)	\$0 (w/approval & referral)	Not covered	
Dental preventive / comprehensive	Not covered	Not covered	\$0/\$0-\$400	\$0/\$0-\$350	\$0-\$70/\$0-\$1,110	\$0/\$0-\$350	\$0-\$300/\$0-\$1,110	\$0 / \$0-\$350	\$0, \$500/yr / \$0, \$2000/yr	
Eye Exam - Routine once/yr	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Eyewear credit once every two yrs	\$200/yr	\$175/yr	\$75/\$89.50/\$175/yr	\$75/\$89.50/\$175/yr	\$75/\$89.50/\$175/yr	\$75/\$89.50/\$175/yr	\$75/\$89.50/\$175/yr	\$75/\$89.50/\$175/yr	\$250/2 yrs	
Hearing Exams - Routine once/yr	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	20%	
Hearing Aid fitting copay or credit	\$0, \$3k/yr	\$0, \$3k/yr	\$699 or \$999/aid,2 aids per yr	\$149 copay/2 aids per 3 yrs	Not covered	Not Covered	\$699 or \$999/aid, 2 aids per yr	\$149/2 aid per 3 yrs	20% up to \$1250/yr	
Podiatry - Routine per visit	\$0 or \$20, 9 visits/yr	\$0, 6 visits/yr	\$0	\$0	Not covered	Not covered	Not covered	\$0, 6 visits/yr	\$0, 6 visits	
Health Club	\$0, Silver Sneakers	\$0, Silver Sneakers	Silver Sneakers	Silver Sneakers	Silver Sneakers	Silver Sneakers	Not covered	Not covered	\$0, Silver&Fit	
Over-the-Counter Item allowance	\$125/qtr	\$50/qtr	\$30/3 mos	\$210/3 mos	\$30/3 mos	\$100/3 mos	\$50/6 mos	\$300/3 mos	\$120/qtr (mail order)	
Transportation	\$0, 6 trips, 60 miles max	\$0, 30 trips, 60 miles max	\$0, unlimited w/ approval	\$0, unlimited w/ approval	\$0, Unlimited w/approval	\$0, Unlimited w/ approval	\$0, unlimited w/approval	\$0, unlimited w/ approval	\$0 unlimited w/approval	
Optional Benefit Package for a Premium / Extra Benefits	Preventive Dental \$12 Dental/vision \$33/\$50 (Enh)	Preventive Dental \$12 Dental/vision \$33/\$50 (Enh)	None available	None available	None available	None available	None available	None available	None available	

**Acronyms:**

<sup>1</sup>waived if admitted to the hospital within 24 or 72 hr., WW: worldwide emergency or urgent care coverage; \$XXX: denotes coverage limit/yr (usually a combined amount)

AMG: Affinity Medical Group  
CAL IPA: CA Independent Physicians Assoc.  
IHH: Imperial Health Holdings

NCA: Northern CA Advantage Medical Group  
NCPN: Northern CA Physicians Network

PAMF: Palo Alto Medical Foundation  
PCONC: Premier Care of Northern California  
PMGSJ: Physicians Medical Group of San Jose

SCCIPA: Santa Clara County Individual Practice Association  
SCVHHS: Santa Clara Valley Health &

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**Medicare Advantage Prescription Drug Benefits**

