Your Medicare Choices



Use Original Medicare

Parts A & B (Original Medicare)

Part A: Hospital Insurance

Part B: Medical 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).



Optional supplemental and drug coverage below

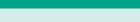


Medigap

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



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

OR



Join and use a Medicare Advantage Plan

Part C

A, B and D managed by an HMO

Part D Drug Coverage is usually included

- 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.

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

Original Medicare: Part A & B

Premiums, Benefits, & Out-of-Pocket Costs for 2023

Medicare due to Age (65+) ¹		
	Your or Your Spouse's Social Security Credits	Monthly Premium
Premium-Free Part A	40	\$ O
Premium Part A	30-39	\$278
Trommann drey (0-29	\$506
Part B (standard rate)	N/A	\$164.90 ²

Part A										
Benefit	Your Deductible and Coinsurance (per benefit period) ³									
Hospital Inpatient	\$1,600 deductible \$400 / day \$800 / day	days days days	1-60 61-90 91-150 ⁴							
Hospital Inpatient Psychiatric	Same as Hospital Inpatient bu	Same as Hospital Inpatient but a 190 day lifetime limit								
Skilled Nursing Facility after a three day hospital inpatient stay with skilled care required daily	\$0 \$200 / day You pay all Part A SNF costs	days days days	1-20 21-100 101+ (no coverage)							
Home Health Care part-time skilled care; possible home health aide; up to 35 hours / week	Nothing except 20% of covere	Nothing except 20% of covered durable medical equipment								
Hospice care of terminal illness	Nothing except 5% of inpatier per prescription	Nothing except 5% of inpatient respite care and up to \$5								

Part B									
Benefit	Your Deductible and Coinsurance ⁵								
	Annual Deductible - \$226								
Some Preventive Services	0/20%								
Physician Services	20% ⁶								
Hospital Outpatient Services	20% ⁶ (capped at \$1,600 for each service)								
Medical Equipment & Supplies	20% ⁶								
Ambulance Services	20%								
Mental Health Outpatient	20%								
Mental Health Partial Hospitalization	20%-40%								
Home Health Care	Nothing except 20% of covered durable medical	al equipment							
Clinical Lab Services	Nothing	3							

- 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 \$1,640 is equal to one Social Security credit in 2023. 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 \$97,000/\$194,000 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).

2023

	2025			
Beneficiaries who file an individual tax return with 2021 income:	Beneficiaries who file a joint tax return with 2021 income:	Part B Income- related monthly adjustment amount (IRMAA)	Total monthly Part B premium amount	Part D IRMAA
\$97,000 or less	\$194,000 or less	\$0.00	\$164.90	\$0.00
\$97,001 - \$123,000	\$194,001 - \$246,000	\$65.90	\$230.80	\$12.20
\$123,001 - \$153,000	\$246,001 - \$306,000	\$164.80	\$329.70	\$31.50
\$153,001 - \$183,000	\$306,001 - \$366,000	\$263.70	\$428.60	\$50.70
\$183,001 - \$500,000	\$366.001 - \$750,000	\$362.60	\$527.50	\$70.00
Above \$500,000	Above \$750,000	\$395.60	\$560.50	\$76.40
their spouse at any tin	married and lived with ne during the year, but urn from their spouses:			
\$97,000	O or less	\$0.00	\$164.90	\$0
\$97,001 -	\$403,000	\$362.60	\$527.50	\$70.00
Above \$	403,000	\$395.60	\$560.50	\$76.40

Preventive Services:

Fleventive 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
	I .





2023 Medigap Plan Benefits and Coverage

Benefits for 2023	Plans Available to All Participants											
	Α	В	D	G ⁽¹⁾	K	L	М	N				
Part A Hospital Inpatient Coinsurance days 61-90 (\$400/day), days 91- 150 (\$800/day), and beyond that, an extra 365 days at 100%	•	•	•	•	•	•	•	•				
Part B Coinsurance (20%)	•	•	•	•	50%	75%	•	copays apply (3)				
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 (\$200/day)			•	•	50%	75%	•	•				
Part A Hospital Inpatient Deductible days 1-60 (\$1,600)		•	•	•	50%	75%	50%	•				
Part B Annual Deductible (\$226)												
Part B Excess Charges (up to 15%)				•								
Foreign Travel Emergency (4)			•	•			•	•				
Out-of-pocket limit in 2023 ⁽²⁾					\$6,940 ⁽²⁾	\$3,470 ⁽²)					

f eli be	dicare first gible efore O only
С	F ⁽¹⁾
•	•
•	•
•	•
•	•
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•	•
•	•
	•
•	•

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.

m Plans F and G also have a high deductible option which require first paying a plan deductible of [\$2,700 in 2023] 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.

(2) 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.

(3) 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.

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

This is an abbreviated guide. Medicare has neither reviewed nor endorsed this information. Check with plan for full plan details. Information is from insurance.ca.gov and plan changes linked from insurance.ca.gov

2023 Medigap Sample Premiums (\$ / month)

Rates posted Oct. 14th, 2022 for 95054 via insurance.ca.gov

Rates posted Oct. 14th, 2022 f	Or 95054 \	via ilisurai	ice.ca.	gov		lan Le	tter		_	_	P	an Lett	er	
						iuii Le						dicare f		
				Plans	Availa	ble to	All Pa	rticipa	ants			e before		
											09	only		
	Age	Α	В	D	G	G ⁽¹⁾	K	L	М	N	С	F	F ⁽¹⁾	Rating *
Accendo Insurance Company	<65	420			509					361		555		
(800) 264-4000	65	217			208					140		227		
aetnaseniorproducts.com	70	182			221					156		241		AA
·	75	214			259					184		282		701
	80	251			304					216		331		
(+) Blue Cross of California	<65	283			455					368		593		
(800) 333-3883	65	113			136					147		203		
anthem.com	70	137			166					178		247		AA
	75	167			202					217		300		
	80	251			245					263		363		
(+) California Physicians	<65	494		718	706		384			590	840	842	214	
Service	65	110		158	125		80			123	187	168	45	
(800) 248-2341	70	139		203	172		103			164	238	208	62	AA
blueshieldca.com	75	190		265	225		137			220	311	269	83	
	80	218		315	293		166			256	368	362	95	
Cigna health and Life	<65	295			318					244		390	99	
Insurance Company	65	130			140					102		172	44	
(866) 459.4272	70	159			171					124		210	53	AA
cigna.com	75	193			208					151		255	65	
	80	224			241					180		296	75	
Colonial Penn Life	<65	256	328	298	374	70	126	251	3240	299		396	77	
Insurance Company	65	130	167	135	170	34	58	124	151	118		192	38	
(800) 523-9100	70	159	204	175	211	41	70	147	187	153		232	45	AA
bankerslife.com	75	193	246	224	260	50	87	180	233	197		282	55	
	80	225	287	270	315	60	105	213	277	245		336	66	
Continental Life Insurance	<65	302	382		393					297		536		
Company of Brentwood	65	158	201		206					148		282	53	
Tennessee	70	192	243		250					181		341	64	AA
(800) 264-4000	75	234	296		303					223		414	77	
aetnaseniorproducts.com	80	269	339		348					262		476	89	
Elips Life Insurance	<65	376			361	123				286		440		
Company	65	150			144	49				114		176		
(855) 774-4491	70	183			176	60				139		214		AA
lumico.com	75	226			217	74				172		264		
Everence Association Inc	80	281			270	92				214		329		
	<65	318			342					267		367		
(800) 348-7468	65	159			171					127		183		
everence.com	70	193			215					159		230		AA
	75	239			257 299					197 235		275 321		
First Health Life & Health	80 <65	279	221							235		405		
Insurance Company		245	321		375									
(855) 369-4835	65 70	168	191 223		205					119		228		ΛΛ.
aetnaseniorproducts.com	70 75	192 214	254		241 278					141 163		267 307		AA
aetiiaseiiiorproducts.com	80				311									
	80	227	279		311					184		341		

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Rates posted Oct. 14th, 2022 i	OI 33034 V	ia ilisurai	ice.ca.	gov		lan Le	tter				Р	lan Lett	er	
					_	1411 -						dicare f		
				Plans	Availa	ble to	ΔII Pa	rticipa	ants			e before		
					, traila			. c.c.p.			ciigib.	only		
	Age	A	В	D	G	G ⁽¹⁾	К	L	М	N	С	F.	F (1)	Rating *
Globe Life and Accident	<65	228	337		357					284	382	385		J
Insurance Company	65	114	167		167	35				130	185	186	32	
(800) 801-6831	70	149	201		202	47				157	220	221	44	AA
globecare med supp.com	75	162	236		237	60				186	255	256	56	
	80	163	241		256	72				203	273	275	67	
(+) Health Net Life	<65	237	292	308	312	167	178	2441	285	308	339	339	142	
Insurance Company	65	117	142	137	154	62	87	119	139	123	165	167	70	
(800) 926-4178	70	141	171	169	185	60	105	143	167	136	199	201	84	AA
healthnet.com	75	175	212	218	230	98	130	177	207		246	250	105	
	80	197	238	251	259	113	147	199	233		277	281	118	
Humana Benefit Plan of	<65	299			365	119				311		408		
Illinois	65	158			168	55				131		193		
(888) 310-8482	70	165			173	60				136		201		AA
humana.com	75	192			208	72				167		237		
	80	225			251	83				208		284		
Humana Insurance	<65	274	294		2812	82	154	224		226	375	381	92	
Company	65	149	162		169	45	70	101		98	206	210	50	
(888) 310-8482	70	178	193		202	54	100	145		146	246	251	60	AA
humana.com	75	210	229		239	63	119	172		173	291	297	71	
	80	243	264		276	73	137	199		200	337	343	82	
Independence American	<65	495			530					396		551		
Insurance Company	65	130			131					111		163		
(866) 951-0679	70	160			165					129		194		AA
independence american.com	75	196			210					159		238		
In the Lateral Assessment Co.	80	243			265					196		294		
Individual Assurance Co.,	<65	295			372					327		450		
Life, Health & Accident (888) 524-3629	65	169			182					155		230		
iaclife.com	70 75	191 219			206 243					175 207		257 299		AA
lacille.com	80	219			282					242		344		
Loyal American Life	<65	291			324					238		406		
Insurance Company	65	168			166					120		217		
(866) 459-4272	70	198			197					141		253		AA
cignasupplementallbenefits.	75	228			233					167		295		701
com	80	256			272					197		342		
Manhattan Life Assurance	<65	295			296					258		357		
Company of America	65	126			127					108		156		
(800) 877-7703	70	143			144					122		176		AA
manhattanlife.com	75	175			176					149		217		
	80	214			215					184		267		
National Guardian Life	<65	260			320					258		348		
Insurance Company	65	148			155					122		176		
(800) 548-2962	70	155			164					128		185		AA
nglic.com	75	183			198					156		220		
	80	210			237					187		260		
National Health Insurance	<65	365			408					322		478	140	
Company	65	146			163					129		191	56	
(888) 376-3300	70	158			176					139		207	61	AA
natgenhealth.com	75	190			213					168		249	73	
	80	224			250					197		293	86	

2023 Medigap Sample Premiums (\$ / month)

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					P	lan Le	tter				1	P	lan Lett	er	
				Plans	Availal	ble to	All Pa	rticip	ants			_	dicare f e before only		
	Age	Α	В	D	G	G ⁽¹⁾	K	L	М	N		С	F	F (1)	Rating *
Oxford Life Insurance	<65	319			254					287			470		
Company	65	199			152					137			256		
(800) 308-2318	70	236			164					161			303		AA
oxfordlife.com	75	280			199					191			357		
	80	307			227					221			409		
Physicians Life Insurance	<65	188			246					204			283		_
Company	65	134			146					121			167		
(800) 325-6300	70	144			157					130			180		AA
physiciansmutual.com	75	167			183					152			211		
	80	182			213					176			244		
State Farm Mutual	<65	220		334	335					256		403	407		
Automobile Insurance	65	92		122	122					93		169	171		
Contact local agent	70	116		155	155					118		213	215		AA
statefarm.com	75	135		185	185					142		247	249		
	80	151		211	211					164		277	280		
Transamerica Life	<65	280	363	395	364		178	265	325	306		410	421		
Insurance Company	65	111	146	158	145		73	108	133	125		165	172		
(800) 797-2643	70	142	186	199	188		92	136	168	159		209	217		IA
transamerica.com	75	180	232	251	232		114	170	209	197		261	270		
	80	233	302	327	302		147	219	270	253		339	348		
United American Insurance	<65	252	343	441	426					335		503	542		
Company	65	128	164	191	178	37	108	153		142		217	222	37	
(800) 755-21377	70	162	211	250	233	50	143	202		187		278	285	50	AA
unitedamerican.com	75	181	240	293	272	63	157	222		220		323	330	63	
	80	185	251	327	304	76	163	231		249		360	367	76	
(+) UnitedHealthcare	<65	188	263		249		99					317	318		
Insurance Company	65	97	135		128		51	89		108		162	163		
(844) 606-0145	70	119	166		157		62	110		133		200	201		CR
uhc.com	75	188	263		249		99	175		211		317	318		O.T.
	80	188	263		249		99	175		211		317	318		
United World Life	<65	288	203		316		- 55	1,3		263		31,	400		
Insurance Company	65	115			126	49				105			160		
(800) 667-2937	70	143			157	55				131			198		AA
mutualofomaha.com	75	173			191	65				159			240		AA
mataaroromana.com	80	206			227	76				189			285		
USAA Life Insurance Co	<65	195			316	70				263			400		
(800) 531-8000	65	109			121					116			168		
usaa.com	70	127			132					135			196		AA
usuu.com	75	152			158					161			235		AA
	80	176			196					187			272		
Washington National	<65	317			339	85				275			373		
_	<65 65	127								110			3/3 149		
Insurance Company					136	34									
(800) 852-6285	70	164			175	41				142			181		AA
bankerslife.com	75	200			213	50				180			219		
	80	230			246	60				219			262		

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

F $^{(1)}$ and G $^{(1)}$: 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
- 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.





2023 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 Injectables SCD = Select Care Drug. Plans place drugs into numbered Tiers 1, 2, 3, 4 etc. A drug's tier will vary by plan.

Organization Name	Diam Name	Monthly	Annual	I	nitial (Coverage Pharma	ge Peri	od	Coverage Gap ³			
Telephone Website	Plan Name	Premium	Deductible	Tier 1	Tier 2	Tier 3	Tier 4	ST / SCD	Additional benefits	X	¢	$\stackrel{\wedge}{\Longrightarrow}$
Anthem Blue Cross 855-793-1938	MediBlue Rx Standard	\$90.60	\$505	\$1	\$2	\$40	40%	25%	No	Χ		4.5
shop.anthem.com/medicare	MediBlue Rx Plus	\$94.50	\$0	\$1	\$4	\$47	50%	33%	No	Χ		4.5
Blue Shield of California 888-292-7591	Rx Plus	\$96.50	\$505	\$1	\$12	\$43	47%	25%	No	Х		3.5
blueshieldca.com/medicare	Rx Enhanced	\$172.50	\$0	\$2	\$7	\$43	42%	33%	No	Х		3.5
Cigna	Saver Rx	\$12.70	\$505	\$0	\$10	\$40	50%	25%	No	Х		3.5
800-735-1459	Secure Rx	\$28.40	\$505	\$1	\$6	\$28	50%	25%	No	Х	¢	3.5
cignamedicare.com	Extra Rx*	\$67.70	\$100	\$4	\$10	\$45	50%	31%	Yes	Χ		3.5
Clear Spring Health	Premier Rx	\$15.10	\$505	\$1	\$5	\$42	45%	25%	No	Χ		2.5
877-317-6082 clearspringhealthcare.com	Value Rx	\$25.80	\$505	\$1	\$3	\$42	35%	25%	No	Х	¢	2.5
Elixir Insurance	Elixir RxPlus	\$64.30	\$505	\$1	\$6	\$43	46%	25%	No	Х		3.5
888-377-1439 <i>elixirinsurance.com</i>	Elixir RxSecure	\$65.10	\$505	\$1	\$4	15%	34%	25%	No	Х		3.5
Humana	Walmart Value Rx Plan	\$44.50	\$505	\$0	\$2	15%	50%	25%	No	Χ		3.5
1-800-706-0872	Basic Rx Plan	\$52.30	\$505	\$0	\$1	20%	39%	25%	No	Χ		3.5
humana.com/medicare	Premier Rx Plan*	\$93.70	\$300	\$1	\$4	\$45	49%	28%	Yes	Χ		3.5
Mutual of Omaha Rx	Rx Essential	\$20.50	\$505	\$0	\$15	20%	48%	25%	No	Χ		2.5
800-961-9006 mutualofomaharx.com	Rx Premier	\$81.70	\$505	\$1	\$10	\$45	45%	25%	No	Х		2.5
	Rx Plus	\$104.60	\$505	\$1	\$5	20%	36%	25%	No	Х		2.5
SilverScript	Smart Saver	\$4.50	\$505	\$2	\$15	25%	50%	25%	No	Χ		4.5
1-833-526-2445	Choice	\$29.60	\$505	\$2	\$7	17%	35%	25%	No	Χ	¢	4.5
aetnamedicare.com	Plus	\$69.10	\$0	\$0	\$0	\$47	50%	33%	Yes	Χ		4.5
UnitedHealthcare (AARP)	Medicare Rx Walgreens	\$35.20	\$350	\$1	\$10	\$40	45%	27%	No	Χ		3.5
888-867-5564	Medicare Rx Saver Plus	\$50.70	\$505	\$1	\$4	18%	42%	25%	No	Χ		3.5
aarpmedicarerx.com	Medicare Rx Preferred*	\$122.50	\$0	\$7	\$12	\$47	40%	33%	Yes	Х		4.5
WellCare	Value Script*	\$8.30	\$505	\$0	\$5	\$44	47%	25%	No	Х		3.5
866-859-9084	Classic	\$29.00	\$505	\$0	\$4	\$33	39%	25%	No	Х	¢	3.5
wellcare.com/PDP	Medicare Rx Value Plus*	\$71.30	\$ <mark>0</mark>	\$0	\$4	\$47	50%	33%	No	Х		3.5

¹ Benchmark plan: \$0 premium with full Low-Income Subsidy (Extra Help for Part D) or full Medi-Cal. In 2023 the Benchmark subsidy amount is \$32.74. 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.

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 (\$32.74 in 2023).





This project was supported, in part, by grant number CFDA 93.324 from the U.S. Administration for Community Living, Department of Health and Human Services, Washington D.C. 20201. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration for Community Living policy. Support provided by the California Department of Aging.

mysourcewise.com

² 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.

³ Coverage Gap: As you fill prescriptions, and the full retail price of your drugs reaches \$4660, 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 \$7400, you enter Catastrophic Coverage and pay the greater of 5% or \$4.15/\$10.35 for generic / brand drugs.

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

2023 Part C Medicare Advantag	e HMO Plans with Part D Prescription	Drug Coverage				
	AARP Medicare Advantage SecureHorizons Focus (HMO-					
Plan name	POS)	AARP Medicare Advantage Focus (HMO-POS)	AARP Medicare Advantage SecureHorizons (HMO-POS)	Aetna Medicare Select Plan (HMO)	Aetna Medicare Plus Plan (HMO)	Alignment Health AVA (HMO-POS)
Plan ID	H0543-193-0	H0543-230-0	Н0543-029-0	H0523-069-0	H4982-006-0	H3815-026-0
Star rating	4 Stars	4 Stars	4 Stars	3.5 Stars	3 Stars	4 Stars
Plan website Non-members	http://aarpmedicareplans.com/	http://aarpmedicareplans.com/ 1-800-555-5757	http://aarpmedicareplans.com/	https://www.aetnamedicare.com/ 1-833-859-6031	https://www.aetnamedicare.com/ 1-833-859-6031	https://www.alignmenthealthplan.com/ 1-888-979-2247
Members	1-800-555-5757 1-866-261-7709	1-866-261-7709	1-800-555-5757 1-866-261-7709	1-833-570-6670	1-833-859-6031	1-888-979-2247
Plan address	P.O. Box 30770, Salt Lake City, UT 84130	P.O. Box 30770, Salt Lake City, UT 84130	P.O. Box 30770, Salt Lake City, UT 84130	P.O. Box 7405, London, KY 40742	P.O. Box 7405, London, KY 40742	1100 W Town and Country Rd Suite 1300, Orange, CA 92868
Contracted Medical Groups (verify with Plan &			PMGSJ, PAMF Camino, ECHMC, PAMF Alameda Contra Costa Palo Alto,		JMMG, B&TP, NP, OMG, SCCIPA, PAMF, Sutter EBMGDD, PMGSJ, Sut	ter.
Provider):	PMGSJ	PMGSJ	PAMF San Carlos	Aetna Direct Northern Ca, Affinity South Bay, B&TP, JMM0	G, NP, OMG EBMF	BMG, TCMG, OMG
HEALTH PREMIUM:	\$0.0	0 \$18.	60 \$67.30		\$0.00	\$0.00
DRUG PREMIUM:	\$0.0					.00 \$0.00
TOTAL MONTHLY PREMIUM:	\$0.0					.00 \$0.00
HEALTH DEDUCTIBLE:	\$0.0	·	·		·	0.00 \$0.00
DRUG DEDUCTIBLE: Maximum-out-of-Pocket	\$3,000 In-network	0 \$200 \$5,900 In-network	.00 \$355.00 \$6,700 In-network	\$2,900 In-network	\$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$1,999 In-network
BENEFITS & COSTS:	\$5)555 III NECHOIK	ys)see iii nechenk	goj, od in nechon	\$2,500 III NEEWOOK	\$2,500 III TICEWOOK	φ2,555 III ΠΕΣΙΤΟΙ Κ
DOCTOR SERVICES						
Primary doctor visit	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$35 copay
Specialist visit TESTS, LABS, & IMAGING:	\$0 copay	\$10 copay per visit	\$10 copay per visit	\$0 copay	\$0 copay	\$35 copay
Diagnostic tests & procedures	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Lab services	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Diagnostic radiology services (like MRI)	\$0-50 copay	\$0-105 copay	\$0-105 copay	\$0 copay	\$0 copay	\$0 copay
Outpatient x-rays	\$15 copay	\$15 copay	\$15 copay	\$0 copay	\$0 copay	\$0 copay
Emergency care Urgent care	\$90 copay per visit \$40 copay per visit	\$90 copay per visit \$40 copay per visit	\$90 copay per visit \$40 copay per visit	\$125 copay per visit \$0 copay	\$125 copay per visit \$0 copay	\$120 copay per visit \$0 copay
HOSPITAL SERVICES:	y-to copay per visit	gao copuy per visit	gao copuly per visit	70 copuy	φο copay	ÇO COPAY
Inpatient hospital coverage	\$175 per day for days 1 through 5	\$390 per day for days 1 through 5	\$390 per day for days 1 through 5	\$175 per day for days 1 through 4	\$300 per day for days 1 through 7	\$0 per day for days 1 through 4
	\$0 per day for days 6 through 90	\$0 per day for days 6 through 90	\$0 per day for days 6 through 90	\$0 per day for days 5 through 90	\$0 per day for days 8 through 90	\$100 per day for days 5 through 10
	\$0 per day for days 91 and beyond	\$0 per day for days 91 and beyond	\$0 per day for days 91 and beyond			\$0 per day for days 11 through 90 \$0 per day for days 91 and beyond
Outpatient hospital coverage	\$0-125 copay per visit	\$0-325 copay per visit	\$0-325 copay per visit	\$0-75 copay per visit	\$0-75 copay per visit	\$100 copay per visit
SKILLED NURSING FACILITY:				, , , , , , , , , , , , , , , , , , ,		
Skilled nursing facility	\$0 per day for days 1 through 20	\$0 per day for days 1 through 20	\$0 per day for days 1 through 20	\$0 per day for days 1 through 20	\$0 per day for days 1 through 20	\$0 per day for days 1 through 20
	\$196 per day for days 21 through 36 \$0 per day for days 37 through 100	\$196 per day for days 21 through 51 \$0 per day for days 52 through 100	\$196 per day for days 21 through 55 \$0 per day for days 56 through 100	\$100 per day for days 21 through 100	\$100 per day for days 21 through 100	\$50 per day for days 21 through 100
PREVENTATIVE SERVICES:	50 per day for days 57 tillough 100	50 per day for days 32 timodgii 100	To be and for any 20 through 100			
Preventive services	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
AMBULANCE:				1.		
Ground ambulance THERAPY SERVICES:	\$225 copay	\$250 copay	\$250 copay	\$175 copay	\$175 copay	\$115 copay
Occupational therapy visit	\$0 copay	\$10 copay	\$10 copay	\$0 copay	\$0 copay	\$0 copay
Physical therapy & speech & language therapy visi		\$10 copay	\$10 copay	\$0 copay	\$0 copay	\$35 copay
MENTAL HEALTH SERVICES:	4	*	14	1.	<u> </u>	
Outpatient group therapy with a psychiatrist Outpatient individual therapy with a psychiatrist	\$15 copay \$25 copay	\$15 copay \$25 copay	\$15 copay	\$10 copay \$10 copay	\$10 copay \$10 copay	\$35 copay
Outpatient group therapy visit	\$15 copay	\$15 copay	\$25 copay \$15 copay	\$10 copay	\$10 copay	\$35 copay \$35 copay
Outpatient individual therapy visit	\$25 copay	\$25 copay	\$25 copay	\$10 copay	\$10 copay	\$35 copay
OPIOID TREATMENT PROGRAM SERVICES:						
Opioid treatment program services OTHER SERVICES:	\$0 copay	\$0 copay	\$0 copay	In-network: \$10 copay	In-network: \$10 copay	50% coinsurance
Durable medical equipment	20% coinsurance per item	20% coinsurance per item	20% coinsurance per item	20% coinsurance per item	20% coinsurance per item	0-20% coinsurance per item
Prosthetics	20% coinsurance per item	20% coinsurance per item	20% coinsurance per item	20% coinsurance per item	20% coinsurance per item	20% coinsurance per item
Dialysis	20% coinsurance	20% coinsurance	20% coinsurance	In-network: 20% coinsurance	In-network: 20% coinsurance	20% coinsurance per item
Diabetes supplies	\$0 copay per item	\$0 copay per item	\$0 copay per item	0-20% coinsurance per item	0-20% coinsurance per item	\$0 copay
EXTRA BENEFITS: Hearing exam	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Fitting/evaluation	Not covered	Not covered	Not covered	\$0 copay	\$0 copay	\$0 copay
Hearing aids - all types	\$175-1,225 copay	\$175-1,225 copay	\$175-1,225 copay	\$0 copay	\$0 copay	\$0 copay
Oral exam	\$0 copay	\$0 copay	Not covered	\$0 copay	\$0 copay	\$0 copay
Cleaning	\$0 copay	\$0 copay	Not covered	\$0 copay	\$0 copay	\$0 copay
Fluoride treatment Dental x-rays	\$0 copay \$0 copay	\$0 copay	Not covered Not covered	\$0 copay \$0 copay	\$0 copay \$0 copay	\$0 copay \$0 copay
Routine eye exam	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Contact lenses	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Eyeglasses frames only	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Eyeglasses lenses only Chiropractic services	\$0 copay Not covered	\$0 copay Not covered	\$0 copay Not covered	\$0 copay Some coverage	\$0 copay Some coverage	\$0 copay Some coverage
Acupuncture	Not covered	Not covered	Not covered Not covered	Some coverage Some coverage	Some coverage Some coverage	Some coverage Some coverage
Massage therapy	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Alternative therapies	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Fitness benefit	Some coverage	Not covered	Not covered	Some coverage	Some coverage	Some coverage
Transportation services Over the counter drug benefits	Some coverage Some coverage	Not covered Not covered	Not covered Not covered	Some coverage Some coverage	Some coverage Some coverage	Not covered Some coverage
Worldwide emergency	Some coverage	Some coverage	Some coverage	Some coverage	Some coverage	Some coverage
- ·		· -	- · · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		-