<b>FOUR DRUG COVERAGE PERIODS</b>	<b>Anthem MediBlue Lung</b>	<b>Anthem MediBlue Lung Care</b>	<b>Brand New Day Embrace Care Plan (Chronic Heart/Diabetes)</b>	<b>Brand New Day Embrace Choice Plan (Chronic Heart/Diabetes)</b>	<b>Brand New Day Harmony Care Plan (Mental Health)</b>	<b>Brand New Day Harmony Choice Plan (Mental Health)</b>	<b>Brand New Day Select Care II Plan (Institutional)</b>	<b>Brand New Day Select Choice II Plan (Institutional)</b>	<b>Imperial Senior Value (Chronic Heart/ Diabetes)</b>
<b>1. Annual Drug Deductible</b>	\$0	\$0	\$0	\$480	\$100	\$0	\$0	\$0	\$0
<b>2. Initial Coverage Period (your costs after the Annual Drug Deductible)</b>									
<b>1-Month retail pharmacy</b>									
Tier 1: Preferred Generic	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Tier 2: Non-Preferred Generic	\$7.50	\$7.50	\$9	25%	\$0	\$0-\$1.35	\$12	\$0-\$1.35	\$5
Tier 3: Preferred Brand	\$40	\$40	\$47	25%	\$45	\$0-\$4	\$47	\$0-\$4	\$45
Tier 4: Non-Preferred Brand	\$85	\$85	\$90	25%	\$90	\$0-\$4	\$100	\$0-\$4	\$90
Tier 5: Specialty Tier	33%	33%	33%	25%	30%	\$0-\$4	33%	\$0-\$4	33%
Tier 6: Select Care Drugs / Vaccines	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3
Preferred or Standard Retail Price	Preferred	Preferred	Standard	Standard	Standard	Standard	Standard	Standard	Standard
<b>3-Month retail pharmacy</b>									
2-3 times the 30 day co-pay except for percentage items	X 3 Tier 5 not offered	X 3 Tier 5 not offered	X 3	X 3	X 3 Except Tier 5	X 3	X3 Except Tier 5	X 3	X 2
<b>3-Month mail order</b>									
Tier 1: Preferred Generic	\$0	\$0	\$0	\$0	\$0	\$0-\$1.35	\$0	\$0	\$0
Tier 2: Non-Preferred Generic	\$0	\$0	\$18	25%	\$0	\$0-\$4	\$24	\$0-\$1.35	\$10
Tier 3: Preferred Brand	\$80	\$80	\$94	25%	\$90	\$0-\$4	\$94	\$0-\$4	\$90
Tier 4: Non-Preferred Brand	\$170	\$170	\$180	25%	\$180	\$0-\$4	\$200	\$0-\$4	\$180
Tier 5: Specialty Tier	Not offered	Not offered	Not offered	Not offered	Not offered	\$0	Not offered	\$0-\$4	Not offered
Tier 6: Select Care Drugs / Vaccines	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preferred or Standard Mail Order Price	Preferred	Preferred	Standard	Standard	Standard	Standard	Standard	Standard	Standard
<b>3. Coverage Gap (your costs after the Initial Coverage Period)</b>									
	As you fill prescriptions, and the full retail price of your drugs reaches \$4,430, you leave the Initial Coverage Period and enter the Coverage Gap or "Donut Hole". You then pay 25% of the generic drug price and 25% of the brand drug price. Plans may extend additional benefits in the Donut Hole (see next row). You remain in the Donut Hole until your TrOOP (True out of Pocket) costs reach \$7,050. To calculate your TrOOP, add (1) any deductibles you've paid, (2) drug co-pay/coinsurance prior to and while in the Donut Hole, and (3) 75% of the full retail price of brand drugs purchased while in the donut hole. TrOOP does not include Part D Premium. When your TrOOP exceeds \$7,050 you enter Catastrophic Coverage and pay the greater of 5% or \$3.95/\$9.85 for generic/brand								
<b>1-Month retail pharmacy</b>									
Generic Tier 1 / Tier 2	\$0 / \$7.50 (pref)	\$0 / \$7.50 (pref)	\$0/25%	25%	\$0/ 25%	\$0-\$1.35	25%	\$0-\$1.35	\$0
Brand Tier 3 / Tier 4 / Tier 5	25% (Tier 3, 4, 5, 6)	25% (Tier 3, 4, 5, 6)	25% (Tier 6 \$0)	25%	25% (Tier 6 \$0)	\$0-\$4, \$0 Tier 6	25%	\$0-\$4, \$0 Tier 6	25%
<b>4. Catastrophic Coverage (your costs after the Coverage Gap)</b>									
Generic	Tier 1 & 6 \$0	Tier 1 & 6 \$0	\$3.95 or 5%	\$3.95 or 5%	\$3.95 or 5%	\$3.95 or 5%	\$3.95 or 5%	\$3.95 or 5%	\$3.95 or 5%
Others	Tier 2-5 \$3.95, \$9.85, or 5%	Tier 2-5 \$3.95, \$9.85, or 5%	\$9.85 or 5%	\$9.85 or 5%	\$9.85 or 5%	\$9.85 or 5%	\$9.85 or 5%	\$9.85 or 5%	\$9.85 or 5%
<b>Senior Savings Model Select Insulin Drugs</b>	Not participating	Not participating	\$0/\$35 30-day, \$0/\$105 90-day	Not participating	Not participating	Not participating	Not participating	Not participating	\$0
<b>Part B Covered Medications e.g. chemo and immunosuppressive drugs</b>	20%, \$0 for plan-covered DME administered drugs	20%	20%	20%	20%	0%	20%	0%	20%
<b>Contact Information</b>									
Members	(800) 499-2793				(866) 255-4795				(800) 838-8271
Non-Members	(877) 211-6614 (Telesales)				(866) 255-4795				(800) 838-8271
Website	www.anthem.com/ca				bndhmo.com				imperialhealthplan.com

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Individuals with Medi-Cal and/or Extra Help pay lower Rx co-pays.

Part C Medicare Advantage HMO Plans with Prescription Drug Coverage 2022

**Look-Alike Dual Special Needs Plans Marketed for Medicare beneficiaries with Medi-Cal. No copays if you have free, no share-of-cost Medi-Cal**

Benefits and Services (Both Part A & B required)	Alignment Health Plan CalPlus	Anthem MediBlue Connect Plus	Anthem MediBlue Coordination Plus	Blue Shield Coordinated Choice Plan	Brand New Day Classic Choice Plan	Imperial Traditional Plus	SCAN Plus	UnitedHealthcare Medicare Advantage Assure	Wellcare Plus Sapphire I
Plan ID	H3815-009	H0544-128	H0544-110	H5928-037	H0838-033	H5496-009	H5425-072	H0543-183	H0562-122
Five-star Rating	4 Stars	3.5 Stars	3.5 Stars	3.5 Stars	3.5 Stars	2.5 Stars	4.5 Stars	4 Stars	4 Stars
Contracted Networks (verify with both plan and provider a list of acronyms is at the bottom)	Imperial, NCPN, PMGSJ, SCCIPA	CAL IPA, Northern California Physicians Network, Physicians Medical Group of San Jose, Seoul Medical Group	IHH, Northern CA Physicians Network, PMGSJ, PCONC, SCCIPA, Seoul MG	PMGSJ, SCCIPA, Seoul MG	Cal IPA, IHH, Nivano, NCPG, Physicians IPA, PCONC, Seoul MG	Brown & Toland, CareMore Health/CAIPA/NCPN/PMGSJ, El Camino	AMG, PMG, PAMF, SCCIPA, SVMMD	Physicians Medical Group of San Jose	
Premium (monthly)	\$0	\$21.5	\$0	\$33.20	\$32.20	\$33.20	\$33.20	\$29.70	\$33.20
Out-of-Pocket Maximum	\$4,900	\$7,550	\$7,550	\$6,700	\$7,550	\$2,999	\$7,550	\$7,550	\$3,450
<b>Inpatient Care</b>									
Inpatient Hospital Care	(2021) \$1484 Deduct days 1-60 (2021) \$371/day, days 61-90	\$1,484 deductible days 1-60 \$371/day, Days 61-90	\$1,484 deductible days 1-60 \$371/day, Days 61-90	\$1484 deductible \$0/day, days 1-60 \$371 day 61-90	\$1484 deductible, \$0 days 1-60, \$371 days 61-90	(2021) \$0, days 1-60 (2021) \$371, days 61-90	\$1,484 days 1-60, \$371 days 61-90 (\$742/day copay lifetime)	\$1,480 per stay	\$2,524 per stay days 1-90
Inpatient Mental Health (190 days lifetime max)	(2021) \$1484 Deduct days 1-60 (2021) \$371/day, days 61-90	\$1,484 deductible days 1-60 \$371/day, days 61-90	\$1,484 deductible days 1-60 \$371/day, days 61-90	\$1484 deductible \$0/day, days 1-60 \$371 day 61-90	Coming soon	(2021) \$0, days 1-60 (2021) \$371, days 61-90	\$1,484 days 1-60, \$371 days 61-90 (\$742/day copay lifetime)	\$1,480 per stay	\$90/day, 1-15 \$0, days 16-90
<b>Skilled Nursing Care ( no hospital stay required )</b>									
Days 1-20	(2021) \$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Days 21-100	(2021) \$185.50/day	\$185.50/day	\$185.50/day	\$185.50	Coming soon	(2021) \$185.50	\$186	\$185.50	\$184
Home Health Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	20%
<b>Outpatient Care: care should be medically necessary</b>									
Primary / Specialist per visit	\$0 / \$0	20% / 0%-20%	20% / 20%	\$0 / \$0	\$0 / \$0	20%	\$0/\$0	20% / 20%	\$0 / \$0
Chiropractic - Medicare covered	\$0	20%	20%	20%	\$0	20%	20%	20%	\$0
Podiatry - Medicare Covered	\$0	20%	20%	20%	20%	20%	20%	20%	\$0
Mental Health indiv/group per visit	20% / 20%	20%	20%	20%/20%	\$0-\$40/\$0-\$40	20%	\$0/\$0	20% / 20%	20%
Ambulatory Surgical Center	20%	20%	20%	20%	20%	20%	20%	20%	20%
Outpatient Hospital / Surgery	20%	20%	20%	20%	20%	20%	20%	20%	\$120/20%
Opioid Treatment Program	20%	20%	20%	\$0	\$0	20%	\$0	\$0	0%