	AARP Medicare Advantage SecureHorizons Focus (HMO-					
Plan name	POS)	AARP Medicare Advantage Focus (HMO-POS)	AARP Medicare Advantage SecureHorizons (HMO-POS)	Aetna Medicare Select Plan (HMO)	Aetna Medicare Plus Plan (HMO)	Alignment Health AVA (HMO-POS)
COSTS BY DRUG TIER	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare	Aetna Medicare	Aetna Medicare	Alignment Health Plan
Plans group their drug lists into tiers. The drug	Plans group their drug lists into tiers. The drug costs below	Plans group their drug lists into tiers. The drug costs below	Plans group their drug lists into tiers. The drug costs below	Plans group their drug lists into tiers. The drug costs below	Plans group their drug lists into tiers. The drug costs below	Plans group their drug lists into tiers. The drug costs below
	show how much you'll pay for drugs in each tier based on	show how much you'll pay for drugs in each tier based on	show how much you'll pay for drugs in each tier based on	show how much you'll pay for drugs in each tier based on	show how much you'll pay for drugs in each tier based on	show how much you'll pay for drugs in each tier based on
	the coverage phase you're in.	the coverage phase you're in.	the coverage phase you're in.	the coverage phase you're in.	the coverage phase you're in.	the coverage phase you're in.
TIER DRUG COST FOR:						
Standard or Preferred retail pharmacy drug cost						
for 1 month, whichever was least expensive listed						
	Annual drug deductible phase	Annual drug deductible phase	Annual drug deductible phase	Annual drug deductible phase	Annual drug deductible phase	Annual drug deductible phase
Drug plan deductible	\$0.00	\$200.00	\$355.00	\$0.00	\$0.00	\$0.
Tiers	Initial coverage phase	Initial coverage phase	Initial coverage phase	Initial coverage phase	Initial coverage phase	Initial coverage phase
	\$0.00 copay	\$0.00 copay	\$0.00 copay	\$0.00 copay	\$0.00 copay	\$0.00 copay
	\$12.00 copay	\$12.00 copay	\$12.00 copay	\$0.00 copay	\$0.00 copay	\$3.00 copay
	\$47.00 copay	\$47.00 copay	\$47.00 copay	\$42.00 copay	\$42.00 copay	\$40.00 copay
	\$100.00 copay	\$100.00 copay	\$100.00 copay	\$99.00 copay	\$99.00 copay	\$93.00 copay
Tier 5: Specialty Tier	33%	29%	27%	33%	33%	
Tier 6: Select Care Drugs	_	_	_	_	_	\$3.00 copay
	Gap coverage phase	Gap coverage phase	Gap coverage phase	Gap coverage phase	Gap coverage phase	Gap coverage phase
	\$0.00 copay	\$0.00 copay	\$3.00 copay	\$0.00 copay	\$0.00 copay	259
Tier 3: Preferred Brand	\$12.00 copay		\$12.00 copay	\$0.00 copay	\$0.00 copay	259
Tier 4: Non-Preferred Drug	25% 25%					
Tier 5: Specialty Tier	25%					
Tier 6: Select Care Drugs	25%	25%	25%	257	25%	\$3.00 copay
	Catastrophic coverage phase	Catastrophic coverage phase	Catastrophic coverage phase	Catastrophic coverage phase	Catastrophic coverage phase	Catastrophic coverage phase
	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)
	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs		Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs
Tier I. Treferred Generic	more)	more)	more)	more)	more)	more)
	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)
Tier 2: Generic	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs
	more)	more)	more)	more)	more)	more)
	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)
Tier 3: Preferred Brand	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs
	more)	more)	more)	more)	more)	more)
		Generic drugs \$4.15 copay or 5% (whichever costs more)			Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)
Tier 4: Non-Preferred Drug	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs
	more)	more)	more)	more)	more)	more)
	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)		Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)
Tier 5: Specialty Tier	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs
	more)	more)	more)	more)	more)	more)
The Contest Company						Generic drugs \$4.15 copay or 5% (whichever costs more)
Tier 6: Select Care Drugs	-		_	_	_	Brand-name drugs \$10.35 copay or 5% (whichever costs
For all other drugs, you nay 25% for generic drugs	For all other drugs, you nay 25% for generic drugs and 25%	For all other drugs, you nay 25% for generic drugs and 25%	For all other drugs, you hav 25% for generic drugs and 25%	For all other drugs, you pay 25% for generic drugs and 35%	For all other drugs, you hav 25% for generic drugs and 25%	more) For all other drugs, you hav 25% for generic drugs and 25%
	for brand-name drugs.	For all other drugs, you pay 25% for generic drugs and 25% for brand-name drugs.		for brand-name drugs.	for brand-name drugs.	for brand-name drugs.
	PART B DRUGS:	PART B DRUGS:	for brand-name drugs. PART B DRUGS:	PART B DRUGS:	PART B DRUGS:	PART B DRUGS:
	These are drugs you usually get at a doctor's office or	These are drugs you usually get at a doctor's office or	These are drugs you usually get at a doctor's office or	These are drugs you usually get at a doctor's office or	These are drugs you usually get at a doctor's office or	These are drugs you usually get at a doctor's office or
	hospital outpatient setting, like the flu shot, chemotherapy,				hospital outpatient setting, like the flu shot, chemotherapy,	
	or other shots.	or other shots.	or other shots.	or other shots.	or other shots.	or other shots.
chemotherapy, or other shots.		20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
chemotherapy, or other shots. Chemotherapy drugs	20% coinsurance				20% coinsurance	20% coinsurance
Chemotherapy drugs	20% coinsurance 0-20% coinsurance	0-20% coinsurance	0-20% coinsurance	20% coinsurance	20% Collisurance	
Chemotherapy drugs						
Chemotherapy drugs		ACH: Area Community Health / AMG: Allcare Medical Group) / B&TP: Brown & Toland Physicians / BACH: Bay Area Comm	nunity Health / BMG: Bass Medical Group / CA IPA: California	Physicians Associates / CHCMSG: Caremore Health CA Multi-	Specialty Group / CHMG: Carbon Health Medical Group /
Chemotherapy drugs		ACH: Area Community Health / AMG: Allcare Medical Group CPMG: California Primary Medical Group / DODMG: Doctors	/ B&TP: Brown & Toland Physicians / BACH: Bay Area Comm on Duty Medical Group / EBMGDD: East Bay Medical Group	ounity Health / BMG: Bass Medical Group / CA IPA: California Diablo Division / EBMF: East Bay Medical Foundation / ECHN	Physicians Associates / CHCMSG: Caremore Health CA Multi- IN: El Camino Health Medical Network / ECMA: El Camino Me	Specialty Group / CHMG: Carbon Health Medical Group / dical Associates / HAMG: Hammilton Ave Medical Group /
Chemotherapy drugs	0-20% coinsurance	ACH: Area Community Health / AMG: Allcare Medical Group CPMG: California Primary Medical Group / DODMG: Doctors HMG: Hamilton Medical Group / HPEB: Hill Physician East Ba	, / B&TP: Brown & Toland Physicians / BACH: Bay Area Comm , on Duty Medical Group / EBMGDD: East Bay Medical Group , y / IHHMG: Imperial Health Holdings Medical Group / IHNCS		Physicians Associates / CHCMSG: Caremore Health CA Multi- IN: El Camino Health Medical Network / ECMA: El Camino Me	Specialty Group / CHMG: Carbon Health Medical Group / dical Associates / HAMG: Hammilton Ave Medical Group / ICP IPA: Northern California Physicians Independent





Sourcewise: 3100 De La Cruz Blvd., Suite 310, Santa Clara, CA 95054 / 408.350.3200 CA HICAP: 1.800.434.0222

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	e HMO Plans with Part D Presc	ription Drug Coverage				
name	Alignment Health Harmony (HMO)	Alignment Health My Choice CalPlus (HMO)	Alignment Health the ONE + Rite Aid (HMO)	Alignment Health CalPlus + Veterans (HMO)	Alignment Health Sutter Advantage (HMO)	Anthem MediBlue Plus (HMO)
ID	H3815-031-0	H3815-007-0	H3815-034-0	H3815-036-0	H3815-020-0	H0544-108-0
rating	4 Stars	4 Stars	4 Stars	4 Stars	4 Stars	3 Stars
website	https://www.alignmenthealthplan.com/	https://www.alignmenthealthplan.com/	https://www.alignmenthealthplan.com/	https://www.alignmenthealthplan.com/	https://www.alignmenthealthplan.com/	https://shop.anthem.com/medicare
	1-888-979-2247	1-888-979-2247	1-888-979-2247	1-888-979-2247	1-888-979-2247	1-855-593-0898
	1-866-634-2247	1-866-634-2247	1-866-634-2247	1-866-634-2247	1-866-634-2247	1-888-230-7338
n address	1100 W Town and Country Rd Suite 1300, Orang	te, CA 92868 1100 W Town and Country Rd Suite 1300, Orange	e, CA 92868 1100 W Town and Country Rd Suite 1300, Orange	CA 92868 1100 W Town and Country Rd Suite 1300, Orange, Co	A 92868 1100 W Town and Country Rd Suite 1300, Orange, Co	A 92868 P.O. Box 659404, San Antonio, TX 78265
tracted Medical Groups (verify with Plan & vider):	OMG, BMG	омд, нмд, тсмд	OMG, HMG	BMG, HMG, OMG	SBMF	IHNCSC, SBMF, PAMF, CHCMSG, SMG, CPMG, DODMG, N
		to 00	ć0.00	ćo 00	¢0.00	¢0.00
LTH PREMIUM: G PREMIUM:		\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$49.00
AL MONTHLY PREMIUM:		\$0.00	\$0.00	\$0.00	\$0.00	\$49.00
LTH DEDUCTIBLE:		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G DEDUCTIBLE:		\$0.00	\$0.00	·	\$505.00	\$0.00
	\$2.900 In-network	\$3,000 In-network	\$3,400 In-network	\$5,900 In-network	\$4,900 In-network	\$2,899 In-network
	\$2,900 III-Hetwork	\$3,000 III-Hetwork	\$5,400 III-lietwork	\$3,900 III-Hetwork	\$4,900 III-lietwork	\$2,699 III-HELWOIK
FITS & COSTS: OR SERVICES						
	¢0	ĆO samou	¢0 consu	ĆO nameni	ČE name, nam, dott	¢0
	\$0 copay \$0 copay	\$0 copay \$0 copay	\$0 copay \$0 copay	\$0 copay \$0 copay	\$5 copay per visit \$20 copay per visit	\$0 copay \$0 copay
	20 cobay	So cobas	ου copay	ου cupay	220 copay per visit	ου copay
S, LABS, & IMAGING:	¢0 consu	\$0 consu	¢0 consv	¢0 canay	¢0 consu	¢0 consu
	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$150 copay	\$0 copay
	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$15 copay	\$0 copay
	\$85 copay per visit	\$85 copay per visit	\$0 copay	20% coinsurance per visit	\$90 copay per visit	\$90 copay per visit
	\$0 copay	\$0 copay	\$0 copay	20% coinsurance per visit	\$0 copay	\$10 copay per visit
PITAL SERVICES:						
, ,	\$0 per day for days 1 through 4	\$0 per day for days 1 through 4	\$0 copay	\$1,600 deductible for days 1 through 60	\$225 per day for days 1 through 5	\$95 per day for days 1 through 5
	\$100 per day for days 5 through 10	\$100 per day for days 5 through 10		\$400 copay per day for days 61 through 90	\$0 per day for days 6 through 90	\$0 per day for days 6 through 90
	\$0 per day for days 11 through 90	\$0 per day for days 11 through 90			\$0 per day for days 91 and beyond	
	\$0 per day for days 91 and beyond	\$0 per day for days 91 and beyond				
	\$200 copay per visit	\$200 copay per visit	\$0 copay	\$0 copay	\$325 copay per visit	\$0-200 copay per visit
ED NURSING FACILITY:			l		\$0 per day for days 1 through 20	t
	\$0 per day for days 1 through 20	\$0 per day for days 1 through 20	\$0 copay	\$0 per day for days 1 through 20	\$160 per day for days 21 through 57	\$0 per day for days 1 through 20
	\$100 per day for days 21 through 100	\$50 per day for days 21 through 100		\$200 per day for days 21 through 100	\$0 per day for days 58 through 100	\$100 per day for days 21 through 100
VENTATIVE SERVICES:		·				
	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
BULANCE:	_		<u></u>	<u>, </u>		<u>, </u>
	\$175 copay	\$175 copay	\$75 copay	20% coinsurance	\$250 copay	\$175 copay
RAPY SERVICES:						
upational therapy visit	\$0 copay	\$0 copay	\$0 copay	20% coinsurance	\$0 copay	\$0 copay
sical therapy & speech & language therapy visit	t \$0 copay	\$0 copay	\$0 copay	20% coinsurance	\$0 copay	\$0 copay
ITAL HEALTH SERVICES:						
patient group therapy with a psychiatrist	\$40 copay	\$40 copay	\$0 copay	20% coinsurance	\$40 copay	\$25 copay
atient individual therapy with a psychiatrist	\$40 copay	\$40 copay	\$0 copay	20% coinsurance	\$40 copay	\$25 copay
patient group therapy visit	\$0 copay	\$0 copay	\$0 copay	20% coinsurance	\$0 copay	\$25 copay
patient individual therapy visit	\$0 copay	\$0 copay	\$0 copay	20% coinsurance	\$0 copay	\$25 copay
DID TREATMENT PROGRAM SERVICES:						
	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	\$25 copay
ER SERVICES:						
	20% coinsurance per item	20% coinsurance per item	0-20% coinsurance per item	20% coinsurance	0-20% coinsurance per item	0-20% coinsurance per item
• •	20% coinsurance per item	20% coinsurance per item	20% coinsurance per item	20% coinsurance	20% coinsurance	20% coinsurance
	\$30 copay	20% coinsurance per item	20% coinsurance per item	20% coinsurance	20% coinsurance	20% coinsurance
	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
RA BENEFITS:	T P ~ 1					
	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
	\$0 copay	\$0 copay	\$0 copay \$0 copay	\$0 copay	\$0 copay	\$0 copay
•	\$0 copay	\$0 copay	\$0 copay	\$0 copay	Not covered	\$0 copay
			Not covered		\$0 copay	\$0 copay
	\$0 copay	\$0 copay		\$0 copay		
	\$0 copay	\$0 copay	Not covered	\$0 copay	\$0 copay	\$0 copay
	\$0 copay	\$0 copay	Not covered	\$0 copay	\$0 copay	\$0 copay
	\$0 copay	\$0 copay	Not covered	\$0 copay	\$0 copay	\$0 copay
	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
-	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
	Some coverage	Not covered	Some coverage	Some coverage	Not covered	Not covered
	Some coverage	Some coverage	Some coverage	Some coverage	Not covered	Some coverage
	Not covered	Not covered	Not covered	Some coverage	Not covered	Not covered
	Not covered	Some coverage	Not covered	Not covered	Not covered	Not covered
ess benefit	Some coverage	Some coverage	Some coverage	Some coverage	Some coverage	Some coverage
		1_	le le	16	Net severed	C
sportation services r the counter drug benefits	Some coverage	Some coverage	Some coverage	Some coverage	Not covered	Some coverage

lan name	Alignment Health Harmony (HMO)	Alignment Health My Choice CalPlus (HMO)	Alignment Health the ONE + Rite Aid (HMO)	Alignment Health CalPlus + Veterans (HMO)	Alignment Health Sutter Advantage (HMO)	Anthem MediBlue Plus (HMO)
OSTS BY DRUG TIER	Alignment Health Plan	Alignment Health Plan	Alignment Health Plan	Alignment Health Plan	Alignment Health Plan	Anthem Blue Cross
	Discourse their description The description	Discourse the first or the first of the firs	Plant and the independent into the discount of the land	Discourse their descripts into the Theodore contained	Discourse their description in the first Theodore control of	Discours their description of the description
lans group their drug lists into tiers. The drug	Plans group their drug lists into tiers. The drug costs below	Plans group their drug lists into tiers. The drug costs below			Plans group their drug lists into tiers. The drug costs below	
	in show how much you'll pay for drugs in each tier based on	show how much you'll pay for drugs in each tier based on	show how much you'll pay for drugs in each tier based on	show how much you'll pay for drugs in each tier based on	show how much you'll pay for drugs in each tier based on	show how much you'll pay for drugs in each tier based o
ach tier based on the coverage phase you're in.	the coverage phase you're in.	the coverage phase you're in.	the coverage phase you're in.	the coverage phase you're in.	the coverage phase you're in.	the coverage phase you're in.
IER DRUG COST FOR:						
tandard or Preferred retail pharmacy drug cost or 1 month, whichever was least expensive liste	d					
	Annual drug deductible phase	Annual drug deductible phase	Annual drug deductible phase	Annual drug deductible phase	Annual drug deductible phase	Annual drug deductible phase
rug plan deductible	\$0.00	\$0.0	0 \$0.0	\$505.00	\$0.00	\$
iers	Initial coverage phase	Initial coverage phase	Initial coverage phase	Initial coverage phase	Initial coverage phase	Initial coverage phase
ier 1: Preferred Generic	\$0.00 copay	\$0.00 copay	\$0.00 copay	\$0.00 copay	\$0.00 copay	\$0.00 copay
ier 2: Generic	\$3.00 copay	\$3.00 copay	\$1.00 copay		\$5.00 copay	\$10.00 copay
ier 3: Preferred Brand	\$40.00 copay	\$40.00 copay	\$40.00 copay		\$40.00 copay	\$47.00 copay
ier 4: Non-Preferred Drug	\$93.00 copay	\$100.00 copay	\$100.00 copay		\$100.00 copay	\$100.00 copay
ier 5: Specialty Tier	33%					
ier 6: Select Care Drugs	\$3.00 copay	\$5.00 copay	\$5.00 copay		\$5.00 copay	_
lands Bushamad Carraits	Gap coverage phase	Gap coverage phase	Gap coverage phase	Gap coverage phase	Gap coverage phase	Gap coverage phase
ier 1: Preferred Generic	259					\$ \$0.00 copay
ier 2: Generic ier 3: Preferred Brand	259					
ier 4: Non-Preferred Drug	25% 25%					
ier 5: Specialty Tier	257					
ier 6: Select Care Drugs	\$3.00 copay	\$5.00 copay	\$5.00 copay		\$5.00 copay	5
iei o. Select Care Drugs	Catastrophic coverage phase	Catastrophic coverage phase	Catastrophic coverage phase	Catastrophic coverage phase	Catastrophic coverage phase	Catastrophic coverage phase
	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)		Generic drugs \$4.15 copay or 5% (whichever costs more)	Catastrophic coverage phase
ier 1: Preferred Generic	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs more)		Brand-name drugs \$10.35 copay or 5% (whichever costs	\$0.00 copay
ici I. i referred deficite	more)	more)	more)	more)	more)	- Jo. oo copay
	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	
ier 2: Generic	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs	\$4.15 copay or 5% (whichever costs more)
	more)	more)	more)	more)	more)	
	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	
ier 3: Preferred Brand	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs	\$10.35 copay or 5% (whichever costs more)
	more)	more)	more)	more)	more)	
	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)		Generic drugs \$4.15 copay or 5% (whichever costs more)	
ier 4: Non-Preferred Drug	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs	\$10.35 copay or 5% (whichever costs more)
	more)	more)	more)	more)	more)	
	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)		Generic drugs \$4.15 copay or 5% (whichever costs more)	
ier 5: Specialty Tier	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs		Brand-name drugs \$10.35 copay or 5% (whichever costs	\$10.35 copay or 5% (whichever costs more)
	more)	more)	more)	more)	more)	
ion Co Colont Como Dunas	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)		Generic drugs \$4.15 copay or 5% (whichever costs more)	
ier 6: Select Care Drugs	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs		Brand-name drugs \$10.35 copay or 5% (whichever costs	_
	more)	more)	more)	more)	more)	For all other days and 250/ for accorded days and 21
	For all other drugs, you pay 25% for generic drugs and 25%					
nd 25% for brand-name drugs. ART B DRUGS:	for brand-name drugs. PART B DRUGS:	for brand-name drugs. PART B DRUGS:	for brand-name drugs. PART B DRUGS:	for brand-name drugs. PART B DRUGS:	for brand-name drugs. PART B DRUGS:	for brand-name drugs. PART B DRUGS:
		PART D DRUGS.	PART D-DRUGS.		PART B DRUGS.	PART B DRUGS.
	These are drugs you usually get at a doctor's office or	These are drugs you usually get at a doctor's office or	These are drugs you usually get at a doctor's office or	These are drugs you usually get at a doctor's office or	These are drugs you usually get at a doctor's office or	These are drugs you usually get at a doctor's office or
r hospital outpatient setting, like the flu shot,	hospital outpatient setting, like the flu shot, chemotherapy,	, hospital outpatient setting, like the flu shot, chemotherapy	, hospital outpatient setting, like the flu shot, chemotherapy	hospital outpatient setting, like the flu shot, chemotherapy,	hospital outpatient setting, like the flu shot, chemotherapy,	hospital outpatient setting, like the flu shot, chemothera
hemotherapy, or other shots.	or other shots.	or other shots.	or other shots.	or other shots.	or other shots.	or other shots.
hemotherapy drugs	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
	20% coinsurance	20% coinsurance	20% coinsurance		20% coinsurance	20% coinsurance
ther Part B drugs		,				
ther Part B drugs						
ther Part B drugs				munity Health / BMG: Bass Medical Group / CA IPA: California		
ther Part B drugs		CPMG: California Primary Medical Group / DODMG: Doctor	rs on Duty Medical Group / EBMGDD: East Bay Medical Group	munity Health / BMG: Bass Medical Group / CA IPA: California o Diablo Division / EBMF: East Bay Medical Foundation / ECHW SC: Imperial Health Northern Ca Santa Clara / JMMG: John Mi	IN: El Camino Health Medical Network / ECMA: El Camino Me	edical Associates / HAMG: Hammilton Ave Medical Grou

For more information please visit https://www.medicare.gov/ and contact pla





Sourcewise: 3100 De La Cruz Blvd., Suite 310, Santa Clara, CA 95054 / 408.350.3200 CA HICAP: 1.800.434.0222

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2023 Part C Medicare Advantag	e HMO Plans with Part D Prescription	Drug Coverage				
J		0 0				
Plan name	Anthem MediBlue StartSmart Plus (HMO)	Anthem MediBlue Coordination Plus (HMO)	Anthem MediBlue Value Plus (HMO)	Blue Shield Inspire (HMO)	Brand New Day Classic Care II Plan (HMO)	Brand New Day Classic Care I Plan (HMO)
Plan ID	Anthem Blue Cross H0544-121-2	Anthem Blue Cross	Anthem Blue Cross H0544-120-2	Blue Shield of California	Brand New Day H0838-051-1	Brand New Day H0838-050-2
Star rating	3 Stars	3 Stars	3 Stars	4 Stars	3 Stars	3 Stars
Plan website	https://shop.anthem.com/medicare	https://shop.anthem.com/medicare	https://shop.anthem.com/medicare	http://blueshieldca.com/medicare	http://www.bndhmo.com/	http://www.bndhmo.com/
Non-members	1-855-593-0898	1-855-593-0898	1-855-593-0898	1-888-534-4263	1-888-683-1881	1-888-683-1882
Members	1-800-499-2793	1-888-230-7338	1-800-499-2793	1-800-776-4466	1-866-255-4795	1-866-255-4795
Plan address	12900 Park Plaza Drive, Suite 150, Cerritos, CA 90703	P.O. Box 659404, San Antonio, TX 78265	12900 Park Plaza Drive, Suite 150, Cerritos, CA 90703	6300 Canoga Avenue, Woodland Hills, CA 91367	5455 Garden Grove Blvd, Suite 500, Westminister, CA 9	92683
Contracted Medical Groups (verify with Plan &	Caremore Health Ca, Caremore PMGSJ, Caremore CA IPA, Caremore		Comment Hould Co. Comment DMCCI. Comment CA IDA. Comment NC			
Provider):	NCPN, AMG	B&TP, SMG, IHNCSC, RMG NWOC SCC, ON/ACS	Caremore Health Ca, Caremore PMGSJ, Caremore CA IPA, Carmore NC AMG, PMG, ACH	SCC IPA, PMGSJ, B&TP, HPEB	Santa Clara County IPA	PMGSJ, SMG
HEALTH PREMIUM:	\$0.00		\$0.00 \$12			\$0.00
DRUG PREMIUM: TOTAL MONTHLY PREMIUM:	\$0.00		\$0.00 \$41 \$0.00 \$54			\$0.00 \$38.90 \$0.00 \$38.90
HEALTH DEDUCTIBLE:	\$0.00		\$0.00 \$0			\$0.00 \$50.00
DRUG DEDUCTIBLE:	\$0.00		05.00 \$0	·		50.00 \$0.00
Maximum-out-of-Pocket	\$3,400 In-network	\$7,550 In-network	\$2,899 In-network	\$3,500 In-network	\$1,500 In-network	\$3,650 In-network
BENEFITS & COSTS:	1-7			,,	, -,	, ,
DOCTOR SERVICES						
Primary doctor visit	\$0 copay	20% coinsurance per visit	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Specialist visit	\$0-35 copay per visit	20% coinsurance per visit	\$0-20 copay per visit	\$0 copay	\$10 copay	\$0 copay
TESTS, LABS, & IMAGING:						
Diagnostic tests & procedures	\$0 copay	20% coinsurance per visit	\$0 copay	\$0 copay	\$0 copay	0-20% coinsurance
Lab services	\$0 copay	20% coinsurance per visit	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Diagnostic radiology services (like MRI)	\$0-150 copay	20% coinsurance per visit	\$0-150 copay	\$50 copay	\$0-50 copay	0-20% coinsurance
Outpatient x-rays	\$0-5 copay	20% coinsurance per visit	\$0 copay	\$0 copay	\$0 copay	20% coinsurance
Emergency care Urgent care	\$120 copay per visit	\$90 copay per visit	\$120 copay per visit \$20 copay per visit	\$125 copay per visit	\$0-100 copay per visit	\$0-100 copay per visit
HOSPITAL SERVICES:	\$20 copay per visit	\$60 copay per visit	\$20 copay per visit	\$0 copay	\$0 copay	\$0 copay
Inpatient hospital coverage	\$200 per day for days 1 through 5	\$1,600 deductible for days 1 through 60	\$150 per day for days 1 through 5	\$100 per day for days 1 through 5	\$150 per day for days 1 through 6	\$1,600 deductible for days 1 through 60
patterit noopital coretage	\$0 per day for days 6 through 90	\$400 copay per day for days 61 through 90	\$0 per day for days 6 through 90	\$0 per day for days 6 through 90	\$0 per day for days 7 through 90	\$400 copay per day for days 61 through 90
			, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,	7.2 7.2 7.2 7.2 7.2 7.2 7.2 7.2 7.2 7.2	, , , , , , , , , , , , , , , , , , , ,
Outpatient hospital coverage	\$0-135 copay per visit	20% coinsurance per visit	\$0-125 copay per visit	\$200 copay per visit	\$0-150 copay per visit	0-20% coinsurance
SKILLED NURSING FACILITY:						
Skilled nursing facility	\$0 per day for days 1 through 20	\$0 copay for days 1 through 20	\$0 per day for days 1 through 20	\$0 per day for days 1 through 20	\$0 copay for days 1 through 20	\$0 copay for days 1 through 20
	\$125 per day for days 21 through 100	\$200 copay per day for days 21 through 100	\$100 per day for days 21 through 100	\$120 per day for days 21 through 100	\$200 copay per day for days 21 through 100	\$200 copay per day for days 21 through 100
PREVENTATIVE SERVICES:						
Preventive services	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
AMBULANCE:	ус сориу	ус сориу	уо сорау	φο copuy	φο copuy	φο copuy
Ground ambulance	\$195 copay	20% coinsurance	\$195 copay	\$275 copay	\$0-200 copay	0-20% coinsurance
THERAPY SERVICES:						
Occupational therapy visit	\$20 copay	20% coinsurance	\$20 copay	\$10 copay	\$10 copay	\$0 copay
Physical therapy & speech & language therapy visit	t \$0-20 copay	20% coinsurance	\$0-20 copay	\$10 copay	\$10 copay	\$40 copay
MENTAL HEALTH SERVICES:						
Outpatient group therapy with a psychiatrist	\$0-35 copay	20% coinsurance	\$0-20 copay	\$30 copay	20% coinsurance	\$40 copay
	\$0-35 copay	20% coinsurance	\$0-20 copay	\$30 copay	\$10 copay	\$40 copay
Outpatient group therapy visit Outpatient individual therapy visit	\$0-35 copay	20% coinsurance	\$0-20 copay	\$30 copay \$30 copay	\$10 copay \$10 copay	\$0 copay
OPIOID TREATMENT PROGRAM SERVICES:	\$0-35 copay	20% coinsurance	\$0-20 copay	\$30 copay	\$10 copay	\$0 copay
Opioid treatment program services	\$35 copay	20% coinsurance	\$30 copay	\$0 copay	\$0 copay	\$0 copay
OTHER SERVICES:						A COMPANY
Durable medical equipment	0-20% coinsurance per item	0-20% coinsurance per item	0-20% coinsurance per item	0-20% coinsurance per item	0-20% coinsurance per item	20% coinsurance
Prosthetics	0-20% coinsurance per item	20% coinsurance	0-20% coinsurance per item	20% coinsurance per item	0-20% coinsurance per item	20% coinsurance
Dialysis	20% coinsurance	20% coinsurance	\$0 copay	10-20% coinsurance per item	20% coinsurance	20% coinsurance
Diabetes supplies	20% coinsurance	\$0 copay	20% coinsurance per item	\$0 copay	\$0 copay	\$0 copay
EXTRA BENEFITS:	lan.	Tank :	lan.	lan.	lan.	40
Hearing exam	\$0 copay	20% coinsurance	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Fitting/evaluation Hearing aids - all types	\$0 copay	\$0 copay	\$0 copay	Not covered Not covered	\$0 copay \$699-999 copay	\$0 copay
Oral exam	\$0 copay Not covered	\$0 copay \$0 copay	\$0 copay Not covered	\$0 copay	\$0 copay	\$149 copay \$0 copay
Cleaning	Not covered	\$0 copay	Not covered	\$0 copay	\$0 copay	\$0 copay
Fluoride treatment	Not covered	\$0 copay	Not covered	\$0 copay	\$0 copay	Not covered
Dental x-rays	Not covered	\$0 copay	Not covered	\$0 copay	\$0 copay	\$0 copay
Routine eye exam	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Contact lenses	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Eyeglasses frames only	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Eyeglasses lenses only	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Chiropractic services	Some coverage	Not covered	Not covered	Some coverage	Some coverage	Some coverage
Acupuncture	Not covered	Some coverage	Not covered	Some coverage	Some coverage	Some coverage
Massage therapy	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Alternative therapies	Not covered	Some coverage	Not covered	Not covered	Not covered	Not covered
Fitness benefit	Some coverage	Some coverage	Some coverage	Some coverage	Some coverage	Some coverage
Transportation services Over the counter drug benefits	Some coverage	Some coverage	Some coverage	Not covered	Some coverage	Some coverage
Worldwide emergency	Some coverage Some coverage	Some coverage Some coverage	Some coverage Some coverage	Some coverage Some coverage	Some coverage Some coverage	Some coverage Some coverage
TO THE WINE CHICISCHLY	Joine Coverage	Joine Coverage	שטווים נטיבומצב	Joine Coverage	Joine Coverage	Joine Coverage

2023 Part C Medicare Advantag	e Part D Prescription Drug Coverage					
Plan name	Anthem MediBlue StartSmart Plus (HMO)	Anthem MediBlue Coordination Plus (HMO)	Anthem MediBlue Value Plus (HMO)	Blue Shield Inspire (HMO)	Brand New Day Classic Care II Plan (HMO)	Brand New Day Classic Care I Plan (HMO)
COSTS BY DRUG TIER	Anthem Blue Cross	Anthem Blue Cross	Anthem Blue Cross	Blue Shield of California	Brand New Day	Brand New Day
	Plans group their drug lists into tiers. The drug costs below show how much you'll pay for drugs in each tier based on the coverage phase you're in.	Plans group their drug lists into tiers. The drug costs below show how much you'll pay for drugs in each tier based on the coverage phase you're in.	Plans group their drug lists into tiers. The drug costs below show how much you'll pay for drugs in each tier based on the coverage phase you're in.	Plans group their drug lists into tiers. The drug costs below show how much you'll pay for drugs in each tier based on the coverage phase you're in.	Plans group their drug lists into tiers. The drug costs below show how much you'll pay for drugs in each tier based on the coverage phase you're in.	Plans group their drug lists into tiers. The drug costs below show how much you'll pay for drugs in each tier based on the coverage phase you're in.
TIER DRUG COST FOR:						
Standard or Preferred retail pharmacy drug cost for 1 month, whichever was least expensive listed						
	Annual drug deductible phase	Annual drug deductible phase	Annual drug deductible phase	Annual drug deductible phase	Annual drug deductible phase	Annual drug deductible phase
Drug plan deductible	\$0.00	\$505.00	\$0.00	\$0.0	\$50.00	\$0.0
Tiers	Initial coverage phase	Initial coverage phase	Initial coverage phase	Initial coverage phase	Initial coverage phase	Initial coverage phase
Tier 1: Preferred Generic	\$5.00 copay	\$0.00 copay	\$0.00 copay	\$0.00 copay	\$0.00 copay	\$0.00 copay
Tier 2: Generic	\$12.50 copay	\$15.00 copay	\$9.50 copay	\$10.00 copay	\$12.00 copay	\$0.00 copay
Tier 3: Preferred Brand	\$40.00 copay	\$47.00 copay	\$40.00 copay	\$40.00 copay	\$47.00 copay	\$47.00 copay
Tier 4: Non-Preferred Drug	\$90.00 copay	\$95.00 copay	\$85.00 copay	\$95.00 copay	\$100.00 copay	\$100.00 copay
Tier 5: Specialty Tier	33%	25%	33%	339	6 329	339
Tier 6: Select Care Drugs	\$10.00 copay	_	\$0.00 copay	_	\$0.00 copay	\$0.00 copay
		Gap coverage phase	Gap coverage phase	Gap coverage phase	Gap coverage phase	Gap coverage phase
Tier 1: Preferred Generic		\$0.00 copay	\$0.00 copay	\$0.00 copay	\$0.00 copay	\$0.00 copay
Tier 2: Generic	25%		\$9.50 copay	259		
Tier 3: Preferred Brand	25%					
Tier 4: Non-Preferred Drug	25%					
Tier 5: Specialty Tier	25%			259		
Tier 6: Select Care Drugs	25%		\$0.00 copay	_	\$0.00 copay	\$0.00 copay
	Catastrophic coverage phase	Catastrophic coverage phase	Catastrophic coverage phase	Catastrophic coverage phase	Catastrophic coverage phase	Catastrophic coverage phase
Tier 1: Preferred Generic	\$0.00 copay	\$0.00 copay	\$0.00 copay	Generic drugs \$4.15 copay or 5% (whichever costs more) Brand-name drugs \$10.35 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more) Brand-name drugs \$10.35 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more) Brand-name drugs \$10.35 copay or 5% (whichever costs more)
Tier 2: Generic	\$4.15 copay or 5% (whichever costs more)	\$4.15 copay or 5% (whichever costs more)	\$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more) Brand-name drugs \$10.35 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more) Brand-name drugs \$10.35 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more) Brand-name drugs \$10.35 copay or 5% (whichever costs more)
Tier 3: Preferred Brand	\$10.35 copay or 5% (whichever costs more)	\$10.35 copay or 5% (whichever costs more)	\$10.35 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more) Brand-name drugs \$10.35 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more) Brand-name drugs \$10.35 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more) Brand-name drugs \$10.35 copay or 5% (whichever costs more)
Tier 4: Non-Preferred Drug	\$10.35 copay or 5% (whichever costs more)	\$10.35 copay or 5% (whichever costs more)	\$10.35 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more) Brand-name drugs \$10.35 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more) Brand-name drugs \$10.35 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more) Brand-name drugs \$10.35 copay or 5% (whichever costs more)
Tier 5: Specialty Tier	\$10.35 copay or 5% (whichever costs more)	\$10.35 copay or 5% (whichever costs more)	\$10.35 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more) Brand-name drugs \$10.35 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more) Brand-name drugs \$10.35 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more) Brand-name drugs \$10.35 copay or 5% (whichever costs more)
Tier 6: Select Care Drugs	\$0.00 copay	_	\$0.00 copay	_	Generic drugs \$4.15 copay or 5% (whichever costs more) Brand-name drugs \$10.35 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more) Brand-name drugs \$10.35 copay or 5% (whichever costs more)
and 25% for brand-name drugs.		for brand-name drugs.	for brand-name drugs.	for brand-name drugs.	for brand-name drugs.	for brand-name drugs.
PART B DRUGS:	PART B DRUGS:	PART B DRUGS:	PART B DRUGS:	PART B DRUGS:	PART B DRUGS:	PART B DRUGS:
These are drugs you usually get at a doctor's office or hospital outpatient setting, like the flu shot, chemotherapy, or other shots.		These are drugs you usually get at a doctor's office or hospital outpatient setting, like the flu shot, chemotherapy, or other shots.	These are drugs you usually get at a doctor's office or hospital outpatient setting, like the flu shot, chemotherapy, or other shots.	These are drugs you usually get at a doctor's office or hospital outpatient setting, like the flu shot, chemotherapy or other shots.	These are drugs you usually get at a doctor's office or hospital outpatient setting, like the flu shot, chemotherapy, or other shots.	These are drugs you usually get at a doctor's office or hospital outpatient setting, like the flu shot, chemotherapy or other shots.
	200/	200/	200/ 201-201-20	200/	200/	200/
Chemotherapy drugs Other Part B drugs		20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance 20% coinsurance	20% coinsurance
Other Part B drugs	20% coinsurance	20% coinsurance	0-20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Contracted Medical Groups (ver	ify with Plan & Provider):	CPMG: California Primary Medical Group / DODMG: Doctor HMG: Hamilton Medical Group / HPEB: Hill Physician East B Physicians Associates / NCPN: Northern California Physician	s on Duty Medical Group / EBMGDD: East Bay Medical Group ay / IHHMG: Imperial Health Holdings Medical Group / IHNCS s Network / NP: Nivano Physicians / OMG: One Medical Grou	Diablo Division / EBMF: East Bay Medical Foundation / ECHM iC: Imperial Health Northern Ca Santa Clara / JMMG: John Mi pp / ON/APS: Optumcare Network / Apple Care Select / PAMi	Physicians Associates / CHCMSG: Caremore Health CA Multi- IN: El Camino Health Medical Network / ECMA: El Camino Me uir Medical Group / MHMG: Marin Hospital Medical Group / I F: Palo Alto Medical Foundation / PCONC: Premier Care of No Jual Practice Association / SM&A: Stanford Medicinne & Affili	edical Associates / HAMG: Hammilton Ave Medical Group / NCP IPA: Northern California Physicians Independent rthern California / PMG: Practicing Medical Group / PMGSJ:

For more information please visit https://www.medicare.gov/ and contact pla





Sourcewise: 3100 De La Cruz Blvd., Suite 310, Santa Clara, CA 95054 / 408.350.3200 CA HICAP: 1.800.434.0222

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an name	CCA Medicare Excel (HMO)	Central Health Premier Plan I (HMO)	Central Health Premier Plan II (HMO)	Essence Advantage Select (HMO)	Essence Advantage Gold (HMO)	Essence Advantage Platinum (HMO)
in name	CCA Iviedical e Excel (Filvio)	Central Health Medicare Plan	Central Health Premier Plan II (Fivio) Central Health Medicare Plan	ESSETTLE AUVAITTAGE SETECT (FINO)	ESSETTE AUVAITTAGE GOTO (FINIO)	ESSETTLE AUVAITTAGE PLATITUM (FINO)
n ID	H1426-002-0	H5649-020-1	H5649-021-2	H2986-008-0	H2986-002-0	H2986-001-0
rating	Not enough data available	3.5 Stars	3.5 Stars	3.5 Stars	3.5 Stars	3.5 Stars
website	http://ccahealthca.org/become-a-member	http://www.centralhealthplan.com/	http://www.centralhealthplan.com/	http://www.essencehealthcare.com/	http://www.essencehealthcare.com/	http://www.essencehealthcare.com/
n-members	1-866-333-3530	1-866-314-2427	1-866-314-2427	1-855-200-0109	1-855-200-0109	1-855-200-0109
mbers	1-866-333-3530	1-866-314-2427	1-866-314-2427	1-855-996-8422	1-855-996-8422	1-855-996-8422
address	18000 Studebaker Road, Suite 150, Cerritos, CA 90703	1540 Bridgegate Drive, Diamond Bar, CA 91765	1540 Bridgegate Drive, Diamond Bar, CA 91765	PO Box 12487, St. Louis, MO 63132	PO Box 12487, St. Louis, MO 63132	PO Box 12487, St. Louis, MO 63132
racted Medical Groups (verify with Plan & ider):	Individual Practice Association Medical Group Santa Clara County, Medi Group of Santa Clara County, Physician Partners IPA, SMG, Premier Ca Northern CA		Sannta Clara Senior Medical Group	TCMG, HAMG, BACH, CHMG, SCMG, JTMG, Vituity, FCHI, BAPCI, I CCCMA, BMG, ECMA, AleraCare	JC, PAMF Mills Peninsula Medical Group	PAMF, SCCIPA, SM&A, Sutter EBMF
TH PREMIUM:	\$0.	·			·	0.00
PREMIUM:	\$0.	·			\$30	
L MONTHLY PREMIUM:	\$0.					0.00
TH DEDUCTIBLE:	\$0.				·	0.00
DEDUCTIBLE:	\$0.	·			·	0.00
num-out-of-Pocket	\$2,500 In-network	\$899 In-network	\$6,700 In-network	\$4,900 In-network	\$5,500 In-network	\$4,500 In-network
FITS & COSTS: OR SERVICES						
ry doctor visit	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
list visit	\$0 copay	\$0 copay	\$0 copay	\$25 copay per visit	\$35 copay per visit	\$20 copay per visit
LABS, & IMAGING:						
ostic tests & procedures	\$0 copay	\$0 copay	\$0 copay	0-20% coinsurance	\$0-45 copay	\$0-25 copay
vices	\$0 copay	\$0 copay	\$0 copay	\$5 copay	\$10 copay	\$10 copay
ostic radiology services (like MRI)	\$0 copay	\$0 copay	20% coinsurance	0-20% coinsurance	\$0-210 copay	\$0-210 copay
tient x-rays	\$0 copay	\$0 copay	20% coinsurance	\$45 copay	\$45 copay	\$25 copay
ency care	\$90 copay per visit	\$0-50 copay per visit	20% coinsurance per visit	\$110 copay per visit	\$110 copay per visit	\$110 copay per visit
t care	\$0 copay	\$0 copay	20% coinsurance per visit	\$35 copay per visit	\$35 copay per visit	\$35 copay per visit
ITAL SERVICES:						
ient hospital coverage	\$0 per day for days 1 through 3 \$100 per day for days 4 through 7 \$0 per day for days 8 through 90	\$0 copay per stay	\$1,600 deductible for days 1 through 60 \$400 copay per day for days 61 through 90	\$300 per day for days 1 through 7 \$0 per day for days 8 through 90	\$275 per day for days 1 through 7 \$0 per day for days 8 through 90	\$250 per day for days 1 through 7 \$0 per day for days 8 through 90
atient hospital coverage ED NURSING FACILITY:	\$150 copay per visit	\$0 copay	20% coinsurance per visit	\$290 copay per visit	\$250 copay per visit	\$240 copay per visit
d nursing facility	\$0 per day for days 1 through 20	\$0 copay for days 1 through 20	\$0 copay for days 1 through 20	\$0 per day for days 1 through 20	\$0 per day for days 1 through 20	\$0 per day for days 1 through 20
a marshig facility	\$100 per day for days 21 through 100	\$200 copay per day for days 21 through 100	\$200 copay per day for days 21 through 100	\$150 per day for days 21 through 100	\$150 per day for days 21 through 100	\$100 per day for days 21 through 100
VENTATIVE SERVICES:						
entive services ULANCE:	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
nd ambulance	\$100 copay	\$0-40 copay	20% coinsurance	\$210 copay	\$210 copay	\$200 copay
APY SERVICES:						
ational therapy visit	\$0 copay	\$0 copay	\$0 copay	\$30 copay	\$30 copay	\$20 copay
al therapy & speech & language therapy vis	it \$0 copay	\$0 copay	\$0 copay	\$30 copay	\$30 copay	\$20 copay
AL HEALTH SERVICES:						
tient group therapy with a psychiatrist	\$25 copay	\$0 copay	\$0 copay	\$10 copay	\$20 copay	\$10 copay
tient individual therapy with a psychiatrist	\$25 copay	\$0 copay	\$0 copay	\$15 copay	\$30 copay	\$20 copay
tient group therapy visit	\$25 copay	\$0 copay	\$0 copay	\$10 copay	\$20 copay	\$10 copay
tient individual therapy visit	\$25 copay	\$0 copay	\$0 copay	\$15 copay	\$30 copay	\$20 copay
D TREATMENT PROGRAM SERVICES:	ĆO consu	ĆO consu	400/ coincurance	Č1E conqu	\$20 consu	\$20 consv
d treatment program services R SERVICES:	\$0 copay	\$0 copay	40% coinsurance	\$15 copay	\$30 copay	\$20 copay
ole medical equipment	20% coinsurance per item	0-20% coinsurance per item	20% coinsurance per item	20% coinsurance per item	20% coinsurance per item	20% coinsurance per item
netics	20% coinsurance per item	10-20% coinsurance per item	20% coinsurance per item	20% coinsurance per item	20% coinsurance per item	20% coinsurance per item
sis	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
tes supplies	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
BENEFITS:						
ng exam	\$0 copay	\$0 copay	20% coinsurance	\$20 copay	\$0 copay	\$0 copay
g/evaluation	\$0 copay	\$0 copay	\$0 copay	\$0 copay	Not covered	Not covered
g aids - all types	\$0 copay	\$0 copay	\$0 copay	\$0 copay	Not covered	Not covered
xam	Not covered	\$0 copay	\$0 copay	\$0 copay	Not covered	Not covered
ng	Not covered	\$0 copay	\$0 copay	\$0 copay	Not covered	Not covered
e treatment	Not covered	\$0 copay	\$0 copay	\$0 copay	Not covered	Not covered
x-rays	Not covered	\$0 copay	\$0 copay	\$0 copay	Not covered	Not covered
e eye exam	\$0 copay	\$0 copay	\$0 copay	\$0 copay	Not covered	Not covered
t lenses	\$0 copay	\$0 copay	\$0 copay	\$0 copay	Not covered	Not covered
sses frames only	\$0 copay	\$0 copay	\$0 copay	\$0 copay	Not covered	Not covered Not covered
sses lenses only	\$0 copay	\$0 copay	\$0 copay	\$0 copay	Not covered	Not covered Not covered
ractic services	Some coverage	Not covered	Not covered	Not covered	Not covered	Not covered Not covered
ncture	Some coverage	Some coverage	Some coverage	Not covered	Not covered	Some coverage
ge therapy	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
age therapy native therapies	Not covered Not covered	Not covered Not covered	Not covered	Not covered Not covered	Not covered Not covered	Not covered
s benefit	Some coverage	Some coverage	Some coverage	Some coverage	Not covered Not covered	Some coverage
portation services		Some coverage Some coverage		-		
the counter drug benefits	Some coverage	Some coverage Some coverage	Some coverage	Some coverage	Some coverage Not covered	Some coverage
	Some coverage	DOME COVELAGE	Some coverage	Some coverage	INOL COVERED	Some coverage

Plan name	CCA Medicare Excel (HMO)					
		Central Health Premier Plan I (HMO)	Central Health Premier Plan II (HMO)	Essence Advantage Select (HMO)	Essence Advantage Gold (HMO)	Essence Advantage Platinum (HMO)
COSTS BY DRUG TIER	CCA Health California	Central Health Medicare Plan	Central Health Medicare Plan	Essence Healthcare	Essence Healthcare	Essence Healthcare
	Plans group their drug lists into tiers. The drug costs below	Plans group their drug lists into tiers. The drug costs below	Plans group their drug lists into tiers. The drug costs below	Plans group their drug lists into tiers. The drug costs below	Plans group their drug lists into tiers. The drug costs below	Plans group their drug lists into tiers. The drug costs bel
	show how much you'll pay for drugs in each tier based on	show how much you'll pay for drugs in each tier based on	show how much you'll pay for drugs in each tier based on		show how much you'll pay for drugs in each tier based on	show how much you'll pay for drugs in each tier based of
each tier based on the coverage phase you're in.		the coverage phase you're in.	the coverage phase you're in.	the coverage phase you're in.	the coverage phase you're in.	the coverage phase you're in.
TIER DRUG COST FOR:						
Standard or Preferred retail pharmacy drug cost						
or 1 month, whichever was least expensive listed						
	Annual drug deductible phase	Annual drug deductible phase	Annual drug deductible phase	Annual drug deductible phase	Annual drug deductible phase	Annual drug deductible phase
Orug plan deductible	\$0.00					
	Initial coverage phase	Initial coverage phase	Initial coverage phase	Initial coverage phase	Initial coverage phase	Initial coverage phase
ier 1: Preferred Generic	\$0.00 copay	\$0.00 copay	\$0.00 copay	\$0.00 copay	\$5.00 copay	\$5.00 copay
	\$0.00 copay	\$0.00 copay	\$0.00 copay	\$10.00 copay		\$15.00 copay
	\$35.00 copay	\$35.00 copay	\$35.00 copay	\$45.00 copay		\$47.00 copay
Fier 4: Non-Preferred Drug Fier 5: Specialty Tier	\$90.00 copay 33%	\$75.00 copay 33%	\$75.00 copay 33%	\$95.00 copay 33%	\$100.00 copay 33%	\$100.00 copay
Fier 6: Select Care Drugs		\$0.00 copay	\$0.00 copay	\$0.00 copay		\$0.00 copay
	Gap coverage phase	Gap coverage phase	Gap coverage phase	Gap coverage phase	Gap coverage phase	Gap coverage phase
(1	\$0.00 copay	\$0.00 copay	\$0.00 copay	\$0.00 copay		\$5.00 copay
Fier 2: Generic	25%	25%	\$0.00 copay	25%	25%	
Fier 3: Preferred Brand	25%					
First Constitution	25%					
Tier 5: Specialty Tier	25%					
Tier 6: Select Care Drugs	Catastrophic coverage phase	\$0.00 copay Catastrophic coverage phase	\$0.00 copay Catastrophic coverage phase	\$0.00 copay Catastrophic coverage phase	\$0.00 copay Catastrophic coverage phase	\$0.00 copay Catastrophic coverage phase
	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more
		Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs		Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs
	more)	more)	more)	more)	more)	more)
	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more
Fier 2: Generic	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs
	more)	more)	more)	more)	more)	more)
		Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)		Generic drugs \$4.15 copay or 5% (whichever costs more
	Brand-name drugs \$10.35 copay or 5% (whichever costs more)	Brand-name drugs \$10.35 copay or 5% (whichever costs more)	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs more)	Brand-name drugs \$10.35 copay or 5% (whichever costs
		Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)		Generic drugs \$4.15 copay or 5% (whichever costs more
	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs
	more)	more)	more)	more)	more)	more)
	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more
	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs
	more)	more)	more)	more)	more)	more)
Tier 6: Select Care Drugs		Generic drugs \$4.15 copay or 5% (whichever costs more) Brand-name drugs \$10.35 copay or 5% (whichever costs	Generic drugs \$4.15 copay or 5% (whichever costs more) Brand-name drugs \$10.35 copay or 5% (whichever costs	Generic drugs \$4.15 copay or 5% (whichever costs more) Brand-name drugs \$10.35 copay or 5% (whichever costs	Generic drugs \$4.15 copay or 5% (whichever costs more) Brand-name drugs \$10.35 copay or 5% (whichever costs	Generic drugs \$4.15 copay or 5% (whichever costs more Brand-name drugs \$10.35 copay or 5% (whichever costs
ici oi ocicci care brugo		more)	more)	more)	more)	more)
For all other drugs, you pay 25% for generic drugs	For all other drugs, you pay 25% for generic drugs and 25%			For all other drugs, you pay 25% for generic drugs and 25%		
	for brand-name drugs.	for brand-name drugs.	for brand-name drugs.	for brand-name drugs.	for brand-name drugs.	for brand-name drugs.
PART B DRUGS:	PART B DRUGS:	PART B DRUGS:	PART B DRUGS:	PART B DRUGS:	PART B DRUGS:	PART B DRUGS:
These are drugs you usually get at a doctor's office	These are drugs you usually get at a doctor's office or	These are drugs you usually get at a doctor's office or	These are drugs you usually get at a doctor's office or	These are drugs you usually get at a doctor's office or	These are drugs you usually get at a doctor's office or	These are drugs you usually get at a doctor's office or
	hospital outpatient setting, like the flu shot, chemotherapy,		hospital outpatient setting, like the flu shot, chemotherapy,		hospital outpatient setting, like the flu shot, chemotherapy,	hospital outpatient setting, like the flu shot, chemothera
	or other shots.	or other shots.	or other shots.	or other shots.	or other shots.	or other shots.
Chemotherapy drugs	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance		20% coinsurance
		ACH: Area Community Health / AMG: Allcare Medical Grour) / B&TP: Brown & Toland Physicians / BACH: Bay Area Comm	iunity Health / BMG: Bass Medical Group / CA IPA: California ('nysicians Associates / CHCMSG: Caremore Health CA Multi-S	pecialty Group / CHMG: Carbon Health Medical Group /
Contracted Medical Groups (veri		CPMG: California Primary Medical Group / DODMG: Doctors	on Duty Medical Group / EBMGDD: East Bay Medical Group	Diablo Division / EBMF: East Bay Medical Foundation / ECHM C: Imperial Health Northern Ca Santa Clara / JMMG: John Mu	N: El Camino Health Medical Network / ECMA: El Camino Med	dical Associates / HAMG: Hammilton Ave Medical Group





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lan name	Imperial Dynamic Plan (HMO)	Imperial Traditional (HMO)	Imperial Strong (HMO)	Kaiser Permanente Sr Adv Basic Santa Clara (HMO)	Kaiser Permanente Sr Adv Enhanced Santa Clara (HMO)	SCAN Ontions (HMO)
an name	Imperial Dynamic Plan (HMO) Imperial Health Plan of California Inc	Imperial Traditional (HIVIO) Imperial Health Plan of California Inc	Imperial Strong (HIVIO)	Kaiser Permanente St Adv Basic Santa Ciara (HIVIO)	Kaiser Permanente Si Auv Emianceu Santa Ciara (Hivio)	Scan Health Plan
an ID	H5496-012-0	H5496-007-0	H5496-014-0	H0524-062-0	H0524-039-0	H5425-073-0
ar rating	2.5 Stars	2.5 Stars	2.5 Stars	5 Stars	5 Stars	4.5 Stars
an website	http://www.imperialhealthplan.com/	http://www.imperialhealthplan.com/	http://www.imperialhealthplan.com/	http://kp.org/medicare	http://kp.org/medicare	http://www.scanhealthplan.com/
on-members	1-800-838-5914	1-800-838-5914	1-800-838-5914	1-800-777-1238	1-800-777-1238	1-888-315-7226
lembers	1-800-838-8271	1-800-838-8271	1-800-838-8271	1-800-443-0815	1-800-443-0815	1-800-559-3500
an address	1100 East Green Street, Pasadena, CA 91106	1100 East Green Street, Pasadena, CA 91106	1100 East Green Street, Pasadena, CA 91106	1800 Harrison Street, Oakland, CA 94612	1800 Harrison Street, Oakland, CA 94612	3800 Kilroy Airport Way, Suite 100, Long Beach,
ontracted Medical Groups (verify with Plan & rovider):	B&TP, IHHMG, PCONC, CA IPA, NCP IPA, SMG, NP	Medical Group IPA, IHHMG, B&TP IPA, PCONC, California IPA, SMG	B&TP, IHHMG, PCONC, CA IPA, NCP IPA, SMG, NP	The Permanente Medical Group Inc	The Permanente Medical Group Inc	Caremore CA IPA
ALTH PREMIUM:		\$0.00	90	50.00	0.00 \$12.80	٥
UG PREMIUM:		\$0.00			0.00 \$52.20	
TAL MONTHLY PREMIUM:		\$0.00			0.00 \$65.00	
ALTH DEDUCTIBLE:		\$0.00			0.00 \$0.00	
UG DEDUCTIBLE:		\$0.00	·		0.00 \$0.00	
ximum-out-of-Pocket	\$899 In-network	\$2,999 In-network	\$8,300 In-network	\$6,000 In-network	\$3,900 In-network	\$2,800 In-network
IEFITS & COSTS: CTOR SERVICES						
nary doctor visit	\$0 copay	\$0 copay	20% coinsurance per visit	\$5 copay per visit	\$0 copay	\$0 copay
cialist visit	\$0 copay	\$10 copay	20% coinsurance per visit	\$15 copay per visit	\$10 copay per visit	\$0-25 copay per visit
rs, labs, & imaging:						
nostic tests & procedures	\$0 copay	\$0 copay	20% coinsurance	\$0 copay	\$0 copay	\$0 copay
services	\$0 copay	\$0 copay	20% coinsurance	\$0 copay	\$0 copay	\$0 copay
nostic radiology services (like MRI)	\$0 copay	\$0 copay	20% coinsurance	\$5-195 copay	\$5-195 copay	\$0-150 copay
patient x-rays	\$0 copay	\$0 copay	20% coinsurance	\$5 copay	\$0 copay	\$5 copay
rgency care	\$100 copay per visit	\$100 copay per visit	20% coinsurance per visit	\$110 copay per visit	\$110 copay per visit	\$100 copay per visit
ent care	\$0 copay	\$20 copay per visit	20% coinsurance per visit	\$5 copay per visit	\$0 copay	\$20 copay per visit
PITAL SERVICES:	40		At soo to the site of the site	4010	4.50	later to the state of
atient hospital coverage	\$0 copay per stay	\$150 per day for days 1 through 5	\$1,600 deductible for days 1 through 60	\$240 per day for days 1 through 5	\$170 per day for days 1 through 5	\$175 per day for days 1 through 5
		\$0 per day for days 6 through 90	\$400 copay per day for days 61 through 90	\$0 per day for days 6 through 90	\$0 per day for days 6 through 90 \$0 per day for days 91 and beyond	\$0 per day for days 6 through 90
				\$0 per day for days 91 and beyond	50 per day for days 91 and beyond	
patient hospital coverage	\$0 copay	\$0 copay	20% coinsurance per visit	\$0-190 copay per visit	\$0-140 copay per visit	\$25-135 copay per visit
LED NURSING FACILITY:						
led nursing facility	\$0 per day for days 1 through 20	\$0 per day for days 1 through 20	\$0 copay for days 1 through 20	\$0 per day for days 1 through 20	\$0 per day for days 1 through 20	\$0 per day for days 1 through 20
	\$164.50 per day for days 21 through 100	\$164.50 per day for days 21 through 100	\$200 copay per day for days 21 through 100	\$100 per day for days 21 through 100	\$100 per day for days 21 through 100	\$125 per day for days 21 through 100
EVENTATIVE SERVICES:						
eventive services	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
BULANCE:						
und ambulance	\$125 copay	\$150 copay	20% coinsurance	\$200 copay	\$200 copay	\$200 copay
RAPY SERVICES:						
upational therapy visit	\$0 copay	\$10 copay	20% coinsurance	\$7-15 copay	\$5-10 copay	\$0-20 copay
ical therapy & speech & language therapy visi	it \$0 copay	20% coinsurance	20% coinsurance	\$0-15 copay	\$0-10 copay	\$0-20 copay
NTAL HEALTH SERVICES:						
patient group therapy with a psychiatrist	\$0 copay	\$0 copay	20% coinsurance	\$0-2 copay	\$0 copay	\$0-35 copay
patient individual therapy with a psychiatrist	\$0 copay	\$0 copay	20% coinsurance	\$0-5 copay	\$0 copay	\$0-35 copay
patient group therapy visit	20% coinsurance	20% coinsurance	20% coinsurance	\$2 copay	\$0 copay	\$0-35 copay
patient individual therapy visit	20% coinsurance	20% coinsurance	20% coinsurance	\$5 copay	\$0 copay	\$0-35 copay
OID TREATMENT PROGRAM SERVICES:	20	(60	2007	160	60	625
oid treatment program services IER SERVICES:	\$0 copay	\$0 copay	20% coinsurance	\$0 copay	\$0 copay	\$35 copay
able medical equipment	20% coincurance per item	20% coincurance per item	20% coincurance per item	0-20% coinsurance per item	0-20% coinsurance per item	0-20% coinsurance per item
able medical equipment sthetics	20% coinsurance per item 20% coinsurance per item	20% coinsurance per item 20% coinsurance per item	20% coinsurance per item 20% coinsurance per item	20% coinsurance per item	20% coinsurance per item	0-20% coinsurance per item 0-20% coinsurance per item
ysis	20% coinsurance per item 20% coinsurance	20% coinsurance per item 20% coinsurance	20% coinsurance per item 20% coinsurance	20% coinsurance per item 20% coinsurance	20% coinsurance per item 20% coinsurance	20% coinsurance per item
ysis Detes supplies	\$0 copay		20% coinsurance 20% coinsurance per item	\$0 copay		0-20% coinsurance 0-20% coinsurance per item
RA BENEFITS:		\$0 copay	20% collisurance per item		\$0 copay	0-20% comsurance per item
ring exam	20% coinsurance	20% coinsurance	20% coinsurance per item	\$15 copay	\$10 copay	\$0 copay
ng/evaluation	20% coinsurance	20% coinsurance	20% coinsurance per item	\$0 copay	\$0 copay	\$0 copay
ring aids - all types	20% coinsurance	20% coinsurance	20% coinsurance per item	\$0 copay	\$0 copay	\$450-750 copay
exam	\$0 copay	\$0 copay	\$0 copay	Covered under office visit	\$0 copay	Not covered
ing	\$0 copay	\$0 copay	\$0 copay	Covered under office visit	\$0 copay	Not covered
de treatment	\$0 copay	\$0 copay	\$0 copay	Not covered	Not covered	Not covered
il x-rays	\$0 copay	\$0 copay	\$0 copay	Covered under office visit	\$0 copay	Not covered
ne eye exam	\$0 copay	\$0 copay	\$0 copay	\$5 copay	\$0 copay	\$0 copay
nct lenses	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
lasses frames only	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
lasses lenses only	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
ppractic services	Not covered	Not covered	Not covered	Not covered	Not covered	Some coverage
ouncture	Not covered	Not covered Not covered	Not covered	Some coverage	Some coverage	
	Not covered Not covered	Not covered Not covered			5	Some coverage
sage therapy	Not covered Not covered		Not covered	Not covered	Not covered	Some coverage
rnative therapies		Not covered Some coverage	Not covered Not covered	Not covered	Not covered Some coverage	Some coverage
ess benefit rsportation services	Some coverage	-	Not covered Not covered	Some coverage		Some coverage
rsportation services tr the counter drug benefits	Some coverage	Some coverage		Not covered	Not covered	Some coverage
COUNTER OFFICE PROPERTY	Some coverage	Some coverage	Not covered	Some coverage	Some coverage	Some coverage