Ambulance (\$0 if admitted)	20%	20%	20%	20%	\$90	20%	20%	20%	20%
Emergency Care <sup>1</sup> per visit	20%, \$75 WW \$25K	20% up to \$90, WW \$100K	\$90, \$0/WW \$100K	20%, WW Unlimited	\$90, WW \$50K	20% to \$90, \$0 WW, \$50K max	20% up to \$90, WW	\$90 US, \$0 WW	\$120, \$120 WW \$50K
Urgently Needed Care	20%	20% up to \$65, WW \$100K	\$65, \$0 WW \$100K	20%, WW Unlimited	\$0	20% to \$65, \$0 WW \$50K max	20% up to \$65, WW	\$65 US, \$0 WW	\$65, \$120 WW \$50K
Rehab (therapy) per visit	20%	20%	20%	20%	\$0-\$40	20%	20%	20%	\$0
Durable Medical Equipment	20%	20%	20%	20%	20%	20%	20%	20%	20%
Diabetes Monitors and Supplies	\$0	\$0	\$0	20% / \$0	\$0	20%	\$0	\$0	\$0-20%
Diagnostic Tests and Procedures	20%	20%	20%	20%	20%	20%	20%	\$0	\$0/20%
Lab Services / Outpatient x-rays	20% / \$0	20%	20%	\$0/20%	\$0 / 20%	\$0/20%	\$0/20%	\$0 / 20%	\$0/20%
Diagnostic Radiology Services	\$0	20%	20%	20%	20%	20%	20%	20%	20%
Therapeutic Radiology	20%	20%	20%	20%	20%	20%	20%	20%	20%
Renal Dialysis	20%	20%	20%	20%	20%	20%	20%	20%	20%
Hearing Exam - Medicare Covered	\$0	20%	20%	20%	\$0	20%	20%	20%	\$0
Eye Exam - Medicare Covered	\$0	20%	20%	\$0/20%	\$0	\$0	20%	20%	\$0
Acupuncture chronic low back pain	\$0	20%, 20 visits/yr	20%, 20 visits/yr	20%	\$0	20%	\$0	20%	\$0
<b>Extras and Routine Services</b>									
Acupuncture - Routine per visit	\$0, 12 visits comb'd w/ Chiro	Not covered	\$0, unlimited	\$0, 24 visits	\$0, 30 visits comb'd w/ Chiro	Not covered	\$0, 30 visits comb'd w/ Chiro	Not covered	\$0, 24 visits
Chiropractic - Routine per visit	\$0, 12 visits comb'd w/ Acup	\$0, 20 visits/yr	20%	Not covered	\$0, 30 visits comb'd w/ Acup	Not covered	\$0, 30 visits comb'd w/ Acup	Not covered	\$0, 36 visits
Dental preventive / comprehensive	\$0 / \$0, \$300/qtr	\$0 / \$300/qtr	\$0 / not covered	\$0 / Varies	\$0 once/yr / not covered	\$0, \$500/yr / \$0, \$2000/yr	\$0	Not covered	Not covered/\$0, \$1k/yr
Eye Exam - Routine once/yr	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Eyewear credit once every two yrs	\$500	\$200/yr	\$0 copay; \$300/yr	\$500/yr	\$70-\$175/yr	\$255/yr	\$300	\$100/2 yrs	\$400
Hearing Exams - Routine once/yr	\$0	\$0	\$0	\$0	\$0	20%	Not covered	\$0	\$0
Hearing Aid fitting copay or credit	\$2,000 limit both ears/2yr	\$2,000/yr	\$0, \$3k/yr	\$0, \$2k/yr	\$149 per aid/3yr	20%, \$250/yr	Not covered	up to \$2,500/yr	\$0 copay,\$1,500/yr
Podiatry - Routine per visit	Not covered	\$0, 12 visits/yr	\$0	\$0, 1 visit/mo	Not covered	\$0	\$0, 6 visits/yr	\$0, 4 visits per year	\$0, 12 visits/yr
Health Club	\$0	SilverSneakers	SilverSneakers	\$0 SilverSneakers	\$0 SilverSneakers	\$0 Silver&Fit	\$0 (Silver Sneakers)	Renew Active	\$0
Over-the-Counter Item allowance	\$100/mo	\$100/qtr	\$175/quarter	\$200/qtr	\$205/qtr	\$120/qtr	\$75/qtr	\$100/qtr (limits apply)	\$140/qtr
Transportation	\$0, unlimited, 50 miles	\$0, 40 trips/yr, 60 ml max	\$0, 48 one-way trips/yr	\$0, Unlimited approved trips	\$0, unlimited w/ approval	\$0 unlimited w/ approval	\$0, 48 one-way trips	\$0, 36 one-way trips	\$0, 36 one-way trips/yr
Optional Benefit Package for a Premium	None available	Not available	None available	None available	None available	None available	None available	Personal Emer Response \$0	None available