Plan name	Imperial Dynamic Plan (HMO)	Imperial Traditional (HMO)	Imperial Strong (HMO)	Kaiser Permanente Sr Adv Basic Santa Clara (HMO)	Kaiser Permanente Sr Adv Enhanced Santa Clara (HMO)	SCAN Options (HMO)
COSTS BY DRUG TIER	Imperial Health Plan of California Inc	Imperial Health Plan of California Inc	Imperial Health Plan of California Inc	Kaiser Permanente	Kaiser Permanente	Scan Health Plan
lans group their drug lists into tiers. The drug	Plans group their drug lists into tiers. The drug costs below a show how much you'll pay for drugs in each tier based on the coverage phase you're in.	Plans group their drug lists into tiers. The drug costs below show how much you'll pay for drugs in each tier based on the coverage phase you're in.	Plans group their drug lists into tiers. The drug costs below show how much you'll pay for drugs in each tier based on the coverage phase you're in.	Plans group their drug lists into tiers. The drug costs below show how much you'll pay for drugs in each tier based on the coverage phase you're in.	Plans group their drug lists into tiers. The drug costs below show how much you'll pay for drugs in each tier based on the coverage phase you're in.	Plans group their drug lists into tiers. The drug costs bel show how much you'll pay for drugs in each tier based of the coverage phase you're in.
IER DRUG COST FOR:						
standard or Preferred retail pharmacy drug cost or 1 month, whichever was least expensive listed						
	Annual drug deductible phase	Annual drug deductible phase	Annual drug deductible phase	Annual drug deductible phase	Annual drug deductible phase	Annual drug deductible phase
Drug plan deductible	\$0.00	·		·	The state of the s	
Tiers	Initial coverage phase	Initial coverage phase	Initial coverage phase	Initial coverage phase	Initial coverage phase	Initial coverage phase
Fier 1: Preferred Generic	\$0.00 copay	\$0.00 copay	\$0.00 copay	\$0.00 copay	\$0.00 copay	\$0.00 copay
Tier 2: Generic	\$3.00 copay	\$5.00 copay	\$5.00 copay	\$12.00 copay	\$5.00 copay	\$0.00 copay
Tier 3: Preferred Brand	\$30.00 copay	\$45.00 copay	\$45.00 copay	\$45.00 copay	\$45.00 copay	\$40.00 copay
Fier 4: Non-Preferred Drug Fier 5: Specialty Tier	\$75.00 copay	\$90.00 copay 33%	\$90.00 copay	\$100.00 copay % 33%	\$100.00 copay 33%	\$90.00 copay
Fier 6: Select Care Drugs	33%	33%	33%	% \$0.00 copay	\$0.00 copay	
Tiel o. Select care brugs	Gap coverage phase	Gap coverage phase	Gap coverage phase	Gap coverage phase	Gap coverage phase	Gap coverage phase
Tier 1: Preferred Generic	\$0.00 copay	\$0.00 copay	\$0.00 copay	\$0.00 copay	\$0.00 copay	dap coverage phase
Fier 2: Generic	\$3.00 copay	\$5.00 copay	\$5.00 copay	\$12.00 copay	\$5.00 copay	
Fier 3: Preferred Brand	25%					
Fier 4: Non-Preferred Drug	25%					
Fier 5: Specialty Tier	25%					
Fier 6: Select Care Drugs	_	_		\$0.00 copay	\$0.00 copay	_
	Catastrophic coverage phase	Catastrophic coverage phase	Catastrophic coverage phase	Catastrophic coverage phase	Catastrophic coverage phase	Catastrophic coverage phase
Fier 1: Preferred Generic	Generic drugs \$4.15 copay or 5% (whichever costs more) Brand-name drugs \$10.35 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more) Brand-name drugs \$10.35 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more) Brand-name drugs \$10.35 copay or 5% (whichever costs more)	\$0.00 copay	\$0.00 copay	Generic drugs \$4.15 copay or 5% (whichever costs more Brand-name drugs \$10.35 copay or 5% (whichever costs more)
Tier 2: Generic	Generic drugs \$4.15 copay or 5% (whichever costs more) Brand-name drugs \$10.35 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more) Brand-name drugs \$10.35 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more) Brand-name drugs \$10.35 copay or 5% (whichever costs more)	\$0.00 copay	\$0.00 copay	Generic drugs \$4.15 copay or 5% (whichever costs more Brand-name drugs \$10.35 copay or 5% (whichever costs more)
Fier 3: Preferred Brand	Generic drugs \$4.15 copay or 5% (whichever costs more) Brand-name drugs \$10.35 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more) Brand-name drugs \$10.35 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more) Brand-name drugs \$10.35 copay or 5% (whichever costs more)	\$12.00 copay	\$12.00 copay	Generic drugs \$4.15 copay or 5% (whichever costs more Brand-name drugs \$10.35 copay or 5% (whichever costs more)
Tier 4: Non-Preferred Drug	Generic drugs \$4.15 copay or 5% (whichever costs more) Brand-name drugs \$10.35 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more) Brand-name drugs \$10.35 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more) Brand-name drugs \$10.35 copay or 5% (whichever costs more)	\$12.00 copay	\$12.00 copay	Generic drugs \$4.15 copay or 5% (whichever costs more Brand-name drugs \$10.35 copay or 5% (whichever costs more)
Tier 5: Specialty Tier	Generic drugs \$4.15 copay or 5% (whichever costs more) Brand-name drugs \$10.35 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more) Brand-name drugs \$10.35 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more) Brand-name drugs \$10.35 copay or 5% (whichever costs more)	\$12.00 copay	\$12.00 copay	Generic drugs \$4.15 copay or 5% (whichever costs more Brand-name drugs \$10.35 copay or 5% (whichever costs more)
Fier 6: Select Care Drugs	-	-	_	\$0.00 copay	\$0.00 copay	-
and 25% for brand-name drugs.	for brand-name drugs.	for brand-name drugs.	for brand-name drugs.	For all other drugs, you pay 25% for generic drugs and 25% for brand-name drugs.	for brand-name drugs.	for brand-name drugs.
PART B DRUGS:	PART B DRUGS:	PART B DRUGS:	PART B DRUGS:	PART B DRUGS:	PART B DRUGS:	PART B DRUGS:
These are drugs you usually get at a doctor's office or hospital outpatient setting, like the flu shot, chemotherapy, or other shots.	These are drugs you usually get at a doctor's office or hospital outpatient setting, like the flu shot, chemotherapy, or other shots.	These are drugs you usually get at a doctor's office or hospital outpatient setting, like the flu shot, chemotherapy, or other shots.	These are drugs you usually get at a doctor's office or hospital outpatient setting, like the flu shot, chemotherapy or other shots.	These are drugs you usually get at a doctor's office or , hospital outpatient setting, like the flu shot, chemotherapy, or other shots.	These are drugs you usually get at a doctor's office or hospital outpatient setting, like the flu shot, chemotherapy, or other shots.	These are drugs you usually get at a doctor's office or hospital outpatient setting, like the flu shot, chemothers or other shots.
Chemotherapy drugs	20% coinsurance	\$0.00 copay	\$0.00 copay	\$0-45 copay or 0-20% coinsurance	\$0-45 copay or 0-20% coinsurance	20% coinsurance
Other Part B drugs	20% coinsurance	\$0.00 copay	\$0.00 copay	\$0-45 copay or 0-20% coinsurance	\$0-45 copay or 0-20% coinsurance	20% coinsurance
Contracted Medical Groups (ver	rify with Plan & Provider):	CPMG: California Primary Medical Group / DODMG: Doctor: HMG: Hamilton Medical Group / HPEB: Hill Physician East B	s on Duty Medical Group / EBMGDD: East Bay Medical Group ay / IHHMG: Imperial Health Holdings Medical Group / IHNC	nunity Health / BMG: Bass Medical Group / CA IPA: California o Diablo Division / EBMF: East Bay Medical Foundation / ECHM SC: Imperial Health Northern Ca Santa Clara / JMMG: John Mu up / ON/APS: Optumcare Network / Apple Care Select / PAMF	IN: El Camino Health Medical Network / ECMA: El Camino Me uir Medical Group / MHMG: Marin Hospital Medical Group / N	dical Associates / HAMG: Hammilton Ave Medical Group ICP IPA: Northern California Physicians Independent





Sourcewise: 3100 De La Cruz Blvd., Suite 310, Santa Clara, CA 95054 / 408.350.3200 CA HICAP: 1.800.434.0222

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2023 Part C Medicare Advantag	e HMO Plans with Part D Prescription	Drug Coverage		
Plan name	SCAN Classic (HMO)	UnitedHealthcare Medicare Advantage Assure (HMO)	Wellcare No Premium (HMO)	Wellcare Assist (HMO)
Plan ID	H5425-020-0	H0543-183-0	H0562-120-0	H0562-127-0
Star rating	4.5 Stars	4 Stars	3 Stars	3 Stars
Plan website	http://www.scanhealthplan.com/	http://uhc.com/Medicare	http://www.wellcare.com/healthnetCA	http://www.wellcare.com/healthnetCA
Non-members	1-888-315-7226	1-800-555-5757	1-844-917-0175	1-844-917-0175
Members	1-800-559-3500	1-866-261-7709	1-800-275-47377	1-800-275-47377
Plan address	3800 Kilroy Airport Way, Suite 100, Long Beach, CA 90806	P.O. Box 30770, Salt Lake City, UT 84130	PO Box 31685, Tampa, FL 33631	PO Box 31685, Tampa, FL 33631
Contracted Medical Groups (verify with Plan & Provider):	Caremore Health, Caremore Health NCPN, Caremore PMGSJ, ECHMN	PMGSJ, PAMF Camino Assure, ECHMN, PAMF Alameda Contra Costa Assure Palo Alto, PAMF Assure San Carlos	SMG	PMGSJ
HEALTH PREMIUM:	\$52.00	·	·	·
DRUG PREMIUM:	\$0.00	·	·	
TOTAL MONTHLY PREMIUM:	\$52.00	·		·
DRUG DEDUCTIBLE:	\$0.00		·	·
Maximum-out-of-Pocket	\$3,000 In-network	\$8,300 In-network	\$3,450 In-network	\$4,500 In-network
BENEFITS & COSTS:	\$3,000 III NEEWORK	20,300 III HELWOIK	75,450 III HELWOIK	фт, эоо III IIctwork
DOCTOR SERVICES				
Primary doctor visit	\$0 copay	20% coinsurance per visit	\$0 copay	\$0 copay
Specialist visit	\$0-20 copay per visit	20% coinsurance per visit	\$10 copay per visit	\$5 copay per visit
TESTS, LABS, & IMAGING:				
Diagnostic tests & procedures	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Lab services	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Diagnostic radiology services (like MRI) Outpatient x-rays	\$120 copay	0-20% coinsurance 20% coinsurance	\$0-250 copay	\$0-275 copay
Emergency care	\$0 copay \$95 copay per visit	\$90 copay per visit	\$0 copay \$125 copay per visit	\$0 copay \$110 copay per visit
Urgent care	\$20 copay per visit	\$40 copay per visit	\$10 copay per visit	\$0 copay
HOSPITAL SERVICES:	VEC COPAY PC. VISIC	y to copuly per visit	710 copul per visit	- copa y
Inpatient hospital coverage	\$125 per day for days 1 through 5	\$1,556 per stay	\$190 per day for days 1 through 7	\$350 per day for days 1 through 4
	\$0 per day for days 6 through 90	\$0 per day for days 91 and beyond	\$0 per day for days 8 through 90	\$0 per day for days 5 through 90
			\$0 per day for days 91 through 150	\$0 per day for days 91 through 210
Outpatient hospital coverage	\$20-125 copay per visit	0-20% coinsurance per visit	\$250 copay per visit	\$275 copay per visit
SKILLED NURSING FACILITY: Skilled nursing facility	\$0 per day for days 1 through 20	\$0 copay for days 1 through 20	\$0 per day for days 1 through 20	¢0 per day for days 1 through 30
Skilled Hursing facility	\$0 per day for days 1 through 20 \$100 per day for days 21 through 100	\$200 copay per day for days 21 through 100	\$196 per day for days 21 through 40	\$0 per day for days 1 through 20 \$196 per day for days 21 through 50
	plooper day for days 21 timough 100	2200 copay per day for days 21 timodgii 100	\$0 per day for days 41 through 100	\$0 per day for days 51 through 100
PREVENTATIVE SERVICES:			, , ,	
Preventive services	\$0 copay	\$0 copay	\$0 copay	\$0 copay
AMBULANCE:			1.	
Ground ambulance	\$195 copay	20% coinsurance	\$260 copay	\$250 copay
THERAPY SERVICES: Occupational therapy visit	\$0-20 copay	20% coinsurance	Ć10 aanau	ĆF
Physical therapy & speech & language therapy visit		20% coinsurance	\$10 copay \$10 copay	\$5 copay \$5 copay
MENTAL HEALTH SERVICES:	1 30-20 Copay	20% comsurance	310 copay	35 сорау
Outpatient group therapy with a psychiatrist	\$0-20 copay	20% coinsurance	\$25 copay	\$25 copay
Outpatient individual therapy with a psychiatrist	\$0-20 copay	20% coinsurance	\$25 copay	\$25 copay
Outpatient group therapy visit	\$0-20 copay	20% coinsurance	\$25 copay	\$25 copay
Outpatient individual therapy visit	\$0-20 copay	20% coinsurance	\$25 copay	\$25 copay
OPIOID TREATMENT PROGRAM SERVICES:				
Opioid treatment program services	\$30 copay	\$0 copay	\$10 copay	\$5 copay
OTHER SERVICES: Durable medical equipment	0-20% coinsurance per item	20% coinsurance per item	20% coinsurance per item	20% coinsurance per item
Prosthetics	0-20% coinsurance per item	20% coinsurance per item	20% coinsurance per item	20% coinsurance per item
				·
Dialysis	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Dialysis Diabetes supplies	·	·	20% coinsurance \$0 copay per item	\$0 copay per item
Diabetes supplies EXTRA BENEFITS:	20% coinsurance	20% coinsurance \$0 copay per item		
Diabetes supplies EXTRA BENEFITS: Hearing exam	20% coinsurance \$0 copay \$0 copay	20% coinsurance \$0 copay per item 20% coinsurance	\$0 copay per item \$10 copay	\$0 copay per item \$5 copay
Diabetes supplies EXTRA BENEFITS: Hearing exam Fitting/evaluation	20% coinsurance \$0 copay \$0 copay \$0 copay	20% coinsurance \$0 copay per item 20% coinsurance Not covered	\$10 copay \$10 copay \$0 copay	\$0 copay per item \$5 copay \$0 copay
Diabetes supplies EXTRA BENEFITS: Hearing exam Fitting/evaluation Hearing aids - all types	20% coinsurance \$0 copay \$0 copay \$0 copay \$450-750 copay	20% coinsurance \$0 copay per item 20% coinsurance Not covered \$0 copay	\$10 copay \$10 copay \$0 copay \$0 copay	\$5 copay \$5 copay \$0 copay \$0 copay
Diabetes supplies EXTRA BENEFITS: Hearing exam Fitting/evaluation Hearing aids - all types Oral exam	20% coinsurance \$0 copay \$0 copay \$0 copay \$450-750 copay Not covered	20% coinsurance \$0 copay per item 20% coinsurance Not covered \$0 copay Not covered	\$0 copay per item \$10 copay \$0 copay \$0 copay \$0 copay \$0 copay	\$0 copay per item \$5 copay \$0 copay \$0 copay \$0 copay
Diabetes supplies EXTRA BENEFITS: Hearing exam Fitting/evaluation Hearing aids - all types Oral exam Cleaning	20% coinsurance \$0 copay \$0 copay \$0 copay \$450-750 copay Not covered Not covered	20% coinsurance \$0 copay per item 20% coinsurance Not covered \$0 copay Not covered Not covered	\$0 copay per item \$10 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay	\$0 copay per item \$5 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay
Diabetes supplies EXTRA BENEFITS: Hearing exam Fitting/evaluation Hearing aids - all types Oral exam Cleaning Fluoride treatment	20% coinsurance \$0 copay \$0 copay \$0 copay \$0 copay Not covered Not covered Not covered	20% coinsurance \$0 copay per item 20% coinsurance Not covered \$0 copay Not covered Not covered Not covered Not covered	\$0 copay per item \$10 copay \$0 copay	\$0 copay per item \$5 copay \$0 copay
Diabetes supplies EXTRA BENEFITS: Hearing exam Fitting/evaluation Hearing aids - all types Oral exam Cleaning	20% coinsurance \$0 copay \$0 copay \$0 copay \$450-750 copay Not covered Not covered Not covered Not covered Not covered	20% coinsurance \$0 copay per item 20% coinsurance Not covered \$0 copay Not covered Not covered Not covered Not covered Not covered Not covered	\$0 copay per item \$10 copay \$0 copay	\$0 copay per item \$5 copay \$0 copay
Diabetes supplies EXTRA BENEFITS: Hearing exam Fitting/evaluation Hearing aids - all types Oral exam Cleaning Fluoride treatment Dental x-rays	20% coinsurance \$0 copay \$0 copay \$0 copay \$0 copay Not covered Not covered Not covered	20% coinsurance \$0 copay per item 20% coinsurance Not covered \$0 copay Not covered Not covered Not covered Not covered Not covered \$0 copay	\$0 copay per item \$10 copay \$0 copay	\$0 copay per item \$5 copay \$0 copay
Diabetes supplies EXTRA BENEFITS: Hearing exam Fitting/evaluation Hearing aids - all types Oral exam Cleaning Fluoride treatment Dental x-rays Routine eye exam	20% coinsurance \$0 copay \$0 copay \$0 copay \$450-750 copay Not covered Not covered Not covered Not covered \$0 copay	20% coinsurance \$0 copay per item 20% coinsurance Not covered \$0 copay Not covered Not covered Not covered Not covered Not covered Not covered	\$0 copay per item \$10 copay \$0 copay	\$0 copay per item \$5 copay \$0 copay
Diabetes supplies EXTRA BENEFITS: Hearing exam Fitting/evaluation Hearing aids - all types Oral exam Cleaning Fluoride treatment Dental x-rays Routine eye exam Contact lenses Eyeglasses frames only Eyeglasses lenses only	20% coinsurance \$0 copay \$0 copay \$0 copay \$450-750 copay Not covered Not covered Not covered Not covered \$0 copay	20% coinsurance \$0 copay per item 20% coinsurance Not covered \$0 copay Not covered Not covered Not covered S0 copay S0 copay S0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay	\$0 copay per item \$10 copay \$0 copay	\$0 copay per item \$5 copay \$0 copay
Diabetes supplies EXTRA BENEFITS: Hearing exam Fitting/evaluation Hearing aids - all types Oral exam Cleaning Fluoride treatment Dental x-rays Routine eye exam Contact lenses Eyeglasses frames only Eyeglasses lenses only Chiropractic services	20% coinsurance \$0 copay \$0 copay \$0 copay \$450-750 copay Not covered Not covered Not covered Not covered \$0 copay	20% coinsurance \$0 copay per item 20% coinsurance Not covered \$0 copay Not covered Not covered Not covered Not covered S0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay Not covered	\$0 copay per item \$10 copay \$0 copay	\$0 copay per item \$5 copay \$0 copay
Diabetes supplies EXTRA BENEFITS: Hearing exam Fitting/evaluation Hearing aids - all types Oral exam Cleaning Fluoride treatment Dental x-rays Routine eye exam Contact lenses Eyeglasses frames only Eyeglasses lenses only Chiropractic services Acupuncture	20% coinsurance \$0 copay \$0 copay \$0 copay \$450-750 copay Not covered Not covered Not covered \$0 copay Some coverage Not covered	20% coinsurance \$0 copay per item 20% coinsurance Not covered \$0 copay Not covered Not covered Not covered \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay Not covered Not covered \$0 copay	\$0 copay per item \$10 copay \$0 copay	\$5 copay per item \$5 copay \$0 copay
Diabetes supplies EXTRA BENEFITS: Hearing exam Fitting/evaluation Hearing aids - all types Oral exam Cleaning Fluoride treatment Dental x-rays Routine eye exam Contact lenses Eyeglasses frames only Eyeglasses lenses only Chiropractic services Acupuncture Massage therapy	20% coinsurance \$0 copay \$0 copay \$0 copay \$450-750 copay Not covered Not covered Not covered \$0 copay	20% coinsurance \$0 copay per item 20% coinsurance Not covered \$0 copay Not covered Not covered Not covered \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay Not covered	\$0 copay per item \$10 copay \$0 copay	\$0 copay per item \$5 copay \$0 copay
Diabetes supplies EXTRA BENEFITS: Hearing exam Fitting/evaluation Hearing aids - all types Oral exam Cleaning Fluoride treatment Dental x-rays Routine eye exam Contact lenses Eyeglasses frames only Eyeglasses lenses only Chiropractic services Acupuncture Massage therapy Alternative therapies	20% coinsurance \$0 copay \$0 copay \$0 copay \$450-750 copay Not covered Not covered Not covered \$0 copay	20% coinsurance \$0 copay per item 20% coinsurance Not covered \$0 copay Not covered Not covered Not covered S0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay Not covered	\$0 copay per item \$10 copay \$0 copay \$	\$0 copay per item \$5 copay \$0 copay
Diabetes supplies EXTRA BENEFITS: Hearing exam Fitting/evaluation Hearing aids - all types Oral exam Cleaning Fluoride treatment Dental x-rays Routine eye exam Contact lenses Eyeglasses frames only Eyeglasses lenses only Chiropractic services Acupuncture Massage therapy Alternative therapies Fitness benefit	20% coinsurance \$0 copay \$0 copay \$0 copay \$450-750 copay Not covered Not covered Not covered \$0 copay \$0 copa	20% coinsurance \$0 copay per item 20% coinsurance Not covered \$0 copay Not covered Not covered Not covered S0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay S0 copay Not covered Not covered Not covered Not covered Not covered Not covered Some covered	\$0 copay per item \$10 copay \$0 copay	\$0 copay per item \$5 copay \$0
Diabetes supplies EXTRA BENEFITS: Hearing exam Fitting/evaluation Hearing aids - all types Oral exam Cleaning Fluoride treatment Dental x-rays Routine eye exam Contact lenses Eyeglasses frames only Eyeglasses lenses only Chiropractic services Acupuncture Massage therapy Alternative therapies Fitness benefit Transportation services	20% coinsurance \$0 copay \$0 copay \$450-750 copay Not covered Not covered Not covered Not covered \$0 copay Some coverage Not covered Not covered Not covered	20% coinsurance \$0 copay per item 20% coinsurance Not covered \$0 copay Not covered Not covered Not covered Not covered \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay Not covered Not covered Not covered Not covered So copay \$0 copay \$0 copay \$0 copay \$0 copay So copay So copay Not covered Not covered Not covered Not covered Some coverage Some coverage	\$0 copay per item \$10 copay \$0 copay \$	\$0 copay per item \$5 copay \$0
Diabetes supplies EXTRA BENEFITS: Hearing exam Fitting/evaluation Hearing aids - all types Oral exam Cleaning Fluoride treatment Dental x-rays Routine eye exam Contact lenses Eyeglasses frames only Eyeglasses lenses only Chiropractic services Acupuncture Massage therapy Alternative therapies Fitness benefit	20% coinsurance \$0 copay \$0 copay \$0 copay \$450-750 copay Not covered Not covered Not covered \$0 copay \$0 copa	20% coinsurance \$0 copay per item 20% coinsurance Not covered \$0 copay Not covered Not covered Not covered S0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay S0 copay Not covered Not covered Not covered Not covered Not covered Not covered Some covered	\$0 copay per item \$10 copay \$0 copay	\$0 copay per item \$5 copay \$0

lan name	SCAN Classic (HMO)	UnitedHealthcare Medicare Advantage Assure (HMO)	Wellcare No Premium (HMO)	Wellcare Assist (HMO)
OSTS BY DRUG TIER	Scan Health Plan	UnitedHealthcare	Wellcare by Health Net	Wellcare by Health Net
ans group their drug lists into tiers. The drug	Plans group their drug lists into tiers. The drug costs below	Plans group their drug lists into tiers. The drug costs below	Plans group their drug lists into tiers. The drug costs below	Plans group their drug lists into tiers. The drug costs below
		show how much you'll pay for drugs in each tier based on	show how much you'll pay for drugs in each tier based on	show how much you'll pay for drugs in each tier based on
ach tier based on the coverage phase you're in.	the coverage phase you're in.	the coverage phase you're in.	the coverage phase you're in.	the coverage phase you're in.
IER DRUG COST FOR:	the coverage phase you're iii	the coverage phase you're in	and soverage phase you're iii	the coverage phase you're iii
tandard or Preferred retail pharmacy drug cost				
or 1 month, whichever was least expensive listed				
	Annual drug deductible phase	Annual drug deductible phase	Annual drug deductible phase	Annual drug deductible phase
rug plan deductible	\$0.00		\$0.00	\$505
ers	Initial coverage phase	Initial coverage phase	Initial coverage phase	Initial coverage phase
er 1: Preferred Generic	\$0.00 copay	25%	\$0.00 copay	\$0.00 copay
ier 2: Generic	\$0.00 copay	25%	\$10.00 copay	\$20.00 copay
er 3: Preferred Brand	\$42.00 copay	_	\$37.00 copay	\$47.00 copay
ier 4: Non-Preferred Drug	\$95.00 copay	_	\$90.00 copay	4
er 5: Specialty Tier	33%		33%	2
er 6: Select Care Drugs	_	Confirm with plan	\$0.00 copay	\$0.00 copay
	Gap coverage phase	Gap coverage phase	Gap coverage phase	Gap coverage phase
er 1: Preferred Generic	25%			
ier 2: Generic	25%			
ier 3: Preferred Brand	25%	25%		
er 4: Non-Preferred Drug	25%			
er 5: Specialty Tier	25%			
er 6: Select Care Drugs	_	Confirm with plan	25%	\
	Catastrophic coverage phase	Catastrophic coverage phase	Catastrophic coverage phase	Catastrophic coverage phase
	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more
er 1: Preferred Generic		Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs
	more)	more)	more)	more)
tara areas	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)
ier 2: Generic	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs
	more)	more)	more)	more)
		Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)
ier 3: Preferred Brand	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs
	more)	more)	more)	more)
ier 4: Non-Preferred Drug		Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)
er 4. Non-Freieneu Drug	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs
	more) Generic drugs \$4.15 copay or 5% (whichever costs more)	more) Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	more) Generic drugs \$4.15 copay or 5% (whichever costs more)
er 5: Specialty Tier	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs
er 5. Specialty fier			more)	more)
	more)	more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)
er 6: Select Care Drugs	_	Confirm with plan	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs
		Committee plan	more)	more)
or all other drugs, you nay 25% for generic drugs	For all other drugs, you pay 25% for generic drugs and 25%	For all other drugs, you hav 25% for generic drugs and 25%		For all other drugs, you pay 25% for generic drugs and 25
nd 25% for brand-name drugs.	for brand-name drugs.	for brand-name drugs.	for brand-name drugs.	for brand-name drugs.
ART B DRUGS:	PART B DRUGS:	PART B DRUGS:	PART B DRUGS:	PART B DRUGS:
	These are drugs you usually get at a doctor's office or	These are drugs you usually get at a doctor's office or	These are drugs you usually get at a doctor's office or	These are drugs you usually get at a doctor's office or
	hospital outpatient setting, like the flu shot, chemotherapy,		hospital outpatient setting, like the flu shot, chemotherapy,	hospital outpatient setting, like the flu shot, chemothera
nemotherapy, or other shots.	or other shots.	or other shots.	or other shots.	or other shots.
hemotherapy drugs	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
her Part B drugs		0-20% coinsurance	20% coinsurance	20% coinsurance
ontracted Medical Groups (ver	ify with Plan & Provider):	Specialty Group / CHMG: Carbon Health Medical Group / CPMG: California Prima Camino Health Medical Network / ECMA: El Camino Medical Associates / HAMG: Imperial Health Northern Ca Santa Clara / JiMG: John Muir Medical Group / MH NP: Nivano Physicians / OMG: One Medical Group / ON/APS: Optumcare Networ	land Physicians / BACH: Bay Area Community Health / BMG: Bass Medical Group / ry Medical Group / DODMG: Doctors on Duty Medical Group / EBMGDD: East Bay Hammilton Ave Medical Group / HMG: Hamilton Medical Group / HPEB: Hill Physi MG: Marin Hospital Medical Group / NCP IPA: Northern California Physicians Indeq k / Apple Care Select / PAMF: Palo Alto Medical Foundation / PCOMC: Premier Care ta Clara County / SBMF: Suttter Bay Medical Foundation / SCCIPA: Santa Clara Cou	Medical Group Diablo Division / EBMF: East Bay Medical Foundation / ECHM cian East Bay / IHHMG: Imperial Health Holdings Medical Group / IHNCSC: pendent Physicians Associates / NCPN: Northern California Physicians Netwo of Northern California / PMG: Practicing Medical Group / PMGSI: Primary