**Acronyms:**  
<sup>1</sup> waived if admitted to the hospital within 24 hr., WW: worldwide emergency or urgent care coverage; \$XXX: denotes coverage limit/yr (usually a combined amount)  
 AMG: Affinity Medical Group  
 CAL IPA: CA Independent Physicians Assoc.  
 IHH: Imperial Health Holdings  
 NCA: Northern CA Advantage Medical Group  
 NCPN: Northern CA Physicians  
 PAMF: Palo Alto Medical Foundation  
 PCONC: Premier Care of Northern California  
 PMGSJ: Physicians Medical Group of San Jose  
 SCCIPA: Santa Clara County Individual Practice Association  
 SCVHHS: Santa Clara Valley Health &

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**Medicare Advantage Prescription Drug Benefits**

**Look-Alike Dual Special Needs Plans**

**PLEASE NOTE: IF YOU HAVE FREE MEDI-CAL, YOU WILL PAY THE LOWER OF YOUR EXTRA HELP DEDUCTIBLE/COPAY AMOUNT OR THE PLAN AMOUNT**

<b>FOUR DRUG COVERAGE PERIODS</b>	<b>Alignment Health Plan CalPlus</b>	<b>Anthem MediBlue Connect Plus</b>	<b>Anthem MediBlue Coordination Plus</b>	<b>Blue Shield Coordinated Choice Plan</b>	<b>Brand New Day Classic Choice</b>	<b>Imperial Ttraditional Plus</b>	<b>SCAN Plus</b>	<b>UnitedHealthcare Medicare Advantage Assure</b>	<b>Wellcare Plus Sapphire I</b>	
<b>1. Annual Drug Deductible</b>	\$480	\$480	\$480	\$0 - 480	\$480	\$480	\$480	\$480	\$480 (Tier 2-5)	
<b>2. Initial Coverage Period (your costs after the Annual Drug Deductible)</b>										
<b>1-Month retail pharmacy</b>										
Tier 1: Preferred Generic	\$0	25%	\$0	\$0	\$0	\$0	\$0	25%	\$0	
Tier 2: Non-Preferred Generic	\$20	25%	\$15	25%	25%	25%	25%	25%	\$20	
Tier 3: Preferred Brand	25%	25%	\$47	25%	25%	25%	25%	25%	\$47	
Tier 4: Non-Preferred Brand	25%	\$85	\$95	25%	25%	25%	25%	25%	46%	
Tier 5: Specialty Tier	25%	25%	25%	25%	25%	25%	25%	25%	25%	
Tier 6: Select Care Drugs / Vaccines	\$5	\$0		25%	\$0	Not offered	Not offered	Not offered	\$0	
Preferred or Standard Retail Price	"Retail" Cost-Sharing	Preferred	Preferred	Standard	Standard	Standard	Preferred	Standard	Standard	
<b>3-Month retail pharmacy</b>										
2-3 times the 30 day co-pay except for percentage items	X 3 (except Tier 6) Tier 5 not offered	X 3 Tier 5 not offered	X 3 Tier 5 not offered	X 3	X 3	X 3	X 3	X 3	X 3	
<b>3-Month mail order</b>										
Tier 1: Preferred Generic	\$0	\$0	\$0	\$0	\$0	0%	\$0	25%	\$0/\$0	
Tier 2: Non-Preferred Generic	\$60	\$0	\$15	25%	25%	25%	25%	25%	\$0/\$60	
Tier 3: Preferred Brand	25%	25%	\$141	25%	25%	25%	25%	25%	\$94/\$141	
Tier 4: Non-Preferred Brand	25%	\$170	\$285	25%	25%	25%	25%	25%	46%	
Tier 5: Specialty Tier	Not offered	Not available	Not available	Not offered	25%	Not offered	Not offered	25%	25%	
Tier 6: Select Care Drugs / Vaccines	\$0	\$0		Not offered	\$0	Not offered	Not offered	Not offered	\$0	
Preferred or Standard Mail Order Price	Preferred	Preferred	Preferred	Standard	Standard	Standard	Preferred	Standard	Preferred/Standard	
<b>3. Coverage Gap (your costs after the Initial Coverage Period)</b>										
	Full Duals continue to pay the Extra Help copay or the Plan rate if it is lower.		Full Duals continue to pay the Extra Help copay or the Plan rate if it is lower.		Full Duals continue to pay the Extra Help copay or the Plan rate if it is lower.		Full Duals continue to pay the Extra Help copay or the Plan rate if it is lower.		Full Duals continue to pay the Extra Help copay or the Plan rate if it is lower.	
Total drug costs = \$4430										
<b>1-Month retail pharmacy</b>										
Generic Tier 1 / Tier 2	25%	25%	\$0-25%	\$0 / 25%	25%	0%	25%	25%	25%	
Brand Tier 3 / Tier 4	25%	25%	25%	25%	25%	25%	25%	25%	25%	
<b>4. Catastrophic Coverage (your costs after the Coverage Gap)</b>										
Generic	greater of \$3.95 or 5%	\$3.95 or 5%	\$3.95 or 5%	\$3.95 or 5%	\$3.95 or 5%	greater of \$3.95 or 5%	\$3.95 or 5%	\$3.95 or 5%	\$3.95 or 5%	
Others	greater of \$9.85 or 5%	\$9.85 or 5%	\$9.85 or 5%	\$9.85 or 5%	\$9.85 or 5%	greater of \$9.85 or 5%	\$9.85 or 5%	\$9.85 or 5%	\$9.85 or 5%	
<b>Senior Savings Model Select Insulin Drugs</b>	Not participating	Not participating	Not participating	Not participating	Not participating	Not participating	Not participating	Not participating	Not participating	
<b>Part B Covered Medications e.g. chemo and immunosuppressive drugs</b>	20%	20%	20%	20%	20%	20%	\$0-20%	0-20%	20%	
<b>Contact Information</b>										
Members	1-866-634-2247	(800) 499-2793		(800) 776-4466	(866) 255-4795	(800) 838-8271	(800) 559-3500	(844) 808-4553	(800) 431-9007	
Non-Members	1-888-979-2247	(844) 309-6996		(888) 534-4263	(866) 255-4795	(800) 838-8271	(877) 870-4867	(800) 555-5757	(800) 977-6738	
Website	<a href="http://alignmenthealthplan.com">alignmenthealthplan.com</a>	<a href="http://shop.anthem.com/medicare/ca">shop.anthem.com/medicare/ca</a>		<a href="http://blueshieldca.com/medicare">blueshieldca.com/medicare</a>	<a href="http://bndhmo.com">bndhmo.com</a>	<a href="http://imperialhealthplan.com">imperialhealthplan.com</a>	<a href="http://scanhealthplan.com">scanhealthplan.com</a>	<a href="http://uhcmedicaresolutions.com">uhcmedicaresolutions.com</a>	<a href="http://ca.healthnetadvantage.com">ca.healthnetadvantage.com</a>	

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Individuals with Medi-Cal and/or Extra Help pay lower Rx co-pays.

Part C Medicare Advantage HMO Plans with Prescription Drug Coverage 2022

**Dual Eligible Beneficiaries (qualify for both Medicare and Medi-Cal)**

Benefits and Services (Both Part A & B required)	Medicare / Medi-Cal Plans			Dual Eligible (D-SNP)		
	Anthem Blue Cross Cal MediConnect	Santa Clara Family Health Plan Cal MediConnect	On Lok PACE	Anthem MediBlue Connect	Anthem MediBlue Dual Advantage	Kaiser Senior Advantage Medicare Medi-Cal Plan North
Plan ID	H6229-006	H7890-001	H5403-001	H0544-003	H0544-130	H0524-030
Five-star Rating	Not enough data	Not enough data	Not enough data	3.5 Stars	3.5 Stars	5 Stars
Contracted Networks: (check with both plan and provider)	Northern California Advantage Medical Group, PMGSJ	SCVHHS <sup>11</sup> , PAMF (existing patients), VHP, PMGSJ, PCONC, IPG, Stanford Specialists	SCVHHS, NCPN	CAL IPA, PCONC, SCCIPA, VMF	CAL IPA, PCONC, SCCIPA, VMF	The Permanente Medical Group, Inc.
Premium (monthly)	\$0	\$0	\$0	\$0 - \$22	\$0	\$0 - \$31.40
Out-of-Pocket Maximum	N/A	N/A	\$0	\$7,550	\$7,550	\$3,400
<b>Inpatient Care</b>	<b>ST</b>	<b>ST</b>	<b>ST</b>	<b>ST</b>	<b>ST</b>	<b>ST</b>
Inpatient Hospital Care	\$0	\$0	\$0	\$1,484 deductible days 1- 60 \$371/day, days 61-90	\$1,484 deductible days 1- 60 \$371/day, days 61-90	\$0
Inpatient Mental Health (190 days lifetime max)	\$0	\$0	\$0	\$1,484 deductible days 1- 60 \$371/day, days 61-90	\$1,484 deductible days 1- 60 \$371/day, days 61-90	\$0
<b>Skilled Nursing Care ( no hospital stay required )</b>						
Days 1-20	\$0	\$0	\$0	\$0	\$0	\$0
Days 21-100	\$0	\$0	\$0	\$186	\$186	\$0
Home Health Care	\$0	\$0	\$0	\$0	\$0	\$0
<b>Outpatient Care: care should be medically necessary</b>						
Primary / Specialist per visit	\$0	\$0	\$0	\$0 / \$0	\$0 / \$0	\$0
Chiropractic - Medicare covered	\$0	\$0	\$0	\$0 - 20%	\$0 - 20%	\$0
Podiatry - Medicare Covered	\$0	\$0	\$0	\$0 - 20%	\$0 - 20%	\$0
Mental Health indiv/group per visit	\$0	\$0	\$0	\$0 - 20%	\$0 - 20%	\$0
Ambulatory Surgical Center	\$0	\$0	\$0	\$0 - 20%	\$0 - 20%	\$0
Outpatient Hospital / Surgery	\$0	\$0	\$0	\$0 - 20%	\$0 - 20%	\$0
Opioid Treatment Program	\$0	\$0	\$0	\$0 - 20%	\$0 - 20%	\$0
Ambulance (\$ if admitted)	\$0	\$0	\$0	\$0 - 20%	\$0 - 20%	\$0/\$200