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2023 Part C Medicare Advantage	ge HMO Plans <u>without</u> Part D P	rescription Drug Coverage	
Plan name	Aetna Medicare Eagle Plan (HMO)	Brand New Day Valor Care Plan (HMO)	Imperial Courage Plan (HMO)
Plan ID	Aetna Medicare H4982-013-0	Brand New Day H0838-048-0	Imperial Health Plan of California Inc H5496-016-0
Star rating	3 Stars	3 Stars	2.5 Stars
Plan website	http://www.aetnamedicare.com/	http://www.bndhmo.com/	http://www.imperialhealthplan.com/
Non-members			
	1-833-859-66031	1-888-683-11882	1-800-838-5914
Members Plan address	1-833-570-6670 PO Box 7405, London, KY 40742	1-866-255-4795 5455 Garden Grove Blvd., Suite 5000, Westministe	1-800-838-8271 1100 East Green Street, Pasadena, CA 91106
Contracted Medical Groups (verify with Plan & Provider):	Aetna DNC, JMMG, OMG, SCCIPA, B&TP, NP, PAMF, Sutter EBMGDD, PMGSJ, Sutter BMG	Independent Practice Association IPA	B&TP, IHHMG, PCONC IPA, Calirofnia IPA, NCP IPA, SMG, NE
HEALTH PREMIUM:	\$0.00	\$0.00	\$0.0
DRUG PREMIUM:	\$0.00	\$0.00	\$0.0
TOTAL MONTHLY PREMIUM:	\$0.00	\$0.00	\$0.0
HEALTH DEDUCTIBLE:	\$0.00	\$0.00	\$0.0
DRUG DEDUCTIBLE:	\$0.00	\$0.00	\$0.0
Maximum-out-of-Pocket	\$4,200 In-network	\$3,000 In-network	\$2,999 In-network
ENEFITS & COSTS:			
DOCTOR SERVICES			
Primary doctor visit	\$0 copay		\$5 copay per visit
Specialist visit	\$10 copay per visit	\$0 copay	\$10 copay per visit
rests, labs, & imaging:			
Diagnostic tests & procedures	\$0 copay	\$0 copay	\$0 copay
Lab services	\$0 copay	\$0 copay	\$0 copay
Diagnostic radiology services (like MRI)	\$0-100 copay	\$0 copay	\$0 copay
Outpatient x-rays	\$0 copay	\$0 copay	\$0 copay
· · · · · · · · · · · · · · · · · · ·			
Emergency care	\$110 copay per visit	\$0-90 copay per visit	\$100 copay per visit
Jrgent care	\$10 copay per visit	\$0 copay	\$20 copay per visit
HOSPITAL SERVICES:			
npatient hospital coverage	\$50 per day for days 1 through 3	\$1,600 deductible for days 1 through 60	\$150 per day for days 1 through 5
	\$0 per day for days 4 through 90	\$400 copay per day for days 61 through 90	\$0 per day for days 6 through 90
Outpatient hospital coverage	\$0-50 copay per visit	0-20% coinsurance per visit	\$0 copay
SKILLED NURSING FACILITY:			
Skilled nursing facility	\$0 per day for days 1 through 20	\$0 copay for days 1 through 20	\$0 per day for days 1 through 20
	\$196 per day for days 21 through 100	\$200 copay per day for days 21 through 100	\$164.50 per day for days 21 through 100
PREVENTATIVE SERVICES:			
Preventive services	\$0 copay	\$0 copay	\$0 copay
AMBULANCE:	The state of the s		1
Ground ambulance	\$275 copay	\$0-75 copay	\$150 copay
THERAPY SERVICES:		φο 75 τοραγ	\$150 copu,
Occupational therapy visit	\$10 copay	\$10 copay	\$10 copay
Physical therapy & speech & language therapy visit			20% coinsurance
MENTAL HEALTH SERVICES:	\$10 copay	\$10 copay	20% comsurance
	¢25	¢0	40
Outpatient group therapy with a psychiatrist	\$25 copay	\$0 copay	\$0 copay
Outpatient individual therapy with a psychiatrist		\$0 copay	\$0 copay
Outpatient group therapy visit	\$25 copay	\$0 copay	20% coinsurance
Outpatient individual therapy visit	\$25 copay	\$0 copay	20% coinsurance
OPIOID TREATMENT PROGRAM SERVICES:			
Opioid treatment program services	\$25 copay	\$0 copay	\$0 copay
OTHER SERVICES:	200/	0.200/	200/
Durable medical equipment	20% coinsurance per item	0-20% coinsurance per item	20% coinsurance per item
Prosthetics	20% coinsurance per item	0-20% coinsurance per item	20% coinsurance per item
Dialysis	20% coinsurance	20% coinsurance	20% coinsurance
Diabetes supplies	0-20% coinsurance per item	\$0 copay	\$0 copay
EXTRA BENEFITS:			
Hearing exam	\$0 copay	\$0 copay	20% coinsurance
Fitting/evaluation	\$0 copay	\$0 copay	20% coinsurance
	\$0 copay	\$149 copay	20% coinsurance
Hearing aids - all types			\$0 copay
Hearing aids - all types		ISO conav	
Oral exam	\$0 copay	\$0 copay	
Oral exam Cleaning	\$0 copay \$0 copay	\$0 copay	\$0 copay
Oral exam Cleaning Fluoride treatment	\$0 copay \$0 copay \$0 copay	\$0 copay \$0 copay	\$0 copay \$0 copay
Oral exam Cleaning Fluoride treatment Dental x-rays	\$0 copay \$0 copay \$0 copay \$0 copay	\$0 copay \$0 copay \$0 copay	\$0 copay \$0 copay \$0 copay
Oral exam Cleaning Fluoride treatment Dental x-rays Routine eye exam	\$0 copay \$0 copay \$0 copay \$0 copay \$0 copay	\$0 copay \$0 copay \$0 copay \$0 copay	\$0 copay \$0 copay \$0 copay \$0 copay
Oral exam Cleaning Fluoride treatment Dental x-rays Routine eye exam Contact lenses	\$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay	\$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay	\$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay
Oral exam Cleaning Fluoride treatment Coental x-rays Routine eye exam Contact lenses Eyeglasses frames only	\$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay	\$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay	\$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay
Oral exam Cleaning Fluoride treatment Dental x-rays Routine eye exam Contact lenses Eyeglasses frames only	\$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay	\$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay	\$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay
Oral exam Cleaning Fluoride treatment Dental x-rays Routine eye exam Contact lenses Eyeglasses frames only Eyeglasses lenses only	\$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay	\$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay	\$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay
Oral exam Cleaning Fluoride treatment Dental x-rays Routine eye exam Contact lenses Eyeglasses frames only Eyeglasses lenses only Chiropractic services	\$0 copay	\$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay	\$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay
Oral exam Cleaning Fluoride treatment Coental x-rays Coutine eye exam Contact lenses Eyeglasses frames only Eyeglasses lenses only Chiropractic services Acupuncture	\$0 copay So copay So copay	\$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay	\$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay Not covered
Oral exam Cleaning Fluoride treatment Coental x-rays Routine eye exam Contact lenses Eyeglasses frames only Eyeglasses lenses only Chiropractic services Acupuncture Massage therapy	\$0 copay Some coverage Some coverage Not covered	\$0 copay Some coverage Some coverage Not covered	\$0 copay Not covered Not covered Not covered
Oral exam Cleaning Fluoride treatment Dental x-rays Routine eye exam Contact lenses Eyeglasses frames only Eyeglasses lenses only Chiropractic services Acupuncture Massage therapy Alternative therapies	\$0 copay Some coverage Some coverage Not covered Not covered	\$0 copay Some coverage Some coverage Not covered Not covered	\$0 copay Not covered Not covered Not covered Not covered
Oral exam Cleaning Fluoride treatment Dental x-rays Routine eye exam Contact lenses Eyeglasses frames only Eyeglasses lenses only Chiropractic services Acupuncture Massage therapy Alternative therapies Fitness benefit	\$0 copay \$0	\$0 copay Some coverage Some coverage Not covered Not covered Some coverage	\$0 copay Not covered Not covered Not covered Not covered Some covered Some coverage
Oral exam Cleaning Fluoride treatment Dental x-rays Routine eye exam Contact lenses Eyeglasses frames only Eyeglasses lenses only Chiropractic services Acupuncture Massage therapy Alternative therapies	\$0 copay Some coverage Some coverage Not covered Not covered	\$0 copay Some coverage Some coverage Not covered Not covered	\$0 copay Not covered Not covered Not covered Not covered



Plan name	Aetna Medicare Eagle Plan (HMO)	Brand New Day Valor Care Plan (HMO)	Imperial Courage Plan (HMO)
COSTS BY DRUG TIER	Aetna Medicare	Brand New Day	Imperial Health Plan of California Inc
Plans group their drug lists into tiers. The drug	Plans group their drug lists into tiers. The drug	Plans group their drug lists into tiers. The drug	Plans group their drug lists into tiers. The drug
		costs below show how much you'll pay for drugs	costs below show how much you'll pay for drug
n each tier based on the coverage phase you're	in each tier based on the coverage phase you're	in each tier based on the coverage phase you're	in each tier based on the coverage phase you're
n.	in.	in.	in.
TIER DRUG COST FOR:	III.	III.	III.
standard or Preferred retail pharmacy drug cost			
or 1 month, whichever was least expensive			
isted			
isteu	Annual drug deductible phase	Annual drug deductible phase	Annual drug deductible phase
Orug plan deductible	\$0.00		
iers	Initial coverage phase		Initial coverage phase
ier 1: Preferred Generic	<u> </u>	Initial coverage phase	ÿ :
ier 1: Preterred Generic	NO Part D Drug Coverage Included	NO Part D Drug Coverage Included	NO Part D Drug Coverage Included
	NO Part D Drug Coverage Included	NO Part D Drug Coverage Included	NO Part D Drug Coverage Included
Fier 3: Preferred Brand	NO Part D Drug Coverage Included	NO Part D Drug Coverage Included	NO Part D Drug Coverage Included
Fier 4: Non-Preferred Drug	NO Part D Drug Coverage Included	NO Part D Drug Coverage Included	NO Part D Drug Coverage Included
ier 5: Specialty Tier	NO Part D Drug Coverage Included	NO Part D Drug Coverage Included	NO Part D Drug Coverage Included
ier 6: Select Care Drugs	NO Part D Drug Coverage Included	NO Part D Drug Coverage Included	NO Part D Drug Coverage Included
Cont. Bufamad Consider	Gap coverage phase	Gap coverage phase	Gap coverage phase
ier 1: Preferred Generic	NO Part D Drug Coverage Included	NO Part D Drug Coverage Included	NO Part D Drug Coverage Included
ier 2: Generic	NO Part D Drug Coverage Included	NO Part D Drug Coverage Included	NO Part D Drug Coverage Included
ier 3: Preferred Brand	NO Part D Drug Coverage Included	NO Part D Drug Coverage Included	NO Part D Drug Coverage Included
Tier 4: Non-Preferred Drug	NO Part D Drug Coverage Included	NO Part D Drug Coverage Included	NO Part D Drug Coverage Included
Fier 5: Specialty Tier	NO Part D Drug Coverage Included	NO Part D Drug Coverage Included	NO Part D Drug Coverage Included
Fier 6: Select Care Drugs	NO Part D Drug Coverage Included	NO Part D Drug Coverage Included	NO Part D Drug Coverage Included
	Catastrophic coverage phase	Catastrophic coverage phase	Catastrophic coverage phase
Fier 1: Preferred Generic	NO Part D Drug Coverage Included	NO Part D Drug Coverage Included	NO Part D Drug Coverage Included
Fier 2: Generic	NO Part D Drug Coverage Included	NO Part D Drug Coverage Included	NO Part D Drug Coverage Included
Fier 3: Preferred Brand	NO Part D Drug Coverage Included	NO Part D Drug Coverage Included	NO Part D Drug Coverage Included
Fier 4: Non-Preferred Drug	NO Part D Drug Coverage Included	NO Part D Drug Coverage Included	NO Part D Drug Coverage Included
ier 5: Specialty Tier	NO Part D Drug Coverage Included	NO Part D Drug Coverage Included	NO Part D Drug Coverage Included
ier 6: Select Care Drugs	NO Part D Drug Coverage Included	NO Part D Drug Coverage Included	NO Part D Drug Coverage Included
or all other drugs, you pay 25% for generic lrugs and 25% for brand-name drugs.	NO Part D Drug Coverage Included	NO Part D Drug Coverage Included	NO Part D Drug Coverage Included
PART B DRUGS:	PART B DRUGS:	PART B DRUGS:	PART B DRUGS:
hese are drugs you usually get at a doctor's office or hospital outpatient setting, like the flu hot, chemotherapy, or other shots.	These are drugs you usually get at a doctor's office or hospital outpatient setting, like the flu shot, chemotherapy, or other shots.	These are drugs you usually get at a doctor's office or hospital outpatient setting, like the flu shot, chemotherapy, or other shots.	These are drugs you usually get at a doctor's office or hospital outpatient setting, like the flushot, chemotherapy, or other shots.
Chemotherapy drugs	20% coinsurance	20% coinsurance	\$0 copay
IIICIIICIIICI APY UIUSS	LOVE CONSULATIVE	2070 CONTOURANCE	20 copay

Contracted Medical Groups (verify with Plan & Provider):

For more information please visit https://www.medicare.gov/ and contact plan





ACH: Area Community Health / AMG: Allcare Medical Group / B&TP: Brown & Toland Physicians / BACH: Bay Area Community Health / BMG: Bass Medical Group / CA IPA: California Physicians Associates / CHCMSG: Caremore Health CA Multi-Specialty Group / CHMG: Carbon Health Medical Group / CPMG: California Primary Medical Group / DODMG: Doctors on Duty Medical Group / EBMGDD: East Bay Medical Group / HMG: Hamilton Medical Group / HPEB: Hill Physician East Bay / IHHMG: Imperial Health Holdings Medical Group / IHNCSC: Imperial Health Northern Ca Santa Clara / JMMG: John Muir Medical Group / MHMG: Marin Hospital Medical Group / NCP IPA: Northern California Physicians Independent Physicians Associates / NCPN: Northern California Physicians Network / NP: Nivano Physicians / OMG: One Medical Group / ON/APS: Optumcare Network / Apple Care Select / PAMF: Palo Alto Medical Foundation / PCONC: Premier Care of Northern California / PMG: Practicing Medical Group / TCMG: Top Care Medical Group / TCMG: Top Care Medical Group

Sourcewise: 3100 De La Cruz Blvd., Suite 310, Santa Clara, CA 95054 / 408.350.3200 CA HICAP: 1.800.434.0222

This project was supported, in part, by grant number CFDA 93.324 from the U.S. Administration for Community Living, Department of Health and Human Services, Washington D.C. 20201. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration for Community Living policy. Support provided by the California Department of Aging.

DRUG PREMIUM: \$45.00 \$0.00 \$ TOTAL MONTHLY PREMIUM: \$45.00 \$0.00 \$ HEALTH DEDUCTIBLE: \$0.00 \$300.00 \$					
Part	2023 Part C Medicare Advantage	e PPO Plans with Part D Prescription Drug Coverage			
Part	2023 Fart & Medicare Mataricas	errorians with art britestription brug coverage			
Part	Plan name	AARP Medicare Advantage Choice Plan 1 (PPO)	AARP Medicare Advantage Choice Plan 2 (PPO)	Aetna Medicare Elite Plan (PPO)	Alignment Health Balance (PPO)
March Marc		UnitedHealthcare	UnitedHealthcare	Aetna Medicare	Alignment Health Plan
Process					
March 1,500,000 1,500,00	<u> </u>				
March Marc					
The content of the					
The content	Plan address				1100 W Town and Country Rd Suite 1300, Orange, CA 92868
March Marc		CHMGOC, AMGOC, GVHC, ECHMN, DHMG-STO, WTMFF	CHMGOC, AMGOC, GVHC, ECHMN, DHMG-STO, SFHC, WTMFF	Aetna DNC, Affinity SB, B&TP, JMMG, OMG, PAMF, PAMPF MPD, PMGSJ, SCCIPA, Sutter EBMGDD	BMG, OMG
Section		\$0.00	\$0.0	\$0.00	\$0.00
The Content of Conte		·		·	·
March Marc	TOTAL MONTHLY PREMIUM:				\$0.00
Memory Company Compa		·	·	·	
Security Control (Control (Con		·		·	·
		33,500 III-lietwolk / \$8,700 III alid Odt-ol-lietwolk	30,700 III-lietwork / \$10,000 III and Out-of-lietwork	אין	\$2,630 III-Hetwork / \$3,130 III and Out-or-Hetwork
Company Comp					
	•				
Common		In-network: \$35 copay per visit / Out-of-network: \$50 copay per visit	In-network: \$45 copay per visit / Out-of-network: \$65 copay per visit	In-network: \$25 copay / Out-of-network: \$65 copay per visit	In-network: \$0 copay / Out-ot-network: \$25 copay per visit
Marked Section Secti		In-network: \$30 copay / Out-of-network: \$40 copay	In-network: \$30 copay / Out-of-network: \$40 copay	In-network; \$0 copay / Out-of-network: 45% coinsurance	In-network: \$0 copay / Out-of-network: 30% coinsurance
Spread of the March					
Compared to Missey and Missey per site Misse					
Companies Comp					
Processes Proc		340 copay per visit	340 Copay per visit	340 copay per visit	зо сорау
Control of the first Act of State of State and State of the first Act of State and State of the first Act		In-network: \$300 per day for days 1 through 4	In-network: \$300 per day for days 1 through 4	In-network: \$325 per day for days 1 through 4	In-network: \$0 copay / Out-of-network: 30% per stay
Designation Season (Compared Services 19 and per large 19 and 19					
Sign or day of each Strategy of the Control School Strategy or and Planet School School Strategy or and Planet School School Strategy or and Planet School Sc				Out-of-network: 45% per stay	
Appendix					
Modern According Modern Acco	Outpatient hospital coverage			In-network: \$0-295 copay per visit / Out-of-network: 45% coinsurance per visit	In-network: \$0 copay / Out-of-network: 25% coinsurance per visit
	SKILLED NURSING FACILITY:				
Speritury for face of Arthroght 100 Out-durwork ASS gent tray Out-durwork ASS ge	Skilled nursing facility				
Descriptions (1995) and protein States or fairness (1995) and protein States (1995) and protein					
Comparison Com				Out-or-network. 45% per stay	Out-of-network. 30% per stay
Products State 1					
Could arbituation: County					
Interview 1200 capary Content 1200 capary Co		In-network: \$0 copay / Out-of-network: \$0-40 copay	In-network: \$0 copay / Out-of-network: \$0-40 copay	In-network: \$0 copay / Out-of-network: 0-45% coinsurance	In-network: \$0 copay / Out-of-network: 30% coinsurance
Comparison of the services Security Device of services Secur		In-network: \$250 copay / Out-of-network: \$250 copay	In-network: \$250 copay / Out-of-network: \$250 copay	In-network: \$285 copay / Out-of-network; \$285 copay	In-network: \$100 copay / Out-of-network: 30% coinsurance
Paycide Hearing A speech & Linquisty Hearing College (An Enthrolit - Stock College) Control effective (-Stock College (An Enthrolit - Stock College (An				,	
Objective may with a prophistric individual therapy with a prophistric					
Comparison prompt betray with a psychiatrial branch prompt prompt branch prompt branch prompt prom		In-network: \$20 copay / Out-of-network: \$50 copay	In-network: \$20 copay / Out-of-network: \$65 copay	In-network: \$30 copay / Out-of-network: 45% coinsurance	In-network: \$0 copay / Out-of-network: 30% coinsurance
Outpatient minimized therapy with a prychiatrix in In-introvit. 52% copy // Out-of-introvinet. 534 di Copy // Out-of-introvinet. 455 copy // Out-of-introvinet. 534 di Copy // Out-of-introvinet. 455 copy // Out-of-introvinet. 534 di Copy // Out-of-introvinet. 534 di Copy // Out-of-introvinet. 534 di Copy // Out-of-introvinet. 534 copy // Ou		In-network: \$15 copay / Out-of-network: \$30-40 copay	In-network: \$15 copay / Out-of-network: \$30-40 copay	In-network: \$40 copay / Out-of-network: 45% coinsurance	In-network: \$40 copay / Out-of-network: 30% coinsurance
Outport Institution (Institution Processors 1997 (Out of network: \$25 coppy / Out of n					
Opicid treatment program services In-network: 20 copy / Out-of-network: 20 copy / Out-of-netw					
Direct Network St. Copy / Out-of-network St. Copy /		In-network: \$25 copay / Out-of-network: \$30-40 copay	In-network: \$25 copay / Out-of-network: \$30-40 copay	In-network: \$40 copay / Out-of-network: 45% coinsurance	In-network: \$0 copay / Out-of-network: 30% coinsurance
Drashe medical equipment In-network: 20% coinsurance per item Out-of-network: 20-50% coinsurance per item Out-of-network: 20% coinsurance per item		In-network: \$0 copay / Out-of-network: \$0 copay	In-network: \$0 copay / Out-of-network: \$0 copay	In-network: \$40 copay / Out-of-network: 45% coinsurance	In-network: 20% coinsurance / Out-of-network: 30% coinsurance
Prosthetics Innetwork: 2005 consurance per tem / Out-of-network: 20-50% coinsurance per tem / Out-of-networ					
Diabytes In-network: 20% coinsurance Chut-of-network: 20% coinsurance In-network: 20% coin		·			
In-network: 90 cpay per item / Out-of-network: 90 cpay / Out-of-net		·			
In-network: \$0 copay / Out-of-network: \$50 copay Out-o	· ·	·	,	·	
Fitting/evaluation Not covered In-network: \$10 copay / Out-of-network: \$25 copay / Out-of-network: \$25 copay / Out-of-network: \$20 copay		in necessity between your or necessity 20 50% constitution per nem	in network to copa, per term, out of network 20 30% comparance per term	in network of 20% comparative per kerny out of network of 20% comparative per kerny	in necrosia yo copay y out or necrosia so/s comparance
Hearing aids - all types In-network: \$175-1,225 copay / Out-of-network: \$175-1,225 copay Out-of-network: \$175-1,225 copay Out-of-network: \$0 copay / Out-of-network: \$0 copay / Out-of-network: \$0 copay / Out-of-network: \$0 copay O					
In-network: 50 copay / Out-of-network: 50 copa					
Cleaning In-network: \$0 copay / Out-of-network: \$0 copay / Out-of-netwo					
Fluoride treatment In-network: \$0 copay / Out-of-network: \$0 copay / Ou					
Routine eye exam In-network: \$0 copay / Out-of-network: \$50 copay Out-of-network: \$50 copay / Out-of-network	· · · · · · · · · · · · · · · · · · ·				
In-network: \$0 copay / Out-of-network: \$0 copa	·				
In-network: \$0 copay / Out-of-network: \$0 copa	•				
In-network: \$0 copay / Out-of-network: \$0 copa					
Chiropractic servicesNot coveredNot coveredNot coveredAcupunctureNot coveredNot coveredNot coveredMassage therapyNot coveredNot coveredNot coveredAlternative therapiesNot coveredNot coveredNot coveredFitness benefitSome coverageSome coverageSome coverageTransportation servicesNot coveredNot coveredSome coverageOver the counter drug benefitsNot coveredSome coverageSome coverageOver the counter drug benefitsNot coveredSome coverageSome coverage					
Massage therapyNot coveredNot coveredNot coveredAlternative therapiesNot coveredNot coveredNot coveredFitness benefitSome coverageSome coverageSome coverageTransportation servicesNot coveredNot coveredSome coverageOver the counter drug benefitsNot coveredNot coverageSome coverageSome coverageSome coverageSome coverageSome coverageSome coverageSome coverageSome coverage	Chiropractic services				
Alternative therapiesNot coveredNot coveredNot coveredFitness benefitSome coverageSome coverageSome coverageTransportation servicesNot coveredNot coveredSome coverageOver the counter drug benefitsNot coveredNot coveredSome coverageSome coverageSome coverageSome coverageSome coverage					
Fitness benefitSome coverageSome coverageSome coverageTransportation servicesNot coveredNot coveredSome coverageOver the counter drug benefitsNot coveredSome coverageSome coverageSome coverageSome coverage					
Transportation servicesNot coveredNot coveredSome coverageOver the counter drug benefitsNot coveredSome coverageSome coverage					
Over the counter drug benefits Not covered Some coverage Some coverage				-	
Worldwide emergency Some coverage Some coverage Some coverage	Over the counter drug benefits	Not covered	Not covered	Some coverage	Some coverage
	Worldwide emergency	Some coverage	Some coverage	Some coverage	Some coverage

2023 Part C Medicare Advantage	e Part D Prescription Drug Coverage			
Plan name	AARP Medicare Advantage Choice Plan 1 (PPO)	AARP Medicare Advantage Choice Plan 2 (PPO)	Aetna Medicare Elite Plan (PPO)	Alignment Health Balance (PPO)
COSTS BY DRUG TIER	United Healthcare	UnitedHealthcare	Aetna Medicare	Alignment Health Plan
Plans group their drug lists into tiers. The drug costs	Plans group their drug lists into tiers. The drug costs below show how much you'll pay for drugs in	Plans group their drug lists into tiers. The drug costs below show how much you'll nay for drugs in	Plans group their drug lists into tiers. The drug costs below show how much you'll pay for drugs in	Plans group their drug lists into tiers. The drug costs below show how much you'll pay for drugs in
below show now much you'll pay for drugs in each tier	each tier based on the coverage phase you're in.	each tier based on the coverage phase you're in.	each tier based on the coverage phase you're in.	each tier based on the coverage phase you're in.
based on the coverage phase you're in. TIER DRUG COST FOR:				
Standard or Preferred retail pharmacy drug cost for 1 month, whichever was least expensive listed				
	Annual drug deductible phase	Annual drug deductible phase	Annual drug deductible phase	Annual drug deductible phase
Drug plan deductible	\$0.00			1
	Initial coverage phase	Initial coverage phase	Initial coverage phase	Initial coverage phase
	\$0.00 copay	\$0.00 copay \$12.00 copay	\$15.00 copay \$20.00 copay	\$0.00 copay
	\$10.00 copay \$47.00 copay	\$47.00 copay	\$47.00 copay	\$3.00 copay \$40.00 copay
	\$100.00 copay	\$100.00 copay	\$100.00 copay	\$93.00 copay
Tier 5: Specialty Tier	33%			
	_	_	_	\$3.00 copay
	Gap coverage phase	Gap coverage phase	Gap coverage phase	Gap coverage phase
	\$0.00 copay	\$0.00 copay	\$15.00 copay	\$3.00 copay
	\$10.00 copay	\$12.00 copay	\$20.00 copay	25%
Tier 3: Preferred Brand	25%	25%	259	6 25%
Tier 4: Non-Preferred Drug	25%	25%	259	25%
Tier 5: Specialty Tier	25%	25%	259	6 25%
Tier 6: Select Care Drugs	_	_	_	\$3.00 copay
	Catastrophic coverage phase	Catastrophic coverage phase	Catastrophic coverage phase	Catastrophic coverage phase
Lier 1: Preferred Generic		Generic drugs \$4.15 copay or 5% (whichever costs more) Brand-name drugs \$10.35 copay or 5%		Generic drugs \$4.15 copay or 5% (whichever costs more) Brand-name drugs \$10.35 copay or 5%
	(whichever costs more)	(whichever costs more) Generic drugs \$4.15 copay or 5% (whichever costs more) Brand-name drugs \$10.35 copay or 5%	(whichever costs more)	(whichever costs more) Generic drugs \$4.15 copay or 5% (whichever costs more) Brand-name drugs \$10.35 copay or 5%
	(whichever costs more)	(whichever costs more)	(whichever costs more)	(whichever costs more)
			Generic drugs \$4.15 copay or 5% (whichever costs more) Brand-name drugs \$10.35 copay or 5%	Generic drugs \$4.15 copay or 5% (whichever costs more) Brand-name drugs \$10.35 copay or 5%
Lier 3: Preferred Brand	(whichever costs more)	(whichever costs more)	(whichever costs more)	(whichever costs more)
Lier 4: Non-Preferred Drug		Generic drugs \$4.15 copay or 5% (whichever costs more) Brand-name drugs \$10.35 copay or 5%		Generic drugs \$4.15 copay or 5% (whichever costs more) Brand-name drugs \$10.35 copay or 5%
	(whichever costs more)	(whichever costs more)	(whichever costs more)	(whichever costs more)
	Generic drugs \$4.15 copay or 5% (whichever costs more) Brand-name drugs \$10.35 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more) Brand-name drugs \$10.35 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more) Brand-name drugs \$10.35 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more) Brand-name drugs \$10.35 copay or 5% (whichever costs more)
	(whichever costs more)	(whichever costs more)	(whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more) Brand-name drugs \$10.35 copay or 5%
Tier 6: Select Care Drugs	_	_	_	(whichever costs more)
25% for brand-name drugs.	For all other drugs, you pay 25% for generic drugs and 25% for brand-name drugs.	For all other drugs, you pay 25% for generic drugs and 25% for brand-name drugs.	For all other drugs, you pay 25% for generic drugs and 25% for brand-name drugs.	For all other drugs, you pay 25% for generic drugs and 25% for brand-name drugs.
PART B DRUGS:	PART B DRUGS:	PART B DRUGS:	PART B DRUGS:	PART B DRUGS:
hospital outpatient setting, like the till shot.	These are drugs you usually get at a doctor's office or hospital outpatient setting, like the flu shot, chemotherapy, or other shots.	These are drugs you usually get at a doctor's office or hospital outpatient setting, like the flu shot, chemotherapy, or other shots.	These are drugs you usually get at a doctor's office or hospital outpatient setting, like the flu shot, chemotherapy, or other shots.	These are drugs you usually get at a doctor's office or hospital outpatient setting, like the flu shot, chemotherapy, or other shots.
Chemotherapy drugs	In-network: 20% coinsurance / Out-of-network: 0-40% coinsurance	In-network: 20% coinsurance / Out-of-network: 0-40% coinsurance	In-network: 20% coinsurance / Out-of-network: 45% coinsurance	In-network: 20% coinsurance / Out-of-network: 30% coinsurance
Other Part B drugs	In-network: 0-20% coinsurance / Out-of-network: 40% coinsurance	In-network: 0-20% coinsurance / Out-of-network: 0-40% coinsurance	In-network: 20% coinsurance / Out-of-network: 45% coinsurance	In-network: 20% coinsurance / Out-of-network: 30% coinsurance
Contracted Medical Groups (ver	ify with Plan & Provider):	Health Medical Group / CPMG: California Primary Medical Group / DODMG: Doctors on Dut Associates / HAMG: Hammilton Ave Medical Group / HMG: Hamilton Medical Group / HPEE Medical Group / NCP IPA: Northern California Physicians Independent Physicians Associates	cians / BACH: Bay Area Community Health / BMG: Bass Medical Group / CA IPA: California Phys y Medical Group / EBMGDD: East Bay Medical Group Diablo Division / EBMF: East Bay Medical i: Hill Physician East Bay / IHHMG: Imperial Health Holdings Medical Group / IHNCSC: Imperial F i. / NCPN: Northern California Physicians Network / NP: Nivano Physicians / OMG: One Medical / PMGSJ: Primary Medical Group San Jose / RMG NWOC SCC: RMG North West Orange County- ial Group / TCMG: Top Care Medical Group	Foundation / ECHMN: El Camino Health Medical Network / ECMA: El Camino Medical Health Northern Ca Santa Clara / JMMG: John Muir Medical Group / MHMG: Marin Hospital Group / ON/APS: Optumcare Network / Apple Care Select / PAMF: Palo Alto Medical

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*****ACL



For more information please visit https://www.medicare.gov/ and contact plan

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Plan name	Aetna Medicare Eagle Plus Plan (PPO)	
Plan ID	Aetna Medicare	
Star rating	H5521-369-0 3.5 Stars	
Plan website	http://www.aetnamedicare.com/	
Non-members	1-833-859-6031	
Members	1-800-282-5366	
Plan address	PO Box 7405, London, KY 40742	
Contracted Medical Groups (verify with Plan & Provider):	B&TP, JMMG, NP, OMG, PAMF, PMGSJ	
HEALTH PREMIUM:		\$0.00
DRUG PREMIUM:		\$0.0
TOTAL MONTHLY PREMIUM:		\$0.0
HEALTH DEDUCTIBLE:		\$0.00
DRUG DEDUCTIBLE:		\$0.0
Maximum-out-of-Pocket	\$6,700 In-network / \$9,500 In and Out-of-network	
BENEFITS & COSTS: DOCTOR SERVICES		
Primary doctor visit	In-network: \$0 copay / Out-of-network: 50% coinsurance per visit	
Specialist visit	In-network: \$40 copay / Out-of-network: 50% coinsurance per visit	
TESTS, LABS, & IMAGING:	Level and the second of the se	
Diagnostic tests & procedures	In-network: \$0-10 copay / Out-of-network: 50% coinsurance	
Lab services Diagnostic radiology services (like MRI)	In-network: \$0 copay / Out-of-network: 50% coinsurance	
Outpatient x-rays	In-network: \$0-150 copay / Out-of-network: 50% coinsurance In-network: \$0 copay / Out-of-network: 50% coinsurance	
Emergency care	\$95 copay per visit	
Urgent care	\$40 copay per visit	
HOSPITAL SERVICES:		
Inpatient hospital coverage	In-network: \$430 per day for days 1 through 4	
	\$0 per day for days 5 through 90	
	Out-of-network: 50% per stay	
Outpatient hospital coverage	In-network: \$0-350 copay per visit / Out-of-network: 50% coinsurance per visit	
SKILLED NURSING FACILITY:		
Skilled nursing facility	In-network: \$0 per day for days 1 through 20 \$196 per day for days 21 through 100 Out-of-network: 50% per stay	
PREVENTATIVE SERVICES:		
Preventive services	In-network: \$0 copay / Out-of-network: 0-50% coinsurance	
AMBULANCE:		
Ground ambulance	In-network: \$265 copay / Out-of-network: \$265 copay	
THERAPY SERVICES:		
Occupational therapy visit	In-network: \$20 copay / Out-of-network: 50% coinsurance	
MENTAL HEALTH SERVICES:	In-network: \$20 copay / Out-of-network: 50% coinsurance	
Outpatient group therapy with a psychiatrist	In-network: \$40 copay / Out-of-network: 50% coinsurance	
Outpatient individual therapy with a psychiatrist	In-network: \$40 copay / Out-of-network: 50% coinsurance	
Outpatient group therapy visit	In-network: \$40 copay / Out-of-network: 50% coinsurance	
Outpatient individual therapy visit	In-network: \$40 copay / Out-of-network: 50% coinsurance	
OPIOID TREATMENT PROGRAM SERVICES:		
Opioid treatment program services	In-network: \$40 copay / Out-of-network: 50% coinsurance	
OTHER SERVICES:	In notwork 20% coincurance per item / Out of notwork 40%i	
Durable medical equipment Prosthetics	In-network: 20% coinsurance per item / Out-of-network: 40% coinsurance per item In-network: 20% coinsurance per item / Out-of-network: 40% coinsurance per item	
Dialysis	In-network: 20% coinsurance per item / Out-of-network: 40% coinsurance per item	
Diabetes supplies	In-network: 0-20% coinsurance per item / Out-of-network: 0-20% coinsurance per item	
EXTRA BENEFITS:		
Hearing exam	In-network: \$0 copay / Out-of-network: 50% coinsurance	
	In-network: \$0 copay / Out-of-network: 50% coinsurance	
Fitting/evaluation	in network: 30 copuy / Out of network: 50% comsulance	
Hearing aids - all types	In-network: \$0 copay / Out-of-network: \$0 copay	
Hearing aids - all types Oral exam	In-network: \$0 copay / Out-of-network: \$0 copay In-network: \$0 copay / Out-of-network: 20% coinsurance	
Hearing aids - all types Oral exam Cleaning	In-network: \$0 copay / Out-of-network: \$0 copay In-network: \$0 copay / Out-of-network: 20% coinsurance In-network: \$0 copay / Out-of-network: 20% coinsurance	
Hearing aids - all types Oral exam Cleaning Fluoride treatment	In-network: \$0 copay / Out-of-network: \$0 copay In-network: \$0 copay / Out-of-network: 20% coinsurance In-network: \$0 copay / Out-of-network: 20% coinsurance In-network: \$0 copay / Out-of-network: 20% coinsurance	
Hearing aids - all types Oral exam Cleaning Fluoride treatment Dental x-rays	In-network: \$0 copay / Out-of-network: \$0 copay In-network: \$0 copay / Out-of-network: 20% coinsurance	
Hearing aids - all types Oral exam Cleaning Fluoride treatment	In-network: \$0 copay / Out-of-network: \$0 copay In-network: \$0 copay / Out-of-network: 20% coinsurance In-network: \$0 copay / Out-of-network: 20% coinsurance In-network: \$0 copay / Out-of-network: 20% coinsurance	
Hearing aids - all types Oral exam Cleaning Fluoride treatment Dental x-rays Routine eye exam	In-network: \$0 copay / Out-of-network: \$0 copay In-network: \$0 copay / Out-of-network: 20% coinsurance In-network: \$0 copay / Out-of-network: 50% coinsurance	
Hearing aids - all types Oral exam Cleaning Fluoride treatment Dental x-rays Routine eye exam Contact lenses	In-network: \$0 copay / Out-of-network: \$0 copay In-network: \$0 copay / Out-of-network: 20% coinsurance In-network: \$0 copay / Out-of-network: 50% coinsurance In-network: \$0 copay / Out-of-network: \$0 copay	
Hearing aids - all types Oral exam Cleaning Fluoride treatment Dental x-rays Routine eye exam Contact lenses Eyeglasses frames only Eyeglasses lenses only Chiropractic services	In-network: \$0 copay / Out-of-network: \$0 copay In-network: \$0 copay / Out-of-network: 20% coinsurance In-network: \$0 copay / Out-of-network: 50% coinsurance In-network: \$0 copay / Out-of-network: \$0 copay Not covered	
Hearing aids - all types Oral exam Cleaning Fluoride treatment Dental x-rays Routine eye exam Contact lenses Eyeglasses frames only Eyeglasses lenses only Chiropractic services Acupuncture	In-network: \$0 copay / Out-of-network: \$0 copay In-network: \$0 copay / Out-of-network: 20% coinsurance In-network: \$0 copay / Out-of-network: 50% coinsurance In-network: \$0 copay / Out-of-network: \$0 copay In-network: \$0 copay / Out-of-network: \$0 copay In-network: \$0 copay / Out-of-network: \$0 copay Not covered Not covered	
Hearing aids - all types Oral exam Cleaning Fluoride treatment Dental x-rays Routine eye exam Contact lenses Eyeglasses frames only Eyeglasses lenses only Chiropractic services Acupuncture Massage therapy	In-network: \$0 copay / Out-of-network: \$0 copay In-network: \$0 copay / Out-of-network: 20% coinsurance In-network: \$0 copay / Out-of-network: 50% coinsurance In-network: \$0 copay / Out-of-network: \$0 copay Not covered Not covered Not covered	
Hearing aids - all types Oral exam Cleaning Fluoride treatment Dental x-rays Routine eye exam Contact lenses Eyeglasses frames only Eyeglasses lenses only Chiropractic services Acupuncture Massage therapy Alternative therapies	In-network: \$0 copay / Out-of-network: \$0 copay In-network: \$0 copay / Out-of-network: 20% coinsurance In-network: \$0 copay / Out-of-network: 50% coinsurance In-network: \$0 copay / Out-of-network: \$0 copay In-network: \$0 copay / Out-of-network: \$0 c	
Hearing aids - all types Oral exam Cleaning Fluoride treatment Dental x-rays Routine eye exam Contact lenses Eyeglasses frames only Eyeglasses frames only Chiropractic services Acupuncture Massage therapy Alternative therapies Fitness benefit	In-network: \$0 copay / Out-of-network: \$0 copay In-network: \$0 copay / Out-of-network: 20% coinsurance In-network: \$0 copay / Out-of-network: 50% coinsurance In-network: \$0 copay / Out-of-network: \$0 copay Not covered Not covered Not covered Some coverage	
Hearing aids - all types Oral exam Cleaning Fluoride treatment Dental x-rays Routine eye exam Contact lenses Eyeglasses frames only Eyeglasses lenses only Chiropractic services Acupuncture Massage therapy	In-network: \$0 copay / Out-of-network: \$0 copay In-network: \$0 copay / Out-of-network: 20% coinsurance In-network: \$0 copay / Out-of-network: 50% coinsurance In-network: \$0 copay / Out-of-network: \$0 copay In-network: \$0 copay / Out-of-network: \$0 c	



2023 Part C Medicare Advantage	e <u>without</u> Part D Prescription Drug Coverage
Plan name	Aetna Medicare Eagle Plus Plan (PPO)
COSTS BY DRUG TIER	Aetna Medicare
Plans group their drug lists into tiers. The drug costs below show how much you'll pay for drugs in each tier based on the coverage phase you're in.	Plans group their drug lists into tiers. The drug costs below show how much you'll pay for drugs in each tier based on the coverage phase you're in.
TIER DRUG COST FOR:	
Standard or Preferred retail pharmacy drug cost for 1 month, whichever was least expensive listed	
	Annual drug deductible phase
Drug plan deductible	\$0.0
Tiers	Initial coverage phase
Tier 1: Preferred Generic	NO Part D Drug Coverage Included
Tier 2: Generic Tier 3: Preferred Brand	NO Part D Drug Coverage Included
Tier 4: Non-Preferred Drug	NO Part D Drug Coverage Included NO Part D Drug Coverage Included
Tier 5: Specialty Tier	NO Part D Drug Coverage Included
Tier 6: Select Care Drugs	NO Part D Drug Coverage Included
The or beleat date bruge	Gap coverage phase
Tier 1: Preferred Generic	NO Part D Drug Coverage Included
Tier 2: Generic	NO Part D Drug Coverage Included
Tier 3: Preferred Brand	NO Part D Drug Coverage Included
Tier 4: Non-Preferred Drug	NO Part D Drug Coverage Included
Tier 5: Specialty Tier	NO Part D Drug Coverage Included
Tier 6: Select Care Drugs	NO Part D Drug Coverage Included
	Catastrophic coverage phase
Tier 1: Preferred Generic	NO Part D Drug Coverage Included
Tier 2: Generic	NO Part D Drug Coverage Included
Tier 3: Preferred Brand	NO Part D Drug Coverage Included
Tier 4: Non-Preferred Drug	NO Part D Drug Coverage Included
Tier 5: Specialty Tier	NO Part D Drug Coverage Included
Tier 6: Select Care Drugs	NO Part D Drug Coverage Included
For all other drugs, you pay 25% for generic drugs and 25% for brand-name drugs.	NO Part D Drug Coverage Included
PART B DRUGS:	PART B DRUGS:
These are drugs you usually get at a doctor's office or hospital outpatient setting, like the flu shot, chemotherapy, or other shots.	These are drugs you usually get at a doctor's office or hospital outpatient setting, like the flu shot, chemotherapy, or other shots.
Chemotherapy drugs	In-network: 20% coinsurance / Out-of-network: 550% coinsurance
Other Part B drugs	In-network: 20% coinsurance / Out-of-network: 550% coinsurance

Contracted Medical Groups (verify with Plan & Provider):

For more information please visit https://www.medicare.gov/ and contact plan





ACH: Area Community Health / AMG: Allcare Medical Group / B&TP: Brown & Toland Physicians / BACH: Bay Area Community Health / BMG: Bass Medical Group / CA IPA: California Physicians Associates / CHCMSG: Caremore Health CA Multi-Specialty Group / CHMG: Carbon Health Medical Group / CPMG: California Primary Medical Group / DDMG: Doctors on Duty Medical Group / EBMGDD: East Bay Medical Group Diablo Division / EBMF: East Bay Medical Foundation / ECHMN: El Camino Health Medical Network / ECMA: El Camino Medical Associates / HAMG: Hammilton Ave Medical Group / HMG: Hamilton Medical Group / HPEB: Hill Physician East Bay / IHHMG: Imperial Health Holdings Medical Group / IHNCSC: Imperial Health Northern Ca Santa Clara / JMMG: John Muir Medical Group / MHMG: Marin Hospital Medical Group / NCP IPA: Northern California Physicians Independent Physicians Associates / NCPN: Northern California Physicians Network / NP: Nivano Physicians / OMG: Ome Medical Group / ON/APS: Optumcare Network / Apple Care Select / PAMF: Palo Alto Medical Group / ONC: Premier Care of Northern California / PMG: Practicing Medical Group / PMGSI: Primary Medical Group San Jose / RMG NWOC SCC: RMG North West Orange County-Santa Clara County / SBMF: Sutter Bay Medical Foundation / SCCIPA: Santa Clara Counti Individual Practice Association / SM&A: Stanford Medicinne & Affiliates / SMG: Seoul Medical Group / TCMG: Top Care Medical Group / TCMG: To

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1123 Part C Medicare Advantagi	e HMO Plans with Part D Prescription	on Drug Coverage for Chronic & L	nstitutional Special Needs Plans (SNP)			
n name	Alignment Health Heart & Diabetes (HMO C-SNP)	Align Thrive (HMO I-SNP)	Align Connect (HMO C-SNP)	Align Premier (HMO I-SNP)	Align Kidney Care (HMO C-SNP)	Anthem MediBlue Lung Care (HMO C-SNP)
	Alignment Health Plan	Align Senior Care	Align Senior Care	Align Senior Care	Align Senior Care	Anthem Blue Cross
	H3815-010-0	H3274-002-0	H3274-003-0	H3274-001-0	H3274-004-0	H0544-101-0
rating website	4 Star http://www.alignmenthealthplan.com/	Plan too new to be measured http://www.alignseniorcare.com/	Plan too new to be measured http://www.alignseniorcare.com/	Plan too new to be measured http://www.alignseniorcare.com/	Plan too new to be measured http://www.alignseniorcare.com/	3 Stars https://shop.anthem.com/medicare
	1-888-979-2247	1-844-305-3879	1-844-305-3879	1-844-305-3879	1-844-305-3879	1-855-593-0901
	1-866-634-2247	1-844-305-3879	1-844-305-3879	1-844-305-3879	1-844-305-3879	1-800-499-2793
	1100 W Town and Country Rd Suite 1300, Orange, CA 92	2868 PO Box 4440, Glen Allen, VA 23058	PO Box 4440, Glen Allen, VA 23058	PO Box 4440, Glen Allen, VA 23058	PO Box 4440, Glen Allen, VA 23058	12900 Park Plaza Drive, Suite 150, Cerritos, CA
racted Medical Groups (verify with Plan & ider):	AHPN, NCPNI, SCC IPA, California IPA, PMGSJ, IHPOC, B&TSI	SCVMC	BDHV MGC, FCWC, GSPMC, CSI MG	GMG	Davita Integrated Kidney Care	SVMD, Caremore Health Ca, Foundercare, Caremore PMG: IPA, MMC, PMGSJ, Caremore NCPN, NEMS, PM
TH PREMIUM:	ş	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PREMIUM:	Ç	\$0.00	\$0.00		\$0.00	\$0.00
L MONTHLY PREMIUM:	-	\$0.00	\$0.00		\$0.00	\$0.00
TH DEDUCTIBLE:		\$0.00				\$226.00
G DEDUCTIBLE: mum-out-of-Pocket	\$1.000 In-network	\$0.00 \$3,500 In-network	\$0.00 \$3,500 In-network	\$0.00 : : : : : : : : : : : : : : : : : :	\$0.00 \$8,300 In-network	\$0.00 \$2,899 In-network
ITS & COSTS:	\$1,000 In-network	\$3,500 In-network	\$3,500 In-network	\$8,300 In-network	\$8,300 III-Network	\$2,899 In-network
DR SERVICES						
	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
list visit	\$0 copay	\$0 copay	\$0 copay	20% coinsurance per visit	0-20% coinsurance per visit	\$15 copay per visit
, LABS, & IMAGING:						
•	\$0 copay	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	\$0 copay
	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
ostic radiology services (like MRI)	\$0 copay	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	\$0-100 copay
tient x-rays	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
	\$70 copay per visit	\$90 copay per visit	\$90 copay per visit	\$90 copay per visit	\$90 copay per visit	\$90 copay per visit
it care ITAL SERVICES:	\$0 copay	\$40 copay per visit	\$40 copay per visit	\$55 copay per visit	\$25 copay per visit	\$0 copay
	(¢0	C150 and doubles down 1 through 10	C1FO man day for days 1 through 10	Č1 COO dodustible for doug 1 through CO	¢1 coo deductible for deve 1 through co	\$75 per day for days 1 through 5
ent hospital coverage	\$0 copay	\$150 per day for days 1 through 10 \$0 per day for days 11 through 90	\$150 per day for days 1 through 10 \$0 per day for days 11 through 90	\$1,600 deductible for days 1 through 60 \$400 copay per day for days 61 through 90	\$1,600 deductible for days 1 through 60 \$400 copay per day for days 61 through 90	\$0 per day for days 6 through 90
atient hospital coverage	\$0 copay	\$75 copay or 20% coinsurance per visit	\$75 copay or 20% coinsurance per visit	20% coinsurance per visit	20% coinsurance per visit	\$0-125 copay per visit
D NURSING FACILITY:	\$5 copay	373 copay of 20% comparance per visit	\$75 copay of 20% comparance per visit	2070 combarance per visit	2070 comburance per visit	TO 125 copuy per visit
	\$0 per day for days 1 through 31	\$0 per day for days 1 through 20	\$0 per day for days 1 through 20	\$0 copay for days 1 through 20	\$0 copay for days 1 through 20	\$0 per day for days 1 through 20
	\$50 per day for days 32 through 100	\$100 per day for days 21 through 100	\$100 per day for days 21 through 100	\$200 copay per day for days 21 through 100	\$200 copay per day for days 21 through 100	\$75 per day for days 21 through 100
ENTATIVE SERVICES:	len	60	(0)	<u> </u>	<u> </u>	ėo
ntive services JLANCE:	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
	\$100 copay	\$125 copay	\$125 copay	20% coinsurance	20% coinsurance	\$100 copay
APY SERVICES:	3100 copay	3123 copay	3123 copay	20% consulance	20% Collisulance	3100 copay
	\$0 copay	\$0 copay	\$0 copay	20% coinsurance	20% coinsurance	\$20 copay
al therapy & speech & language therapy visit		\$0 copay	\$0 copay	20% coinsurance	20% coinsurance	\$20 copay
AL HEALTH SERVICES:	170.7.1	7.5.5.7	T			,
atient group therapy with a psychiatrist	\$0 copay	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	\$15 copay
				2004	20% coinsurance	
tient individual therapy with a psychiatrist	\$0 copay	20% coinsurance	20% coinsurance	20% coinsurance	20% Consurance	\$15 copay
	\$0 copay \$0 copay	\$10 copay	20% coinsurance \$10 copay	20% coinsurance 20% coinsurance	20% coinsurance	\$15 copay \$15 copay
tient group therapy visit	\$0 copay \$0 copay \$0 copay					
tient group therapy visit tient individual therapy visit	\$0 copay	\$10 copay	\$10 copay	20% coinsurance	20% coinsurance	\$15 copay
itient group therapy visit itient individual therapy visit D TREATMENT PROGRAM SERVICES: I treatment program services	\$0 copay	\$10 copay	\$10 copay	20% coinsurance	20% coinsurance	\$15 copay
itient group therapy visit itient individual therapy visit D TREATMENT PROGRAM SERVICES: d treatment program services R SERVICES:	\$0 copay \$0 copay 20% coinsurance	\$10 copay \$20 copay \$0 copay	\$10 copay \$20 copay \$0 copay	20% coinsurance 20% coinsurance \$0 copay	20% coinsurance 20% coinsurance \$0 copay	\$15 copay \$15 copay \$30 copay
tient group therapy visit tient individual therapy visit D TREATMENT PROGRAM SERVICES: I treatment program services R SERVICES:	\$0 copay \$0 copay	\$10 copay \$20 copay	\$10 copay \$20 copay	20% coinsurance 20% coinsurance	20% coinsurance 20% coinsurance \$0 copay 20% coinsurance per item	\$15 copay \$15 copay
tient group therapy visit tient individual therapy visit D TREATMENT PROGRAM SERVICES: I treatment program services S SERVICES: le medical equipment etics	\$0 copay \$0 copay 20% coinsurance 0-20% coinsurance per item \$0 copay	\$10 copay \$20 copay \$0 copay 20% coinsurance per item 20% coinsurance per item	\$10 copay \$20 copay \$0 copay 20% coinsurance per item 20% coinsurance per item	20% coinsurance 20% coinsurance \$0 copay 20% coinsurance per item 20% coinsurance per item	20% coinsurance 20% coinsurance \$0 copay 20% coinsurance per item 20% coinsurance per item	\$15 copay \$15 copay \$30 copay 0-20% coinsurance per item 0-20% coinsurance per item
tient group therapy visit tient individual therapy visit D TREATMENT PROGRAM SERVICES: I treatment program services R SERVICES: le medical equipment letics	\$0 copay \$0 copay 20% coinsurance 0-20% coinsurance per item \$0 copay 20% coinsurance	\$10 copay \$20 copay \$0 copay 20% coinsurance per item 20% coinsurance per item 20% coinsurance	\$10 copay \$20 copay \$0 copay 20% coinsurance per item 20% coinsurance per item 20% coinsurance	20% coinsurance 20% coinsurance \$0 copay 20% coinsurance per item 20% coinsurance per item 20% coinsurance	20% coinsurance 20% coinsurance \$0 copay 20% coinsurance per item 20% coinsurance per item 20% coinsurance	\$15 copay \$15 copay \$30 copay 0-20% coinsurance per item 0-20% coinsurance per item \$0 copay
tient group therapy visit tient individual therapy visit D TREATMENT PROGRAM SERVICES: I treatment program services R SERVICES: Ile medical equipment tetics is tes supplies	\$0 copay \$0 copay 20% coinsurance 0-20% coinsurance per item \$0 copay	\$10 copay \$20 copay \$0 copay 20% coinsurance per item 20% coinsurance per item	\$10 copay \$20 copay \$0 copay 20% coinsurance per item 20% coinsurance per item	20% coinsurance 20% coinsurance \$0 copay 20% coinsurance per item 20% coinsurance per item	20% coinsurance 20% coinsurance \$0 copay 20% coinsurance per item 20% coinsurance per item	\$15 copay \$15 copay \$30 copay 0-20% coinsurance per item 0-20% coinsurance per item
tient group therapy visit tient individual therapy visit D TREATMENT PROGRAM SERVICES: Ltreatment program services SERVICES: le medical equipment etics s ses supplies BENEFITS:	\$0 copay \$0 copay 20% coinsurance 0-20% coinsurance per item \$0 copay 20% coinsurance \$0 copay	\$10 copay \$20 copay \$0 copay 20% coinsurance per item 20% coinsurance per item 20% coinsurance \$0 copay	\$10 copay \$20 copay \$0 copay 20% coinsurance per item 20% coinsurance per item 20% coinsurance \$0 copay	20% coinsurance 20% coinsurance \$0 copay 20% coinsurance per item 20% coinsurance per item 20% coinsurance \$0 copay	20% coinsurance 20% coinsurance \$0 copay 20% coinsurance per item 20% coinsurance per item 20% coinsurance \$0 copay	\$15 copay \$15 copay \$30 copay 0-20% coinsurance per item 0-20% coinsurance per item \$0 copay \$0 copay
tient group therapy visit tient individual therapy visit D TREATMENT PROGRAM SERVICES: I treatment program services R SERVICES: Ile medical equipment letics is tets supplies ILBENEFITS: Ing exam	\$0 copay \$0 coinsurance 20% coinsurance per item \$0 copay 20% coinsurance \$0 copay \$0 copay \$0 copay	\$10 copay \$20 copay \$0 copay 20% coinsurance per item 20% coinsurance per item 20% coinsurance \$0 copay	\$10 copay \$20 copay \$0 copay 20% coinsurance per item 20% coinsurance per item 20% coinsurance \$0 copay 20% coinsurance	20% coinsurance 20% coinsurance \$0 copay 20% coinsurance per item 20% coinsurance per item 20% coinsurance \$0 copay 20% coinsurance	20% coinsurance 20% coinsurance \$0 copay 20% coinsurance per item 20% coinsurance per item 20% coinsurance \$0 copay 20% coinsurance	\$15 copay \$15 copay \$30 copay 0-20% coinsurance per item 0-20% coinsurance per item \$0 copay \$0 copay \$0 copay
tient group therapy visit tient individual therapy visit) TREATMENT PROGRAM SERVICES: It treatment program services ISERVICES: Ide medical equipment etics s es supplies BENEFITS: g exam /evaluation	\$0 copay \$0 copay 20% coinsurance 0-20% coinsurance per item \$0 copay 20% coinsurance \$0 copay \$0 copay \$0 copay \$0 copay	\$10 copay \$20 copay \$0 copay 20% coinsurance per item 20% coinsurance per item 20% coinsurance \$0 copay 20% coinsurance \$0 copay	\$10 copay \$20 copay \$0 copay 20% coinsurance per item 20% coinsurance per item 20% coinsurance \$0 copay 20% coinsurance \$0 copay	20% coinsurance 20% coinsurance \$0 copay 20% coinsurance per item 20% coinsurance per item 20% coinsurance \$0 copay 20% coinsurance \$0 copay	20% coinsurance 20% coinsurance \$0 copay 20% coinsurance per item 20% coinsurance per item 20% coinsurance \$0 copay 20% coinsurance \$0 copay	\$15 copay \$15 copay \$30 copay 0-20% coinsurance per item 0-20% coinsurance per item \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay
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ient group therapy visit ient individual therapy visit TREATMENT PROGRAM SERVICES: treatment program services SERVICES: e medical equipment etics se supplies BENEFITS: g exam (evaluation g aids - all types am gg e treatment	\$0 copay \$0 coinsurance 20% coinsurance per item \$0 copay 20% coinsurance \$0 copay	\$10 copay \$20 copay \$0 copay 20% coinsurance per item 20% coinsurance \$0 coinsurance \$0 copay 20% coinsurance \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay Not covered	\$10 copay \$20 copay \$0 copay 20% coinsurance per item 20% coinsurance \$0 coinsurance \$0 copay 20% coinsurance \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay Not covered	20% coinsurance 20% coinsurance \$0 copay 20% coinsurance per item 20% coinsurance per item 20% coinsurance \$0 copay 20% coinsurance \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay Not covered	20% coinsurance 20% coinsurance \$0 copay 20% coinsurance per item 20% coinsurance per item 20% coinsurance \$0 copay 20% coinsurance \$0 copay	\$15 copay \$15 copay \$30 copay 0-20% coinsurance per item 0-20% coinsurance per item \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay Not covered
tient group therapy visit tient individual therapy visit) TREATMENT PROGRAM SERVICES: treatment program services SERVICES: e medical equipment etics s es supplies BENEFITS: g exam //evaluation g aids - all types tam 198 le treatment x-rays	\$0 copay \$0 coinsurance 20% coinsurance per item \$0 copay 20% coinsurance \$0 copay	\$10 copay \$20 copay \$0 copay 20% coinsurance per item 20% coinsurance \$0 copay 20% coinsurance \$0 copay \$0 copay	\$10 copay \$20 copay \$0 copay 20% coinsurance per item 20% coinsurance per item 20% coinsurance \$0 copay 20% coinsurance \$0 copay	20% coinsurance 20% coinsurance \$0 copay 20% coinsurance per item 20% coinsurance per item 20% coinsurance \$0 copay 20% coinsurance \$0 copay	20% coinsurance 20% coinsurance \$0 copay 20% coinsurance per item 20% coinsurance per item 20% coinsurance \$0 copay 20% coinsurance \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay	\$15 copay \$15 copay \$30 copay 0-20% coinsurance per item 0-20% coinsurance per item \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay Not covered Not covered Not covered
tient group therapy visit tient individual therapy visit) TREATMENT PROGRAM SERVICES: It treatment program services ISERVICES: Ille medical equipment etics s ses supplies BENEFITS: g exam /evaluation g aids - all types kam ing let treatment x-rays let eye exam	\$0 copay \$0 coinsurance 20% coinsurance per item \$0 copay 20% coinsurance \$0 copay	\$10 copay \$20 copay \$0 copay 20% coinsurance per item 20% coinsurance \$0 coinsurance \$0 copay 20% coinsurance \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay Not covered	\$10 copay \$20 copay \$0 copay 20% coinsurance per item 20% coinsurance per item 20% coinsurance \$0 copay 20% coinsurance \$0 copay \$0 copay	20% coinsurance 20% coinsurance \$0 copay 20% coinsurance per item 20% coinsurance per item 20% coinsurance \$0 copay 20% coinsurance \$0 copay \$0 copay \$0 copay \$0 copay Not covered \$0 copay	20% coinsurance 20% coinsurance \$0 copay 20% coinsurance per item 20% coinsurance per item 20% coinsurance \$0 copay 20% coinsurance \$0 copay	\$15 copay \$15 copay \$30 copay 0-20% coinsurance per item 0-20% coinsurance per item \$0 copay \$0 copay \$0 copay \$0 copay Not covered Not covered Not covered Not covered Not covered
tient group therapy visit tient individual therapy visit D TREATMENT PROGRAM SERVICES: I treatment program services SERVICES: le medical equipment etics is tes supplies BENEFITS: ig exam /evaluation ig aids - all types kam ing de treatment lx-rays ie eye exam ct lenses	\$0 copay \$0 copay 20% coinsurance 0-20% coinsurance per item \$0 copay 20% coinsurance \$0 copay	\$10 copay \$20 copay \$0 copay 20% coinsurance per item 20% coinsurance \$0 copay 20% coinsurance \$0 copay \$0 copay	\$10 copay \$20 copay \$0 copay 20% coinsurance per item 20% coinsurance \$0 copay 20% coinsurance \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay	20% coinsurance 20% coinsurance \$0 copay 20% coinsurance per item 20% coinsurance per item 20% coinsurance \$0 copay 20% coinsurance \$0 copay	20% coinsurance 20% coinsurance \$0 copay 20% coinsurance per item 20% coinsurance per item 20% coinsurance \$0 copay 20% coinsurance \$0 copay	\$15 copay \$15 copay \$30 copay 0-20% coinsurance per item 0-20% coinsurance per item 50 copay \$0 copay \$0 copay \$0 copay \$0 copay Not covered Not covered Not covered Not covered \$0 copay
tient group therapy visit tient individual therapy visit) TREATMENT PROGRAM SERVICES: Litreatment program services Litreatment program services Litreatment program services Litreatment program services Litreatment detices Lit	\$0 copay \$0 coinsurance 20% coinsurance per item \$0 copay 20% coinsurance per item \$0 copay \$0 coinsurance \$0 copay	\$10 copay \$20 copay \$0 copay 20% coinsurance per item 20% coinsurance per item 20% coinsurance \$0 copay 20% coinsurance \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay Not covered \$0 copay	\$10 copay \$20 copay \$0 copay 20% coinsurance per item 20% coinsurance per item 20% coinsurance \$0 copay 20% coinsurance \$0 copay \$0 copay	20% coinsurance 20% coinsurance \$0 copay 20% coinsurance per item 20% coinsurance per item 20% coinsurance \$0 copay 20% coinsurance \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay Not covered \$0 copay Not covered	20% coinsurance 20% coinsurance \$0 copay 20% coinsurance per item 20% coinsurance per item 20% coinsurance \$0 copay 20% coinsurance \$0 copay	\$15 copay \$15 copay \$30 copay 0-20% coinsurance per item 0-20% coinsurance per item \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay Not covered Not covered Not covered Not covered S0 copay \$0 copay \$0 copay
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tient group therapy visit tient individual therapy visit D TREATMENT PROGRAM SERVICES: It treatment program services ISERVICES: Ide medical equipment etics s ses supplies BENEFITS: g exam /evaluation g aids - all types kam ng Ide treatment x-rays is eye exam tt lenses sses frames only sses lenses only ractic services incture	\$0 copay \$0 coinsurance 0-20% coinsurance per item \$0 copay 20% coinsurance \$0 copay	\$10 copay \$20 copay \$0 copay 20% coinsurance per item 20% coinsurance \$0 copay 20% coinsurance \$0 copay \$0 copay	\$10 copay \$20 copay \$0 copay 20% coinsurance per item 20% coinsurance \$0 copay 20% coinsurance \$0 copay 20% coinsurance \$0 copay \$0 copay	20% coinsurance 20% coinsurance \$0 copay 20% coinsurance per item 20% coinsurance per item 20% coinsurance \$0 copay 20% coinsurance \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay Not covered \$0 copay \$0 copay \$0 copay Not covered	20% coinsurance 20% coinsurance \$0 copay 20% coinsurance per item 20% coinsurance per item 20% coinsurance \$0 copay 20% coinsurance \$0 copay	\$15 copay \$15 copay \$30 copay 0-20% coinsurance per item 0-20% coinsurance per item \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay Not covered Not covered Not covered Not covered S0 copay \$0 copay
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atient group therapy visit atient individual therapy visit D TREATMENT PROGRAM SERVICES: d treatment program services R SERVICES: ole medical equipment hetics sis stees supplies A BENEFITS: ng exam g/evaluation ng aids - all types exam sing de treatment all x-rays ne eye exam sct lenses sasses frames only practic services uncture age therapy native therapies as benefit	\$0 copay \$0 coinsurance 0-20% coinsurance per item \$0 copay 20% coinsurance per item \$0 copay 20% coinsurance \$0 copay	\$10 copay \$20 copay \$0 copay 20% coinsurance per item 20% coinsurance \$0 copay 20% coinsurance \$0 copay 20% coinsurance \$0 copay \$0 copay \$0 copay \$0 copay Not covered \$0 copay	\$10 copay \$20 copay \$0 copay 20% coinsurance per item 20% coinsurance per item 20% coinsurance \$0 copay 20% coinsurance \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay Not covered \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay Not covered \$0 copay	20% coinsurance 20% coinsurance \$0 copay 20% coinsurance per item 20% coinsurance per item 20% coinsurance per item 20% coinsurance \$0 copay 20% coinsurance \$0 copay \$0 copay \$0 copay \$0 copay Not covered \$0 copay Not covered \$0 copay \$0 copay Not covered \$0 copay Not covered \$0 copay \$0 copay Not covered \$0 copay Not covered \$0 copay \$0 copay Not covered	20% coinsurance 20% coinsurance \$0 copay 20% coinsurance per item 20% coinsurance per item 20% coinsurance \$0 copay 20% coinsurance \$0 copay \$0 c	\$15 copay \$15 copay \$30 copay 0-20% coinsurance per item 0-20% coinsurance per item \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay Not covered Not covered Not covered Not covered \$0 copay \$0 copay \$0 copay \$0 copay So copay \$0 copay Not covered \$0 copay
atient group therapy visit atient individual therapy visit ID TREATMENT PROGRAM SERVICES: id treatment program services IR SERVICES: ble medical equipment thetics sis etes supplies A BENEFITS: ing exam ig/evaluation ing aids - all types exam ining ide treatment al x-rays ine eye exam act lenses acasses frames only asses lenses only upractic services uncture age therapy native therapies ss benefit sportation services	\$0 copay \$0 coinsurance 0-20% coinsurance per item \$0 copay 20% coinsurance \$0 copay 20% coinsurance \$0 copay \$0 copay \$0 copay Not covered \$0 copay \$0 cop	\$10 copay \$20 copay \$0 copay 20% coinsurance per item 20% coinsurance per item 20% coinsurance \$0 copay 20% coinsurance \$0 copay	\$10 copay \$20 copay \$0 copay 20% coinsurance per item 20% coinsurance per item 20% coinsurance \$0 copay 20% coinsurance \$0 copay	20% coinsurance 20% coinsurance \$0 copay 20% coinsurance per item 20% coinsurance per item 20% coinsurance \$0 copay 20% coinsurance \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay Not covered \$0 copay \$0 copay \$10 copay \$10 copay \$20 copay \$30 copay \$30 copay \$40 copay \$50 copay	20% coinsurance 20% coinsurance \$0 copay 20% coinsurance per item 20% coinsurance per item 20% coinsurance \$0 copay 20% coinsurance \$0 copay	\$15 copay \$15 copay \$30 copay 0-20% coinsurance per item 0-20% coinsurance per item \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay Not covered Not covered Not covered Not covered \$0 copay \$0 copay \$0 copay \$0 copay Not covered Not covered Not covered Not covered Not covered \$0 copay