Emergency Care <sup>12</sup> per visit	\$0	\$0	\$0	\$0-\$90, WW \$100K	\$0-\$90, WW \$100K	\$0, WW
Urgently Needed Care	\$0	\$0	\$0	\$0--\$65, WW 100K	\$0--\$65, WW 100K	\$0, WW
Rehabilitation (therapy) per visit	\$0	\$0	\$0	\$0 - 20%	\$0 - 20%	\$0
Durable Medical Equipment	\$0	\$0	\$0	\$0 - 20%	\$0 - 20%	0-20%
Diabetes Monitors and Supplies	\$0	\$0	\$0	\$0 - 20%	\$0 - 20%	\$0
Diagnostic Tests and Procedures	\$0	\$0	\$0	\$0 - 20%	\$0 - 20%	\$0
Lab Services / Outpatient x-rays	\$0	\$0	\$0	\$0 - 20%	\$0 - 20%	\$0
Diagnostic Radiology Services	\$0	\$0	\$0	\$0 - 20%	\$0 - 20%	\$0
Therapeutic Radiology	\$0	\$0	\$0	\$0 - 20%	\$0 - 20%	\$0
Renal Dialysis	\$0	\$0	\$0	\$0 - 20%	\$0 - 20%	\$0-20%
Hearing Exam - Medicare Covered	\$0	\$0	\$0	\$0 - 20%	\$0 - 20%	\$0
Eye Exam - Medicare Covered	\$0	\$0	\$0	\$0 - 20%	\$0 - 20%	\$0
Acupuncture chronic lower back pain	\$0	\$0	\$0	\$0 - 20%	\$0 - 20%	\$0
<b>Extras and Routine Services</b>						
Chiropractic Routine per visit	Not covered	\$0, 2 visits/mo	\$0	Not covered	\$0, unlimited visits/yr	\$0
Acupuncture per visit	Not covered	\$0, 2 visits/mo	\$0	\$0 - 20%	\$0 - 20%	\$0
Dental preventive / comprehensive	Denti-Cal coverage	Denti-Cal coverage	\$0	\$0 -20% / \$250/qtr	\$0 -20% / \$400/qtr	\$0 DeltaCare HMO
Eye Exam - Routine once/yr	\$0	\$0	\$0	\$0	\$0	\$0
Eyewear credit once every two yrs	\$100 / year	\$200	\$0	\$100/yr	\$300/yr	\$350/yr
Hearing Exams - Routine once/yr	\$0	\$0	\$0	\$0	\$0	\$0
Hearing Aid fitting copay or credit	\$0 / \$3K per year	\$0 / \$1,510	\$0	\$0, \$3,000/yr	\$0, \$3,000/yr	Not covered
Podiatry - Routine per visit	\$0 / 12 visits per year	\$0	\$0	\$0 - 20%, 12 visits/yr	\$0 - 20%, unlimited visits/yr	\$0
Health Club	\$0 SilverSneakers	\$0 thru approved vendor	Not Covered	\$0 SilverSneakers	\$0 SilverSneakers	Not covered
Over-the-Counter Item allowance	\$125/ qtr	\$0 co-pay with prescription	\$0	\$125/qtr	\$175/qtr	Not Covered
Transportation	\$0, 65 1-way/yr, 60 mile max	\$0	\$0	\$0, 65 1-way/yr/60 mi max	\$0, 48 1-way/yr, 60 mi max	Not covered
Medi-Cal LTC Benefits	Included Benefits: Care Coordination, In-Home Supportive Services (IHSS), Multi-Purpose Senior Services Program (MSSP), Community-Based Adult Services (CBAS), Long Term Skilled Nursing Home			Not available	Not available	Not covered

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**Medicare Prescription Drug Benefits**