Plan name	Alignment Health Heart & Diabetes (HMO C-SNP)	Align Thrive (HMO I-SNP)	Align Connect (HMO C-SNP)	Align Premier (HMO I-SNP)	Align Kidney Care (HMO C-SNP)	Anthem MediBlue Lung Care (HMO C-SNP)
OSTS BY DRUG TIER	Alignment Health Plan	Align Senior Care	Align Senior Care	Align Senior Care	Align Senior Care	Anthem Blue Cross
	Discourse their description of the description	Discourse their description of the description	Discourse the industrial state in the discourse the last	Plant and the industrial state in the Theodore control of the	Discourse their description of the description	Discourse who is done lists into the or The decrease to help
Plans group their drug lists into tiers. The drug	Plans group their drug lists into tiers. The drug costs below	Plans group their drug lists into tiers. The drug costs below	Plans group their drug lists into tiers. The drug costs below	Plans group their drug lists into tiers. The drug costs below show how much you'll pay for drugs in each tier based on	Plans group their drug lists into tiers. The drug costs below	Plans group their drug lists into tiers. The drug costs belo
	show how much you'll pay for drugs in each tier based on the coverage phase you're in.	show how much you'll pay for drugs in each tier based on the coverage phase you're in.	show how much you'll pay for drugs in each tier based on the coverage phase you're in.	the coverage phase you're in.	show how much you'll pay for drugs in each tier based on the coverage phase you're in.	show how much you'll pay for drugs in each tier based o the coverage phase you're in.
	the coverage phase you're in.	the coverage phase you're in.	the coverage phase you're in.	the coverage phase you're in.	the coverage phase you're in.	the coverage phase you're in.
TIER DRUG COST FOR:						
standard or Preferred retail pharmacy drug cost or 1 month, whichever was least expensive listed						
	Annual drug deductible phase	Annual drug deductible phase	Annual drug deductible phase	Annual drug deductible phase	Annual drug deductible phase	Annual drug deductible phase
rug plan deductible	\$0.00	\$0.00	\$0.0	0 \$0.00	\$0.00	\$
Tiers Tiers	Initial coverage phase	Initial coverage phase	Initial coverage phase	Initial coverage phase	Initial coverage phase	Initial coverage phase
Fier 1: Preferred Generic	\$0.00 copay	\$2.00 copay	\$2.00 copay		6 \$2.00 copay	\$0.00 copay
Fier 2: Generic	\$5.00 copay	\$15.00 copay	\$15.00 copay	259	6 \$15.00 copay	\$7.50 copay
Fier 3: Preferred Brand	\$30.00 copay	\$45.00 copay	\$45.00 copay	_	\$45.00 copay	\$40.00 copay
First F. Consider Time	\$75.00 copay	\$95.00 copay	\$95.00 copay		\$95.00 copay	\$85.00 copay
Fier 5: Specialty Tier	33%	259	6 259	% 25% Confirm with plan		
Fier 6: Select Care Drugs	\$5.00 copay Gap coverage phase	Gap coverage phase	Gap coverage phase	Gap coverage phase	\$0.00 copay Gap coverage phase	\$0.00 copay Gap coverage phase
Fier 1: Preferred Generic	\$0.00 copay	25%	<u> </u>	<u> </u>	<u> </u>	\$ \$0.00 copay
Fier 2: Generic	25%					\$7.50 copay
Fier 3: Preferred Brand	25%					
Fier 4: Non-Preferred Drug	25%					
Tier 5: Specialty Tier	25%	25%	6 25	% 25%	25%	
Tier 6: Select Care Drugs	\$5.00 copay	_	_	Confirm with plan	25%	\$0.00 copay
	Catastrophic coverage phase	Catastrophic coverage phase	Catastrophic coverage phase	Catastrophic coverage phase	Catastrophic coverage phase	Catastrophic coverage phase
	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	
Fier 1: Preferred Generic	more)	Brand-name drugs \$10.35 copay or 5% (whichever costs more)	Brand-name drugs \$10.35 copay or 5% (whichever costs more)	Brand-name drugs \$10.35 copay or 5% (whichever costs more)	Brand-name drugs \$10.35 copay or 5% (whichever costs more)	\$0.00 copay
	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	
Fier 2: Generic	Brand-name drugs \$10.35 copay or 5% (whichever costs more)	Brand-name drugs \$10.35 copay or 5% (whichever costs more)	Brand-name drugs \$10.35 copay or 5% (whichever costs more)	Brand-name drugs \$10.35 copay or 5% (whichever costs more)	Brand-name drugs \$10.35 copay or 5% (whichever costs more)	\$4.15 copay or 5% (whichever costs more)
	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	
Tier 3: Preferred Brand	Brand-name drugs \$10.35 copay or 5% (whichever costs more)	Brand-name drugs \$10.35 copay or 5% (whichever costs more)	Brand-name drugs \$10.35 copay or 5% (whichever costs more)	Brand-name drugs \$10.35 copay or 5% (whichever costs more)	Brand-name drugs \$10.35 copay or 5% (whichever costs more)	\$10.35 copay or 5% (whichever costs more)
	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	
Fier 4: Non-Preferred Drug	Brand-name drugs \$10.35 copay or 5% (whichever costs more)	Brand-name drugs \$10.35 copay or 5% (whichever costs more)	Brand-name drugs \$10.35 copay or 5% (whichever costs more)	Brand-name drugs \$10.35 copay or 5% (whichever costs more)	Brand-name drugs \$10.35 copay or 5% (whichever costs more)	\$10.35 copay or 5% (whichever costs more)
	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	
Tier 5: Specialty Tier	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs	\$10.35 copay or 5% (whichever costs more)
	more)	more)	more)	more)	more) Generic drugs \$4.15 copay or 5% (whichever costs more)	
Tier 6: Select Care Drugs	Generic drugs \$4.15 copay or 5% (whichever costs more) Brand-name drugs \$10.35 copay or 5% (whichever costs	_	-	Confirm with plan	Brand-name drugs \$10.35 copay or 5% (whichever costs	\$0.00 copay
For all other drugs, you pay 25% for generic drugs	more) For all other drugs, you pay 25% for generic drugs and 25%	For all other drugs, you pay 25% for generic drugs and 25%	For all other drugs, you pay 25% for generic drugs and 25%	For all other drugs, you pay 25% for generic drugs and 25%	more) For all other drugs, you pay 25% for generic drugs and 25%	For all other drugs, you pay 25% for generic drugs and 25
and 25% for brand-name drugs.	for brand-name drugs.	for brand-name drugs.	for brand-name drugs.	for brand-name drugs.	for brand-name drugs.	for brand-name drugs.
PART B DRUGS:	PART B DRUGS:	PART B DRUGS:	PART B DRUGS:	PART B DRUGS:	PART B DRUGS:	PART B DRUGS:
hese are drugs you usually get at a doctor's office	These are drugs you usually get at a doctor's office or	These are drugs you usually get at a doctor's office or	These are drugs you usually get at a doctor's office or	These are drugs you usually get at a doctor's office or	These are drugs you usually get at a doctor's office or	These are drugs you usually get at a doctor's office or
or hospital outpatient setting, like the flu shot, chemotherapy, or other shots.	hospital outpatient setting, like the flu shot, chemotherapy, or other shots.	hospital outpatient setting, like the flu shot, chemotherapy, or other shots.	hospital outpatient setting, like the flu shot, chemotherapy, or other shots.	hospital outpatient setting, like the flu shot, chemotherapy, or other shots.	hospital outpatient setting, like the flu shot, chemotherapy, or other shots.	hospital outpatient setting, like the flu shot, chemothers or other shots.
Chemotherapy drugs	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Other Part B drugs	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Contracted Medical Groups (ver	ify with Plan and Provider):	California Primary Medical Group / DODMG: Doctors on Dut Hamilton Medical Group / HPEB: Hill Physician East Bay / IHI	y Medical Group / EBMGDD: East Bay Medical Group Diablo I HMG: Imperial Health Holdings Medical Group / IHNCSC: Imp	unity Health / BMG: Bass Medical Group / CA IPA: California Pl Division / EBMF: East Bay Medical Foundation / ECHMN: El Can erial Health Northern Ca Santa Clara / JMMG: John Muir Medi : Ontumcare Network / Apple Care Select / PAMF: Palo Alto N	nino Health Medical Network / ECMA: El Camino Medical Asso	ciates / HAMG: Hammilton Ave Medical Group / HMG: Northern California Physicians Independent Physicians

or more information please visit https://www.medicare.gov/ and contact plar





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HMO Plans with Part D Prescription	on Drug Coverage for Chronic & Institu	tional Special Needs Plans (SNP)			
			Anthem MediBlue Lung (HMO C-SNP)	Anthem MediBlue Heart (HMO C-SNP)	Anthem MediBlue Diabetes (HMO C-SNP)
Anthem Blue Cross	Anthem Blue Cross	Anthem Blue Cross	Anthem Blue Cross	Anthem Blue Cross	Anthem Blue Cross
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1-800-499-2793	1-800-499-2793	1-800-499-2793	1-800-499-2793	1-800-499-2793	1-800-499-2793
12900 Park Plaza Drive, Suite 150, Cerritos, CA 90703	12900 Park Plaza Drive, Suite 150, Cerritos, CA 90703	12900 Park Plaza Drive, Suite 150, Cerritos, CA 90703	12900 Park Plaza Drive, Suite 150, Cerritos, CA 90703	12900 Park Plaza Drive, Suite 150, Cerritos, CA 90703	12900 Park Plaza Drive, Suite 150, Cerritos, CA 90703
SVMD, Caremore Health Ca, Foundercare, Caremore PMGSJ, MMC Caremore Ca IPA, PMGSJ, NEMS, Caremore NCPN, PMUCI					SVMD, Caremore Health Ca, Foundercare, Caremore PMGSJ, Caremore CA IPA, PMGSJ, NEMS, Caremore NCPN, CCCMA, Care IPA, BDHV MGOC, etc
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\$(0.00	50.00	\$0.00	50 \$0	.00
\$(0.00 \$	0.00	\$0.00 \$16.1	.0 \$28	.40
					.00
·				·	
52,899 In-network	\$2,899 In-network	\$3,000 In-network	\$2,899 In-network	\$2,899 In-network	\$2,899 In-network
50 copay	\$0 conav	\$0 copay	\$0 copay	\$0 conay	\$0 copay
					\$0-20 copay per visit
			100 an arbay has some		
50 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
50 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
50-100 copay	\$0-100 copay	\$0-150 copay	\$0-150 copay	\$0-150 copay	\$0-150 copay
50 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
90 copay per visit	\$90 copay per visit	\$120 copay per visit	\$120 copay per visit	\$120 copay per visit	\$120 copay per visit
50 copay	\$0 copay	\$0 copay	\$20 copay per visit	\$20 copay per visit	\$20 copay per visit
		\$0 copay per stay			\$40 per day for days 1 through 5
		ĆO 125 garan garaniait			\$0 per day for days 6 through 90
50-125 copay per visit	\$0-125 copay per visit	\$0-125 copay per visit	\$0-125 copay per visit	\$0-125 copay per visit	\$0-125 copay per visit
\$0 per day for days 1 through 20	\$0 per day for days 1 through 20	\$0 consy per stay	\$0 per day for days 1 through 20	\$0 per day for days 1 through 20	\$0 per day for days 1 through 20
575 per day for days 11 through 100	\$75 per day for days 21 through 100	Jo copay per stay	\$100 per day for days 21 through 100	\$100 per day for days 21 through 100	\$100 per day for days 21 through 100
\$0 conav	\$0 copay	\$0 conav	\$0 conav	\$0 conav	\$0 copay
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\$100 copay	\$100 copay	\$195 copay	\$195 copay	\$195 copay	\$195 copay
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\$20 copay	\$20 copay	\$0 copay	\$20 copay	\$20 copay	\$20 copay
\$20 copay	\$20 copay	\$0 copay	\$0-20 copay	\$0-20 copay	\$0-20 copay
	\$15 copay	\$0 copay	\$0-20 copay	\$0-20 copay	\$0-20 copay
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515 copay	\$15 copay	\$0 copay	\$0-15 copay	\$0-15 copay	\$0-15 copay
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ззо сорау	\$30 copay	\$0 сорау	\$30 copay	\$30 copay	\$30 copay
0-20% coinsurance per item	0-20% coincurance per item	0-20% coincurance per item	0-20% coincurance per item	0-20% coincurance per item	0-20% coinsurance per item
0-20% coinsurance per item	0-20% coinsurance per item	0-20% coinsurance per item	0-20% coinsurance per item	0-20% coinsurance per item	0-20% coinsurance per item
SO copay	·	•			\$0 copay
50 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
50 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
50 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
			\$0 copay	\$0 copay	\$0 copay
50 copay	\$0 copay	\$0 copay			
SO copay Not covered	Not covered	\$0 copay	\$0 copay	\$0 copay	\$0 copay
SO copay Not covered Not covered	Not covered Not covered	\$0 copay	\$0 copay \$0 copay	\$0 copay \$0 copay	\$0 copay \$0 copay
SO copay Not covered Not covered Not covered	Not covered Not covered Not covered	\$0 copay \$0 copay Not covered	\$0 copay \$0 copay Not covered	\$0 copay \$0 copay Not covered	\$0 copay \$0 copay Not covered
SO copay Not covered Not covered Not covered Not covered	Not covered Not covered Not covered Not covered	\$0 copay \$0 copay Not covered \$0 copay	\$0 copay \$0 copay Not covered \$0 copay	\$0 copay \$0 copay Not covered \$0 copay	\$0 copay \$0 copay Not covered \$0 copay
50 copay Not covered Not covered Not covered Not covered So copay	Not covered Not covered Not covered Not covered So copay	\$0 copay \$0 copay Not covered \$0 copay \$0 copay	\$0 copay \$0 copay Not covered \$0 copay \$0 copay	\$0 copay \$0 copay Not covered \$0 copay \$0 copay	\$0 copay \$0 copay Not covered \$0 copay \$0 copay
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50 copay Not covered Not covered Not covered Not covered S0 copay 50 copay 50 copay	Not covered Not covered Not covered So copay So copay So copay So copay	\$0 copay \$0 copay Not covered \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay	\$0 copay \$0 copay Not covered \$0 copay \$0 copay \$0 copay \$0 copay	\$0 copay \$0 copay Not covered \$0 copay \$0 copay \$0 copay \$0 copay	\$0 copay \$0 copay Not covered \$0 copay \$0 copay \$0 copay \$0 copay
50 copay Not covered Not covered Not covered Not covered Not covered S0 copay S0 copay S0 copay	Not covered Not covered Not covered Not covered S0 copay S0 copay S0 copay S0 copay S0 copay	\$0 copay \$0 copay Not covered \$0 copay	\$0 copay \$0 copay Not covered \$0 copay	\$0 copay \$0 copay Not covered \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay	\$0 copay \$0 copay Not covered \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay
50 copay Not covered Not covered Not covered Not covered S0 copay S0 copay S0 copay S0 copay S0 copay	Not covered Not covered Not covered Not covered So copay	\$0 copay \$0 copay Not covered \$0 copay Not covered	\$0 copay \$0 copay Not covered \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay Not covered	\$0 copay \$0 copay Not covered \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay Not covered	\$0 copay \$0 copay Not covered \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay Not covered
50 copay Not covered Not covered Not covered Not covered Not covered S0 copay S0 copay S0 copay	Not covered Not covered Not covered Not covered S0 copay S0 copay S0 copay S0 copay S0 copay	\$0 copay \$0 copay Not covered \$0 copay	\$0 copay \$0 copay Not covered \$0 copay	\$0 copay \$0 copay Not covered \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay	\$0 copay \$0 copay Not covered \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay
50 copay Not covered Not covered Not covered Not covered S0 copay S0 copay S0 copay S0 copay S0 copay So copay So copay	Not covered Not covered Not covered So copay Some coverage Some coverage	\$0 copay \$0 copay Not covered \$0 copay Not covered Not covered	\$0 copay \$0 copay Not covered \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay Not covered Not covered	\$0 copay \$0 copay Not covered \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay Not covered Not covered	\$0 copay \$0 copay Not covered \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay Not covered Not covered
50 copay Not covered Not covered Not covered Not covered S0 copay S0 copay S0 copay S0 copay Some coverage Some coverage Not covered	Not covered Not covered Not covered Not covered So copay Some coverage Not covered	\$0 copay \$0 copay Not covered \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay Not covered Not covered Not covered	\$0 copay \$0 copay Not covered \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay Not covered Not covered Not covered	\$0 copay \$0 copay Not covered \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay Not covered Not covered Not covered	\$0 copay \$0 copay Not covered \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay Not covered Not covered Not covered
SO copay Not covered Not covered Not covered Not covered SO copay SO copay SO copay SO copay SO copay SO come coverage Some coverage Not covered Not covered Not covered	Not covered Not covered Not covered Not covered So copay So copay So copay So copay So copay So copay Some coverage Not covered Not covered	\$0 copay \$0 copay Not covered \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay Not covered Not covered Not covered Not covered Not covered	\$0 copay \$0 copay Not covered \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay Not covered Not covered Not covered Not covered Not covered	\$0 copay \$0 copay Not covered \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay Not covered Not covered Not covered Not covered Not covered Not covered	\$0 copay \$0 copay Not covered \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay Not covered Not covered Not covered Not covered Not covered
	Anthem MediBlue Diabetes Care (HMO C-SNP) Anthem Blue Cross 10544-102-0 3 Stars 1tipss//shop.anthem.com/medicare 1.855-593-0901 1.800-499-2793 1.2900 Park Plaza Drive, Suite 150, Cerritos, CA 90703 SVMD, Caremore Health Ca, Foundercare, Caremore PMGSJ, MMC Caremore Ca IPA, PMGSJ, NEMS, Caremore NCPN, PMUCI \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Anthem MediBlue Diabetes Care (HMO C-SNP) Anthem Blue Cross Anthem Bl	10544-107-0 110544-106-0 110544-106-0 110544-050-0 110544-050-0 110544-050-0 110544-050-0 110544-050-0 11054-0	Anthern Medibles Care (1900 C-SNE) Anthern Medibles House Care (1900 C-SNE) (1904-120 0 1905-120-00	Anthon A

Plan name	Anthem MediBlue Diabetes Care (HMO C-SNP)	Anthem MediBlue Heart Care (HMO C-SNP)	Anthem MediBlue Care On Site (HMO I-SNP)	Anthem MediBlue Lung (HMO C-SNP)	Anthem MediBlue Heart (HMO C-SNP)	Anthem MediBlue Diabetes (HMO C-SNP)
OSTS BY DRUG TIER	Anthem Blue Cross	Anthem Blue Cross	Anthem Blue Cross	Anthem Blue Cross	Anthem Blue Cross	Anthem Blue Cross
lans group their drug lists into tiers. The drug	Plans group their drug lists into tiers. The drug costs below n show how much you'll pay for drugs in each tier based on the coverage phase you're in.	Plans group their drug lists into tiers. The drug costs below show how much you'll pay for drugs in each tier based on the coverage phase you're in.	Plans group their drug lists into tiers. The drug costs below show how much you'll pay for drugs in each tier based on the coverage phase you're in.	Plans group their drug lists into tiers. The drug costs below show how much you'll pay for drugs in each tier based on the coverage phase you're in.	Plans group their drug lists into tiers. The drug costs below show how much you'll pay for drugs in each tier based on the coverage phase you're in.	Plans group their drug lists into tiers. The drug costs belo show how much you'll pay for drugs in each tier based or the coverage phase you're in.
IER DRUG COST FOR:						
standard or Preferred retail pharmacy drug cost or 1 month, whichever was least expensive listed						
	Annual drug deductible phase	Annual drug deductible phase	Annual drug deductible phase	Annual drug deductible phase	Annual drug deductible phase	Annual drug deductible phase
Orug plan deductible	\$0.00					
Tiers	Initial coverage phase	Initial coverage phase	Initial coverage phase	Initial coverage phase	Initial coverage phase	Initial coverage phase
Fier 1: Preferred Generic	\$0.00 copay	\$0.00 copay	\$0.00 copay	\$0.00 copay	\$0.00 copay	\$0.00 copay
Tier 2: Generic Tier 3: Preferred Brand	\$7.50 copay	\$7.50 copay	\$7.50 copay	\$7.50 copay	\$7.50 copay	\$7.50 copay
Tier 4: Non-Preferred Drug	\$35.00 copay \$85.00 copay	\$40.00 copay \$85.00 copay	\$40.00 copay \$85.00 copay	\$40.00 copay \$85.00 copay	\$40.00 copay \$85.00 copay	\$35.00 copay \$85.00 copay
Fier 5: Specialty Tier	339					
Tier 6: Select Care Drugs	\$0.00 copay	\$0.00 copay	\$0.00 copay	\$0.00 copay	\$0.00 copay	\$0.00 copay
ner or belief earle brugs	Gap coverage phase	Gap coverage phase	Gap coverage phase	Gap coverage phase	Gap coverage phase	Gap coverage phase
Tier 1: Preferred Generic	\$0.00 copay	\$0.00 copay	\$0.00 copay	\$0.00 copay	\$0.00 copay	\$0.00 copay
Tier 2: Generic	\$7.50 copay	\$7.50 copay	\$7.50 copay	\$7.50 copay	\$7.50 copay	\$7.50 copay
Fier 3: Preferred Brand	\$35.00 copay	25%				\$35.00 copay
Fier 4: Non-Preferred Drug	259	25%	25	% 259	% 25%	6
Fier 5: Specialty Tier	25%	25%	25	% 259	25%	6
Tier 6: Select Care Drugs	\$0.00 copay	\$0.00 copay	\$0.00 copay	\$0.00 copay	\$0.00 copay	\$0.00 copay
	Catastrophic coverage phase	Catastrophic coverage phase	Catastrophic coverage phase	Catastrophic coverage phase	Catastrophic coverage phase	Catastrophic coverage phase
Fier 1: Preferred Generic	\$0.00 copay	\$0.00 copay	\$0.00 copay	\$0.00 copay	\$0.00 copay	\$0.00 copay
Tier 2: Generic	\$4.15 copay or 5% (whichever costs more)	\$4.15 copay or 5% (whichever costs more)	\$4.15 copay or 5% (whichever costs more)	\$4.15 copay or 5% (whichever costs more)	\$4.15 copay or 5% (whichever costs more)	\$4.15 copay or 5% (whichever costs more)
Tier 3: Preferred Brand	\$10.35 copay or 5% (whichever costs more)	\$10.35 copay or 5% (whichever costs more)	\$10.35 copay or 5% (whichever costs more)	\$10.35 copay or 5% (whichever costs more)	\$10.35 copay or 5% (whichever costs more)	\$10.35 copay or 5% (whichever costs more)
Tier 4: Non-Preferred Drug	\$10.35 copay or 5% (whichever costs more)	\$10.35 copay or 5% (whichever costs more)	\$10.35 copay or 5% (whichever costs more)	\$10.35 copay or 5% (whichever costs more)	\$10.35 copay or 5% (whichever costs more)	\$10.35 copay or 5% (whichever costs more)
Tier 5: Specialty Tier	\$10.35 copay or 5% (whichever costs more)	\$10.35 copay or 5% (whichever costs more)	\$10.35 copay or 5% (whichever costs more)	\$10.35 copay or 5% (whichever costs more)	\$10.35 copay or 5% (whichever costs more)	\$10.35 copay or 5% (whichever costs more)
Fier 6: Select Care Drugs	\$0.00 copay	\$0.00 copay	\$0.00 copay	\$0.00 copay	\$0.00 copay	\$0.00 copay
For all other drugs, you pay 25% for generic drugs and 25% for brand-name drugs. PART B DRUGS:	For all other drugs, you pay 25% for generic drugs and 25% for brand-name drugs. PART B DRUGS:	For all other drugs, you pay 25% for generic drugs and 25% for brand-name drugs. PART B DRUGS:	For all other drugs, you pay 25% for generic drugs and 25% for brand-name drugs. PART B DRUGS:	For all other drugs, you pay 25% for generic drugs and 25% for brand-name drugs. PART B DRUGS:	For all other drugs, you pay 25% for generic drugs and 25% for brand-name drugs. PART B DRUGS:	For all other drugs, you pay 25% for generic drugs and 25 for brand-name drugs. PART B DRUGS:
These are drugs you usually get at a doctor's office	These are drugs you usually get at a doctor's office or	These are drugs you usually get at a doctor's office or	These are drugs you usually get at a doctor's office or	These are drugs you usually get at a doctor's office or	These are drugs you usually get at a doctor's office or	These are drugs you usually get at a doctor's office or
or hospital outpatient setting, like the flu shot,	hospital outpatient setting, like the flu shot, chemotherapy,	hospital outpatient setting, like the flu shot, chemotherapy,	hospital outpatient setting, like the flu shot, chemotherapy,		hospital outpatient setting, like the flu shot, chemotherapy,	hospital outpatient setting, like the flu shot, chemothera
hemotherapy, or other shots.	or other shots.	or other shots.	or other shots.	or other shots.	or other shots.	or other shots.
Chemotherapy drugs	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Other Part B drugs	20% coinsurance	20% coinsurance	0-20% coinsurance	0-20% coinsurance	0-20% coinsurance	0-20% coinsurance
Contracted Medical Groups (ve	rify with Plan and Provider):	California Primary Medical Group / DODMG: Doctors on Dut Hamilton Medical Group / HPEB: Hill Physician East Bay / IHI	y Medical Group / EBMGDD: East Bay Medical Group Diablo I HMG: Imperial Health Holdings Medical Group / IHNCSC: Imp	Division / EBMF: East Bay Medical Foundation / ECHMN: El Car erial Health Northern Ca Santa Clara / JMMG: John Muir Medi	hysicians Associates / CHCMSG: Caremore Health CA Multi-Spi nino Health Medical Network / ECMA: El Camino Medical Asso cal Group / MHMG: Marin Hospital Medical Group / NCP IPA: Medical Foundation / PCONC: Premier Care of Northern Califor	ciates / HAMG: Hammilton Ave Medical Group / HMG: Northern California Physicians Independent Physicians

For more information please visit https://www.medicare.gov/ and contact pla





Sourcewise: 3100 De La Cruz Blvd., Suite 310, Santa Clara, CA 95054 / 408.350.3200 CA HICAP: 1.800.434.0222

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2023 Part C Medicare Advanta	ge HMO Plans with Part D Prescription	on Drug Coverage for Chronic & Institu	itional Special Needs Plans (SNP)				
Plan name	Brand New Day Embrace Care Plan (HMO C-SNP)	Brand New Day Select Care II Plan (HMO I-SNP)	Brand New Day Select Choice II Plan (HMO I-SNP)	Brand New Day Embrace Choice Plan (HMO C-SNP)	Central Health Focus Plan (HMO C-SNP)	Imperial Senior Value (HMO C-SNP)	
Plan ID	Brand New Day H0838-039-2	Brand New Day H0838-043-0	Brand New Day H0838-045-0	Brand New Day H0838-040-2	Central Health Medicare Plan	Imperial Health Plan of California Inc H5496-005-0	
Star rating	3 Stars	3 Stars	3 Stars	3 Stars	3.5 Stars	2.5 Stars	
Plan website	http://www.bndhmo.com/	http://www.bndhmo.com/	http://www.bndhmo.com/	http://www.bndhmo.com/	http://www.centralhealthplan.com/	http://www.imperialhealthplan.com/	
Non-members	1-888-683-1882	1-888-683-1882	1-888-683-1882	1-888-683-1882	1-866-314-2427	1-800-838-5914	
Members	1-866-255-4795	1-866-255-4795	1-866-255-4795	1-866-255-4795	1-866-314-2427	1-800-838-8271	
Plan address	5455 Garden Grove Blvd., Suite 500, Westminister, CA 9	92683 5455 Garden Grove Blvd., Suite 500, Westminister, CA 9	2683 5455 Garden Grove Blvd., Suite 500, Westminister, CA 92	583 5455 Garden Grove Blvd., Suite 500, Westminister, CA 9:	2683 1540 Bridgegate Drive, Diamond Bar, CA 91756	1100 East Green Street, Pasadena, CA 91106	
Contracted Medical Groups (verify with Plan & Provider)	PMGSJ	SMG	To be determined - Confirm with plan	Santa Clara County IPA	PMGSJ, SCSMG	B&T IPA, IHHMG, MP IPA, California IPA, NPI, SMG, PCC IPA, HealthSmart	CONC, PP IPA, NCP
HEALTH PREMIUM:		\$0.00	\$0.00	.00 \$	0.00	\$0.00	\$0.00
DRUG PREMIUM:					0.00	\$0.00	\$0.00
TOTAL MONTHLY PREMIUM:					0.00	\$0.00	\$0.00
DRUG DEDUCTIBLE:					0.00	\$0.00	\$0.00 \$0.00
Maximum-out-of-Pocket	\$1.999 In-network	\$0.00 : : : : : : : : : : : : : : : : : :	\$0.00 \$0.00	9.00	0.00 \$1,800 In-network	\$0.00 \$2.999 In-network	\$0.00
BENEFITS & COSTS:	\$1,555 III-lietwork	\$3,430 III-lietwork	\$7,550 III-lietwork		31,800 III-lietwork	\$2,555 III-Hetwork	
DOCTOR SERVICES							•
Primary doctor visit	\$0 copay	\$0 copay	20% coinsurance per visit	20% coinsurance per visit	\$0 copay	\$0 copay	
Specialist visit	\$0-10 copay per visit	\$10 copay per visit	20% coinsurance per visit	20% coinsurance per visit	\$0 copay	\$0 copay	
TESTS, LABS, & IMAGING:	1	4-			-	*-	
Diagnostic tests & procedures	\$0 copay	\$0 copay	20% coinsurance	20% coinsurance	\$0 copay	\$0 copay	
Lab services	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
Diagnostic radiology services (like MRI) Outpatient x-rays	\$0 copay	\$0 copay	20% coinsurance 20% coinsurance	20% coinsurance 20% coinsurance	\$0 copay \$0 copay	\$0 copay	
Emergency care	\$0 copay \$0-125 copay per visit	\$0 copay \$0-120 copay per visit	\$90 copay per visit	\$90 copay per visit	\$0-100 copay per visit	\$0 copay \$0 copay	
Urgent care	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
HOSPITAL SERVICES:	+		17.	,	170 30 110	1.00	
Inpatient hospital coverage	\$175 per day for days 1 through 6	\$150 per day for days 1 through 6	\$1,600 deductible for days 1 through 60	\$1,600 deductible for days 1 through 60	\$0 copay per stay	\$0 copay per stay	
	\$0 per day for days 7 through 90	\$0 per day for days 7 through 90	\$400 copay per day for days 61 through 90	\$400 copay per day for days 61 through 90			
Outpatient hospital coverage	\$0-100 copay per visit	\$0-150 copay per visit	20% coinsurance per visit	20% coinsurance per visit	\$0 copay	\$0 copay	
SKILLED NURSING FACILITY:	1.						
Skilled nursing facility	\$0 copay for days 1 through 20	\$0 copay for days 1 through 20	\$0 copay for days 1 through 20	\$0 copay for days 1 through 20	\$0 copay for days 1 through 20	\$0 per day for days 1 through 20	
PREVENTATIVE SERVICES:	\$200 copay per day for days 21 through 100	\$200 copay per day for days 21 through 100	\$200 copay per day for days 21 through 100	\$200 copay per day for days 21 through 100	\$200 copay per day for days 21 through 100	\$164.50 per day for days 21 through 100	
	\$0 conav	\$0 conav	\$0 conav	\$0 conav	\$0 conav	\$0 conav	
Preventive services AMBULANCE:	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	
Preventive services	\$0 copay \$0-100 copay	\$0 copay \$0-85 copay	\$0 copay	\$0 copay	\$0 copay \$0-75 copay	\$0 copay	
Preventive services AMBULANCE:							
Preventive services AMBULANCE: Ground ambulance THERAPY SERVICES: Occupational therapy visit	\$0-100 copay \$10 copay		20% coinsurance \$35 copay				
Preventive services AMBULANCE: Ground ambulance THERAPY SERVICES: Occupational therapy visit Physical therapy & speech & language therapy vi	\$0-100 copay \$10 copay	\$0-85 copay	20% coinsurance	20% coinsurance	\$0-75 copay	\$125 copay	
Preventive services AMBULANCE: Ground ambulance THERAPY SERVICES: Occupational therapy visit Physical therapy & speech & language therapy vi MENTAL HEALTH SERVICES:	\$0-100 copay \$10 copay isit \$10 copay	\$0-85 copay \$10 copay \$10 copay	20% coinsurance \$35 copay \$40 copay	20% coinsurance \$40 copay \$40 copay	\$0-75 copay \$0 copay \$0 copay	\$125 copay \$0 copay \$0 copay	
Preventive services AMBULANCE: Ground ambulance THERAPY SERVICES: Occupational therapy visit Physical therapy & speech & language therapy vi MENTAL HEALTH SERVICES: Outpatient group therapy with a psychiatrist	\$0-100 copay \$10 copay isit \$10 copay 20% coinsurance	\$0-85 copay \$10 copay \$10 copay 20% coinsurance	20% coinsurance \$35 copay \$40 copay	20% coinsurance \$40 copay \$40 copay	\$0 copay \$0 copay \$0 copay	\$125 copay \$0 copay \$0 copay	
Preventive services AMBULANCE: Ground ambulance THERAPY SERVICES: Occupational therapy visit Physical therapy & speech & language therapy vi MENTAL HEALTH SERVICES: Outpatient group therapy with a psychiatrist Outpatient individual therapy with a psychiatrist	\$0-100 copay \$10 copay isit \$10 copay 20% coinsurance t \$10 copay	\$0-85 copay \$10 copay \$10 copay 20% coinsurance \$10 copay	\$35 copay \$40 copay \$40 copay \$40 copay	20% coinsurance \$40 copay \$40 copay \$40 copay \$40 copay	\$0 copay \$0 copay \$0 copay \$0 copay \$0 copay	\$125 copay \$0 copay \$0 copay \$0 copay \$0 copay	
Preventive services AMBULANCE: Ground ambulance THERAPY SERVICES: Occupational therapy visit Physical therapy & speech & language therapy vi MENTAL HEALTH SERVICES: Outpatient group therapy with a psychiatrist Outpatient individual therapy with a psychiatrist Outpatient group therapy visit	\$0-100 copay \$10 copay isit \$10 copay 20% coinsurance t \$10 copay 20% coinsurance	\$0-85 copay \$10 copay \$10 copay 20% coinsurance \$10 copay 20% coinsurance	\$35 copay \$40 copay \$40 copay \$40 copay \$40 copay \$20% coinsurance	20% coinsurance \$40 copay \$40 copay \$40 copay \$40 copay \$40 copay \$40 copay	\$0 copay	\$125 copay \$0 copay \$0 copay \$0 copay \$0 copay 20% coinsurance	
Preventive services AMBULANCE: Ground ambulance THERAPY SERVICES: Occupational therapy visit Physical therapy & speech & language therapy vi MENTAL HEALTH SERVICES: Outpatient group therapy with a psychiatrist Outpatient individual therapy with a psychiatrist	\$0-100 copay \$10 copay isit \$10 copay 20% coinsurance t \$10 copay	\$0-85 copay \$10 copay \$10 copay 20% coinsurance \$10 copay	\$35 copay \$40 copay \$40 copay \$40 copay	20% coinsurance \$40 copay \$40 copay \$40 copay \$40 copay	\$0 copay \$0 copay \$0 copay \$0 copay \$0 copay	\$125 copay \$0 copay \$0 copay \$0 copay \$0 copay	
Preventive services AMBULANCE: Ground ambulance THERAPY SERVICES: Occupational therapy visit Physical therapy & speech & language therapy vi MENTAL HEALTH SERVICES: Outpatient group therapy with a psychiatrist Outpatient individual therapy with a psychiatrist Outpatient group therapy visit Outpatient individual therapy visit	\$0-100 copay \$10 copay isit \$10 copay 20% coinsurance t \$10 copay 20% coinsurance	\$0-85 copay \$10 copay \$10 copay 20% coinsurance \$10 copay 20% coinsurance	\$35 copay \$40 copay \$40 copay \$40 copay \$40 copay \$20% coinsurance	20% coinsurance \$40 copay \$40 copay \$40 copay \$40 copay \$40 copay \$40 copay	\$0 copay	\$125 copay \$0 copay \$0 copay \$0 copay \$0 copay 20% coinsurance	
Preventive services AMBULANCE: Ground ambulance THERAPY SERVICES: Occupational therapy visit Physical therapy & speech & language therapy vi MENTAL HEALTH SERVICES: Outpatient group therapy with a psychiatrist Outpatient individual therapy with a psychiatrist Outpatient group therapy visit Outpatient individual therapy visit OPIOID TREATMENT PROGRAM SERVICES: Opioid treatment program services OTHER SERVICES:	\$0-100 copay \$10 copay isit \$10 copay 20% coinsurance \$10 copay 20% coinsurance \$10 copay \$0 copay \$0 copay	\$0-85 copay \$10 copay \$10 copay 20% coinsurance \$10 copay 20% coinsurance \$10 copay \$0 copay	\$35 copay \$40 copay \$40 copay \$40 copay \$20% coinsurance 20% coinsurance	20% coinsurance \$40 copay \$20% coinsurance	\$0-75 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$5 copay \$5 copay	\$125 copay \$0 copay \$0 copay \$0 copay \$0 copay 20% coinsurance 20% coinsurance	
Preventive services AMBULANCE: Ground ambulance THERAPY SERVICES: Occupational therapy visit Physical therapy & speech & language therapy vi MENTAL HEALTH SERVICES: Outpatient group therapy with a psychiatrist Outpatient individual therapy with a psychiatrist Outpatient group therapy visit OUTPATIENT PROGRAM SERVICES: Opioid treatment program services	\$0-100 copay \$10 copay isit \$10 copay 20% coinsurance t \$10 copay 20% coinsurance \$510 copay	\$0-85 copay \$10 copay \$10 copay 20% coinsurance \$10 copay 20% coinsurance \$10 copay	20% coinsurance \$35 copay \$40 copay \$40 copay \$40 copay 20% coinsurance 20% coinsurance	20% coinsurance \$40 copay	\$0-75 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay	\$125 copay \$0 copay \$0 copay \$0 copay \$0 copay 20% coinsurance 20% coinsurance	
Preventive services AMBULANCE: Ground ambulance THERAPY SERVICES: Occupational therapy visit Physical therapy & speech & language therapy vi MENTAL HEALTH SERVICES: Outpatient group therapy with a psychiatrist Outpatient individual therapy with a psychiatrist Outpatient group therapy visit Outpatient individual therapy visit OPIOID TREATMENT PROGRAM SERVICES: Opioid treatment program services OTHER SERVICES: Durable medical equipment Prosthetics	\$0-100 copay \$10 copay isit \$10 copay 20% coinsurance t \$10 copay 20% coinsurance \$10 copay \$0 copay 0-20% coinsurance per item 0-20% coinsurance per item	\$0-85 copay \$10 copay \$10 copay 20% coinsurance \$10 copay 20% coinsurance \$10 copay \$0 copay 0-20% coinsurance per item 0-20% coinsurance per item	20% coinsurance \$35 copay \$40 copay \$40 copay \$40 coinsurance 20% coinsurance 20% coinsurance 20% coinsurance 20% coinsurance	20% coinsurance \$40 copay \$0 coinsurance 0-20% coinsurance per item 20% coinsurance per item	\$0-75 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay \$0 copay	\$125 copay \$0 copay \$0 copay \$0 copay \$0 copay 20% coinsurance 20% coinsurance 20% coinsurance	
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How may the form that have the f	tth Medicare Plan Imperial Health Plan of California Inc	Central Health Medicare Plan	Brand New Day	Brand New Day	Brand New Day	Brand New Day	COSTS BY DRUG TIER
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		Plans group their drug lists into tiers. The drug costs below show how much you'll pay for drugs in each tier based on					
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Time 2: Referred Brand	Initial coverage phase	Initial coverage phase	Initial coverage phase	Initial coverage phase	Initial coverage phase	Initial coverage phase	
Time 3: Preferred Grand	\$0.00 copay						
1500 1500	\$5.00 copay						
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ACH: Area Community Health / AMG: Allcare Medical Group / B&TP: Brown & Toland Physicians / BACH: Bay Area Community Health / BMG: Bass Medical Group / CA IPA: California Physicians Associates / CHCMS California Primary Medical Group / DODMG: Doctors on Duty Medical Group / EBMGDD: East Bay Medical Group Diablo Division / EBMF: East Bay Medical Foundation / ECHMN: El Camino Health Medical Network							

or more information please visit https://www.medicare.gov/ and contact plar





Sourcewise: 3100 De La Cruz Blvd., Suite 310, Santa Clara, CA 95054 / 408.350.3200 CA HICAP: 1.800.434.0222

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			neficiaries (qualify for both Medicare & N		
lan name	Senior Advantage Medicare Medi-Cal Santa Clara (H SNP)	Anthem MediBlue Dual Advantage (HMO D-SNP)	Anthem MediBlue Connect (HMO D-SNP)	Anthem MediBlue Full Dual Advantage (HMO D-SNP)	DualConnect (HMO D-SNP)
lan ID	Kaiser Permanente H0524-074-0	Anthem Blue Cross H0544-129-0	Anthem Blue Cross H0544-003-0	Anthem Blue Cross H4161-001-0	Santa Clara Family Health Plan
ar rating	4.5 Stars	3 Stars	3 Stars	Plan too new to be measured	Plan too new to be measured
an website	http://kp.org/medicare	https://shop.anthem.com/medicare	https://shop.anthem.com/medicare	https://shop.anthem.com/medicare	http://www.scfhp.com/dualconnect
on-members	1-800-777-1238	1-855-593-0899	1-855-593-0899	1-833-707-3129	1-877-723-4795
lembers	1-800-443-0815	1-844-469-6831	1-800-499-2793	1-833-707-3129	1-877-723-4795
lan address	1800 Harrison Street, Oakland, CA 94612	P.O. Box 659404, San Antonio, CA 78265	12900 Park Plaza Drive, Suite 150, Cerritos, CA 90703	12900 Park Plaza Drive, Suite 150, Cerritos, CA 90703	PO Box 18880, San Jose, CA 95158
ontracted Medical Groups (verify with Plan &	To be determined - Confirm with plan	To be determined - Confirm with plan	To be determined - Confirm with plan	Caremore Health Ca, NMC, IHHMG, SMG, MMC, PMGSJ, IUC, CCOSJ, NE Caremore NCPN, SCCVMC, CPA, Caremore IPA, CHMGOC, CVMG,	MS, NEMS, PAMF, PMG, PremierCare, SCFHP Direct, VHP Network
rovider):	To be determined - Commit with plan			Comprehensive Psychiatric SVCS	
EALTH PREMIUM:		\$0.00		0.00 \$0	
RUG PREMIUM:		\$0.00			.00
OTAL MONTHLY PREMIUM:		\$0.00		·	.00
EALTH DEDUCTIBLE:		\$0.00		·	.00
RUG DEDUCTIBLE:	63 400 to make wards	\$0.00			.00
aximum-out-of-Pocket	\$3,400 In-network	\$7,550 In-network	\$8,300 In-network	\$8,300 In-network	\$8,300 In-network
NEFITS & COSTS:					
OCTOR SERVICES	¢0 consv	¢0 consu	¢0 consu	¢0 consu	¢0 consy
	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
STS, LABS, & IMAGING:	lan.	200/	904 3004	ė o	to.
	\$0 copay	0% or 20% coinsurance	0% or 20% coinsurance	\$0 copay	\$0 copay
services	\$0 copay	0% or 20% coinsurance	0% or 20% coinsurance	\$0 copay	\$0 copay
agnostic radiology services (like MRI)	\$0 copay	0% or 20% coinsurance	0% or 20% coinsurance	\$0 copay	\$0 copay
utpatient x-rays	\$0 copay	0% or 20% coinsurance	0% or 20% coinsurance	\$0 copay	\$0 copay
nergency care	\$0 copay	\$0 or \$90 copay per visit	\$0 or \$90 copay per visit	\$0 copay	\$0 copay
gent care	\$0 copay	\$0 or \$60 copay per visit	\$0 or \$60 copay per visit	\$0 copay	\$0 copay
OSPITAL SERVICES:					
patient hospital coverage	\$0 copay	\$1,600 deductible for days 1 through 60 \$400 copay per day for days 61 through 90	\$1,600 deductible for days 1 through 60 \$400 copay per day for days 61 through 90	\$0 copay	\$0 copay
stpatient hospital coverage	\$0 copay	0% or 20% coinsurance per visit	0% or 20% coinsurance per visit	\$0 copay	\$0 copay
ILLED NURSING FACILITY:	The cope,	570 CT 2070 COMBUTATION PET VISIC	o/o or 20% combarance per visit	 	yo copu,
lled nursing facility	\$0 copay	\$0 copay for days 1 through 20	\$0 copay for days 1 through 20	\$0 copay	\$0 copay
	- Copay	\$200 copay per day for days 21 through 100	\$200 copay per day for days 21 through 100	, to cope,	(\$C COPA)
EVENTATIVE SERVICES:		 	 		
	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
MBULANCE:	1,44 55,64	144 35,657	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1,70 10,10	(4.5.55)
ound ambulance	\$0 or \$200 copay	0% or 20% coinsurance	0% or 20% coinsurance	\$0 copay	\$0 copay
IERAPY SERVICES:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1100000	(** **********************************
cupational therapy visit	\$0 copay	0% or 20% coinsurance	0% or 20% coinsurance	\$0 copay	\$0 copay
ysical therapy & speech & language therapy visit	\$0 copay	0% or 20% coinsurance	0% or 20% coinsurance	\$0 copay	\$0 copay
ENTAL HEALTH SERVICES:				1	The state of the s
tpatient group therapy with a psychiatrist	\$0 copay	0% or 20% coinsurance	0% or 20% coinsurance	\$0 copay	\$0 copay
tpatient individual therapy with a psychiatrist	\$0 copay	0% or 20% coinsurance	0% or 20% coinsurance	\$0 copay	\$0 copay
tpatient group therapy visit	\$0 copay	0% or 20% coinsurance	0% or 20% coinsurance	\$0 copay	\$0 copay
tpatient individual therapy visit	\$0 copay	0% or 20% coinsurance	0% or 20% coinsurance	\$0 copay	\$0 copay
PIOID TREATMENT PROGRAM SERVICES:	140 cope,	570 CT 2070 COMISCILINE	on the comparation	 	(*C 0000)
	\$0 copay	0% or 20% coinsurance	0% or 20% coinsurance	0% coinsurance	0% coinsurance
THER SERVICES:	To copuly	070 of 2070 comparance	070 Of 2070 Comparance	070 comparance	070 comparance
urable medical equipment	0% or 0-20% coinsurance per item	0% or 0-20% coinsurance per item	0% or 0-20% coinsurance per item	\$0 copay	\$0 copay
osthetics	\$0 copay	0% or 0-20% coinsurance per item	0% or 0-20% coinsurance per item	\$0 copay	\$0 copay
alysis	0% or 20% coinsurance	0% or 20% coinsurance	0% or 20% coinsurance	0% coinsurance	0% coinsurance
abetes supplies	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
TRA BENEFITS:		140 cobay			
	\$0 copay	0% or 20% coinsurance	0% or 20% coinsurance	\$0 copay	\$0 copay
tting/evaluation	Not covered	\$0 copay	\$0 copay	\$0 copay	Not covered
earing aids - all types	Not covered	\$0 copay	\$0 copay	\$0 copay	Not covered Not covered
al exam	\$0 copay	\$0 copay	\$0 copay	\$0 copay	Not covered Not covered
eaning	\$0 copay	\$0 copay	\$0 copay	\$0 copay	Not covered Not covered
oride treatment	Not covered	\$0 copay	\$0 copay	\$0 copay	Not covered Not covered
ntal x-rays	\$0 copay		\$0 copay		Not covered Not covered
ntai x-rays utine eye exam		\$0 copay		\$0 copay	
entact lenses	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
reglasses frames only	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
·	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
eglasses lenses only	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
iropractic services	Not covered	Not covered	Not covered	Not covered	Not covered
rupuncture	Some coverage	Some coverage	Not covered	Some coverage	Not covered
	Not covered	Not covered	Not covered	Not covered	Not covered
					ter a t
lassage therapy Iternative therapies	Not covered	Not covered	Not covered	Not covered	Not covered
ternative therapies tness benefit	Some coverage	Some coverage	Some coverage	Some coverage	Some coverage
ternative therapies					

2022 David C Marillana A disasterna						
2023 Part C Medicare Advantage	Part D Prescription Drug Coverage					
Plan name	Senior Advantage Medicare Medi-Cal Santa Clara (HMO D-SNP)	Anthem MediBlue Dual Advantage (HMO D-SNP)	Anthem MediBlue Connect (HMO D-SNP)	Anthem MediBlue Full Dual Advantage (HMO D-SNP)	DualConnect (HMO D-SNP)	
	Kaiser Permanente	Anthem Blue Cross	Anthem Blue Cross	Anthem Blue Cross	Santa Clara Family Health Plan	
COSTS BY DRUG TIER						
Plans group their drug lists into tiers. The drug costs	Plans group their drug lists into tiers. The drug costs below	Plans group their drug lists into tiers. The drug costs below	Plans group their drug lists into tiers. The drug costs below	Plans group their drug lists into tiers. The drug costs below	Plans group their drug lists into tiers. The drug costs below	
below show how much you'll pay for drugs in each	show how much you'll pay for drugs in each tier based on	show how much you'll pay for drugs in each tier based on	show how much you'll pay for drugs in each tier based on	show how much you'll pay for drugs in each tier based on	show how much you'll pay for drugs in each tier based on	
tier based on the coverage phase you're in.	the coverage phase you're in.	the coverage phase you're in.	the coverage phase you're in.	the coverage phase you're in.	the coverage phase you're in.	
TIER DRUG COST FOR:						
Standard or Preferred retail pharmacy drug cost for 1						
month, whichever was least expensive listed						
	Annual drug deductible phase	Annual drug deductible phase		Annual drug deductible phase	Annual drug deductible phase	
Drug plan deductible	\$0.00					
Tiers Tier 1: Preferred Generic	Initial coverage phase	Initial coverage phase \$5.00 copay		Initial coverage phase \$15.00 copay	Initial coverage phase 25%	
Tier 2: Generic		\$20.00 copay		\$20.00 copay	25%	
Tier 3: Preferred Brand		\$47.00 copay		\$47.00 copay	25%	
Tier 4: Non-Preferred Drug		\$95.00 copay		\$95.00 copay	25%	
Tier 5: Specialty Tier	25%	27%		25%		
Tier 6: Select Care Drugs	Confirm wiith plan Gap coverage phase	Gap coverage phase	\$10.00 copay Gap coverage phase	Gap coverage phase	Confirm with plan Gap coverage phase	
Tier 1: Preferred Generic	25%					
Tier 2: Generic	25%					
Tier 3: Preferred Brand	25%	25%	25%	25%		
Tier 4: Non-Preferred Drug	25%					
Tier 5: Specialty Tier	25%	25%				
Tier 6: Select Care Drugs	Confirm with plan Catastrophic coverage phase	Catastrophic coverage phase	25% Catastrophic coverage phase	Catastrophic coverage phase	Confirm with plan Catastrophic coverage phase	
	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	,	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	
Tier 1: Preferred Generic	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs	
	more)	more)	more)	more)	more)	
	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)		Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	
Tier 2: Generic	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs more)	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs	
	more) Generic drugs \$4.15 copay or 5% (whichever costs more)	more) Generic drugs \$4.15 copay or 5% (whichever costs more)	,	more) Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	
Tier 3: Preferred Brand	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs		Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs	
	more)	more)	more)	more)	more)	
	Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)		Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	
Tier 4: Non-Preferred Drug	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs		Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs	
	more) Generic drugs \$4.15 copay or 5% (whichever costs more)	more) Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	more) Generic drugs \$4.15 copay or 5% (whichever costs more)	Generic drugs \$4.15 copay or 5% (whichever costs more)	
Tier 5: Specialty Tier	Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs		Brand-name drugs \$10.35 copay or 5% (whichever costs	Brand-name drugs \$10.35 copay or 5% (whichever costs	
	more)	more)	more)	more)	more)	
			Generic drugs \$4.15 copay or 5% (whichever costs more)		- 6	
Tier 6: Select Care Drugs	Confirm with plan		Brand-name drugs \$10.35 copay or 5% (whichever costs		Confirm with plan	
For all other drugs, you pay 25% for generic drugs and	For all other drugs, you pay 25% for generic drugs and 25%	For all other drugs, you pay 25% for generic drugs and 25%	more) For all other drugs, you pay 25% for generic drugs and 25%	For all other drugs, you pay 25% for generic drugs and 25%	For all other drugs, you pay 25% for generic drugs and 25%	
25% for brand-name drugs.	for brand-name drugs.	for brand-name drugs.		for brand-name drugs.	for brand-name drugs.	
		Generic drugs: \$0 copay; or \$1.45 copay; or \$4.15 copay; or	Generic drugs: \$0 copay; or \$1.45 copay; or \$4.15 copay; or			
Low Income Subsidy (LIS / Extra Help)	15% / Brand-name drugs: \$0 copay; or \$4.30 copay; or	15% / Brand-name drugs: \$0 copay; or \$4.30 copay; or		15% / Brand-name drugs: \$0 copay; or \$4.30 copay; or	15% / Brand-name drugs: \$0 copay; or \$4.30 copay; or	
PART B DRUGS:	\$10.35 copay; or 15% PART B DRUGS:	\$10.35 copay; or 15% PART B DRUGS:	\$10.35 copay; or 15% PART B DRUGS:	\$10.35 copay; or 15% PART B DRUGS:	\$10.35 copay; or 15% PART B DRUGS:	
These are drugs you usually get at a doctor's office or		These are drugs you usually get at a doctor's office or	These are drugs you usually get at a doctor's office or	These are drugs you usually get at a doctor's office or	These are drugs you usually get at a doctor's office or	
hospital outpatient setting, like the flu shot,	hospital outpatient setting, like the flu shot, chemotherapy,	hospital outpatient setting, like the flu shot, chemotherapy,	hospital outpatient setting, like the flu shot, chemotherapy,	hospital outpatient setting, like the flu shot, chemotherapy,	hospital outpatient setting, like the flu shot, chemotherapy,	
chemotherapy, or other shots.	or other shots.	or other shots.		or other shots.	or other shots.	
Chemotherapy drugs	\$0.00 copay	0% or 20% coinsurance		\$0.00 copay	\$0.00 copay	
Other Part B drugs	\$0.00 copay	0% or 20% coinsurance		\$0.00 copay	\$0.00 copay	
Contracted Medical Groups (verif		ACH: Area Community Health / AMG: Allcare Medical Group / B&TP: Brown & Toland Physicians / BACH: Bay Area Community Health / BMG: Bass Medical Group / CA IPA: California Physicians Associates / CHCMSG: Caremore Health CA Multi-Specialty Group / CHMG: Carbon Health Medical Group / CPMG: California Primary Medical Group / DODMG: Doctors on Duty Medical Group / EBMGDD: East Bay Medical Group Diablo Division / EBMF: East Bay Medical Founding Network / ECMA: El Camino Medical Associates / HAMG: Hammilton Ave Medical Group / HMG: Hamilton Medical Group / HPEB: Hill Physician East Bay / IHHMG: Imperial Health Holdings Medical Group / HNCSC: Imperial Health Northern Ca Santa Clara / JMMG: John Muir Medical Group / MHMG: Marin Hospital Medical Group / NCP IPA: Northern California Physicians Independent Physicians Associates / NCPN: Northern California Physicians Independent Physicians Medical Group / MCP IPA: Northern California Physicians Independent Physicians Physicians Independent Physicians Physicians Independent Physicians Physicians Independent Physicians Independe				
		Medical Group San Jose / RMG NWOC SCC: RMG North West Orange County-Santa Clara County / SBMF: Suttter Bay Medical Foundation / SCCIPA: Santa Clara Counti Individual Practice Association / SM&A: Stanford Medicinne & Affiliates / SMG: Seoul Medical Group / TCMG: Top Care Medical Group				
For more information, please visit https://www.medicare.gov/and.conta	· ·	Sino-Scoti Michical Group? Felhas Top Care Michical Group				

or more information please visit https://www.medicare.gov/ and contact pla





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