FOUR DRUG COVERAGE PERIODS	Medicare/Medi-Cal Plans					
	Anthem Blue Cross Cal MediConnect	Santa Clara Family Health Plan Cal MediConnect	On Lok Lifeways	Anthem MediBlue Connect	Anthem MediBlue Dual Advantage	Kaiser Senior Advantage Medicare Medi-Cal Plan North
<b>1. Annual Drug Deductible</b>	\$0	\$0	\$0	\$480	\$480	\$480 if you do not qualify for Extra Help
<b>2. Initial Coverage Period (your total drug costs reaches \$4,130)</b>						
<b>1-Month retail pharmacy</b>						
Tier 1: Preferred Generic	\$0	\$0	\$0	\$0	\$0	\$0 - 25%
Tier 2: Non-Preferred Generic	\$0	\$0 - \$9.85	\$0	\$0	\$0 - \$15	\$0 - 25%
Tier 3: Preferred Brand	\$0 - \$9.85	\$0 (Non-Medicare R)	\$0	\$0 - 20%	\$0 - \$47	\$0 - 25%
Tier 4: Non-Preferred Brand	\$0 - \$9.85	\$0(Non-Medicare OTC drugs)	\$0	\$0 - 25%	\$0 - \$95	\$0 - 25%
Tier 5: Specialty Tier	\$0 - \$9.85		\$0	\$0 - 25%	\$0 - 25%	\$0 - 25%
Tier 6: Select Care Drugs / Vaccines	\$0		\$0	\$0	Not offered	\$0 - 25%
Preferred or Standard Retail Price	Standard	Standard	Standard	Standard	Preferred	Standard
<b>3-Month retail pharmacy</b>						
2-3 times the 30 day co-pay except for percentage items	X 1	X 1	X 1	X 3	X 3	100 day supply X1
<b>3-Month mail order</b>						
Tier 1: Preferred Generic	\$0	\$0	\$0	\$0	\$0	\$0 - 15%
Tier 2: Non-Preferred Generic	\$0	\$0 - \$9.85	\$0	\$0	\$0	\$0 - 15%
Tier 3: Preferred Brand	\$0 - \$9.85	\$0 (Non-Medicare R)	\$0	\$0 - 20%	\$0 - \$141	\$0 - 15%
Tier 4: Non-Preferred Brand	\$0 - \$9.85	\$0(Non-Medicare OTC drugs)	\$0	\$0 - 25%	\$0 - \$285	\$0 - 15%
Tier 5: Specialty Tier	\$0 - \$9.85		\$0	Not available	Not available	\$0 - 15%
Tier 6: Select Care Drugs / Vaccines	\$0		\$0	\$0	Not offered	\$0
Preferred or Standard Mail Order Price	Standard	Standard	Standard	Standard	Standard	Standard
<b>3. Coverage Gap (Donut Hole)</b>						
Full Duals continue to pay the Extra Help copay or the Plan rate if it is lower.						
<b>1-Month retail pharmacy</b>						
Generic Tier 1 / Tier 2	Initial Coverage rates	Initial Coverage rates	\$0	\$0 - 25%	\$0 - 25%	Same as above
Brand Tier 3 / Tier 4	Initial Coverage rates	Initial Coverage rates	\$0	25%	\$0 - 25%	Same as above
<b>4. Catastrophic Coverage (your costs after the Coverage Gap)</b>						
Generic	\$0	\$0	\$0	\$0, \$3.95 or 5%	\$0, \$3.95 or 5%	\$3.95 or 5%
Others				\$0, \$9.85 or 5%	\$0, \$9.85 or 5%	\$9.85 or 5%
<b>Select Insulin Drugs</b>						
Part B Covered Medications e.g. chemotherapy and immunosuppressive drugs	\$0	\$0	\$0	\$0	\$0	\$0
				Not participating	Not participating	Not participating
<b>Contact Information</b>						
Members	(855) 817-5785	(877) 723-4795	(888) 886-6565	(800) 499 -2793	(800) 499 -2793	(800) 443-0815
Non-Members	(855) 817-5785	(877) 723-4795	(888) 886-6565	(844) 309 -6996	(844) 309 -6996	(800) 777-1238
Website	<a href="http://mss.anthem.com/cammp">mss.anthem.com/cammp</a>	<a href="http://www.scfhp.com">www.scfhp.com</a>	<a href="http://onloklifeways.org">onloklifeways.org</a>	<a href="http://shop.anthem.com/medicare">shop.anthem.com/medicare</a>	<a href="http://shop.anthem.com/medicare">shop.anthem.com/medicare</a>	<a href="http://kp.org/medicare">kp.org/medicare</a>

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**SHIP**  
State Health Insurance  
Assistance Program  
Navigating Medicare

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